

Addressing the Syndemic: Comprehensive Syndemic Facility Assessments

Ashley Hoover, MPH

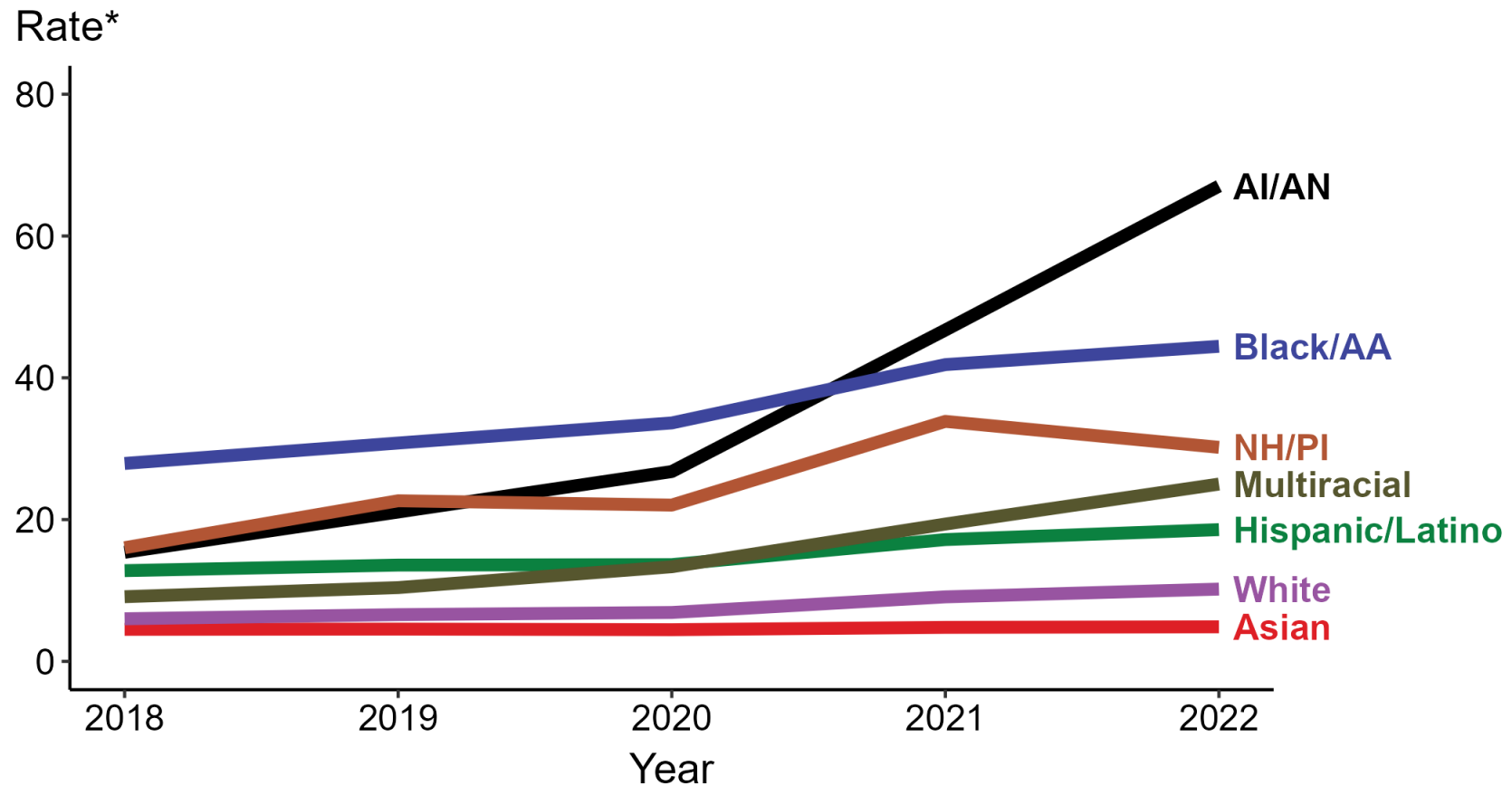
Indian Country Syphilis ECHO

November 12, 2024

Background



Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2018–2022

