

Syphilis Update & Doxycycline Post-Exposure Prophylaxis

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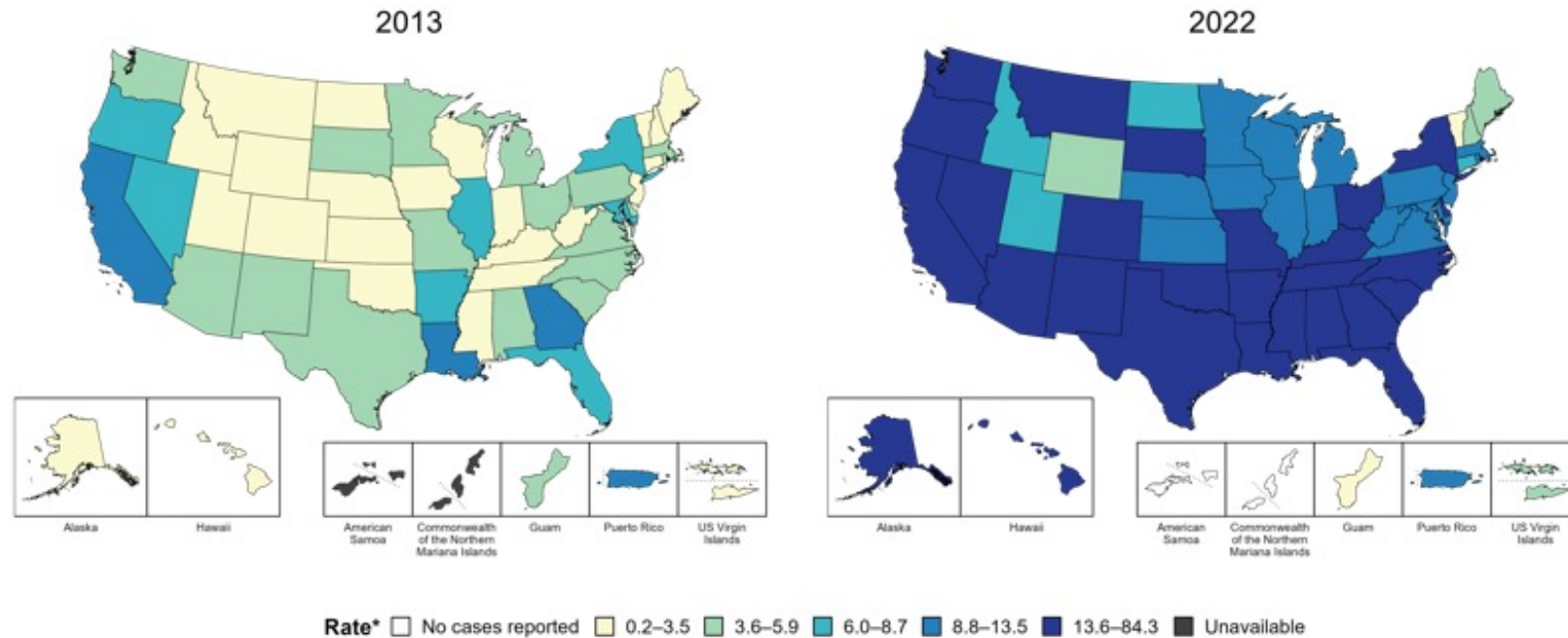
Objectives

1. Review epidemiology of Syphilis in US and NM
2. Overview of Syphilis
3. Review CDC's new screening recommendation
4. Explain Doxycycline Post Exposure Prophylaxis
5. Describe NM DOH resources for providers

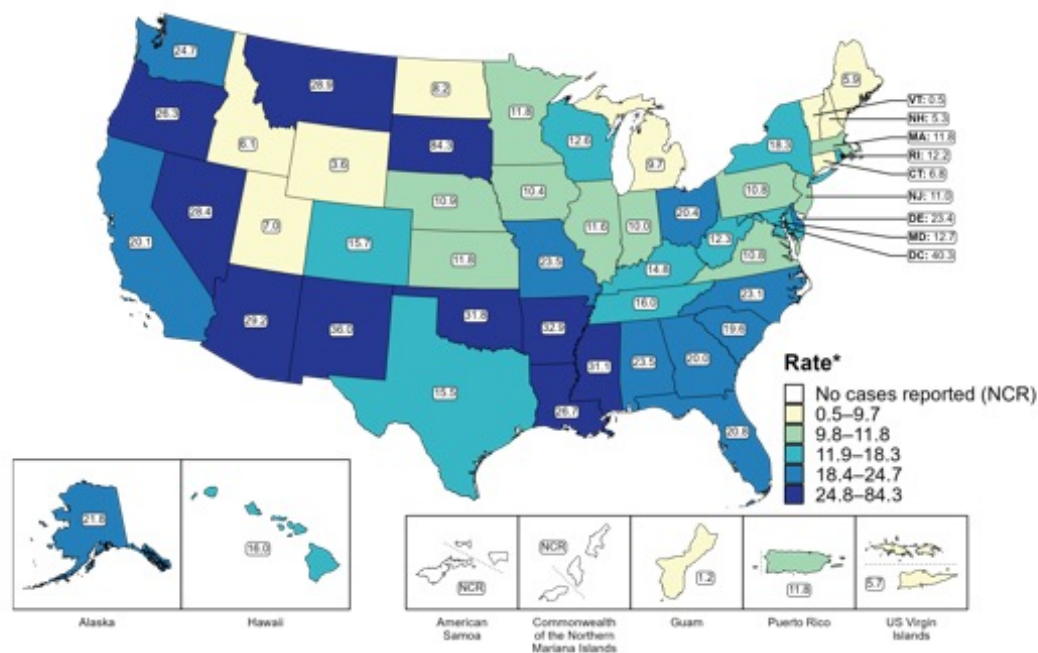
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Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2013 and 2022



Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2022

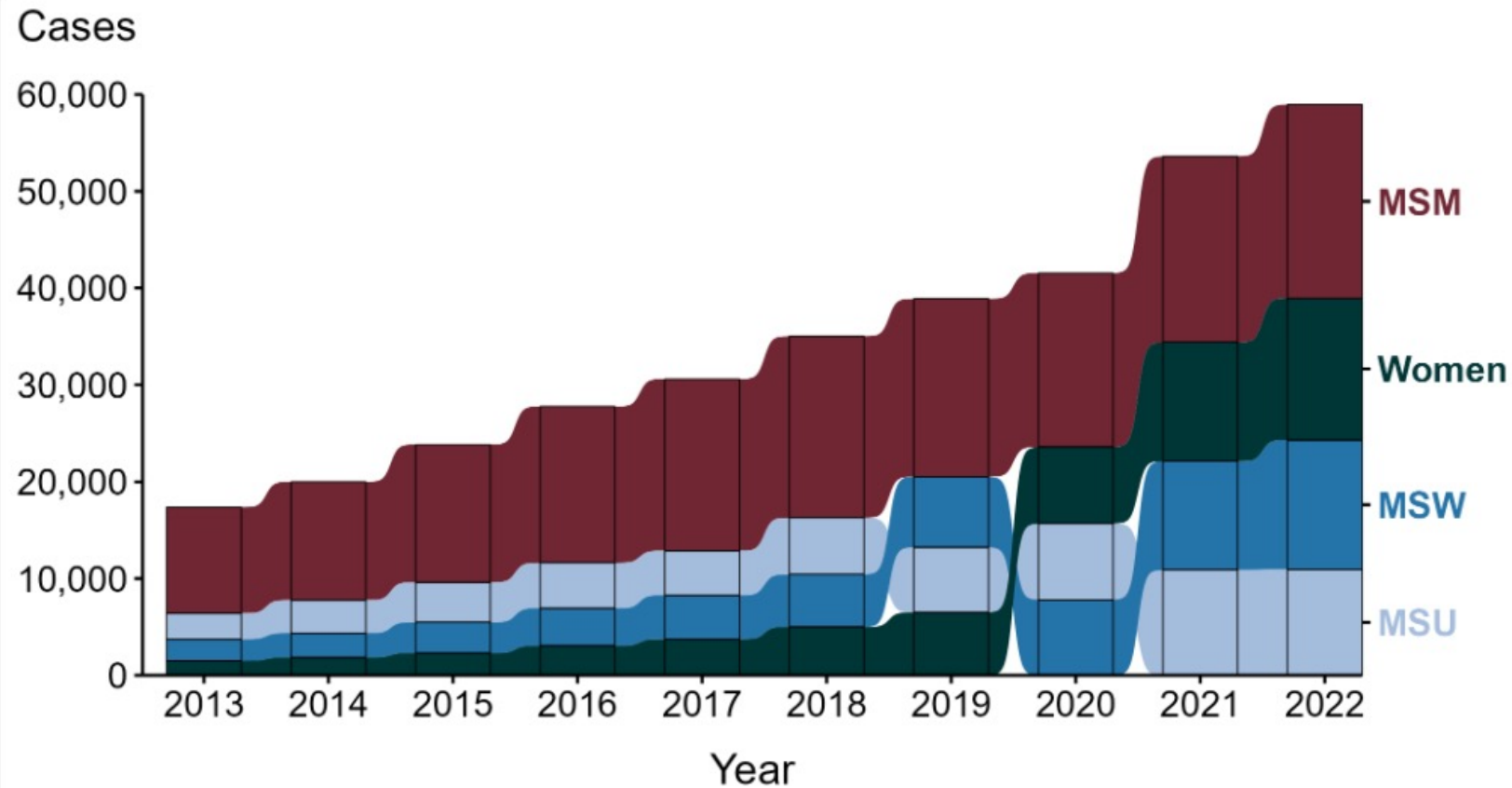


* Per 100,000



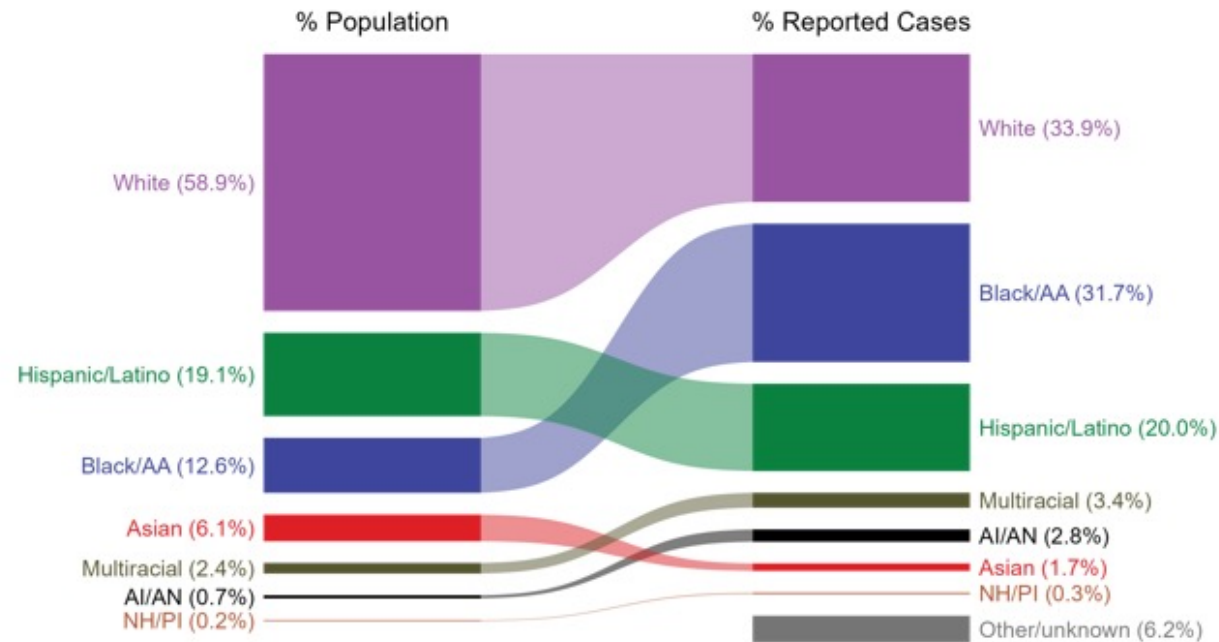
Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners, United States, 2013–2022

[Print](#)



[Primary and Secondary Syphilis — Reported Cases by Sex and Sex of Sex Partners, United States, 2013–2022 \(cdc.gov\)](#)

