



August 19, 2026

Dear Tribal Leader and Urban Indian Organization Leader:

Over the past several years, in letters dated July 19, 2023, and February 15, 2024, the Indian Health Service (IHS) provided recommendations, guidelines, and updates to you on the syphilis epidemic affecting American Indian and Alaska Native (AI/AN) communities.

In conjunction with our shared commitment to reducing the prevalence of syphilis within AI/AN communities, this message provides the third of these periodic updates and identifies currently available resources you may find useful.

Syphilis rates continue to disproportionately affect American Indians and Alaska Natives. In October 2023, the IHS announced our National Sexually Transmitted Infections (STI) Initiative to address this syndemic¹ (which refers to overlapping epidemics of HIV, viral hepatitis, and sexually transmitted infections [STIs]). I encourage you to click this link to access the IHS STI Toolkit and Community & Patient Resources from our IHS National Pharmacy & Therapeutics Committee. These resources were developed in collaboration with the IHS Chief Clinical Consultant in Infectious Diseases and the IHS HIV/HCV/STI Branch.

Recent IHS data shows that syphilis screening in IHS facilities increased by 47 percent from 2023 to 2024, representing a syphilis screening coverage rate of 16.3 percent of the eligible IHS user population.¹ Implementing the recommendations below can help further increase the levels of syphilis screening, treatment, and follow-up care in facilities operated by the IHS, Tribes or Tribal Organizations, and Urban Indian Organizations (I/T/U) with the goal of reducing the adverse impact of syphilis and other STIs in Tribal communities.

I want to thank all the facilities and programs implementing these recommendations and guidelines and encourage others to consider doing the same. Many facilities are using an “all-hands-on-deck” approach, engaging all disciplines, including nursing, public health nurses, pharmacists, patient navigators, and support staff to increase impact. Based on feedback from clinicians, public health nurses, and administration, the following recommendations remain in effect and have been updated to include additional considerations as we continue working toward eliminating syphilis in Indian Country.

¹ The Centers for Disease Control and Prevention (CDC) National Center for HIV, Viral Hepatitis, STD, and Tuberculosis Prevention generally defines a syndemic as a “population-level clustering of social and health problems. The criteria of a syndemic are - two (or more) diseases or health conditions cluster within a specific population; contextual and social factors create the conditions in which two (or more) diseases or health conditions cluster; and the clustering of diseases results in adverse disease interaction, either biologic or social or behavioral, increasing the health burden of affected populations.”

Please review the Enclosures, which provide additional information, contacts, and active links to resources.

Thank you for your continued support and unwavering efforts to combat the syphilis epidemic in American Indian and Alaska Native communities. Please distribute these resources widely.

I appreciate our shared commitment to working together more effectively and advancing our capacity to help patients and our communities address this serious issue. If you have any questions or comments, please contact Mr. Rick Haverkate, Branch Chief, HIV/HCV/STI, directly by email at richard.haverkate@ihs.gov.

Sincerely yours,

LORETTA L.
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Loretta Christensen, M.D., M.B.A., M.S.J., F.A.C.S.
Chief Medical Officer

Enclosures: IHS Recommended Guidelines for Syphilis Testing, Treatment, and Prevention
IHS Sexually Transmitted Infection Resources