Harm Reduction Health

Standing Order for Syphilis Screening and Follow-up

Purpose: To identify syphilis infection in clients attending Harm Reduction Health (HRH) programs in New Jersey and either treat or link them to treatment services.

Background: Identifying syphilis in communities affected by substance use ensures the health of the client and prevents the spread of infectious disease among a population who might not otherwise access medical care. The identification of clients at risk for syphilis also permits appropriate HRH staff to conduct risk and harm reduction counseling as well identify and make referrals for additional healthcare needs. HRH programs utilize rapid testing kits provided and administered by the Rutgers Robert Wood Johnson Medical School (RWJMS) Department of Pathology & Laboratory Medicine. Laboratory testing is conducted through the New Jersey Department of Health (NJDOH) Public Health and Environmental Laboratories (PHEL) and antibiotics for treatment are provided by New Jersey Department of Health (NJDOH).

Policy: Under this standing order, qualified HRH staff are authorized to conduct rapid screening for syphilis, laboratory testing for syphilis, and treatment or referral to treatment services for all clients attending HRH programs.

Training: Qualified staff must successfully complete the Robert Wood Johnson (RWJMS) in-person rapid syphilis training.

RWJMS policy and procedures: All staff are required to follow written RWJMS policies on testing procedures, quality control, and proficiency testing.

OSHA Standards: Universal precautions should be followed when collecting, handling, and processing any blood products. (OSHA: Standards for Bloodborne Pathogens – 29 CFR 1910.1030)
http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

Syphilis Screening Procedure: Offer to screen all HRH clients for syphilis. Prior to initiating rapid syphilis testing procedure:

I. Ask the client if they have ever had syphilis?
   a. If yes, assess if the infection was appropriately treated.
      i. If not previously treated for syphilis, provide or link to treatment considering time since previous syphilis diagnosis to determine stage.
      ii. If previously treated for syphilis, and 3 months have elapsed since previous treatment, retest the client by drawing blood for an RPR.
   b. If no, proceed with rapid syphilis algorithm.

II. Has the client had sexual contact with a person who received a diagnosis of primary, secondary, or early latent syphilis <90 days ago?
   a. If yes, immediately treat presumptively (or link to treatment) for syphilis and draw an RPR with reflex to treponemal test.
   b. If no, proceed with rapid syphilis algorithm.

Rapid syphilis testing algorithm:

I. For clients who have not previously been diagnosed with syphilis and have not been exposed to a diagnosed case of syphilis in the past 90 days, perform a rapid syphilis test.
    a. If reactive, stage the infection based on signs and symptoms and time since last sexual encounter and immediately initiate or link to treatment.
        i. Draw blood for RPR with reflex to treponemal test.
    b. If non-reactive, provide client-centered risk reduction counseling including but not limited to:
        i. how common STIs are spread.
        ii. measures to reduce risk of STIs.
        iii. consequences of untreated syphilis, including risk to self, partner, and to infants if also at risk for becoming pregnant.
    c. If non-reactive, but the client reports symptoms of primary syphilis (i.e. chancre), discuss the following options including:
        i. referral to a health center for further evaluation.
        ii. Presumptive treatment and blood draw for RPR with reflex to treponemal test.

II. For all clients, assess for symptoms of neurosyphilis, otosyphilis, and ocular syphilis and provide immediate referral to the emergency room for clients experiencing those symptoms. Symptoms include but are not limited to:

- Cranial nerve dysfunction
- Symptoms of meningitis
- Symptoms of stroke
- Acute or chronic altered mental status
- Loss of vibration sense
- Auditory abnormalities
- Ophthalmic abnormalities

Laboratory Specimen Collection: For all clients who require laboratory specimen collection as indicated in the rapid testing procedures or if rapid testing kits are unavailable.

1. Blood specimens should be collected in clean dry tubes without anticoagulants. The yellow top serum separator vacutainer tubes supplied by PHEL are preferred.
2. If possible, it is recommended that the blood specimens be centrifuged at 1000 – 1200 x g for 10 $\pm$ 5 minutes, within 60 minutes after the clot has formed and prior to refrigeration at 2 - 8° C.
3. All blood specimens should be stored at 2 - 8° C until transport to the NJDOH Specimen Receiving Unit. Testing should be performed within 5 days of collection. If a delay of greater than 5 days is anticipated before arrival at NJDOH, specimen SERUM only, should be frozen at $\leq$ -20° C.
4. Complete a requisition for (STD001- Syphilis Serology) through the PHEL Orders and Reporting portal. Completed requests must contain the following patient information. All

information provided on the specimen tube must exactly match the patient information provided on the printed requisition request.

- Patient name
- Patient address
- Patient sex
- Date of collection
- Type of test
- Reason for test: indicate any condition suspicious of syphilis including positive rapid syphilis test, signs or symptoms of syphilis, recent exposure to a sexual partner with syphilis.