Primary and Secondary Syphilis — Total Population and Reported Cases by Race/Hispanic Ethnicity, United States, 2022



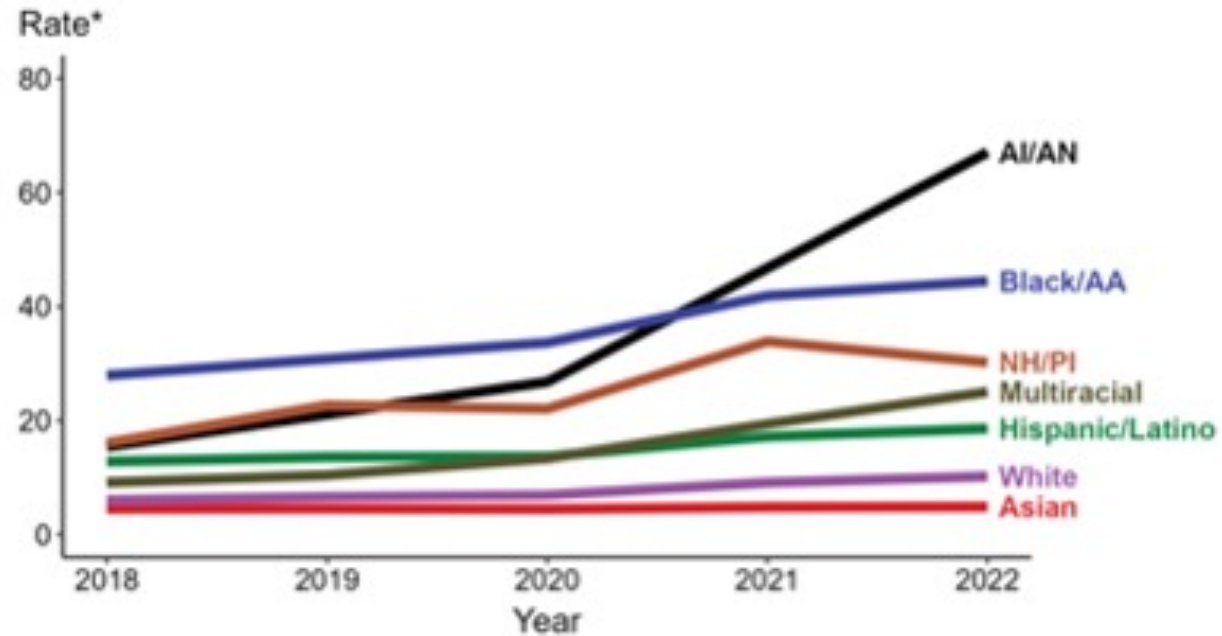
* Per 100,000

NOTE: In 2022, a total of 3,686 primary and secondary (P&S) syphilis cases (6.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the "other/unknown" category.

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2018–2022

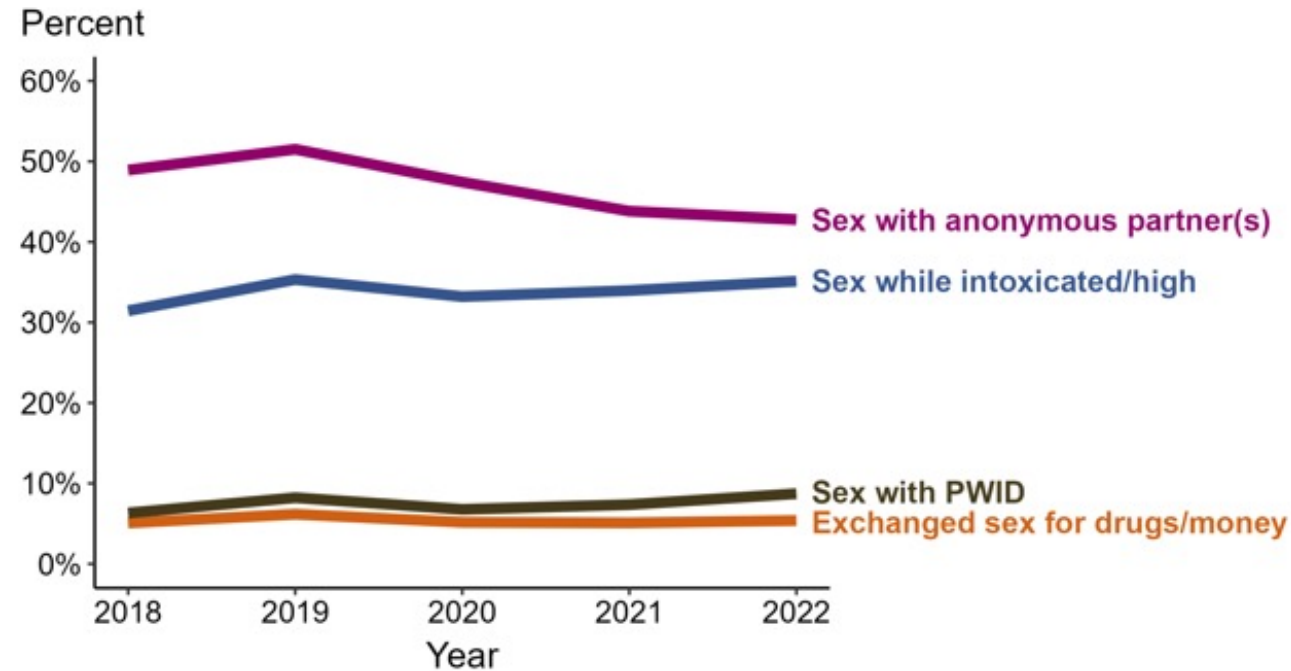


* Per 100,000

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Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Sexual Behaviors*, United States, 2018–2022

