

Public Health Service

Indian Health Service Rockville MD 20857

February 15, 2024

Dear Tribal Leader and Urban Indian Organization Leader:

As syphilis rates continue to rise among our service population, I am writing to provide you with an update to my July 19, 2023, letter regarding the syphilis epidemic in Indian Country. In October 2023, the Indian Health Service (IHS) announced our <u>National STI Initiative</u> to address the syndemic. If you have not yet accessed those resources, I encourage you to <u>click this link</u> for an <u>STI Toolkit</u> and Community & Patient Resources from our IHS National Pharmacy & Therapeutics Committee, developed in collaboration with the IHS Chief Clinical Consultant in Infectious Disease and the IHS HIV/HCV/STI Branch.

Recent IHS data shows that syphilis screening in IHS facilities has increased by 98 percent from 2022 to 2023, representing a syphilis screening coverage rate of 9.4 percent of the eligible IHS user population. Implementing these recommendations can help further increase the levels of syphilis screening, treatment, and follow-up care in IHS, Tribal, and Urban Indian (I/T/U) facilities with the goal of reducing the adverse impact of syphilis and other Sexually Transmitted Infections (STIs) in Tribal communities.

I want to thank all the facilities and programs implementing these <u>recommendations and</u> <u>guidelines</u> and encourage others to consider doing the same. Based on feedback from clinicians, public health nursing, and administration, the following recommendations continue to be in effect and have been updated to include additional considerations as we continue working towards eliminating syphilis in Indian Country.

IHS Recommended Guidelines for Syphilis Testing, Treatment, and Prevention

- 1. **Offer annual syphilis testing** for persons ages 13 and older to eliminate syphilis transmission by early case recognition.
- 2. Prescribe and administer **Penicillin G Benzathine for every age and every stage** of syphilis infection in the absence of contraindications to therapy.
 - The IHS National Supply Service Center (NSSC) and IHS Pharmaceutical Prime Vendor report that all reasonable orders for Bicillin are currently being fulfilled.
 - For questions about how to order this medication, please get in touch with <u>Weston.Thompson@ihs.gov</u> at NSSC.
- 3. **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.
- 4. **Provide three-point syphilis testing for all pregnant people** at the first prenatal visit, the beginning of the third trimester, and delivery.
- 5. Adoption of an **HIV/Viral Hepatitis/STI testing bundle** (plus pregnancy test when appropriate) at all sites to screen broadly:

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- Syphilis screening test with reflex rapid plasma reagin and treponema pallidum particle agglutination .
- 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.
- 6. Adopt and **provide** <u>Express STI testing</u> services at all sites.
 - Provide universal screening and treatment for syphilis in <u>Urgent Care</u> and Emergency
 Department settings, as many individuals utilize Urgent Care and Emergency
 Departments as their primary access to care.
- 7. Provide field testing outside hospitals and clinics to increase screening rates.
 - Utilize point-of-care, rapid syphilis, or dual HIV/syphilis antibody tests.
- 8. Provide <u>field treatment for syphilis</u> whenever necessary for adults diagnosed with syphilis and their partners.
 - Note: When field testing, **provide immediate treatment** following a reactive syphilis antibody result if there is uncertainty that the individual may not follow up appropriately.
- 9. **Provide presumptive treatment of syphilis** for anyone having signs or symptoms of syphilis or with known exposure to syphilis.
 - Provide **testing and treatment with Penicillin G Benzathine** for all contacts and partners, including non-beneficiaries.
- 10. **Offer and provide** <u>**DoxyPEP**</u> to appropriate populations indicated in the <u>interim IHS</u> <u>guidelines</u> to prevent bacterial STIs, including syphilis.

Resources

- <u>Sexually Transmitted Infections (STI) Initiative: STI Toolkit.</u>
- Reference the Syphilis Resources Hub online at <u>https://www.indiancountryecho.org/syphilis-resources/</u>.
- The STOP SYPHILIS campaign offers free materials, including print materials, social media posts, and short educational videos. Go to <u>www.stopsyphilis.org</u>.
- For questions about field testing and treatment policies and procedures, contact Tina Tah, Public Health Nursing Consultant, by e-mail at <u>tina.tah@ihs.gov</u> or Melissa Wyaco, Navajo Area Nursing Consultant, by e-mail at <u>melissa.wyaco@ihs.gov</u>.

Thank you for your continued support and unwavering efforts to combat the syphilis epidemic in American Indian and Alaska Native communities. Please distribute this widely to continue working together to address this serious issue. If you have any questions, please contact Rick Haverkate, HIV/HCV/STI Branch Chief, by e-mail at <u>Richard.Haverkate@ihs.gov</u>.

Sincerely yours,

Loretta L. Christensen -- S Date: 2024.02.15 11:58:08 -07'00'

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