

# Addressing the Syndemic: Syphilis and Substance Use Disorder

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Ashley Hoover, MPH

Northwest Portland Area Indian Health Board (NPAIHB)

August 1, 2024



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# Background

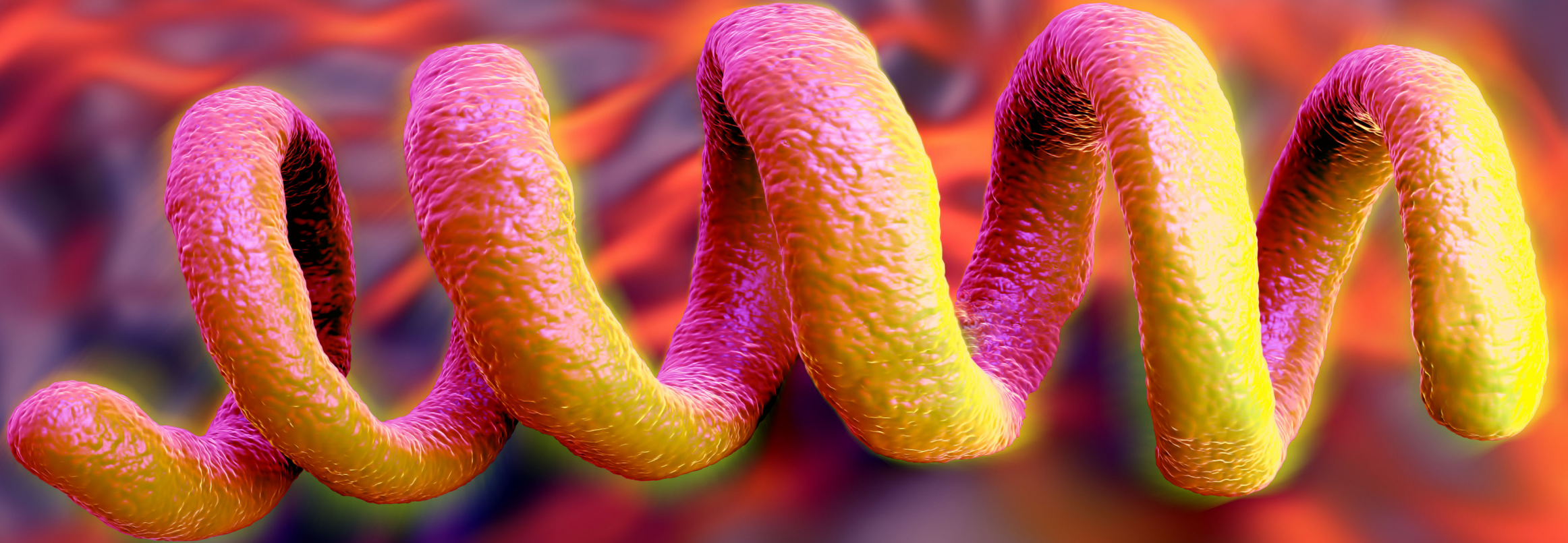


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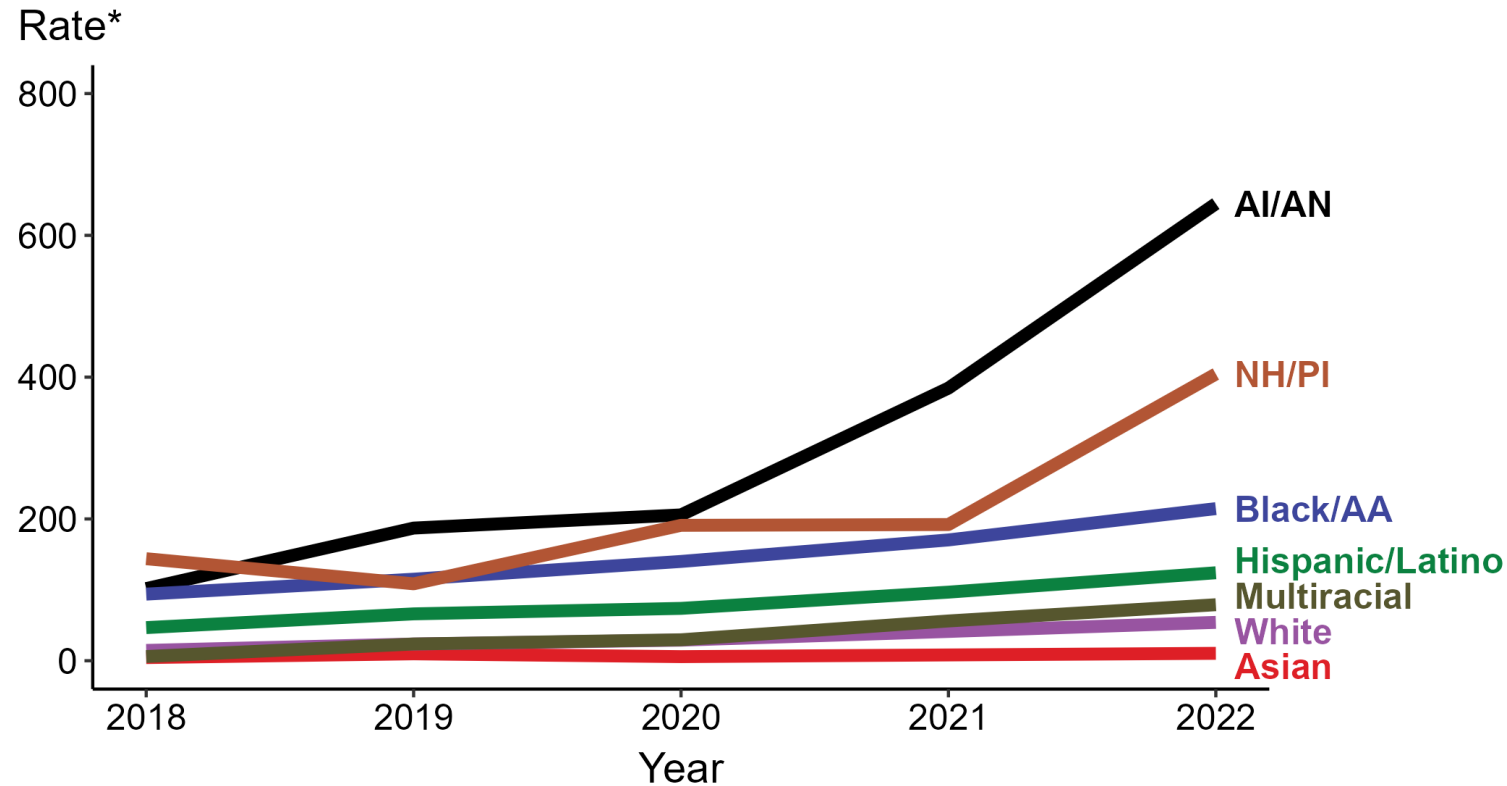
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# Syphilis epidemiology is changing