5. All specimens must be properly labeled. Specimen tubes must have 2 unique identifiers (full patient name, and either a date of birth or unique clinic patient ID #), and an accompanying printed requisition form. Place materials in a biohazard specimen bag.

6. In the event of a discordant result (i.e., positive rapid syphilis, non-reactive RPR), contact the lab to request a TP-PA within 1 week.

Unacceptable specimens include:

- Insufficient quantity of serum to perform testing. The submitted serum volume should be greater than 500 ul.
- Specimens that are grossly hemolyzed, lipemic, or turbid.
- Unlabeled or improperly labeled specimens.

Specimen transport:

- 24/7 Enterprises is the contract courier for specimen pick up:
  - For initial courier set-up, to report any issues with the courier system or for questions regarding rejected samples contact: Specimen Receiving Lab - 609-718-8362; Evan Halliday – supervisor (evan.halliday@doh.nj.gov); or Trupti Hudka (Trupti.hudka@doh.nj.gov).

  - Once the initial set-up for a new clinic is complete, contact 24/7 directly to schedule a pickup, or set up a routine pick up schedule, at 908-232-7223.

Address specimens for delivery to:

New Jersey Public Health, Environmental, and Agricultural Laboratories
3 Schwarzkopf Dr.
Ewing, NJ 08628
ATTN: Specimen Receiving Department

Questions concerning testing, results, testing supplies, or issues accessing the PHEL Orders and Reporting portal may be directed to NJDOH STD Lab staff: Jacqueline Tobia (Jacqueline.Tobia@doh.nj.gov), Mark Steen (Mark.Steen@doh.nj.gov), 609-718-8374.

Establish procedures:

- To receive laboratory results from PHEL and for clients to receive results of laboratory syphilis testing when indicated.
- To inquire about past syphilis testing and treatment history to appropriately stage and treat a syphilis infection. NJDOH STD Program managers can be reached at
  - Main phone number: 609-826-4869
  - Valerie Piccarillo, Field Operations – Mid and Northern Region: (phone) 609-955-6038; (e-mail) valerie.piccarillo@doh.nj.gov
  - Debbie Gleissner, Field Operations – Southern Region: (phone) 609-273-6575; (e-mail) deborah.gleissner@doh.nj.gov
  - Programs may also choose to contact staff with their local health departments. Establishing a process and relationship with the health department for communicating about positive syphilis cases is a requisite of the rapid syphilis testing program.

Initiate treatment for syphilis: If the client requires treatment for syphilis according to the rapid testing procedure or laboratory results, treat infection according to the CDC's guidelines using the most current published version.

- Assess for any history of drug allergy.
- Teach about potential side effects of medication.

Contact your medical director if there is any question about whether to carry out any treatment or any other provision of this standing order.

Provide counseling, including verbal and/or written information on the following:
- The importance of referring partner(s) for treatment and information about available partner services.
- The importance of abstaining from sexual contact until treatment has been completed by client and partner(s)
- The importance of consistent and correct condom use.
- The importance of early re-evaluation if symptoms persist or recur.
- Syphilis has been associated with an increased risk of acquiring HIV. Clients diagnosed with syphilis should be tested for HIV at diagnosis, and three months later.
- If the patient is pregnant, counsel them to note the frequency of fetal movements. If fetal movements decrease dramatically, they should call her prenatal care provider.
- Counsel the patient about the possibility of developing a **Jarisch-Herxheimer** reaction within 24 hours of treatment for syphilis. Symptoms may include fever, malaise, headache, musculoskeletal pain, nausea, and tachycardia, and possible exacerbation of cutaneous lesions. Reassure the patient that if this occurs, they should drink fluids and take oral analgesics if needed.

Ordering medications: For questions about ordering medications contact Amelia Hamarman (Amelia.Hamarman@doh.nj.gov, 609-913-5932).

For agencies where onsite treatment is not available, refer the client for treatment and provide written or graphic instruction for where to go for follow-up appointment(s). Ensure client can access documentation regarding syphilis testing results. Establish mechanisms for follow-up to determine if treatment was administered.

Record results: Record positive and negative results in HRH database and in the client's medical record. Maintain rapid syphilis testing records as per RWJMS policies.

Complete the STD-11a reporting form for all cases of syphilis: Report to NJDOH using the STD-11a form following the written instructions.

Follow-up:

- HIV testing is recommended for all patients with positive syphilis serology at diagnosis and three months later. If HIV test is negative, PrEP should be offered.
- For primary and secondary syphilis, re-evaluate with syphilis testing and symptom assessment at 6 and 12 months. More frequent evaluation may occur if follow-up is uncertain.
- For latent syphilis, re-evaluate with syphilis testing and symptom assessment at 6, 12, and 24 months.
- All patients who have persistent or recurring signs or symptoms or who have a sustained fourfold increase in nontreponemal test titer probably failed treatment or were re-infected. Notify the department of health and ensure linkage to care for further evaluation and treatment.

This policy and procedure shall remain in effect until rescinded or until _____ (date).

Medical Doctor's signature: _____ Effective date: _____