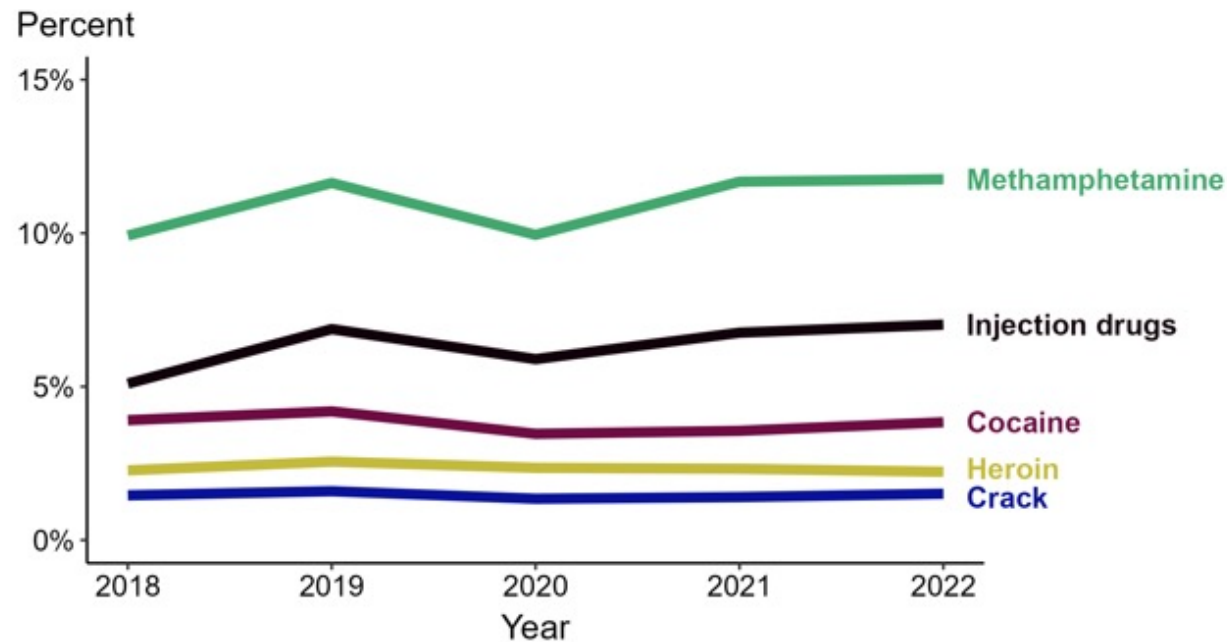


* Proportion reporting sex with PWID, sex with anonymous partners, sex while intoxicated/high on drugs, or exchanging drugs or money for sex within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

ACRONYMS: PWID = Person who injects drugs



Primary and Secondary Syphilis — Percentage of Cases Reporting Selected Substance Use Behaviors*, United States, 2018–2022

