

Late Latent (> 1 year duration) or Unknown Duration Syphilis, or Verified Contacts to Late Latent or Unknown Duration Syphilis Treatment

Standing Order Template

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

Use the approved language in this standing order template to create a customized standing order exclusively for your agency.

Your customized standing order should include a header with your agency name, effective start date, and expiration date. Review standing order at least annually and obtain Medical Director's signature.

Background

General expectation for physical assessment of all clients seen in a STI clinic

It is expected that all clients presenting with symptoms of any STI, and any who are referred by a Disease Intervention Specialist (DIS) for evaluation as a verified contact to syphilis receive a physical examination and appropriate STI testing. It is strongly recommended that all asymptomatic clients receive a physical examination and appropriate STI testing.

Assessment

Subjective and objective historical findings documented by a Licensed Medical Provider or Disease Intervention Specialist (DIS)

Clients are usually not aware they have syphilis at this stage. Most clients will present with a referral from MD or DIS for treatment and/or screening of latent syphilis under the following conditions:

1. history yields no current symptoms of syphilis
2. history yields no prior report of a chancre, generalized rash, rash on palms and/or soles, alopecia, mucus patches, or condyloma lata in the past 12 months
3. no clear history of exposure in the past 12 months to someone diagnosed with primary, secondary, or non-primary, non-secondary early syphilis infections
4. long term sex partner(s) of Late Latent or Unknown Duration Syphilis who needs to be screened and treated based on clinical symptoms and/or serology results
5. four-fold increase or newly reactive STS (e.g. RPR, VDRL, TRUST) with a positive treponemal test (e.g. FTA-ABS, TPPA, EIA) in a client whose last STS was lower, or nonreactive, respectively
6. current reactive STS and positive treponemal test and history yields no prior treatment for syphilis

Objective Findings

Documented positive lab results

1. **North Carolina State Lab of Public Health (NCSLPH) –**
Reactive quantitative non-treponemal serology test for syphilis (e.g., RPR, VDRL, TRUST)
PLUS
a confirmed qualitative treponemal test - (Syphilis TP CMIA), **or**
2. **Private Commercial Labs -** (Tests named below are examples and not all inclusive of various commercial syphilis testing)
Reactive qualitative treponemal EIAs (Trep-Sure, Trep-Check or Trep-ID) test
PLUS
one of the following:
 - a reactive quantitative non-treponemal test (RPR, TRUST, VDRL)**OR**
 - a reactive second treponemal test that uses a different antigen platform
 - syphilis-G enzyme immunoassay (CAPTIA),
 - treponema chemiluminescent assay (CLIA),
 - treponema pallidum particle agglutination assay (TP-PA),
 - fluorescent treponemal antibody absorbed (FTA-ABS)

Plan of Care

Precautions and Contraindications:

Before implementing this Standing Order:

1. Review "Criteria for Notifying the Medical Provider" under Nursing Actions Part E. If client meets any of those criteria, immediately consult with an agency medical provider for orders on how to proceed.

2. If client reports a drug allergy for any medication provided in the standing order, inquire about, and document the type of reaction(s) the client has experienced, then consult with an agency medical provider for orders on how to proceed.
3. Read and be familiar with manufacturer's leaflet for medications applicable to this standing order. Consult with physician when manufacturer's recommendations are incongruent with this standing order application.

Implementation

A registered nurse employed or contracted by the local health department may administer or dispense treatment for late latent or unknown duration syphilis by standing order, if the client is referred by a DIS or license medical provider AND one (1) objective lab finding of number 1 or 2 above have been documented in the medical record.

1. If **not allergic** to penicillin, administer Benzathine penicillin G, 2.4 mu (2.4 mu as a split injection of 1.2 mu delivered in each buttock) one week apart for three consecutive weeks for a total of 7.2 million units IM.
 - If a dose >9 days late, begin the series again.
2. if allergic to penicillin and **not pregnant**:
 - administer Doxycycline 100 mg PO BID X 28 days
3. if **allergic** to penicillin and **pregnant**, or allergic to penicillin and doxycycline:
 - consult with local health department medical director or medical provider while client is on-site and arrange referral for desensitization and treatment with penicillin.

Nursing Actions

Special Screening note:

The STD ERRN performing physical examination on late latent or unknown duration suspect/case should CLOSELY examine the skin (especially palms and soles) and all accessible mucosal surfaces (i.e., oral cavity, perianal, perineum, and vagina as well as underneath the foreskin on uncircumcised men) for any residual rashes, possible chancres or scars left from a healing chancre. If found and verified by MD or medical provider, this finding will assist DIS in staging the client's disease and determining the appropriate timeframe for contact follow-up. ***If any suspicious area is found on examination, an MD or medical provider should assess and document their impression during the same clinical visit.***

