STD PCHD

Strengthening STD Prevention and Control for Health Departments

Technical Assistance Note # 9 | Disease investigation and intervention with men with syphilis

From Strategy Area II: Conduct Disease Investigation and Intervention

9. Conduct health department syphilis disease investigation and intervention for men with primary and secondary syphilis
   a. Conduct follow-up on primary and secondary syphilis cases among men, to obtain more information, if needed, on treatment, sex of sex partners, HIV serostatus, HIV care status, PrEP use, and other information to ensure linkage to appropriate STD and HIV related prevention services
   b. Provide timely and comprehensive partner services to men with primary and secondary syphilis who report pregnant or other female partners of reproductive age
   c. Use program and epidemiologic data to identify subgroups of MSM with primary and secondary syphilis and factors associated with transmission to target for partner services to yield high numbers of all partners treated in a timely fashion and for whom consequence of transmission is the greatest. As resources permit, provide timely and comprehensive partner services including comprehensive STD and HIV testing and linkage to care and needed prevention services to those subgroups of MSM with primary and secondary syphilis

Why DSTDP included these strategies

Disease investigation and intervention are fundamental to the public health response to many infectious diseases, including STDs. The goal of these activities is to interrupt disease transmission networks, by diagnosing and treating individuals in those networks. Taken to scale, disease intervention, including partner services, can slow and even stop transmission at a population-level. Additionally, disease intervention can also help link persons to much needed services, including HIV re-engagement in care and PrEP.

Why the investigation of men with female partners is high priority

After more than a decade of extremely low case rates, primary and secondary syphilis among women, and congenital syphilis among pregnant women, have steadily increased since 2012. The prevention and control of congenital syphilis is the top priority for STD programs. Investigation of females with reactive serology should remain the programmatic priority, followed by investigation of men with female partners. This includes men who have sex with women (MSW) and men who have sex with men and women (MSMW).

Why the investigation of men who have sex with men (MSM) with P&S syphilis is high priority

As a group, MSM are at high risk of STDs. To stem the spread of syphilis in the US, MSM with P&S syphilis, must be a high priority group for investigation and intervention. Moreover, given the overlapping epidemiology of HIV and syphilis among MSM in the US, follow-up of this group is as important for STD prevention as for HIV prevention -- whether helping link cases and partners to testing, PrEP, HIV care, counseling, or other prevention services. In addition, many men who have sex with men are also having sex with women. Therefore in order to address syphilis is women, it is important to also address syphilis in men.

Considerations for implementation

Following-up on cases

- Health departments should make every effort to ensure that all cases of syphilis are treated according to current CDC recommendations, which may require additional efforts to educate and engage providers.
- Interviews of prioritized syphilis serologic reactors (SSRs) are important to describe the epidemiology of syphilis among men, including characteristics such as HIV status, drug use, mental health, and recent sexual behaviors.
- All P&S cases should be assessed for comprehensive STD and HIV prevention service needs and should be followed-up accordingly (e.g., offered a new HIV test)
- Health departments often do not know the sex of a client's sex partner from laboratory or provider reports, and a reasonable amount of effort should go into verifying the sex of sex partners (SSPs) with the provider before initiating an investigation.

Conducting partner services among men with female partners

- Health departments should always seek to provide high quality partner services, such as offering the services as soon as possible, ensuring the services are client-centered and culturally-sensitive, and providing comprehensive services beyond just those related to possible syphilis infection
- Refer to the **TA Note #9** for disease investigation among women of reproductive age for other ideas that could apply to partner services for men, such as ensuring that high volume providers inform patients that they may be contacted by the health department for interview