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

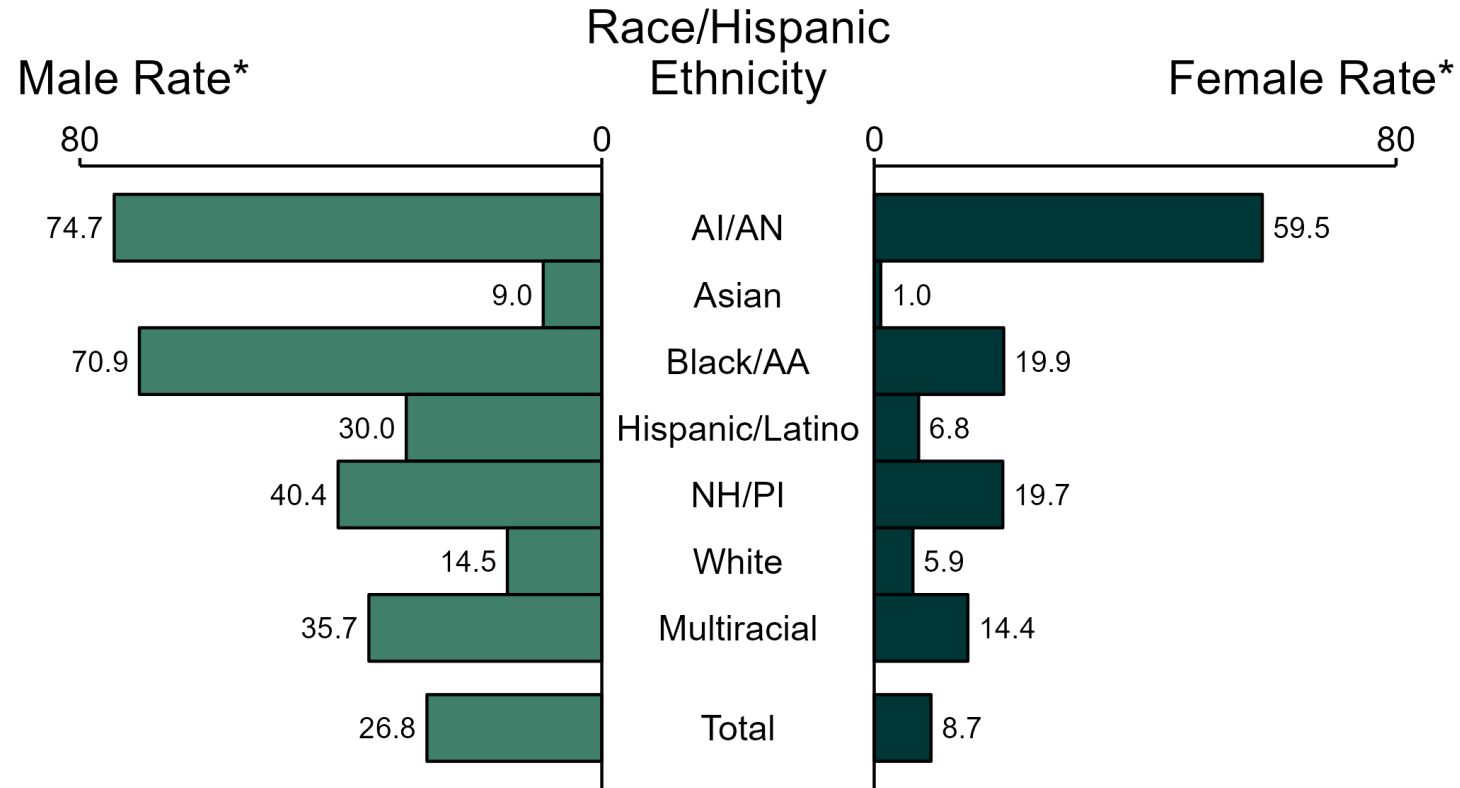


\* Per 100,000 live births

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



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



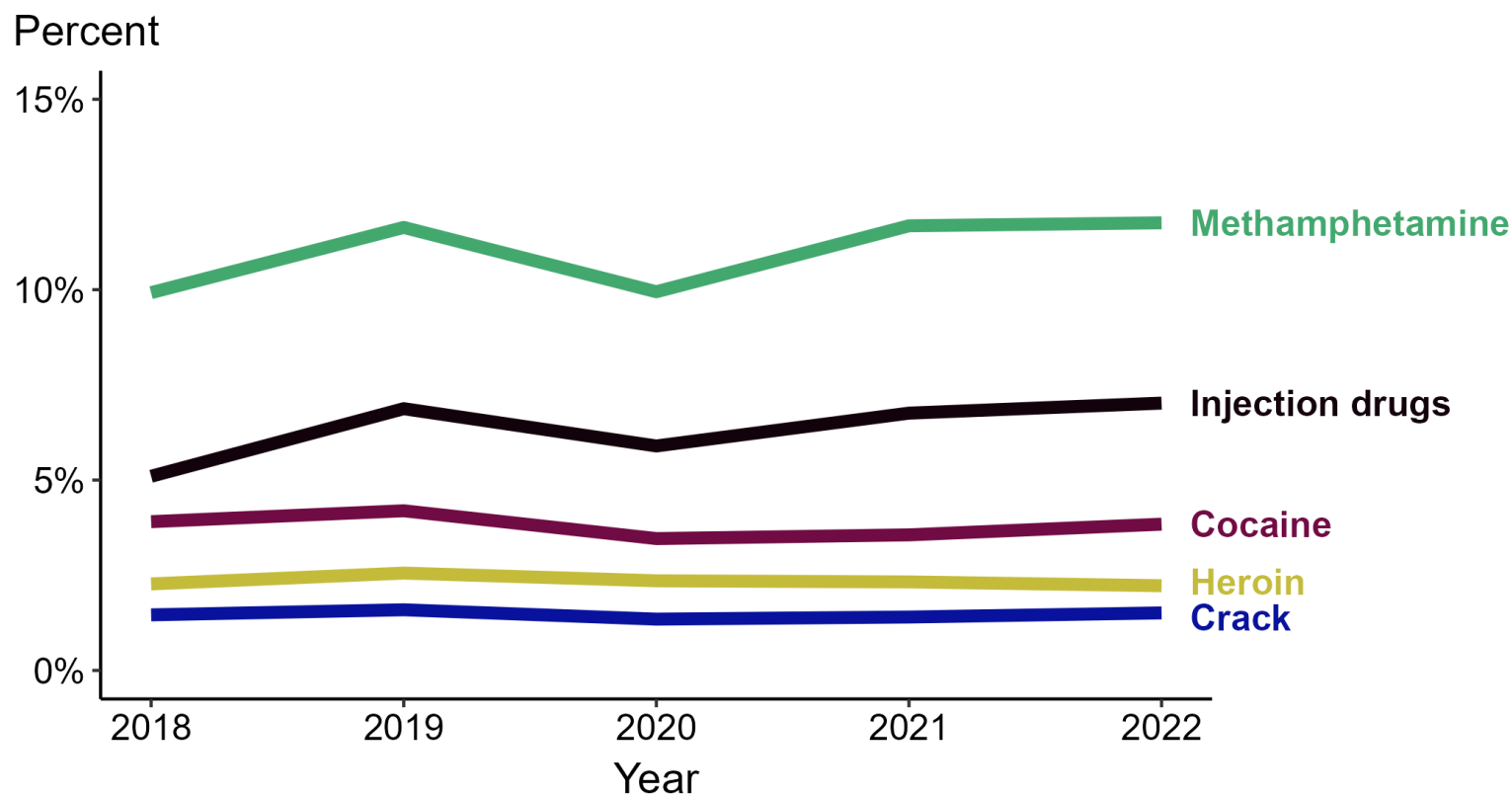
\* Per 100,000

**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.



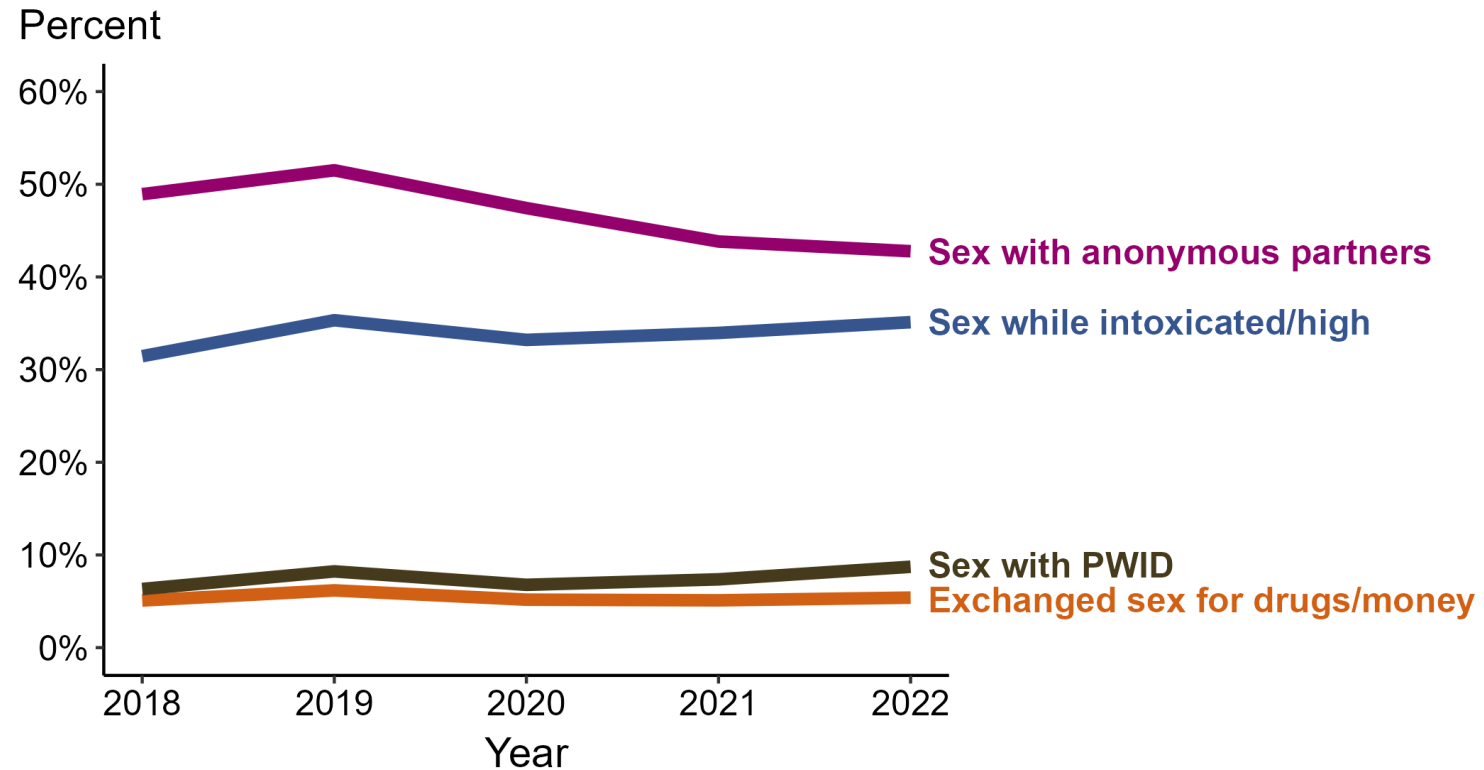
# Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Substance Use Behaviors\*, United States, 2018–2022



\* Proportion reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).



# Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Sexual Behaviors\*, United States, 2018–2022

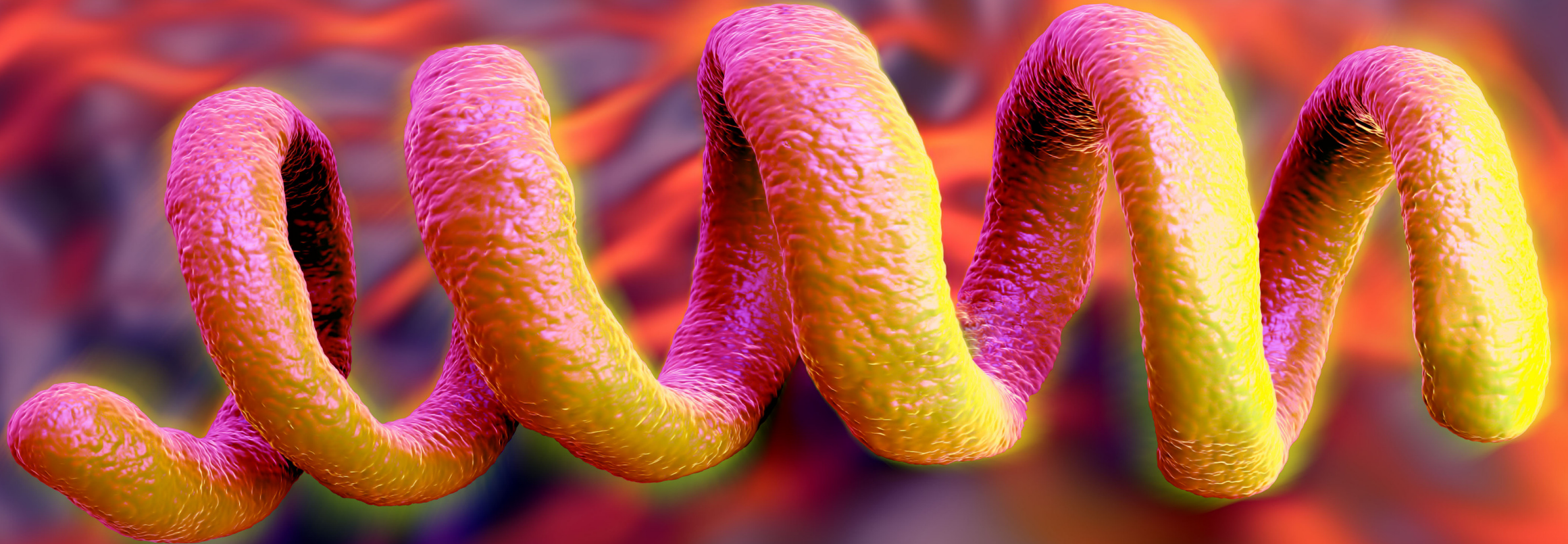


\* Proportion reporting sex with PWID, sex with anonymous partners, sex while intoxicated/high on drugs, or exchanging drugs or money for sex within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

**ACRONYMS:** PWID = Person who injects drugs



# “The Great Pretender”





# Clinical stages

1. Syphilis goes through several stages.
  2. Stages start with primary, then may not progress linearly.
  3. Characterized by episodes of active disease interrupted by periods of latency.
  4. Signs/symptoms and transmission risks vary by stage.
- 

# Clinical Stages



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**Symptoms go away even if untreated!**

Primary
<b>Painless ulcer or chancre</b>

- 10-90 days after infection
- Patient may never be aware

Secondary
<b>Rash</b> Mucocutaneous lesions Lymphadenopathy

- Usually occurs 3 to 6 weeks after primary syphilis
- Patients may only have one subtle skin change

Latent
<b>NO SYMPTOMS</b>

Tertiary
Cardiovascular Gumma lesions (skeletal, mucosal, ophthalmic)

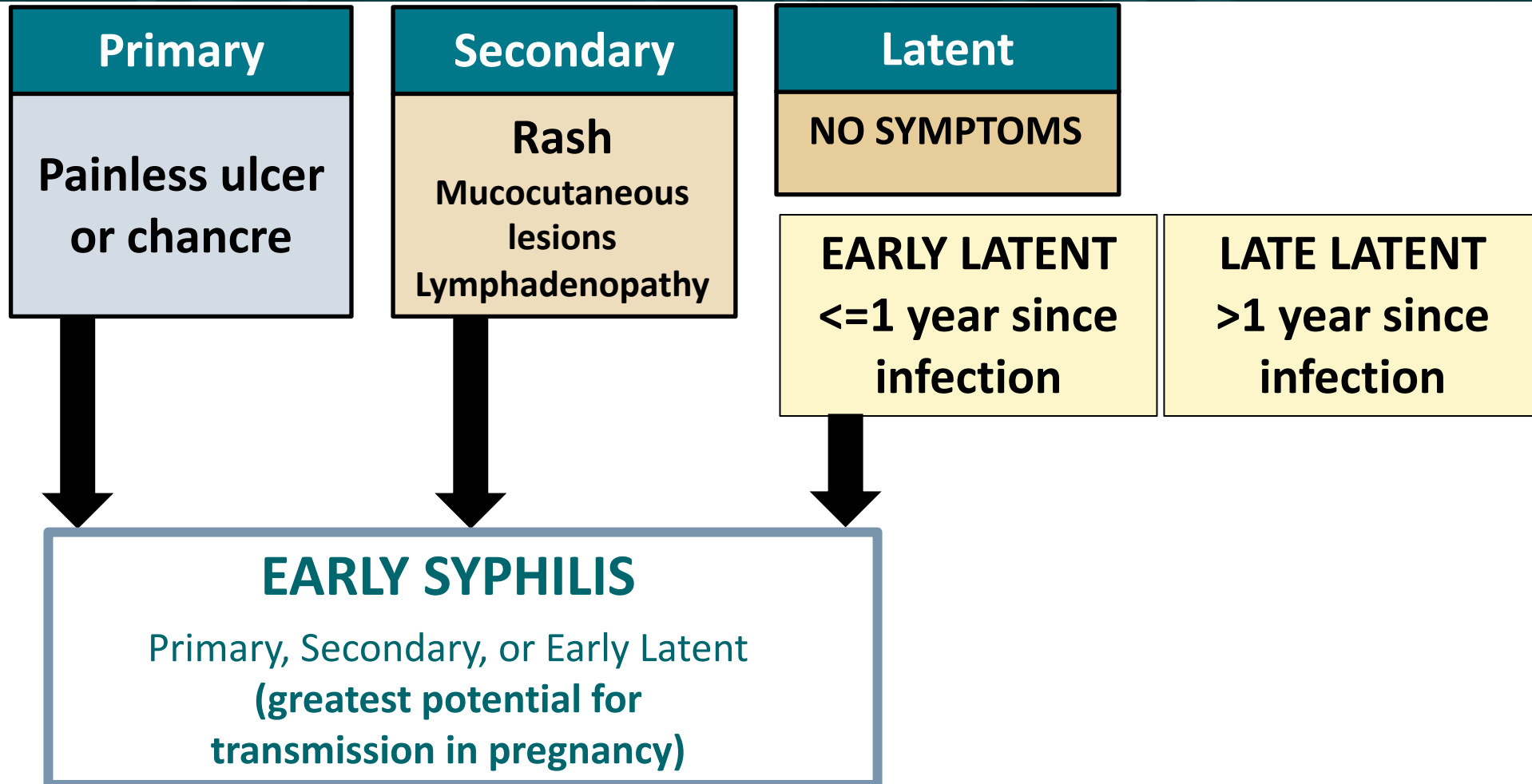
**Neurosyphilis can occur at any stage.**

# Clinical Stages



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# Congenital syphilis (CS)



# 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



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

**TABLE 2. Reported substance use<sup>\*,†</sup> among pregnant persons with syphilis, by congenital syphilis pregnancy outcome<sup>§</sup> — Surveillance for Emerging Threats to Pregnant People and Infants Network, Arizona and Georgia, 2018–2021**