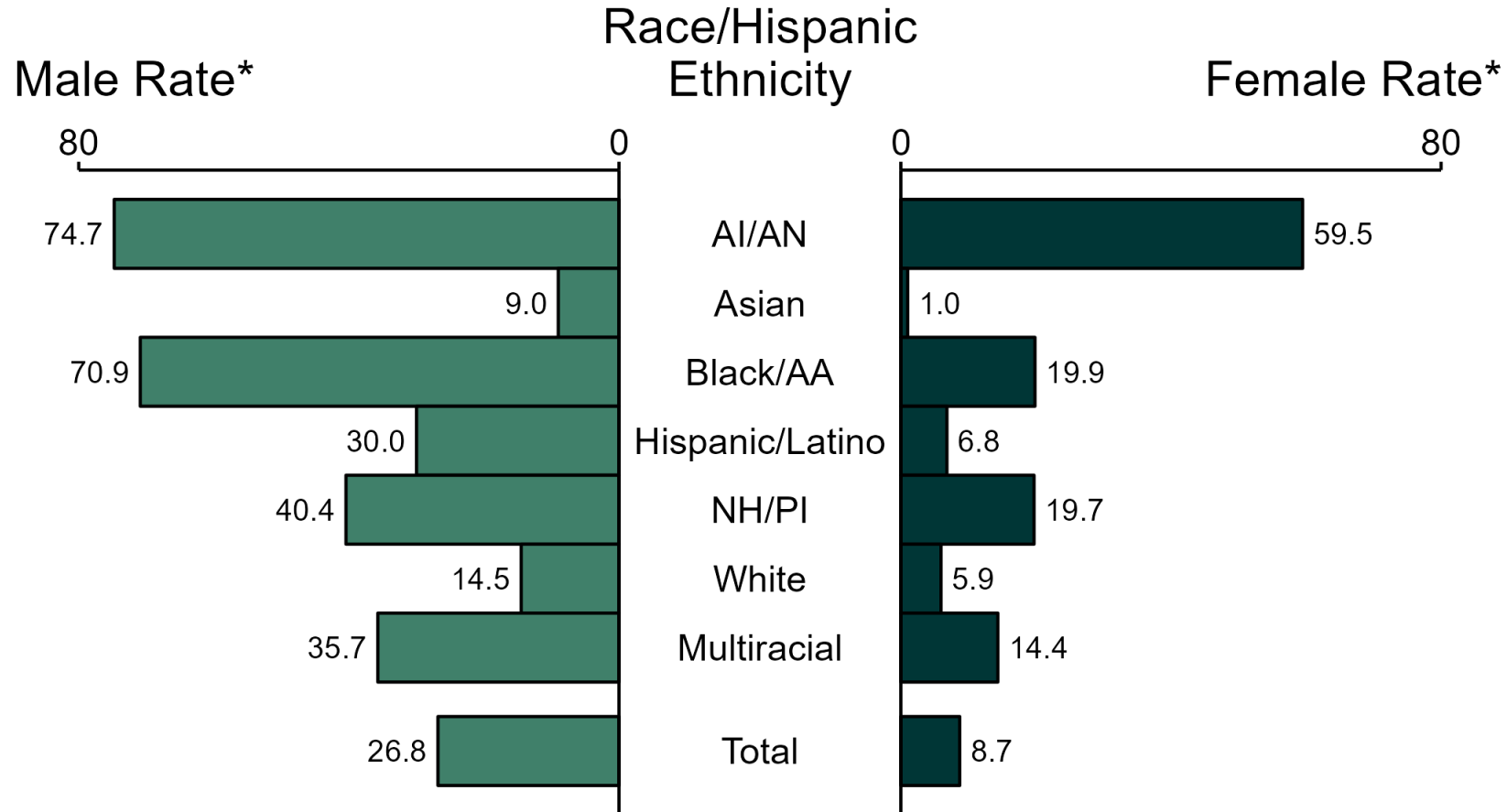


* Per 100,000

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2022



* Per 100,000

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

NOTE: Total includes all cases including those with unknown race/Hispanic ethnicity.