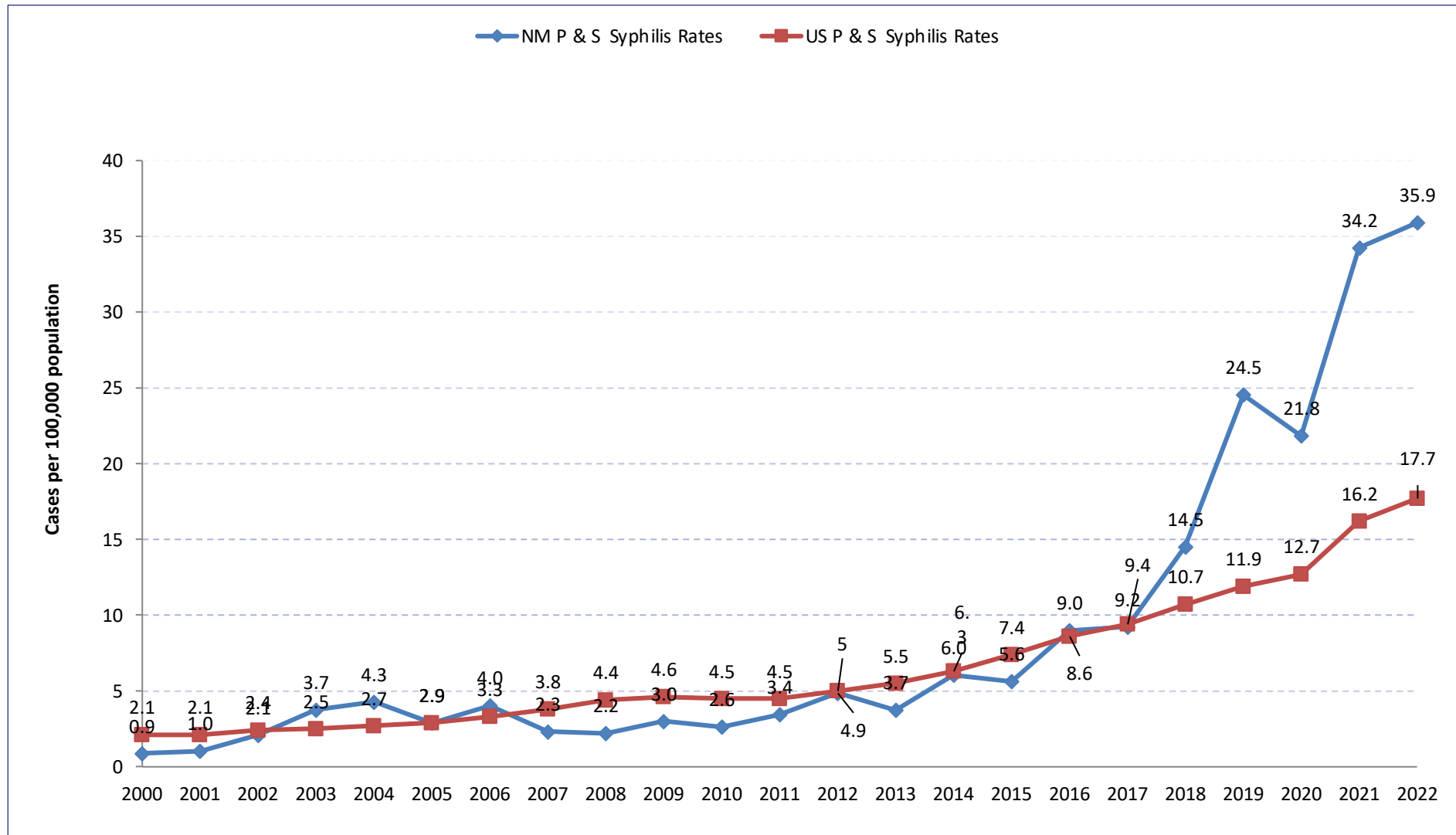


Roughly 26% of cases reported drug use in the prior year

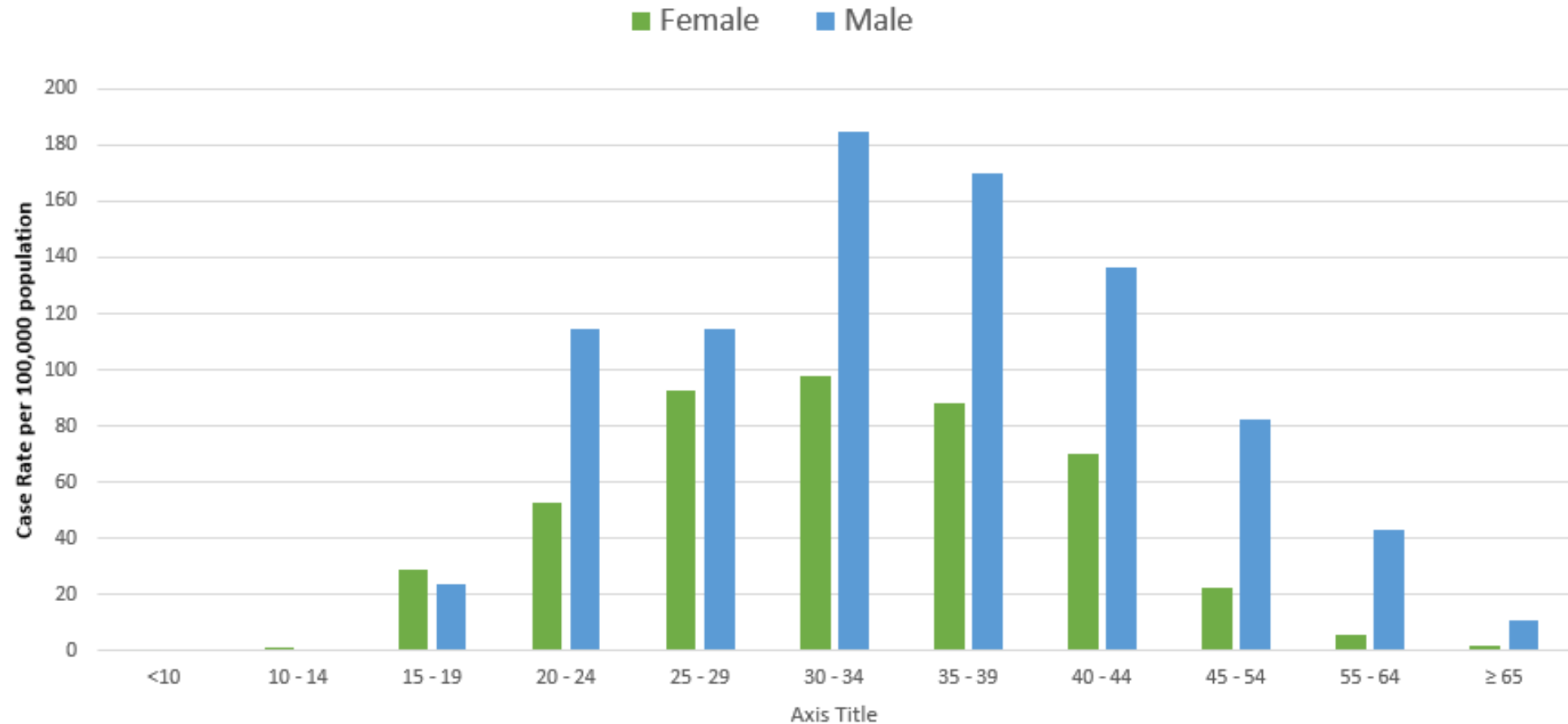


* Proportion reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

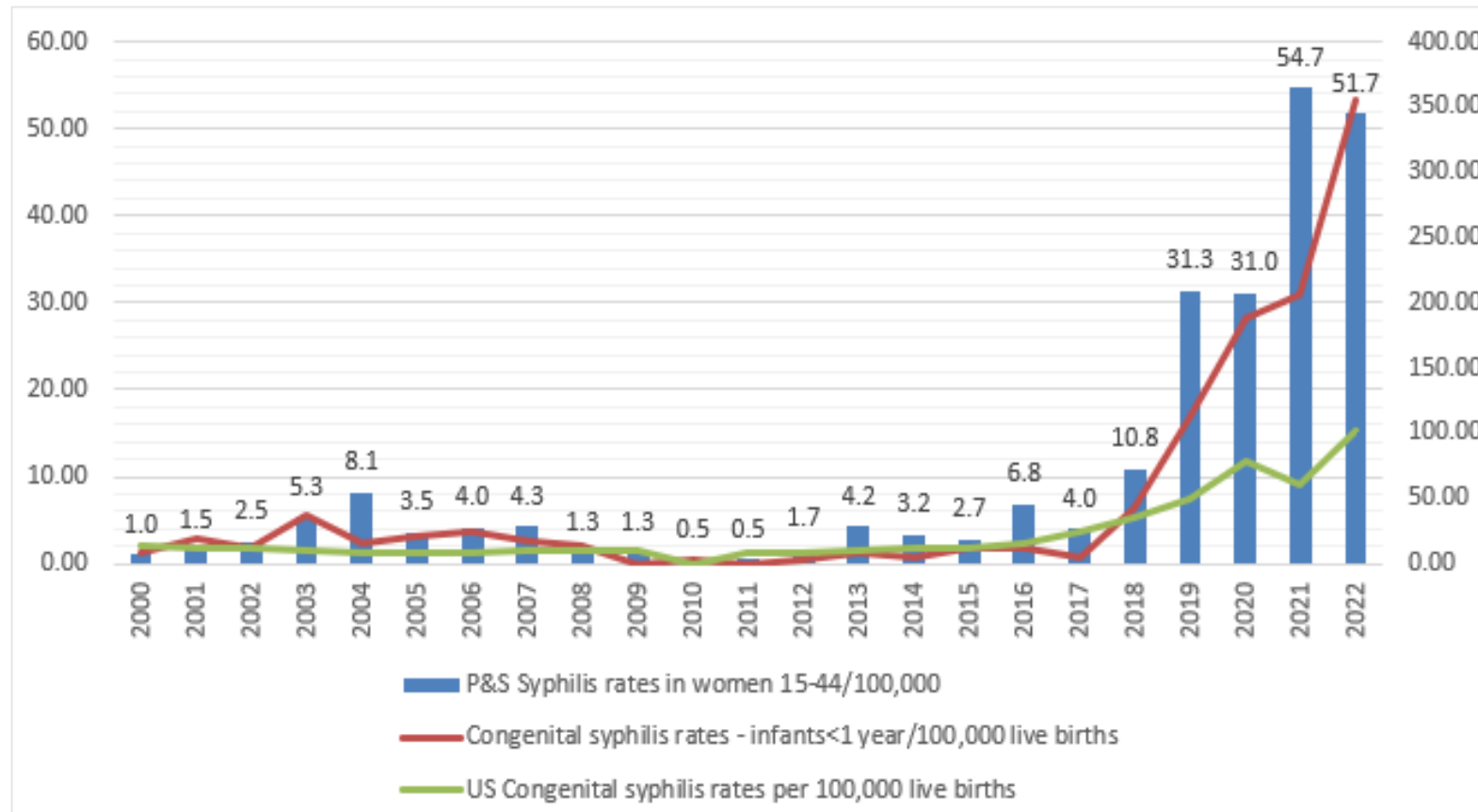
Rates of Primary and Secondary Syphilis New Mexico and US, 2000 - 2022