Substance used	No. (%)		Prevalence ratio <sup>¶</sup> (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) <sup>††</sup>	1.40 (1.01–1.93)
Illicit use of opioids <sup>§§</sup>	75 (20.8)	14 (3.4)**	6.09 (3.50–10.58)
Illicit, nonprescription substance <sup>¶¶</sup>	101 (28.1)	26 (6.4)**	4.41 (2.94–6.63)



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



# Syphilis during pregnancy is associated with



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



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





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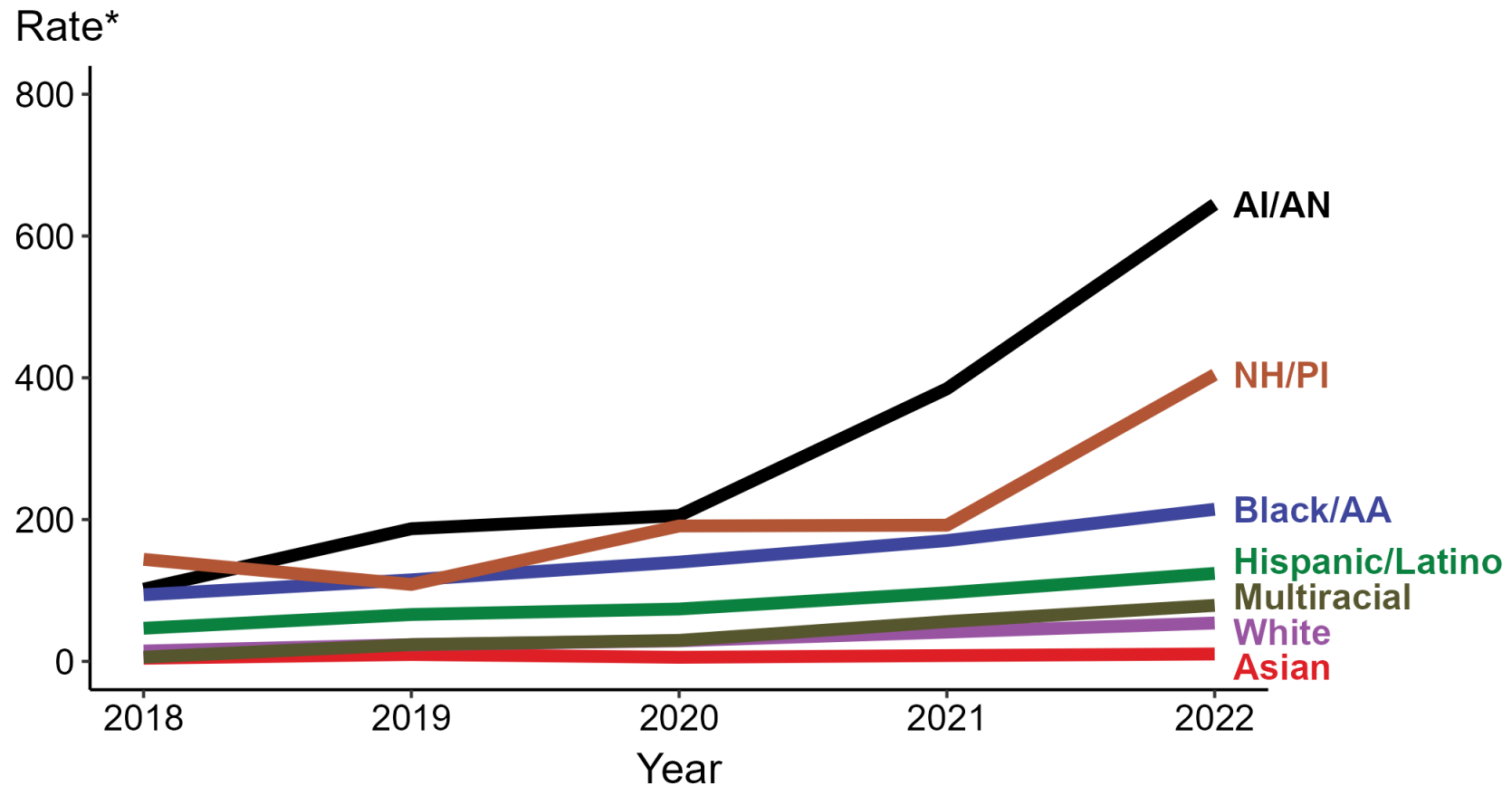
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Timely\* diagnosis and treatment of maternal syphilis  
can prevent congenital syphilis.

***\*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

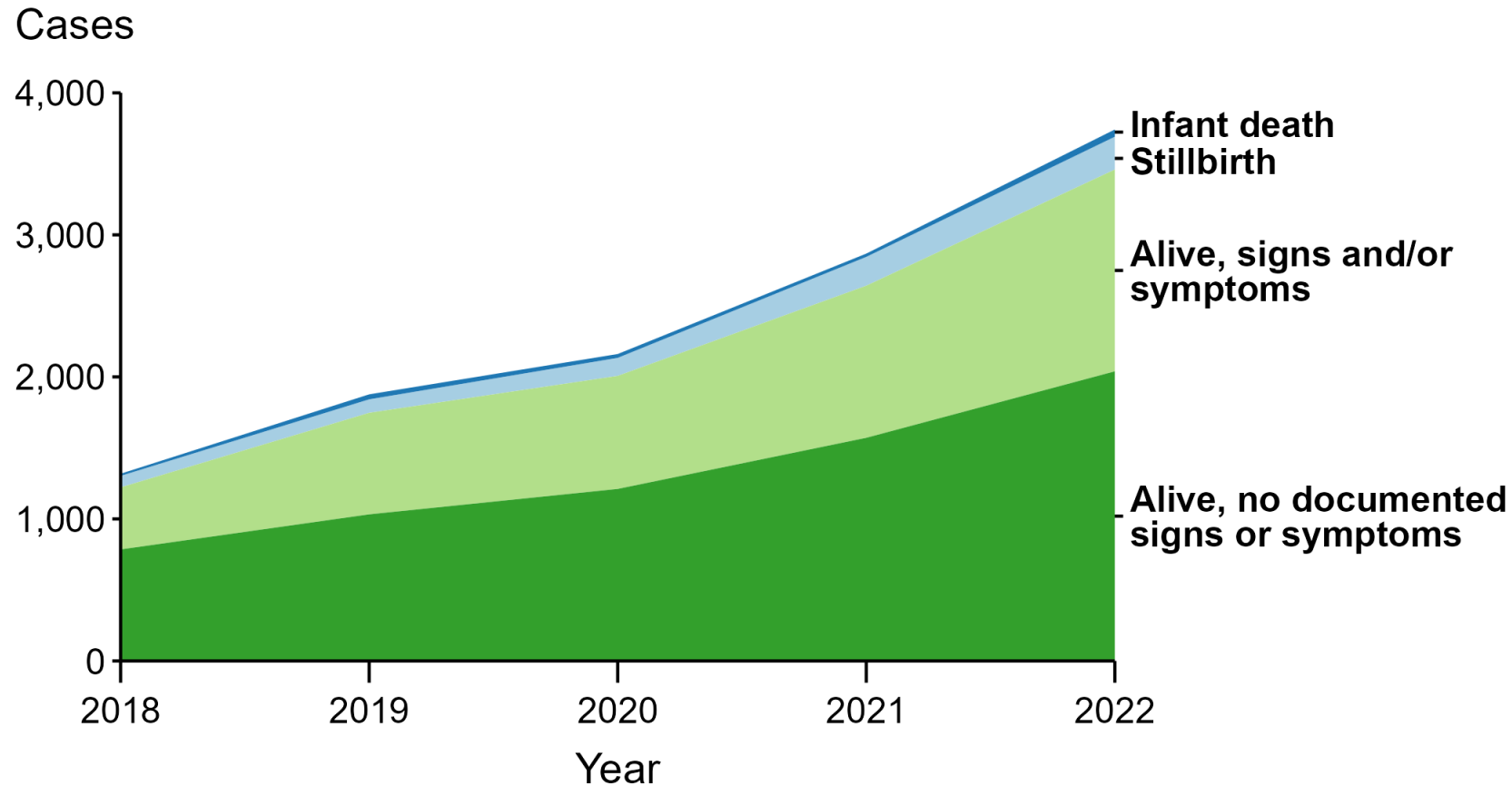


\* Per 100,000 live births

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# Congenital Syphilis — Reported Cases by Vital Status and Clinical Signs and Symptoms\* of Infection, United States, 2018–2022

