

Treating Syphilis in Immediate Care Settings | Resource Guide

Washington reached a historic high for reported congenital syphilis (CS) diagnoses in 2021. Syphilis has increased in all regions of the state which is a major public health concern.

75% of congenital syphilis cases in Washington occurred among pregnant persons who had no or inadequate prenatal care.

Persons with syphilis may have mild symptoms or no symptoms and can be unaware of their infection, so syphilis screening and empirical treatment for patients with symptoms or with exposure to syphilis is essential. Syphilis can cause chancre, condyloma lata, rash, lymphadenopathy, and patchy alopecia, and sequelae such as neurosyphilis, meningitis, ocular syphilis, and aortitis can occur at any time in the course of infection. CS can cause spontaneous miscarriage, stillbirth, low birth weight, premature birth, and death shortly after birth.

In response to the rising rates of syphilis and CS in WA, the WA Department of Health issued expanded syphilis screening and treatment recommendations. These recommendations include empirical treatment for anyone who reports sexual exposure to someone with syphilis, **even in the absence of signs or symptoms of infection or a positive test result and for patients with signs or symptoms consistent with primary or secondary syphilis at the time when they first present for care.** STI care, including for syphilis, is considered an essential health service and is, therefore, covered by insurance for most patients.

SCREENING IS NOT ENOUGH

Syphilis screening in immediate care settings has been shown to detect unidentified and untreated infections, but it is not enough to slow the spread of the disease. Many urgent care and walk-in clinics conduct routine screening, yet many patients never receive treatment. Public health urges providers in these settings to **screen for AND treat syphilis.**

Benefits of Screening in Immediate Care

Result in increased diagnoses of syphilis as well as other, asymptomatic STIs

Potentially avert cases of CS

Reach a population that otherwise may be missed through traditional screening recommendations

Benefits of Treating in the Immediate Care

Reduce rates and devastating outcomes from CS

Reduce healthcare costs due to increased and earlier treatment of STIs

Reduce transmission due to early detection and treatment

Increase screening and treatment of individuals who have had undiagnosed syphilis

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PUBLIC HEALTH NEEDS YOUR HELP!

Immediate care providers should order serological tests for patients with signs or symptoms of syphilis or exposure to syphilis but **should not wait for the results of such tests to provide treatment**, particularly among pregnant patients, patients who are living homeless, patients who use drugs, and other patients for whom medical follow-up is difficult to ensure.

Treat Syphilis

- **Treat any persons who reports sexual exposure to someone with syphilis**, even in the absence of signs or symptoms of infection or a positive test result.
- **Treat all patients with signs or symptoms** consistent with primary or secondary syphilis when they first present for care.

Know Symptoms

- **Know the symptoms of primary syphilis**: A syphilitic chancre is usually a firm, clean-based ulcer at the site of inoculation; it is usually painless and may be associated with localized lymphadenopathy.
- **Know the many symptoms of secondary syphilis**: Rash is the most common symptom and may present as a generalized maculopapular rash on the torso with or without palmar and plantar lesions, though the rash may also be pustular; other presentations of rash include condyloma lata, mucous patches, alopecia. Other symptoms include generalized malaise, lymphadenopathy, sore throat and arthralgias.
- **Know the treatment of early syphilis** (primary, secondary and early latent): benzathine penicillin (bicillin) 2.4 million units intramuscularly once. Patients with late latent syphilis or syphilis of unknown duration require three injections spaced one week apart.

Update Protocols and Workflows

- ✓ **Be prepared to treat syphilis at the same time as screening** (ensure appropriate and adequate medication is on-site/on hand to treat same day).
- ✓ Establish and implement protocols for providing **empiric treatment in your setting** if concerns about patient loss to follow up are a screening barrier.
- ✓ If possible, **automate the test ordering process** (e.g., EMR best practice alert) to limit impact to existing workflows and to reduce opportunities for human error.
- ✓ **Identify opportunities to reduce lab turnaround time** (e.g., tests that can be run in-house, etc.) so that initial results can be obtained, the patient can be treated while present, and expedite confirmatory testing at the public health laboratory.
- ✓ When possible, **expand linkage to care services** during the times of the day when you see the most patients (e.g., outside of business hours, etc.).

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