Congenital syphilis (CS)



Syphilis during pregnancy is associated with

- Miscarriage
- Stillbirth
- Preterm delivery
- Perinatal death
- Congenital infection



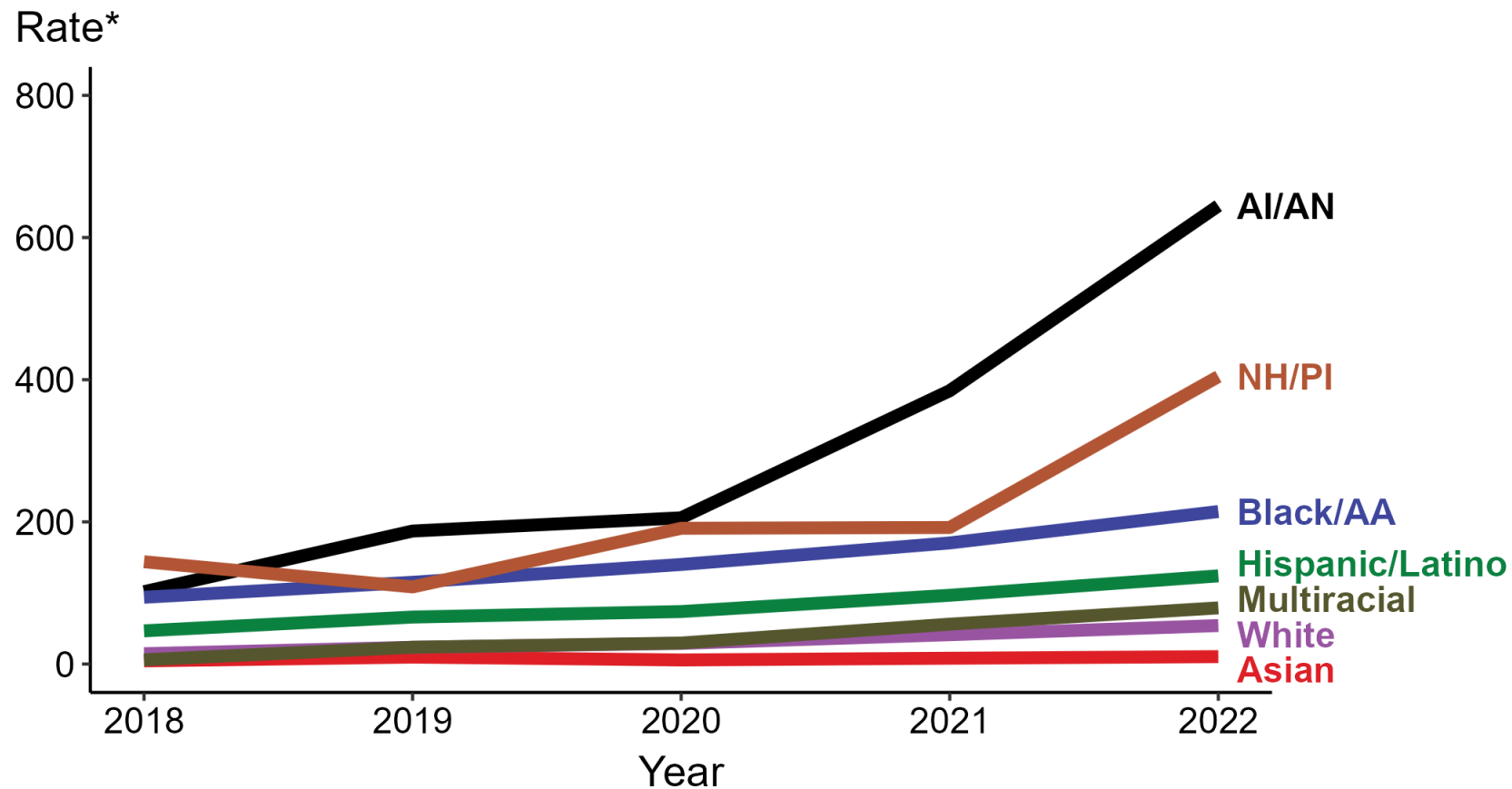
Gomez et al. Untreated Maternal Syphilis and Adverse Outcomes of Pregnancy. Bulletin of the WHO. 2013.



Timely* diagnosis and treatment of maternal syphilis can prevent congenital syphilis.