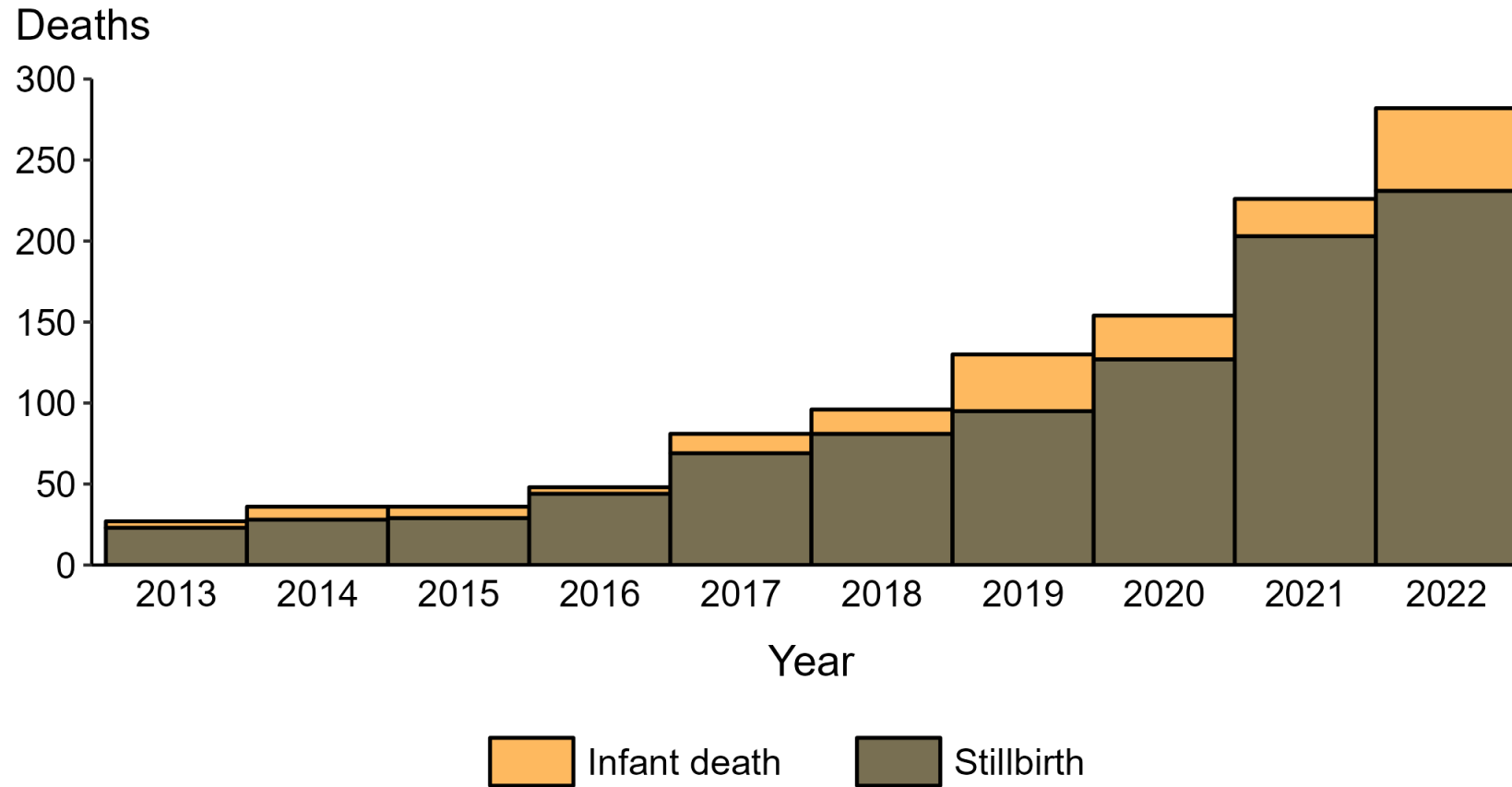


\* Infants with signs and/or symptoms of congenital syphilis have documentation of at least one of the following: long bone changes consistent with congenital syphilis, snuffles, condylomata lata, syphilitic skin rash, pseudoparalysis, hepatosplenomegaly, edema, jaundice due to syphilitic hepatitis, reactive CSF-VDRL, elevated CSF WBC or protein values, or evidence of direct detection of *T. pallidum*.

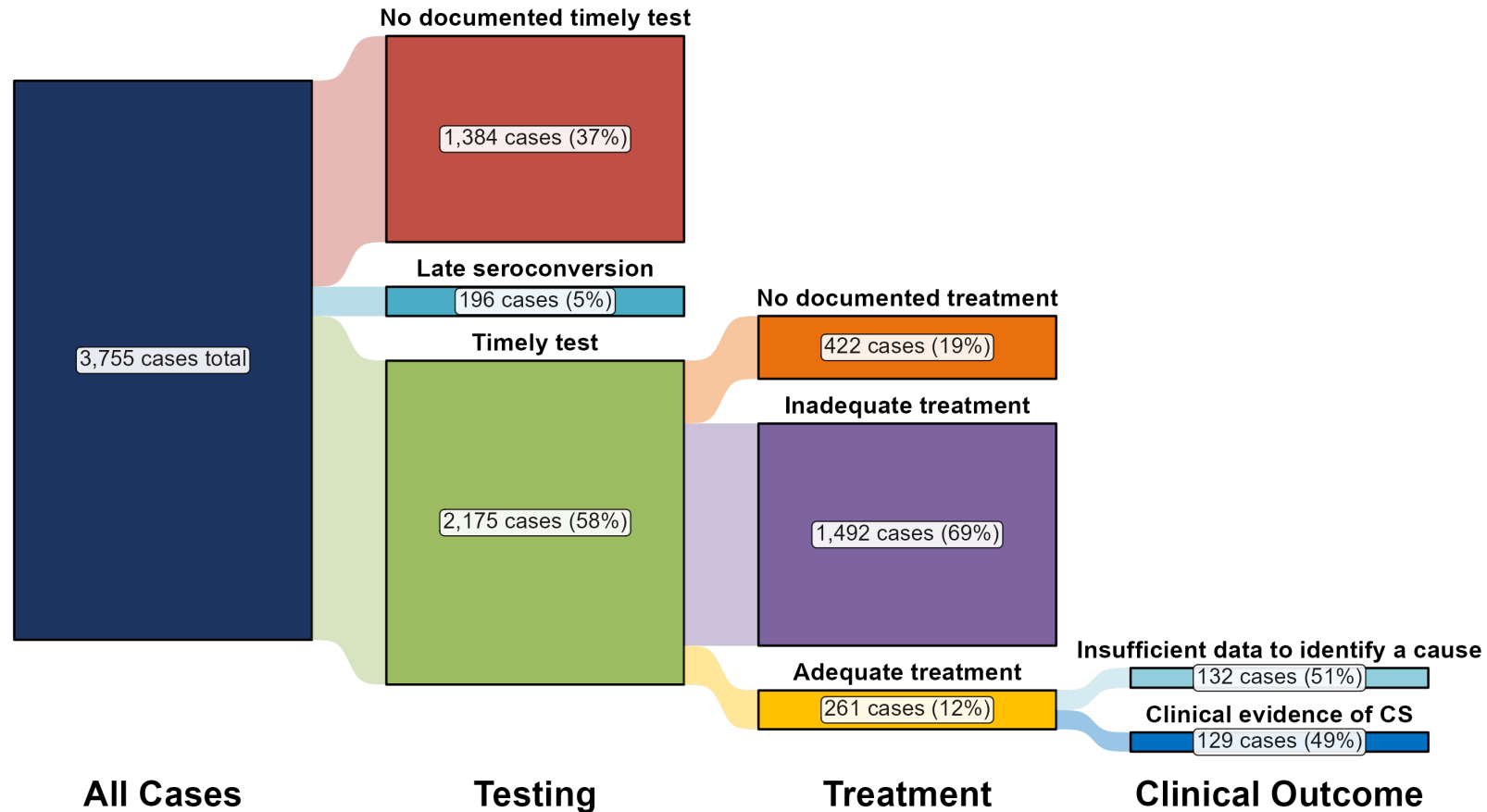
**NOTE:** Of the 11,999 congenital syphilis cases reported during 2018 to 2022, 33 (0.3%) did not have sufficient information to be categorized.



# Congenital Syphilis — Reported Stillbirths and Infant Deaths, United States, 2013–2022



# Congenital Syphilis — Distribution of Receipt of Testing and Treatment by Pregnant Persons with a Congenital Syphilis Outcome, United States, 2022



A hand in a white lab coat sleeve holds a test tube containing a dark red liquid. In the background, a rack holds several other test tubes, some containing red liquid. The scene is set in a laboratory. A large teal circular graphic is overlaid on the right side of the image, containing text.