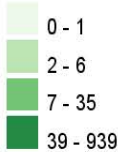
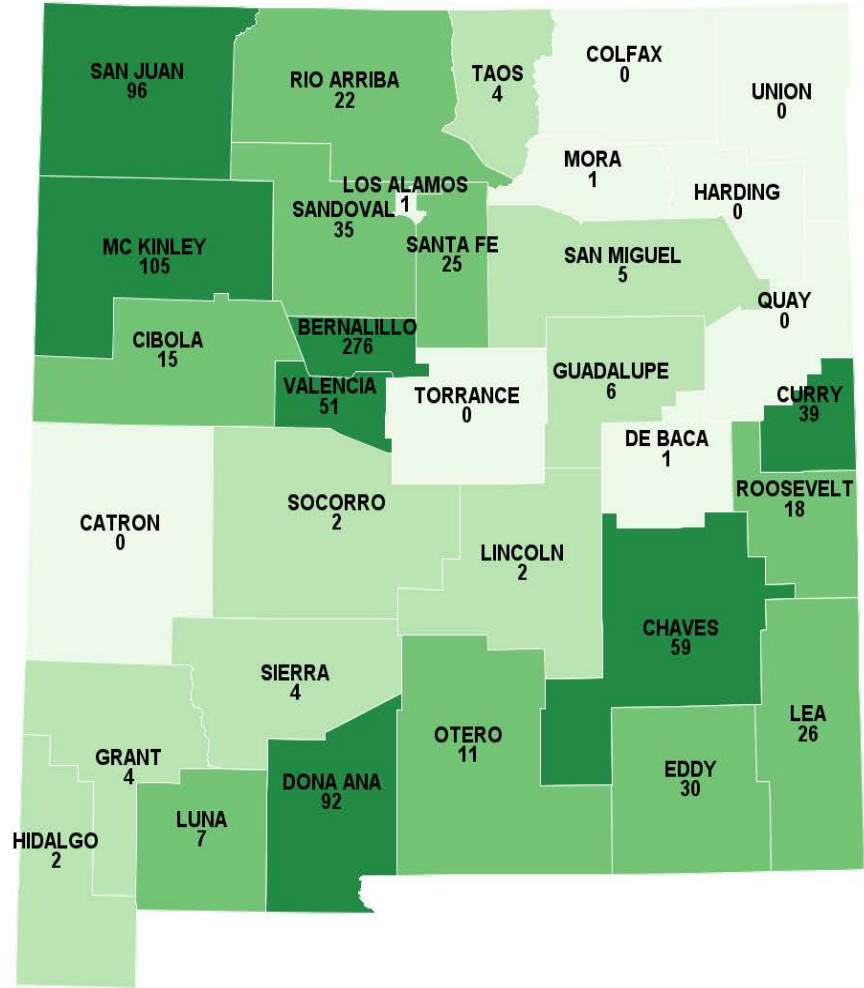
Early Syphilis Rates by Age Group, NM 2022



