

# Syphilis Response in Indian Country

## Data Considerations and Current IHS Recommendations

---

Ashley Hoover, MPH  
Northwest Portland Area Indian Health Board



**NPAIHB**

*Indian Leadership for Indian Health*

# Data Considerations



NPAIHB

*Indian Leadership for Indian Health*

- **Public Health Authority**
  - Need for strengthened relationships between Tribal and non-Tribal public health authorities to improve data access and use
- **Data Sharing**
  - Racial Misclassification often results in underestimation of many reportable conditions
  - Limited and/or no access to surveillance data = limited/delayed local response to case/care coordination
  - Lengthy, time-intensive data sharing and data request processes

# IHS CMO Tribal Leader Letter on Syphilis



NPAIHB  
*Indian Leadership for Indian Health*

## 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.
  - 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 [Weston.Thompson@ihs.gov](mailto:Weston.Thompson@ihs.gov) at NSSC.

# IHS CMO Tribal Leader Letter on Syphilis



NPAIHB

*Indian Leadership for Indian Health*

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



NPAIHB

*Indian Leadership for Indian Health*

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



NPAIHB  
*Indian Leadership for Indian Health*

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 interim IHS guidelines to prevent bacterial STIs, including syphilis.

**IHS STI Toolkit**



**Indian Country ECHO  
Resource Hub**



# Thank you!



NPAIHB

*Indian Leadership for Indian Health*

Ashley Hoover, MPH

Syndemic Support Director

Northwest Portland Area Indian Health Board

[ahoover@npaihb.org](mailto:ahoover@npaihb.org)