Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to provide you with information regarding the syphilis epidemic affecting American Indian and Alaska Native (AI/AN) communities. American Indian and Alaska Native people have the highest rates of syphilis and congenital syphilis of any group in the country. Some congenital syphilis cases have resulted in stillbirths or death shortly after birth. The Indian Health Service (IHS) is committed to reducing the prevalence of syphilis in AI/AN communities and I ask for your assistance in helping us achieve this goal.

To address the syphilis epidemic, IHS Chief Medical Officer, Dr. Loretta Christensen, has recommended the following guidelines and resources for all IHS, Tribal, and Urban Indian Organizations:

1. **Annual syphilis testing** for persons aged 13 to 64 to eliminate syphilis transmission by early case recognition.

2. **Turn on the annual Electronic Health Record reminder** at all sites to facilitate testing for two years or until incidence rates decrease locally to baseline.

3. **Three-point syphilis testing for all pregnant people** at the first prenatal visit, beginning of the third trimester, and delivery.

4. Adoption of a **sexually transmitted infection (STI)/human immunodeficiency virus (HIV)/Viral hepatitis testing bundle** at all sites to screen broadly:
   - Syphilis screening test with reflex rapid plasma reagin (RPR) and treponema pallidum particle agglutination (TPPA).
   - HIV serology (with documentation of consent if required in the local state jurisdiction).
   - Screening for gonorrhea and chlamydia at three sites: Urine, Pharynx, Rectum
   - Screening for hepatitis B and C.
   - Pregnancy test.

5. Adoption of **"Express STI Testing."** Express STI services refer to triage-based STI testing without needing a full clinical exam.
   - Research shows that express STI services increase clinic capacity and reduce the time to treatment.
6. **Enhance screening rates by screening outside of hospitals and clinics.**
   - Field testing at community centers, sporting events, health fairs, correctional settings, or on the street.

7. Provide **field treatment for syphilis** for high-risk adults diagnosed with syphilis and their partners. Public health nurses (PHNs) could provide treatment with Benzathine Penicillin. The Express STI Services Toolkit includes policy examples.

8. **Presumptive treatment of syphilis** for anyone having signs or symptoms of syphilis or with known exposure to syphilis.

9. **Create and build awareness** and encourage people to get tested and treated. There is a new AI/AN-specific national campaign called **STOP SYPHILIS**.
   - The campaign offers free materials including handouts, posters, and other print materials, as well as social media posts and short educational videos. All materials are free to order at [www.stopsyphilis.org](http://www.stopsyphilis.org).

10. Reference the Syphilis Resources Hub online at [https://www.indiancountryecho.org/syphilis-resources/](https://www.indiancountryecho.org/syphilis-resources/).

Thank you for your continued support and partnership in assisting us to combat the syphilis epidemic in AI/AN communities. Please distribute this widely so that we can all collectively work together to address this very serious issue.

If you have any questions, please contact Rick Haverkate, National HIV/HCV/STI Consultant, by e-mail at richard.haverkate@ihs.gov. For questions related to field treatment, please contact Tina Tah, Public Health Nursing Consultant, by e-mail at tina.tah@ihs.gov or Melissa Wyaco, Navajo Area Nursing Consultant, by e-mail at melissa.wyaco@ihs.gov.

Sincerely,

Roselyn Tso

[Digitally signed by Roselyn Tso -S]

Date: 2023.07.19
00:58:43 -04'00'

Roselyn Tso
Director