A. Read and review:

1. manufacturer's leaflet for medication/treatment

B. Provide to client:

1. information about the physical examination findings and any diagnosis, both verbally and in written form
2. review of ordered laboratory tests and instructions for obtaining laboratory test results
3. client-centered STI education, both verbally and in written form
4. condoms and literature about risk reduction behavior.
5. education about the relationship between the presence of one STI and increased risk of HIV acquisition
6. referral to DIS if female clients of reproductive age (14-45 years) and were not initially referred to LHD by DIS. This referral is for sex partner elicitation notification to prevent reinfection and congenital syphilis in women who are pregnant or could become pregnant in the future
7. follow-up instructions to include scheduling future appointments, accessing patient portal for results, and referrals for additional services

C. Educate client to:

1. abstain from sexual intercourse until treatment has been completed by client and all sex partner(s)
2. consistently and correctly use disease prevention barrier methods (e.g. condoms, dental dams).
3. notify sex partner(s) of need for assessment and treatment to prevent further spread of infection using a partner notification card or by sending an anonymous notification using NCSD website:

TellYourPartner.org | [NCSD\(ncsddc.org\)](http://NCSD(ncsddc.org))

4. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners, new partner, partner diagnosis, sexual activity without appropriate prevention barrier use, and partner unknown monogamy status should be tested every three (3) months)
5. client must return to clinic weekly for Bicillin doses until treatment is completed
6. keep scheduled follow-up appointments, (i.e., 3-month rescreening, referrals for immunization, contraception, etc.)
 - a. A client without HIV who is diagnosed with latent/unknown duration syphilis should be reevaluated clinically and serologically at 6, 12, and 24 months after treatment until a 4-fold decrease in RPR/VDRL titer is documented.
 - b. A client with HIV who is diagnosed with latent/unknown duration syphilis should be reevaluated clinically and serologically at 6, 12, 18, and 24 months after treatment until a 4-fold decrease in RPR/VDRL titer is documented.
7. **contact LHD for further instructions if unable to tolerate the daily oral medication(s).**
8. **if client experiences vision changes, hearing loss, severe headache with stiff neck, instruct to contact their private provider or present to the closest emergency department as soon as possible**
9. **pregnant women should notify their obstetric provider of their diagnosis and/or treatment**

D. Medication Counseling:

1. inquire about and document the type of reactions/side effects the client has experienced in the past when taking the medication
2. advise client regarding side effects as indicated in manufacturer's leaflet or other agency approved medication reference for any treatment or medication prescribed, dispensed, or administered.
3. Counsel client on possibility of developing the Jarisch-Herxheimer reaction within 24 hours of treatment for syphilis.
 - symptoms may include fever, malaise, headache, musculoskeletal pain, nausea, and tachycardia
 - reassure the client that if this occurs, it is normal, and they should drink fluids and take oral analgesics if needed
4. if pregnant, client should report any fever, contractions or decreased fetal movement to their prenatal clinic or physician. Client should also advise their prenatal clinic or physician of their treatment for syphilis
5. persons treated with Doxycycline may also experience photosensitivity and increased skin pigmentation with excessive sun exposure. Doxycycline should be avoided in women who are pregnant or might be pregnant
6. **seek urgent or emergency care if any of the following develops within 30 minutes after treatment: shortness of breath, tongue, throat, or facial itching or swelling, chest pain or heaviness, abdominal pain, scrotal pain, or oral temperature $\geq 101^{\circ}$ F after taking medication.**
7. reinforce counseling by providing client with appropriate medication teaching information in writing

E. Criteria for Notifying the Medical Provider

1. Contact the medical provider if there is any question about whether to carry out any treatment or other provision of the standing order, including client reporting a drug allergy to the medication provided in the standing orders.
2. **DO NOT ADMINISTER TREATMENT** and consult with medical provider, if any of the following conditions are present:
 - client reports a Jarisch-Herxheimer reaction with previous treatment
 - lesion or scar that could possibly be recently healed chancre is observed on exam
 - client is pregnant and allergic to Penicillin
 - client complains of neurologic changes (i.e. headache, fever, photophobia, stiff neck, nausea, vomiting, difficulty seeing, difficulty hearing, double vision or seeing "floaters", difficulty walking, difficulty thinking, bizarre behavior, facial paralysis, tremors)

- oral temperature $\geq 101^{\circ}$ F
- client has HIV infection
- client is allergic to Penicillin and Doxycycline
- client has signs or symptoms that persist or recur after treatment
- client has a four-fold increase from the initial (pre-treatment) RPR titer after therapy (suspect reinfection or treatment failure)
- RPR titers fail to have a four-fold decrease within 24 months after treatment (suspect treatment failure)
- syphilis patient is less than 14 years old

E. Follow-up requirements

1. refer women of reproductive age to local or regional DIS for partner notification follow-up if unknown to DIS
2. DIS will enter NC EDSS reporting for syphilis cases
3. if client is pregnant, reevaluate with syphilis serology and symptom assessment 2 months after treatment and whenever there is concern for reinfection or treatment failure

Approved by: _____ Date approved: _____
 Local Health Department Medical Director

Reviewed by: _____ Date reviewed: _____
 Director of Nursing/Nursing Supervisor

Effective Date: _____
 Expiration Date: _____

Legal Authority: Nurse Practice Act, N.C. General Statutes 90-171.20(7)(f)&(8)(c)