



## Strengthening STD Prevention and Control for Health Departments

### Technical Assistance Note # 11b | Syphilis treatment assurance

#### From Strategy Area III: Promote CDC-Recommended Screening, Diagnosis, and Treatment

11. Promote CDC-recommended treatment for gonorrhea and syphilis
  - b. Assess syphilis treatment practices to identify and prioritize providers, organizations, and areas to target for promotion and improvement. Provide education and technical assistance to providers and organizations who prescribe non-recommended treatment for syphilis

### Why DSTDP included these strategies

Rates of reported syphilis cases have been increasing. Increased disease burden affects communities in multiple ways and is often a reflection of overall sexual health. Recent shortages in some forms of penicillin have heightened the need to monitor syphilis treatment practices more closely. State and local health departments are uniquely positioned to monitor the use of recommended treatments and to help ensure that providers have the information and support needed to appropriately treat their patients. In turn, these efforts help ensure that all patients are adequately treated in a timely manner, reducing both the spread of disease and the long-term individual and community-level health consequences of untreated or repeated infections.

### Key definitions

**“CDC-recommended treatment”:** CDC’s Treatment Guidelines are specific with respect to classes of antibiotics and specific dosages recommended for specific infections. CDC’s 2015 STD Treatment Guidelines recommend Penicillin G, administered parenterally, as the preferred drug for treating persons in all stages of syphilis. The preparation used (i.e., benzathine, aqueous procaine, or aqueous crystalline), dosage, and length of treatment depend on the stage and clinical manifestations of the disease. These recommendations are periodically revised and updated based on the best available evidence of clinical efficacy, patterns of reduced susceptibility, basic science, diagnostics, and clinical care. Treatment recommendations are intended to guide clinical practice and provide an additional tool to inform provider decisions regarding the best treatments for their patients.

### Considerations for implementation

#### Assess syphilis treatment practices to identify and target promotion efforts

- Assess the quality of syphilis treatment data available through syphilis surveillance and disease investigation
  - Determine what proportion of reported cases have complete information on the treatment administered, including medication, dosage, mode of administration, and date(s) of treatment
  - Of those treatment characteristics, focus first on data quality related to how quickly patients are treated and whether the recommended medication is used
- Assess, at least annually, the extent to which syphilis treatment is a problem in the jurisdiction
  - Is non-use of recommended treatment an isolated and rare issue, specific to a few individual providers? Or is the problem more widespread and tied to any structural gaps, such as Benzathine penicillin G

shortages or other issues? Are there issues of “over treatment”, especially for persons with uncomplicated primary or secondary syphilis or living with diagnosed HIV infection?

- The answers should directly inform the program’s response

## Provide education and TA to providers who prescribe non-recommended treatment for syphilis

- Using best practices in health communication, create standard syphilis treatment response document(s), to be used with individual providers or organizations that demonstrate patterns of non-recommended treatment
- Given most reported syphilis cases involve some disease investigation and case follow-up, speak with individual providers to understand why they chose the non-recommended treatment regimen and to identify barriers to providing recommended treatment
- Contact the National Network of STD Clinical Prevention Training Centers or other clinical training resources to assist with providing education and TA to providers and organizations with relatively high use of non-recommended treatment. More intensive TA may be warranted in some cases and could be offered by clinical training centers
- Take advantage of the release of new or updated CDC STD Treatment Guidelines to convene virtual or in-person STD clinical practice updates to promote collaboration and increase compliance with recommended STD treatment among area health care providers

## Other resources

- CDC STD Treatment Guidelines for syphilis: <https://www.cdc.gov/std/tg2015/syphilis.htm>
- Benzathine penicillin G shortage: [https://www.cdc.gov/std/treatment/drugnotices/Benzathine\\_penicillin\\_Gshortage.htm](https://www.cdc.gov/std/treatment/drugnotices/Benzathine_penicillin_Gshortage.htm)
- STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>
- National Network of Prevention Training Centers (NNPTC): <http://www.nnptc.org>
- STD Clinical Consultation Network: <https://www.stdccn.org/>
- National STD Curriculum: <https://www.std.uw.edu/>

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email [STD\\_PCHD@cdc.gov](mailto:STD_PCHD@cdc.gov). CDC’s Division of STD Prevention, Program Development and Quality Improvement Branch, developed this document for recipients of PS19-1901 STD PCHD to provide additional clarification of strategies outlined in that NOFO and to support program implementation. The content here does not represent additional NOFO requirements nor official CDC recommendations. Issue date: April 2019