Congenital Syphilis rates and P/S Syphilis rates in women aged 15-44



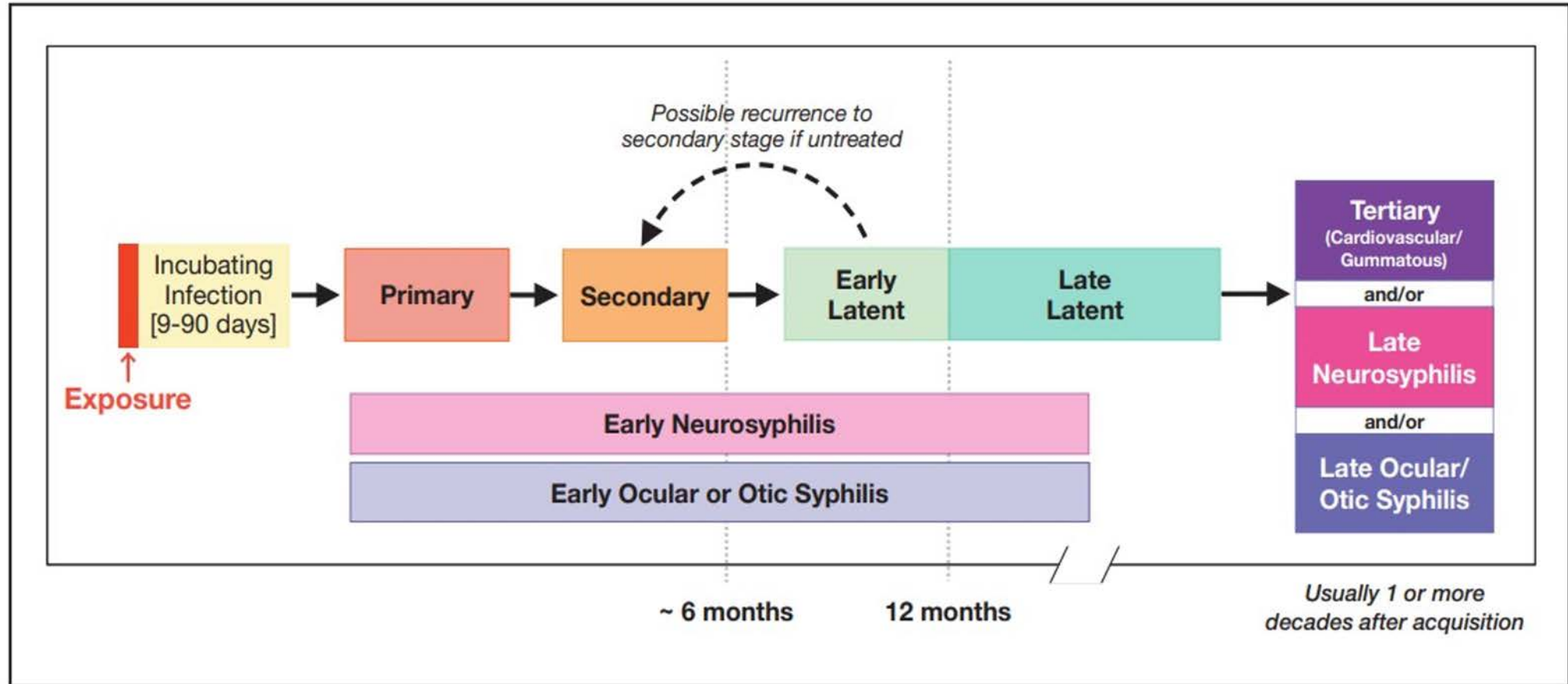
Early Syphilis Cases by County, 2022



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Natural History of Untreated Syphilis



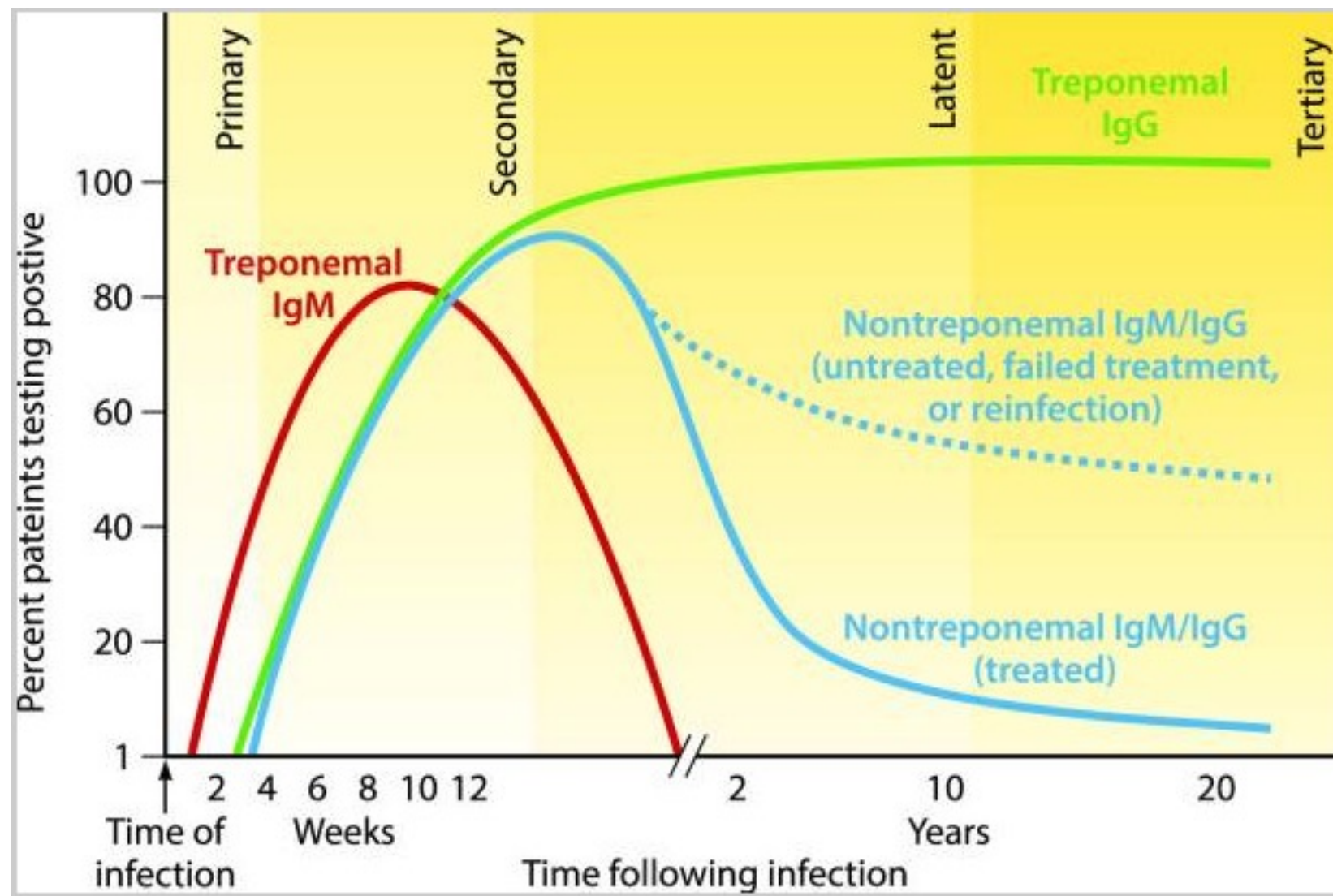
<https://emorymedicine.wordpress.com/2021/01/15/krakow-conference-what-are-the-different-stages-of-syphilis/>