# Who should you test/screen?

- Patients with classic symptoms
- Patients with symptoms without an alternative diagnosis
- Patients in a high prevalence setting

# Two Types of serologic tests for syphilis



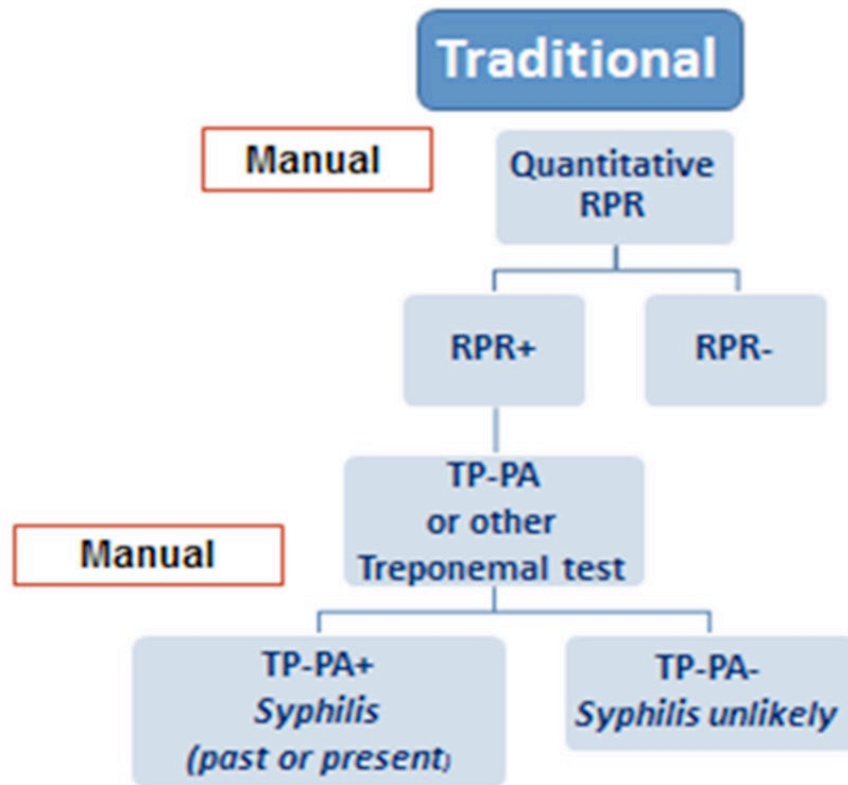
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Tests	Non-Treponemal	Treponemal
Examples	RPR, VDRL	FTA-ABS, TPPA, EIA, CIA
Method	Detects <u>NON-specific</u> antibodies caused by inflammation	Detects <u>specific antibodies</u> against <i>T. pallidum</i>
Results	Quantitative	Qualitative
Positivity	Positive in active disease	<b>Remains positive forever (85%)</b>

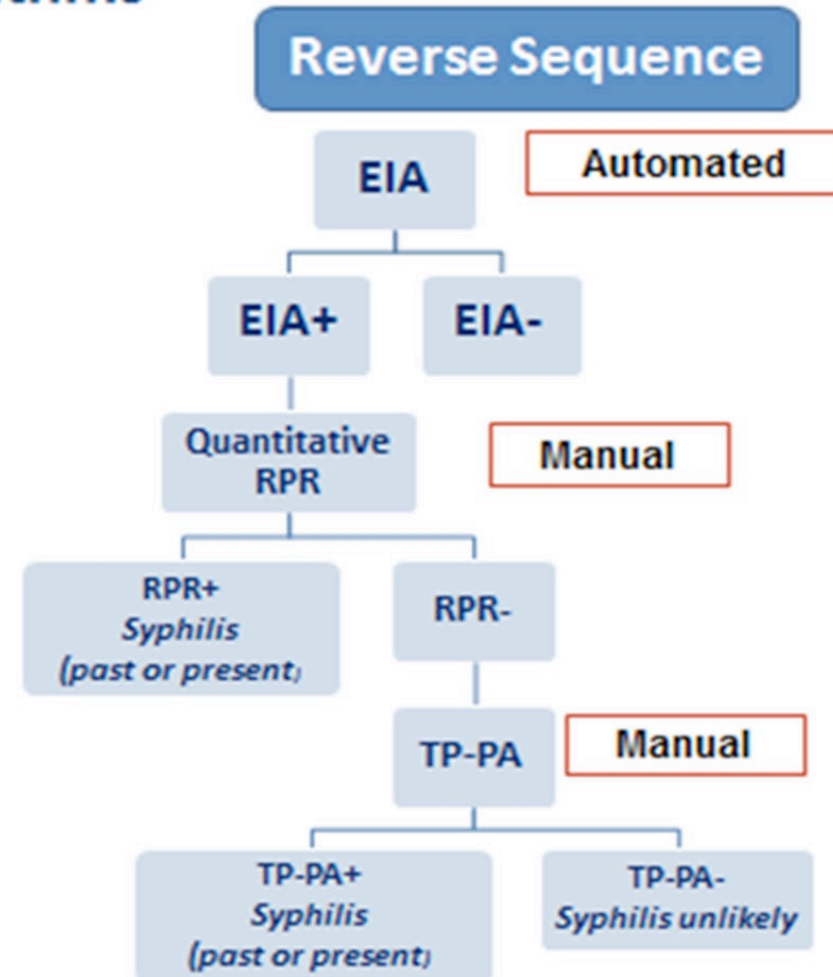
# Serologic Diagnosis of Syphilis



## Syphilis Serologic Screening Algorithms



RPR – Rapid plasma reagin  
TP-PA – *Treponema pallidum* particle agglutination  
EIA – Enzyme immunoassay





**Traditional**



**Missed treatment opportunities**

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**Reverse**



**Overtreatment**

# Case Question

28-year-old pregnant female presents to clinic with complaints of abnormal vaginal discharge. She has not been linked to prenatal care, so you decide to add a syphilis screening to your work-up. Three days later, results come back with an RPR (non-treponemal) value of 1:16. How do you interpret these results?

- A. This patient has syphilis and should receive treatment
- B. This patient has a biologic false positive and nothing more is needed
- C. More information is needed to interpret these results
- D. This is a problem for the ID docs and OBs

# Case Question

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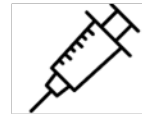
# In Summary



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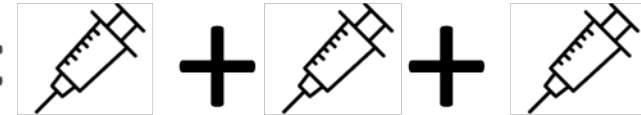
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- **Early syphilis = 1 dose IM**



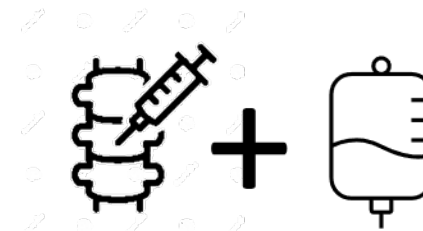
Single dose 2.4 MU Benzathine Penicillin G

- **Late syphilis = 3 doses IM a week apart**



3 doses 2.4 MU Benzathine Penicillin G

- **Neurosyphilis = LP + IV therapy**



IV Aqueous crystalline penicillin G 18 – 24 million units/day x 10-14 days

# Pregnant People



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**Treatment**  
According to Stage

# Management of Sex Partners



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## Treat presumptively if:

- Exposure to primary, secondary, early latent  $\leq 90$  days
- Exposure to primary, secondary, early latent  $> 90$  days and no serology is available
- Exposure to unknown latent syphilis\*

## Treatment for Syphilis Contact

Benzathine Penicillin G, 2.4 million units IM x 1

\* If exposed to unknown latent syphilis  $> 90d$  , treat according to serologic evaluation

# IHS CMO Tribal Leader Letter on Syphilis



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## 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



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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



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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



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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**



# DoxyPEP



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## 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**



# HHS Tribal Leader Consultation on Syphilis & Congenital Syphilis

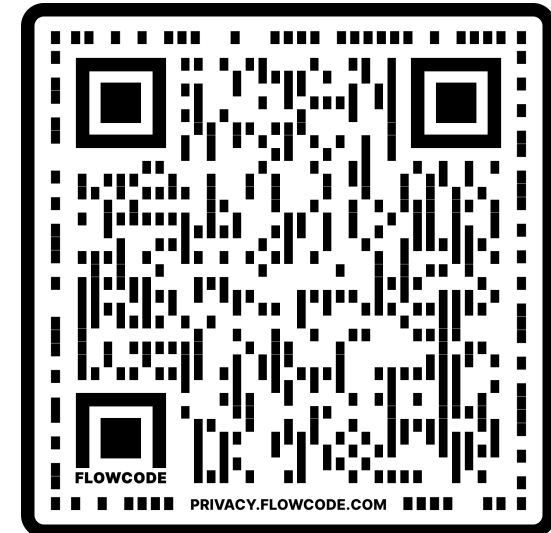


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**The U.S. Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) will hold a Tribal consultation on **August 5, 2024**, to discuss the syphilis and congenital syphilis outbreak in Tribal Communities.**

- **Innovative and new ways are needed to ensure timely screening and treatment for all AI/AN people**
- **Invest in maternal child health and reproductive healthcare for AI/AN people**
- **Increase care for the syndemic issue of syphilis and substance use disorder in AI/AN communities**
- **Invest in comprehensive culturally-specific sexual health education is urgently needed**