****Timely = initiated at least 30 days before delivery***

Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race/Hispanic Ethnicity of Mother, United States, 2018–2022



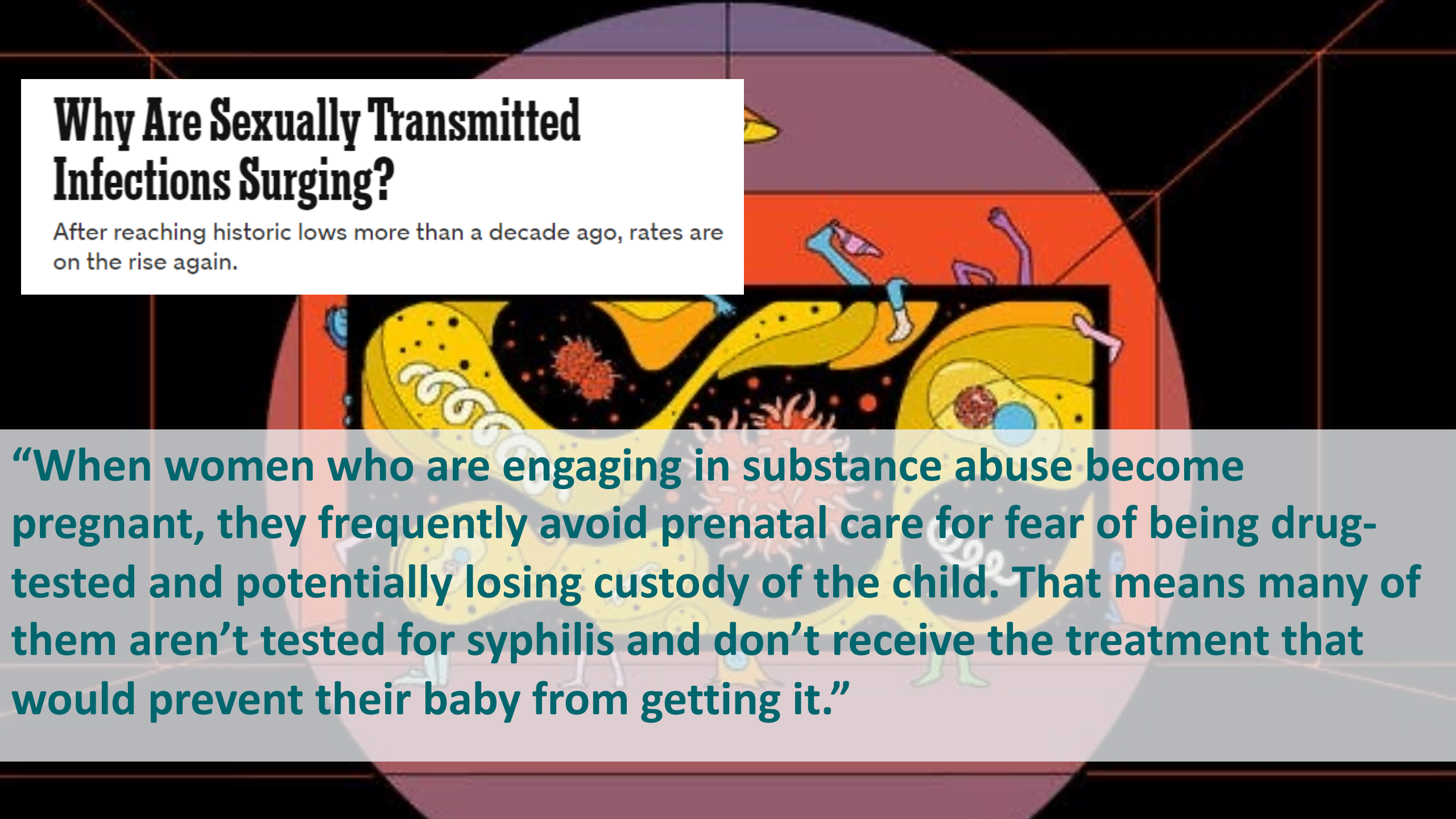
* Per 100,000 live births

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



Why Are Sexually Transmitted Infections Surging?

After reaching historic lows more than a decade ago, rates are on the rise again.



“When women who are engaging in substance abuse become pregnant, they frequently avoid prenatal care for fear of being drug-tested and potentially losing custody of the child. That means many of them aren’t tested for syphilis and don’t receive the treatment that would prevent their baby from getting it.”

