

URGENT NOTICE

Public Health Update | Urgent Care Association | College of Urgent Care Medicine

Syphilis is rising: Urgent Care must respond

Also increasing is congenital syphilis. The CDC notes “missed opportunities” for timely testing, mainly due to systemic healthcare barriers, including medication shortages.

Colorado Mandates

In response to the recent rise the state of Colorado has issued Public Health Order 24-01 which requires ALL urgent care centers to offer pregnant patients syphilis testing if they are in the 1st or 3rd trimester.

Know your state’s reporting timelines

With Colorado’s public health Regulation 6 CCR 1009-1 all positive results for syphilis labs INCLUDING rapid or point-of-care tests must be reported to the Department of Health within 1 (one) working day.



A baby with congenital pemphigus syphiliticus. Photo © BMJ/The Guardian

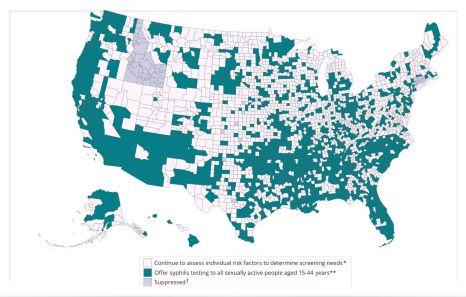
Per the CDC’s 2022 STI Surveillance, there has been a 79% increase in syphilis and a 183% increase in congenital syphilis over the previous five years.

Regulations regarding syphilis testing, reporting, and treatment are different from state to state, especially with regard to practicing urgent care centers. However, the Centers for Disease Control and Prevention (CDC), in response to the annual yearly increases in syphilis since 2012, has organized a state by state regulations list which can be found at <https://www.cdc.gov/std/treatment/syphilis-screenings.htm>. IT IS THE RESPONSIBILITY OF EACH CENTER TO KNOW THEIR OWN STATE REQUIREMENTS.



(a) Case 1: syphilitic chancre of the left vestibular fornix. (b) Case 2: syphilitic chancre of the tongue. (c) Case 3: syphilitic chancre of the tongue. Photo © Advance

The College’s Best Practices for syphilis can be found here: <https://urgentcareassociation.org/a-best-practice-from-the-college-of-urgent-care-medicine-diagnosis-and-treatment-of-syphilis-q2-2023/>



US Counties with elevated syphilis rates.

Photo © CDC

Urgent Care Opportunities

In 2023 the Urgent Care Foundation conducted a survey of UC clinicians across the county and noted:

- Only 44% of UCs offer POC STI testing
 - While only 12% offer POC syphilis testing
- 6% of UCs never offer any type of syphilis testing
- Majority of UC clinicians have little to no interest in providing POC testing for syphilis

A major goal of the Health People 2030 project is to reduce the rates of syphilis in women of reproductive age. The CDC recommends offering syphilis screening to all sexually active people 15-44 years of age, regardless of their personal risk in counties with high rates of syphilis.

For personal risk assessment, the CDC has guidelines listed per group/disease under research from the US Preventative Services Task Force and can be found at <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>

Treatment Recommendations

In January of 2024, Pfizer announced a shortage of long acting benzathine penicillin G (Bicillin-LA) due to increased demand. The CDC recommends treating syphilis patients with doxycycline if penicillin is not available. The exception to this is pregnant women with syphilis, who should receive penicillin G. This prompted some states to announce that remaining benzathine penicillin G was to be reserved for only pregnant women, and all other patients with syphilis to be treated with doxycycline. Pfizer announced this month that benzathine penicillin G would now have more availability but predicts shortages may be expected through 2024.

The challenges in urgent care include availability, cost, need for refrigerated storage, and infrequent use of benzathine penicillin G. There is also a concern with doxycycline that patients may not be compliant with a full course of treatment. It is much easier to ensure treatment when it is provided in a single dose in clinic at the time of diagnosis. Although other medications such as ceftriaxone, doxycycline and azithromycin have been used successfully to treat syphilis, studies have only supported the use of benzathine penicillin G. For this reason, the only recommended treatment per CDC guidelines is benzathine penicillin G.

The CUCM Clinical Response Committee supports the use of benzathine penicillin G for the treatment of primary and secondary syphilis per CDC guidelines. We recommend clinics stock benzathine penicillin G if possible. If this is not feasible, or unavailable, we recommend aligning with your local public health department or other local clinics or hospitals to arrange for patients to receive benzathine penicillin G in a timely fashion. Patients should be treated with doxycycline only if no other option for benzathine penicillin G exist.

As a reminder, Bicillin-CR is NOT a substitute for Bicillin- LA, as the preparation of benzathine penicillin G is not at an adequate dose for the treatment of syphilis.



Shoulder rash due to secondary syphilis. Photo © Tisfor Than/Shutterstock/Medical News Today