# Facility Assessments

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# Facility Assessments: Who we Interviewed



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**Acting Medical Director**

**Primary Care Physicians/Providers**

# Facility Assessments: Who we Interviewed



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Acting Medical Director

Primary Care Physicians/Providers



**Clinical Pharmacist**

**Pharmacy Director**



# Facility Assessments: Who we Interviewed



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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



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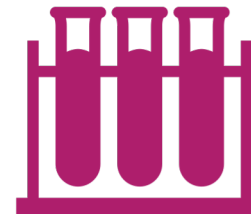
Acting Medical Director  
Primary Care Physicians/Providers



Public Health Nurse  
Infection Control Nurse  
Public Health Director



Clinical Pharmacist  
Pharmacy Director

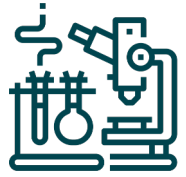


**Lab Director/Manager**  
**Lab Tech**

# Facility Assessments: Data Collected



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**Testing  
algorithm?**



**Costs?**



**Staging?**



**Treatment  
availability?**



**Obtaining sexual  
histories?**



**Field-based testing and  
treatment?**



**Screening practices?**

# Initial Findings



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# Feedback from Clinics



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## 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



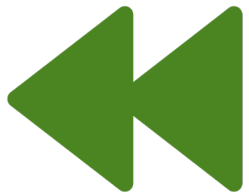
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**Intergovernmental collaboration**



**Bicillin availability**



**Reverse Algorithm**



**Syndemic-related medication availability**

# Areas of Growth



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**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



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- **Helpful Quality Improvement (QI) tool to support improved epidemiologic and clinical processes for syndemic-related activities and integrated, holistic care**
- **Increased collaboration/partnership between Health Boards and Partner Tribes**
- **Opportunity to share best practices**

If you'd like more information on facility assessments and how to do one in your community, feel free to reach out!



# Outbreak Response and Best Practices



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# Family Care Plans



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## 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



## Family Care PLANS



**Creating Family Care Plans**  
for American Indian & Alaska Native  
Pregnant & Parenting People Experiencing  
Substance Use Disorders

A Guide for Healthcare Providers



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# Family Care Plans



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## Key Values

1. **Having SUD in pregnancy is not, by itself, child abuse or neglect.**
1. **Criminalizing SUD in pregnancy is ineffective and harmful.**
1. **Everyone has the right to effective treatment.**
2. **Encourage prenatal care, treatment, and recovery support.**
  - Barriers to access should be addressed, mitigated, and eliminated where possible.
3. **Improving effective communication and coordination of public health, criminal justice systems, treatment and early childhood systems can optimize outcomes and reduce disparities.**



# Rapid Testing & Self-collection Kits



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**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!**



Take Control. Know Your Status.



**In-home specimen collection/lab-based testing:**

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

# Express STI Testing



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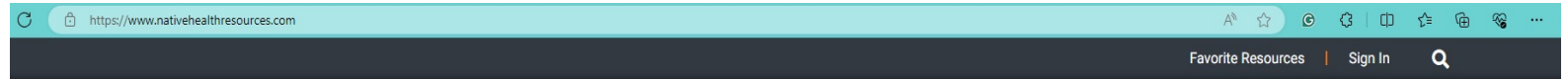
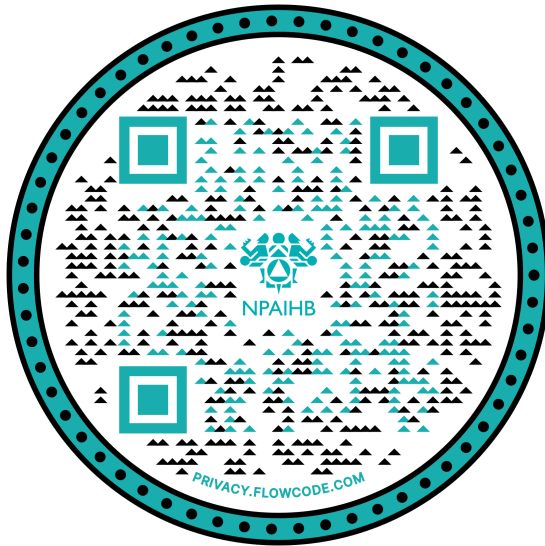
1. Increasing STI and congenital syphilis rates among AI/AN
2. Patient-initiated care (on demand)
3. Reduce demand for clinical provider visit
4. Prioritize provider visits for patients who need STI treatment
5. Reduce wait time for patients (no appointment needed)
6. Streamline process for collection 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



# Native Health Resources



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RESOURCES

TOPIC AREAS

ABOUT

CONTACT



## SEXUAL HEALTH

### HIV/HCV/STI

- Congenital Syphilis
- General Syphilis
- Pocketbooks
- HIV
- PrEP
- HEP C
- Ending the Epidemic (Coming Soon)

## MENTAL HEALTH

### THRIVE

- We Are Connected #WeNeedYouHere
- Suicide and Crisis Lifeline and Crisis Text Line
- Mind4Health
- Caring Messages
- Veterans #WeNeedYouHere
- 2SLGBTQ+ #WeNeedYouHere

## ADOLESCENT HEALTH

- Get Yourself Tested
- Safe Spaces
- Healthy Native Youth
- We R Native

## 2SLGBTQ+

- Paths (Re)membered

## SUBSTANCE USE DISORDERS

- Tribal Opioid Response
- OUD Prevention
- Family Care Plans
- Videos

## VACCINATION

- Native Boost (Coming Soon)
- VacciNative (Coming Soon)



# Native Health Resources



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### Facts About Xylazine

**What is Xylazine?**  
Xylazine (Z-100) is an animal tranquilizer that has sedative-like effects. It's becoming more common in street drugs, like powder heroin, fentanyl, and sometimes coke and roach.

Xylazine is mixed with other drugs to increase the intensity and length of the high. However, it increases the chance of overdose.

Other names: Tranq, Tranq dope, Zombie drug, and Horse tranquilizer

Because Xylazine is not an opioid, naloxone (like Narcan) cannot be used to reverse a xylazine overdose. However, xylazine test strips are available.

**The Dangers**  
When Xylazine is injected, it can cause painful skin wounds all over. Sometimes these can take months to heal, and if not treated right away, it may lead to amputation. Xylazine may cause a life-threatening drop in your blood's ability to carry oxygen to tissues. Other symptoms may include: high blood sugar, no/low bladder control, trouble swallowing, shortness of breath, sleepwalking, extra teeth, and really dry mouth.

**Overdose**  
If someone is unresponsive, breathing slower, or not breathing at all, call 911 and use naloxone. Naloxone doesn't work on xylazine BUT it will help if they have opioids at their system too.

If you give naloxone (Narcan):

- Wait 2 minutes between doses
- Between doses, check that their mouth is clear and give them rescue breaths
- Lay the person on their side to prevent choking

**Testing for Xylazine**  
The only way to know if other xylazine is in your drugs is by using xylazine testing strips. They are not 100% perfect, but they can help protect you.

**Harm Reduction Tips**

- Avoid drugs with xylazine in them. If you can
- Test your drugs for xylazine
- Never use alone
- Carry naloxone
- Start slow
- Because of the heavy sedation that comes with xylazine, be aware of your surroundings, your physical safety, and your possessions.

Visit the Northwest Tribal Area Indian Health Board's website at [www.npaihb.org](http://www.npaihb.org) to learn more about treatments, preventing overdose, and other important topics.

### Supporting Someone with Opioid Addiction

**Opioid Use Disorder**  
Opioid addiction is a brain disease. Opioids like morphine and heroin change the way our brain works and how we think. One of the first brain changes that occurs is that these drugs hijack the part of our brain that controls our cravings.

People often start to misuse prescription opioids by taking them:

- more often
- in larger amounts
- for reasons they were not prescribed for

When someone's opioid misuse causes them to have health issues or problems at work, school, or home, they have an opioid use disorder. Opioid use disorder is a common medical condition that people can recover from.

**Supporting Someone with an Opioid Use Disorder**  
Recovering from opioid use disorder is often a life long journey. Walking the road to recovery can be a bumpy path with many ups and downs, but having a strong support system can help. Below are some ways you can support someone with an opioid use disorder.

**Remember opioid use disorder is not a choice or moral failing. It is a brain disease.**

Learn about opioid use disorder. Reading this fact sheet is a good start!

Talk to a counselor or another medical professional.

Use kind and respectful language.

Keep in mind that not everyone is able to recognize how much opioid use is impacting their life, so be gentle and share how you see opioids impacting them.

**Definition:**  
Kind and respectful language includes using what is called person-first language to describe people with opioid use disorder. For example, saying "people who use drugs," instead of saying "drug users." Also try to avoid using stigmatizing language like "drug addict," "clean," or other terms that reduce a person to just one behavior.

Encourage your loved one to take part in healing practices and traditions.