Conducting partner services among MSM with syphilis

- For partner services for MSM populations, HIV prevention and care is particularly important, given the epidemiology of HIV in the US. Protocols for partner services for MSM should explicitly promote HIV testing, linkage to care, linkage to PrEP, and reengagement with HIV prevention services, as appropriate to each partner.
- Coordination with protocols for partner services for HIV cases is important. Where partner services programs are not integrated, ensure that HIV program staff understand the MSM syphilis partner services protocols, and vice versa and make every effort to prevent individual clients from being contacted by separate STD and HIV program staff.
- Appropriate use of modern technology to facilitate partner services among MSM populations may be particularly important to maximize reach and impact, given the nature of some MSM sexual networks and client preferences. These technologies may include use of text messaging, email, websites for patient-led partner notification, video conferencing, smartphone apps, among others.
- Regularly train partner services staff so they remain culturally competent and current on advances, trends and strategic priorities that impact their work and are able to provide expert guidance to clients and providers.
- Health departments may consider coaching higher-risk men to regularly test for STDs, refer their own partners, including use of widely available online notification tools, and only elicit and notify partners if the client would like the health department's expert assistance to link partners to medical evaluation and linkages to other relevant services such as PrEP.
- Health departments may also be able to engage high-volume providers to assist their clients to ensure partners are tested and treated, including potentially caring for the partners in their own practices.

Why the investigation of MSM with syphilis should be focused

Ideally, all MSM with P&S syphilis would be fully investigated by the health department and offered partner services. However, with resource limitations, it may be not feasible for health departments to follow up every case of P&S syphilis in MSM to the same extent. Partner services, in particular, may merit additional targeting. For example, cases with numerous anonymous or unnamed partners may generate substantial work for the health department, but little disease intervention, if partners cannot be identified or only a small fraction of the disease transmission network can be impacted through partner services. Local and state health departments must analyze their data to identify which MSM are the highest priority for investigation, using outcomes such as named sexual partners in the critical period, named partners either prophylactically treated or brought to treatment, index cases and named partners referred back into HIV care, and index cases and named partners referred to HIV PrEP.

Identifying MSM reactors to prioritize for partner services

- First, identify available resources for MSM partner services, by examining total investigative capacity (e.g. number of DIS staff, case load, timeliness measures, extent of work to be done to investigate syphilis among women of reproductive age)
- Based on the resources available for disease intervention for MSM, health departments should explore which case investigations would be most productive. Using available data, MSM reactive serologic investigations should be analyzed to see if any factors could help predict the most impact. Some outcomes to consider in these analyses:
    - Investigations that resulted, for example, in new syphilis cases, in prophylactic treatments, in at least 1 named partner who was ultimately interviewed, in 0 named partners, and in linkage to HIV care, for those newly diagnosed with HIV
    - Investigations that resulted in individuals being linked to PrEP or re-engaged in HIV care, where appropriate.
- Possible aspects of the reactors which may be helpful for prioritizing investigations include:
    - Date of report, age, high titers, primary or secondary cases, HIV status (if able to be determined through record matching with HIV surveillance), viral suppression (among HIV infected persons), engagement in care (among HIV infected persons), previous syphilis diagnoses, timeliness of report to health department after diagnosis, and diagnosing provider (i.e., STD clinics, larger medical system, LGBT health center)
- Individual factors from the index case that are most associated with favorable outcomes determined at the local level can then be used to prioritize investigations

Other resources

- IPS tool kit: https://www.cdc.gov/std/program/ips/default.htm
- PS evaluation field guide: https://effectiveinterventions.cdc.gov/docs/default-source/partner-services-materials/Partner_Services_Evaluation_Field_Guide_041610.pdf?sfvrsn=0
- DIS training centers: http://distc.org/
- Recent review paper on partner services: http://journals.lww.com/stdjournal/Fulltext/2016/02001/Partner_Services_in_Sexually_Transmitted_Disease.8.aspx
- CDC Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the United States: https://www.cdc.gov/std/syphilis/syphiliscalltoactioapril2017.pdf
- 2018 revised syphilis case definitions: https://wwwn.cdc.gov/nndss/conditions/syphilis/case-definition/2018/

For more information or feedback on this document, contact your DSTDP Prevention Specialist or email 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