Intersecting epidemics: substance use and syphilis

Substance Use Among Persons with Syphilis During Pregnancy — Arizona and Georgia, 2018–2021

TABLE 2. Reported substance use^{*,†} among pregnant persons with syphilis, by congenital syphilis pregnancy outcome[§] — Surveillance for Emerging Threats to Pregnant People and Infants Network, Arizona and Georgia, 2018–2021

Substance used	No. (%)		Prevalence ratio [¶] (95% CI)
	Congenital syphilis (n = 360)	Noncongenital syphilis (n = 410)	
Any substance*	173 (48.1)	101 (24.6)	1.95 (1.60–2.38)
Tobacco	99 (27.5)	46 (11.2)**	2.45 (1.78–3.37)
Alcohol	29 (8.1)	20 (4.9)**	1.65 (0.95–2.86)
Cannabis	69 (19.2)	56 (13.7)††	1.40 (1.01–1.93)
Illicit use of opioids ^{§§}	75 (20.8)	14 (3.4)**	6.09 (3.50–10.58)
Illicit, nonprescription substance ^{¶¶}	101 (28.1)	26 (6.4)**	4.41 (2.94–6.63)

IHS CMO Tribal Leader Letter on Syphilis

IHS Recommended Guidelines for Syphilis Testing, Treatment and Prevention 2/15/2024

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.

IHS CMO Tribal Leader Letter on Syphilis

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:
 - Syphilis screening test with reflex RPR + titer.
 - 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.

IHS CMO Tribal Leader Letter on Syphilis

6. Adopt and **provide Express STI testing services** at all sites.

-Provide **universal screening and treatment for syphilis in Urgent Care 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 field treatment for syphilis 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.

IHS CMO Tribal Leader Letter on Syphilis

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 DoxyPEP** to appropriate populations indicated in the **updated IHS guidelines** to prevent bacterial STIs, including syphilis.

IHS STI Toolkit



**Indian Country ECHO
Resource Hub**



Facility Assessments

Goals



Provider training to support care and treatment



Assess clinic capacity to provide STI/HIV/HCV clinical care, surveillance, and partner services

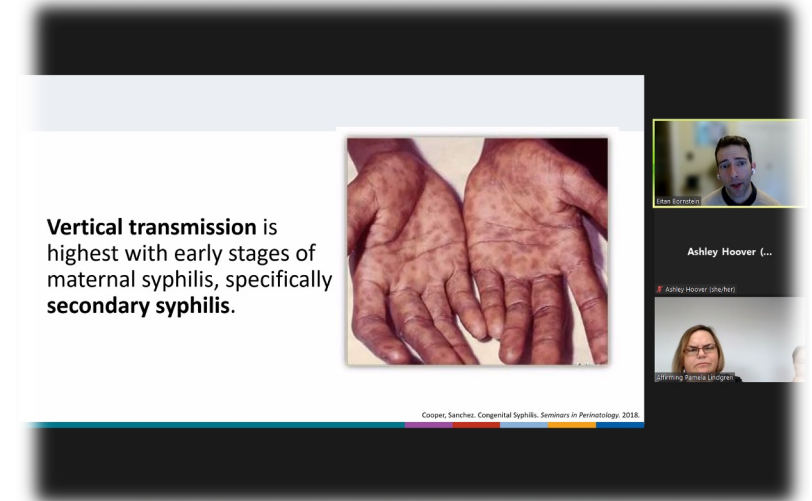


Provide site specific recommendations for syndemic response



Share aggregate findings to support guidance for other clinics locally/nationally

Provider Training



Vertical transmission is highest with early stages of maternal syphilis, specifically secondary syphilis.



Cooper, Sanchez. Congenital Syphilis. Seminars in Perinatology. 2018.

Facility Assessments: Who we Interviewed



Acting Medical Director

Primary Care Physicians/Providers

Facility Assessments: Who we Interviewed



Acting Medical Director

Primary Care Physicians/Providers



Clinical Pharmacist

Pharmacy Director

Facility Assessments: Who we Interviewed



Acting Medical Director

Primary Care Physicians/Providers



Public Health Nurse

Infection Control Nurse

Public Health Director



Clinical Pharmacist

Pharmacy Director

Facility Assessments: Who we Interviewed



Acting Medical Director

Primary Care Physicians/Providers



Public Health Nurse

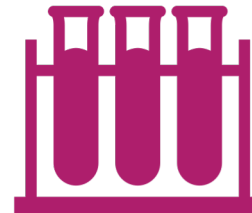
Infection Control Nurse

Public Health Director



Clinical Pharmacist

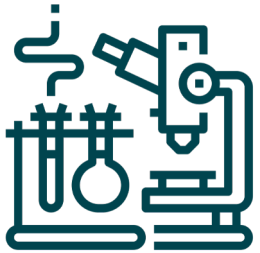
Pharmacy Director



Lab Director/Manager

Lab Tech

Facility Assessments: Data Collected—Lab



Testing algorithm?