Be sure to invite the person to join in on activities, just like you would your own. Feeling supported and loved is important for everyone during the recovery process.

Relaxing on using naloxone - a safe drug that you can use to quickly reverse an opioid overdose.

Carry naloxone in case of an opioid overdose emergency. Acting quickly is important. It can save lives.

**Practice Self-care**  
Someone with opioid use disorder can be difficult. It is important to take care of yourself as well. Below are some ways you can embrace self-care while supporting someone with an opioid use disorder.

**Try a mind-body practice**  
Yoga, tai chi, meditation, reading, weaving and other cultural activities can help you decrease stress and re-energize.

**Make eating well and getting quality sleep priorities**  
It's easy to forget about your own needs when trying to help others, but getting enough sleep and eating well are important.

Encourage your loved one to take part in healing practices and traditions.

Be sure to invite the person to join in on activities, just like you would your own. Feeling supported and loved is important for everyone during the recovery process.

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### A Trickster Tale – Outsmarting Opioids Through Education and Action

**Tribal Opioid RESPONSE**  
Healing our Nations Together

[www.npaihb.org/opioid](http://www.npaihb.org/opioid)

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# Native Health Resources



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## Snag safer to prevent syphilis

Take steps to protect yourself and others!

**Safer sex means:**

**DoxyPEP**

Take DoxyPEP, a single dose of antibiotic, within 72 hours of having unprotected sex to prevent common STIs, including syphilis. Ask your clinician whether DoxyPEP is right for you.

**Lube**

Lube makes sex safer by preventing chafing and other barriers from breaking. It can also help your body's tissues stay smooth and moist during sex.

**Barriers**

STIs spread skin-to-skin and through fluids. Barriers like condoms, dental dams, latex or nitrile gloves, and other protection.

Get tested even if you have safer sex. Most people with STIs, like syphilis, don't know.

**Snag safer. Get tested. Syphilis is on the rise.**

NORTHWEST POREILAND AREA INDIAN HEALTH BOARD  
PO BOX 1000000, PORTLAND, OR 97208

## Syphilis is on the rise.

**It's important to get tested!**  
Syphilis spreads skin-to-skin during oral, anal, and vaginal sex. Pregnant people can also pass syphilis to their babies during pregnancy and childbirth.

**Anyone can get syphilis.**  
Most people don't notice any symptoms and feel healthy and truly fine. But, sometimes, symptoms appear.

Syphilis can cause small sores called chancres on your genital, lip, mouth, hands, and feet that can be easily confused with pimples, ingrown hair, dry chapped, or a cold sore.

Over time, though, if left untreated, syphilis can lead to permanent health problems like:

**CANCER**      **BLINDNESS**

You won't get syphilis through everyday contact with others, including:

HOLDING HANDS OR HUGGING

COUGHING OR SNEEZING

SITTING ON TOILET SEATS

SWIMMING

SHARING TOWELS

SHARING FOOD OR DRINK

Luckily, your health provider can test you for syphilis, and syphilis can be cured!

**Get Tested Today!**

Schedule an appointment with your health care provider

**Snag safer. Get tested. Syphilis is on the rise.**

NPAIHB

**Snag safer. Get tested.**

**Snag safer. Get tested.**

## Syphilis is on the rise.

Talk with your partner about safer sex.

Sex should be safe and fun.

Talk about your needs - like STI testing and using protection. Starting the conversation can be hard, but try to be open and honest.

**Snag safer. Get tested. Syphilis is on the rise.**

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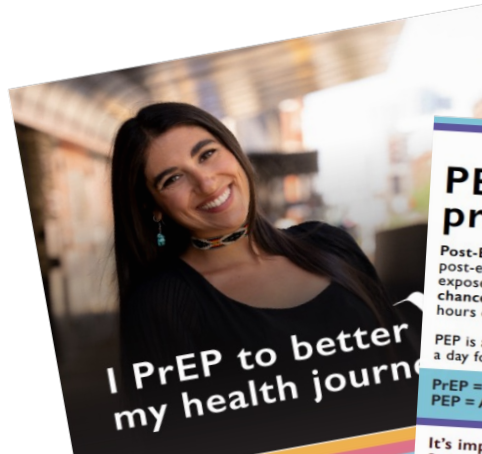


# Native Health Resources



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### I PrEP to better my health journey

PrEP can be taken with hormone therapy. To date, research shows that hormone-based and hormone therapy do not interact. **Live confidently.**

**PrEP is for women**  
Talk to your provider for more information.

### PEP can prevent HIV

**Post-Exposure Prophylaxis (PEP)** is for post-exposure (or after you have been exposed to HIV). PEP can lower your chances of getting HIV if taken within 72 hours of exposure.

PEP is a series of pills you can take 1-2 times a day for 28 days.



**PrEP = Before (Pre) Exposure to HIV**  
**PEP = After Exposure to HIV**

**It's important to start PEP within 3 days of exposure (72 hours).**

The sooner you start PEP, the better it works. If you wait too long, skip doses, or don't use it as recommended, it won't be as effective.

**How do I know if PEP is right for me?**


PEP is often suggested if you've had unprotected sex or shared needles or injection gear during drug use. It is also recommended if you are sexually assaulted.



Shooting your shot? Don't miss.

Snag safer. Get tested.

[www.NativeTest.org](http://www.NativeTest.org)



### PrEP is for everyone.

And it is effective at preventing HIV!

PrEP might be for you if your partner is HIV positive, or if you inject drugs and share your equipment. PrEP might also be for you if you have sex, but you don't always use protection — like condoms.

### Feel more confident and in control.

Anyone who weighs at least 77 pounds, including teens and pregnant persons, can use PrEP for peace of mind. PrEP does not prevent other STIs like gonorrhea or chlamydia, so it's best to use protection like condoms or dental dams alongside PrEP.

### There are three different options for taking PrEP:

- ☞ Take a daily pill
- ☞ Get one shot every two months
- ☞ Take PrEP 2-1-1

**PrEP 2-1-1 a.k.a. on-demand PrEP** includes taking 2 pills 2-24 hours before sex, 1 pill 24 hours after sex, and 1 more pill 24 hours after that.


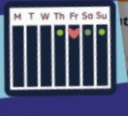

**Take PrEP as prescribed.**  
If you don't have enough PrEP in your system, you might get HIV.

PrEP does not prevent other STIs. You may still contract gonorrhea, chlamydia, and syphilis. Use additional protection like condoms or dental dams to reduce your risk.


PrEP must be taken as directed. You must have enough PrEP in your system, and you must be at risk of getting HIV.

PrEP is available at many health care facilities have PrEP available.


Some people may be able to get PrEP at your local pharmacy. You can get PrEP at your local pharmacy, or you can get Tylenol, insulin, or any other medication. In addition, PrEP is available at many state and local health care facilities. The cost of PrEP is covered by many insurance plans. PrEP is available at many health care facilities. PrEP is available at many health care facilities.



### Undetectable = Untransmittable



People who take their HIV medications as prescribed can achieve an undetectable viral load. People who have an undetectable viral load, for at least 6 months, cannot transmit HIV through sex. **This is U = U.**



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[www.HIV.gov](http://www.HIV.gov)



Sex is ceremony

Honor yourself

Get tested!

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# Native Health Resources



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**Many genders.  
One kit.**

Love yourself. Love your community.

ORDER A **FREE, CONFIDENTIAL STI TEST KIT**  
iwantthekit.org

**iwtck** Take Control. Know Your Status.

This project is funded through the Indian Health Service and the Minority HIV/AIDS Fund.

**Snag a Kit Today!**

ORDER A **FREE, CONFIDENTIAL STI TEST KIT**

**iwtck** Take Control. Know Your Status.

This project is funded through the Indian Health Service with backing from the Minority HIV/AIDS Fund.

[iwantthekit.org](http://iwantthekit.org)

**Snag Something You Didn't Want?**

ORDER A **FREE, CONFIDENTIAL STI TEST KIT**  
iwantthekit.org

**iwtck** INDIGI I WANT THE KIT

This project is funded through the Indian Health Service and the Minority HIV/AIDS Fund.

# In Summary



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## **Syphilis is on the rise**

1. Annual, universal screening for **all** patients 13 years of age and older
2. Use the reverse algorithm for syphilis screening to detect and treat on spot for syphilis (treponemal test → non-treponemal test)
3. Screen pregnant people 3x during pregnancy: 1<sup>st</sup> PNC visit, 3<sup>rd</sup> trimester, delivery

## **Support families experiencing substance use by offering compassionate, responsive, trauma-informed care.**

1. Criminalizing SUD in pregnancy is ineffective and harmful. Having SUD in pregnancy is not, by itself, child abuse or neglect.
2. Everyone has the right to effective treatment.
3. Encourage prenatal care, treatment, and recovery support.
  - Barriers to access should be addressed, mitigated, and eliminated where possible.

# Acknowledgements



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- Hope Committee

# Questions?



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# Thank you!



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