

Early Syphilis (Duration less than one year) (Primary, Secondary, Early Latent Syphilis), or Verified Contact to Early 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 early syphilis receive a physical examination and appropriate STI testing and treatment. It is strongly recommended that all asymptomatic clients receive a physical examination and appropriate STI testing.

Assessment

Subjective Findings*

Clients may present with the following history:

1. genital sore(s) within the last 12 months
2. rash on hands, feet, and/or body within the last 12 months
3. multiple lesions in genital area (condyloma lata)
4. fever, lymphadenopathy, and/or malaise
5. new visual, auditory, or other neurologic changes
6. asymptomatic, partner to a confirmed syphilis case or referred by Disease Intervention Specialist (DIS)

*Subjective findings alone do not meet the N.C. Board of Nursing requirement for treatment by a registered nurse (RN) or STD Enhanced Role Registered Nurse (STD ERRN).

The STD ERRN or RN must assess and document at least one verified finding of 1-3 below before implementing treatment for an asymptomatic verified contact or suspect.

Verified Criteria for Contacts

1. Client is referred to LHD by DIS, or
 2. Client provides name(s) of sex partner(s) and public health nurse verifies diagnosis of named sex partner (index case) by calling the appropriate medical provider or regional/local DIS office to confirm index case's diagnosis and stage of infection, or
 3. Client is referred as a contact to syphilis to LHD by the diagnosing community provider for syphilis treatment. The referral should include enough information for the public health nurse to confirm index case's diagnosis and stage of infection, or the public health nurse should contact the provider to confirm this information.
- Verified contacts with recent (up to 90 days) sexual exposure to a person with a primary, secondary, or early latent syphilis diagnosis should be screened and empirically treated for syphilis, even if serologic test results are negative.
 - Verified contacts with non-recent (>90 days) sexual exposure to a person with a primary, secondary, or early latent syphilis diagnosis should be screened. Timing of treatment based on the following:
 - presumptively treat on day of screening visit, if serologic test is not immediately available (i.e., darkfield or stat RPR) and the likelihood of client follow-up is uncertain
 - presumptively treat on day of screening visit if partner(s) or suspect has signs or symptoms consistent with syphilis infection at the time of evaluation
 - treat upon return of test results if client can be easily located later

Objective Findings

Documented lab results of at least one (1) of the below:

Confirmed Diagnosis:

1. positive Darkfield microscopy (if available) - *T. pallidum* detected from lesion exudate (anogenital ulcers or condyloma lata), OR

2. Positive polymerase chain reaction (PCR) or equivalent direct molecular method - *T. pallidum* detected in any clinical specimen

Presumptive Diagnosis:

1. *Local Health Department* - Reactive stat RPR on client without previous history of syphilis
2. *NC SLPH* - Reactive quantitative non-treponemal serology test for syphilis test (RPR) **PLUS** a confirmed qualitative treponemal test - (Syphilis TP CMIA)
3. *Private Commercial Labs* - (Tests named below are examples and not all inclusive of various commercial syphilis testing)
 - A reactive quantitative non-treponemal test (TRUST, RPR, VDRL)**PLUS** at least one of the following:
 - Reactive qualitative treponemal EIAs (Trep-Sure, Trep-Check or Trep-ID) test**OR**
 - 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 local health department may administer or dispense treatment for primary, secondary or early latent syphilis by standing order, if any one (1) verified or objective findings (listed above) has been documented in the medical record.

1. If **not allergic** to penicillin, administer Benzathine penicillin G (Bicillin L-A), 2.4 million units IM (either as a single 2.4 mu injection or split into two (2) 1.2 mu* injections given in each buttock).
**preferred method of delivery for patient comfort*
2. if **allergic** to penicillin and **not pregnant**:
 - administer Doxycycline 100 mg PO BID X 14 days

Nursing Actions

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. 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) **and** all lesions have resolved. Use the longest timeframe before engaging in sexual activities to decrease chances of re-infection
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](https://www.ncsddc.org) [NCSD \(ncsddc.org\)](https://www.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. keep scheduled follow-up appointments:
 - a. A person with HIV who is diagnosed with primary or secondary syphilis should be reevaluated clinically and serologically for possible treatment failure at 3, 6, 9, 12, and 24 months after treatment until a 4-fold decrease in RPR/VDRL titer is documented.
 - b. A person with HIV who is diagnosed with early latent 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.
 - c. A person without HIV who is diagnosed with primary or secondary syphilis should be reevaluated clinically and serologically at 6 and 12 months after treatment until a 4-fold decrease in RPR/VDRL titer is documented.
 - d. A person without HIV who is diagnosed with early latent 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.
 - e. Referrals for immunization, contraception, etc.
6. **contact LHD for further instructions if unable to tolerate the daily oral medication(s).**
7. **if client experiences vision changes, hearing loss, severe headache with stiff neck, instruct client to contact their private provider or present to the closest emergency department as soon as possible**
8. **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
 - a primary lesion may swell, and the lesions of secondary syphilis may increase or appear for the first time
 - 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 while taking medication. 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.
2. DO NOT ADMINISTER TREATMENT and consult with medical provider, if any of the following conditions are present:
 - 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 12 months after treatment (suspect treatment failure)
 - syphilis patient is less than 14 years old
 - client has a rash and is suspected of having secondary syphilis even if RPR is negative (think prozone effect and request confirmatory test and specimen dilution on DHHS-3446 revised 8-2015)

F. Follow-up requirements:

1. refer to regional DIS for partner notification follow-up if unknown to DIS
2. DIS will do NC EDSS reporting for syphilis cases. LHD RN should communicate with DIS to ensure any treatment given at the LHD is documented in the NCEDSS event.
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)