Reporting Process?



Result turnaround time?

Facility Assessments: Data Collected—Pharmacy



Treatment availability?



Treatment order sets and reminders?



Costs?

Facility Assessments: Data Collected—Public Health



Case Management and Linkage to Care?



Case Reporting?



Field-based testing and treatment?

Facility Assessments: Data Collected—Physicians



Obtaining sexual histories?



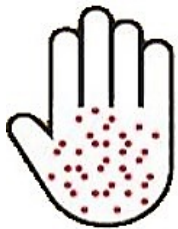
Assessing community risk?



Screening practices?



**Availability of order sets,
reminders and templates?**



Staging?

Initial Findings

Feedback from Clinics

Barriers to screening, treatment, and taking a sexual history

Geographic factors



Social factors



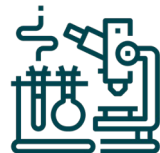
Admin factors



Training Needs/Requests



Taking a sexual history



Interpreting Lab Results



STI Screening +
Treatment Recs

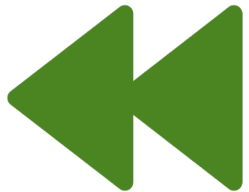
Best Practices: Strengths



Intergovernmental collaboration



Bicillin availability



Reverse Algorithm



Syndemic-related medication availability

Areas of Growth



Standardized STI screening order sets/EHR notifications



Screening in all clinical services



Trainings for sexual health history taking, interpreting syphilis lab results, and treatment recommendations



Presumptive treatment of symptomatic persons and partners



In Field Testing/Treatment

Follow-Up & Key Takeaways

- **Increased collaboration/partnership between Health Boards and Partner Tribes**
- **Assessment can be a helpful Quality Improvement (QI) tool to support improved processes for syndemic-related activities**
- **Opportunity to share best practices**
- **Supports Indigi-HAS initiatives**

How to Get Involved



If you and/or your clinic would like to work with NPAIHB on these efforts, please scan the QR code and fill out the Request for Information online form. NPAIHB will contact you to discuss additional details and potential scheduling!

(Alternatively, you can click the link below from the slide deck)

[Facility Assessment Project Request for Information](#)



Outbreak Response and Best Practices

Express STI Testing

1. Increasing STI and congenital syphilis rates among AI/AN
2. Patient-initiated care (on demand)
3. Reduce demand for clinical provider visit
4. Prioritize provider visits for patients who need STI treatment
5. Reduce wait time for patients (no appointment needed)
6. Streamline process for collection of specimens for rapid turnaround of results and treatment
7. Maximize limited resources
8. COVID-19 demonstrated need for innovative approaches to continue sexual health services

