



Thursday, July 6, 2023

Dear Health Resources and Services Administration Recipient Colleagues:

This letter is to inform Health Resources and Services Administration (HRSA) recipients of the increasing syphilis rates within American Indian/Alaskan Native (AI/AN) communities. In partnership with the Indian Health Service (IHS), HRSA specifically notes the escalating rates of syphilis within highly impacted jurisdictions in Alaska, Arizona, Montana, Nebraska, New Mexico, Oregon, and South Dakota. Given the reach of HRSA programs and services across impacted communities, this letter is a request to utilize the Centers for Disease Control and Prevention (CDC) sexually transmitted infections (STIs) screening and treatment guidelines to address this serious issue among AI/AN communities. This letter also includes the **IHS Field Treatment Guidelines** sent to IHS partners (see Attachment).

Nationally, CDC data indicate that the rate of primary and secondary syphilis among AI/AN in 2021 was 42.2 per 100,000 (nearly 5 times that of white individuals), up 520 percent from 8.0 per 100,000 among AI/AN in 2016. In the same time period, [congenital syphilis](#) has increased over 900 percent among AI/AN (rate of 37.7 per 100,000 live births in 2016 compared to 363.7 in 2021) and is almost 10 times higher than whites.

HRSA recommends that recipients and subrecipients adopt the CDC recommendation for universal screening and testing for at-risk populations and follow their local and state testing and treatment guidelines for syphilis and other STIs.

As always, thank you for your ongoing commitment and dedication to support the prevention, care, and treatment needs of people across the country.

Sincerely,

/Laura W. Cheever/

Laura Cheever, MD, ScM.
Associate Administrator
HIV/AIDS Bureau

/Antigone Dempsey/

Antigone Dempsey, MEd.
Associate Administrator
Office of Intergovernmental & External Affairs

/James Macrae/

James Macrae, M.A., M.P.P.
Associate Administrator
Bureau of Primary Health Care

/Tom Morris/

Tom Morris, MPA.
Associate Administrator
Federal Office for Rural Health Policy

/Michael Warren/

Michael Warren, MD., MPH., FAAP.
Associate Administrator
Maternal and Child Health Bureau

ATTACHMENTS:

Attachment 1: These are *IHS Field Treatment Guidelines* recommendations which were shared with IHS providers:

1. **Annual syphilis testing** for persons aged 13-64 to eliminate syphilis transmission by early case recognition. An annual EHR reminder **should be** turned on at all sites to facilitate testing for two years or until incidence rates decrease locally to baseline.
2. Adoption of an **STI/HIV/Viral hepatitis testing bundle** at all sites to screen broadly:
 - a. Syphilis screening test with reflex RPR and TPPA
 - b. HIV serology (with documentation of consent if required in the local state jurisdiction)
 - c. Screening for gonorrhea and chlamydia at three sites: Urine, Pharynx, Rectum
 - d. Screening for hepatitis B and C
 - e. Pregnancy test
3. Adoption of "**Golden Ticket Testing**": On-demand, no-provider/no nurse lab visits for testing, including the above bundle
4. **Enhance screening rates by increasing screening outside of the hospital/clinic and into the community**
 - f. Field testing at Chapter House or equivalent community centers, Health Fairs, community events
 - g. Utilization of IWTK (I want the kit) self-testing (For information, contact [Richard \(Rick\) Haverkate](#))
5. **Field treatments for syphilis** by PHNs with Benzathine Penicillin. (For questions, contact [Tina Tah](#) or [Melissa Wyaco](#))

Attachment 2: Resources

1. CDC [Syphilis Pocket Guide for Providers](#) is an evidence-based resource for providers to utilize for screening and treatment recommendations and guidelines for most populations experiencing risk and increased rates of syphilis transmission.
2. CDC [Syphilis Treatment & Care webpage](#) provides current data and treatment recommendations for primary, secondary, tertiary, congenital, ocular, neurosyphilis, and perinatal syphilis infections.
3. CDC call to action (2017): <https://www.cdc.gov/std/syphilis/syphiliscalltoactionapril2017.pdf>
4. [Healthy People 2030 Sexually Transmitted Infections Objectives](#)
5. [Sexually Transmitted Infections National Strategic Plan \(STI Plan\) 2021-2025](#)
6. [U.S. Preventive Services Task Force STI Screening Recommendations](#)
7. [Uniform Data System \(UDS\) data](#)
8. [Bicillin Shortage CDC response and treatment guidelines](#)
9. Tribal: <https://www.indiancountryecho.org/?s=syphilis>
10. Testing guidelines ACOG: [Adhikari, E. H. \(2020\). Syphilis in Pregnancy. *Obstetrics & Gynecology*, 135\(5\), 1121–1135.](#) Screening early in pregnancy, repeat screening in the third trimester and at delivery among women at high risk, adherence to recommended treatment regimens, and prompt reporting of newly diagnosed syphilis cases to local public health authorities are strategies that obstetrician–gynecologists can employ to fight the current epidemic. In this report, clinical manifestations, and management of syphilis in pregnancy are reviewed, and both traditional and reverse sequence screening algorithms are reviewed in detail in the context of clinical obstetrics.
11. HRSA funded [State Offices of Rural Health](#) collaborate with public and private organizations across the state to improve access to health care services. Activities include information and data dissemination, program design and rural workforce recruitment and retention