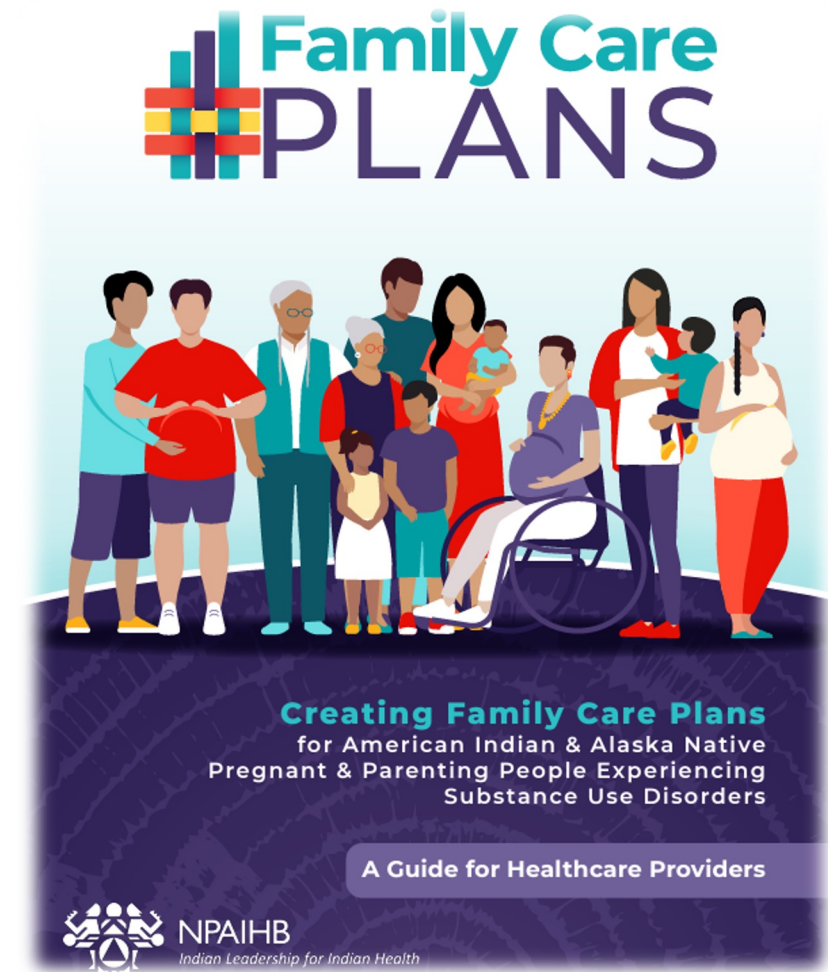


Family Care Plans

A Toolkit for Pregnant People and Families Experiencing Substance Use Disorder

This toolkit is culturally specific and designed to:

- Help clinicians care for AI/AN pregnant and parenting people and their infants impacted by SUDs
- Support pregnant and parenting people transitioning into and remain in active recovery
- Assist affected partners and families in growing stronger



Rapid Testing & Self-collection Kits

Rapid, Point-of-Care tests can be performed outside of traditional clinic settings

- Health Check (10 min result)
- Chembio – Dual rapid HIV-syphilis test (15 min result)

Can treat immediately after rapid test results (for syphilis)

Even if test results are not available, but syphilis is indicated: TREAT!



In-home specimen collection/lab-based testing:

- **Swab/Urine: trichomonas, gonorrhea/chlamydia (x3)**
- **Blood: HIV (confirmatory), syphilis (RPR+TPPA), HCV, HBV**

Native Health Resources



A screenshot of the Northwest Portland Area Indian Health Board website. The header features the organization's logo and name: "NORTHWEST PORTLAND AREA INDIAN HEALTH BOARD" with the tagline "Indian Leadership for Indian Health". Navigation links include "RESOURCES", "TOPIC AREAS" (with a dropdown arrow), "ABOUT", and "CONTACT". On the right side of the header, there are links for "Favorite Resources" and "Sign In", along with a search icon. A shopping cart icon with a red notification bubble containing the number "0" is also present. The main content area displays a photograph of six people sitting on a beach, engaged in conversation and eating. The background shows a coastal landscape with trees and mountains under an overcast sky.

Acknowledgements

- NPAIHB & Tribes of the Pacific Northwest and Southwest
- I/T/U Facility staff
- Jorge Mera, MD
- Eitan Bornstein, MD
- Melanie Taylor, MD
- Jessica Leston, MPH
- Brigg Reilley, MPH
- Alicia Edwards, MPH
- ANTCH
- Hope Committee

Thank you!



Thank you!

- Ashley Hoover, MPH ahoover@npaihb.org
- Marketing: Alicia Edwards (Colville), MBA, MPH
aedwards@npaihb.org

DoxyPEP



NPAIHB

Indian Leadership for Indian Health

DoxyPEP (post-exposure prophylaxis)

- Take 1 dose of Doxycycline 200mg 24-72hrs after condomless sex
- Who should receive DoxyPEP?
 - MSM/Trans Women (TGW) on HIV PrEP or living with HIV.
 - If not on HIV PrEP, MSM/TGW with history of STIs within the past 12 months, sex work

In study, found a 65% reduction in chlamydia, gonorrhea, and syphilis among men who have sex with men (MSM) and transgender women