Syphilis Testing

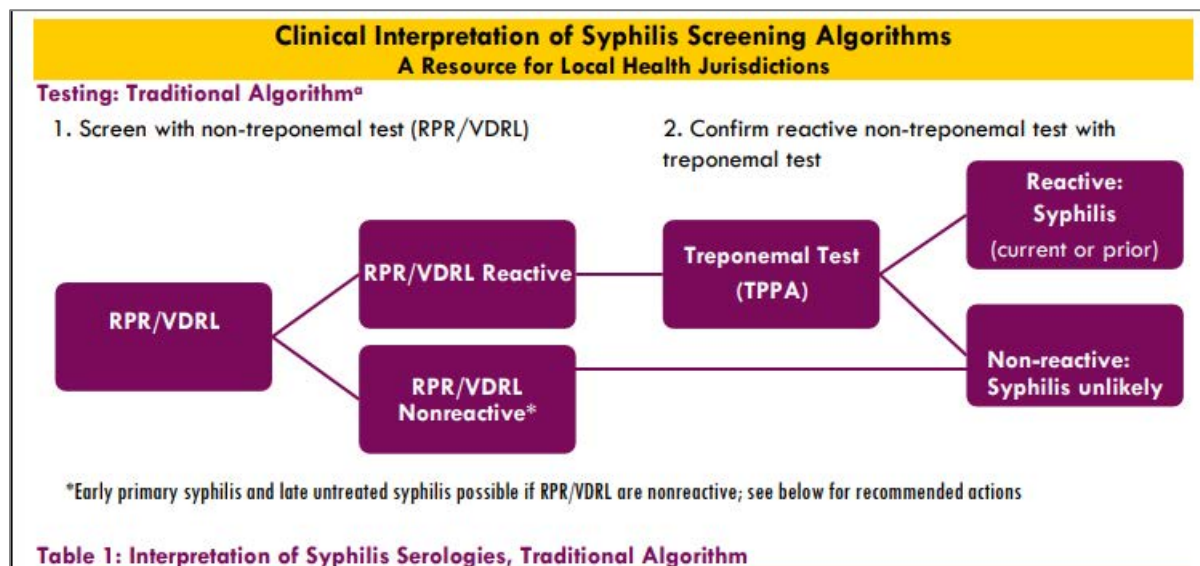
	Test Names	Type of Test	Results	Uses	Change over Time
Non-Treponemal Tests	<ul style="list-style-type: none"> RPR VDRL 	Tests for antibodies to cells damaged by syphilis	Quantitative (i.e. 1: 64)	<ul style="list-style-type: none"> Monitoring treatment Detecting re-infection Screening & diagnosis 	<ul style="list-style-type: none"> Titers drop with (or without) treatment Can be negative in early or late disease
Treponemal Tests	<ul style="list-style-type: none"> TPPA FTA – ABS EIA/CIA 	Tests for antibodies specific to syphilis	Qualitative (+ or -)	<ul style="list-style-type: none"> Screening Confirmation of diagnosis 	Usually remains positive for life (with or without treatment)
PCR Tests	<ul style="list-style-type: none"> PCR 	<i>Treponema pallidum</i> DNA (swab of lesion)	Qualitative	<ul style="list-style-type: none"> Diagnosis 	Negative after treatment

Timing of serologic responses in syphilis infection

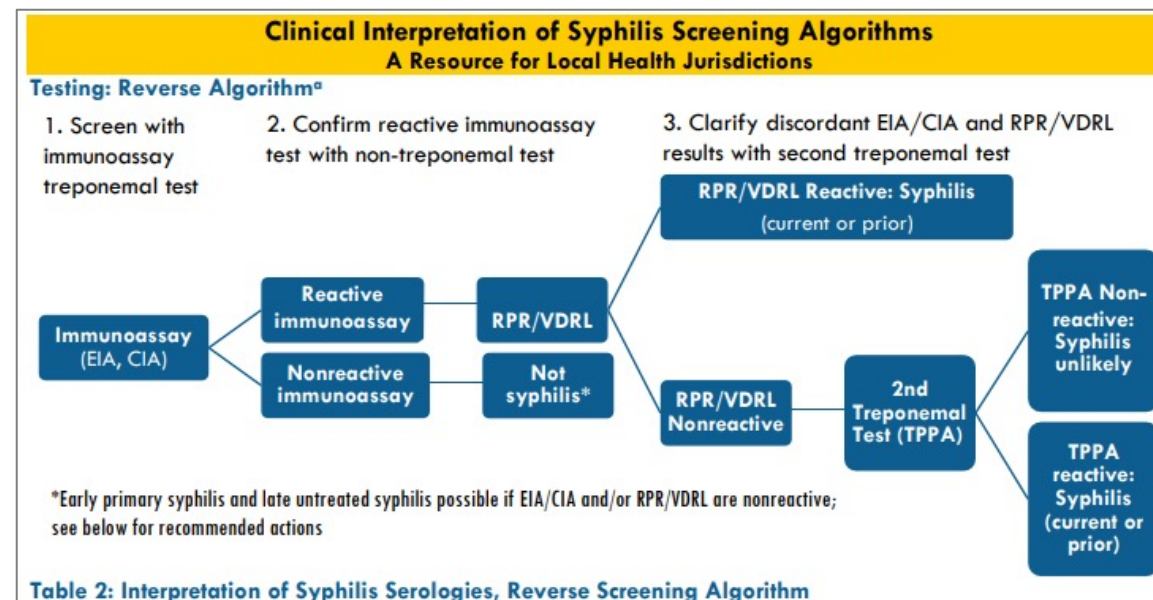
[The Laboratory Diagnosis of Syphilis - PMC \(nih.gov\)](#)



Syphilis Testing Algorithms



[Clinical Interpretation of Syphilis Screening Algorithms \(nmhealth.org\)](https://nmhealth.org)



Syphilis Testing:

Causes of Biological False Positives

Non-Treponemal Tests (*RPR/VDRL*)

- Autoimmune disease
- Other spirochetes
- Pregnancy
- Injection drug use
- Advanced age
- Other infections (HIV, HBV)
- Recent vaccination
- Chronic liver disease
- False positive occurs in 1-2% of US patients; titer usually 1:8 or less

Treponemal Tests (*TP-AB, TPPA, EIA, CIA*)

- Autoimmune disease
- Other spirochetes
- Pregnancy
- Inflammatory disease
- Advanced age (>50 years),
- Tumor
- Dialysis
- Systemic infections unrelated to syphilis (TB, rickettsial diseases, endocarditis, malaria)

[Rapid Plasma Reagin - StatPearls - NCBI Bookshelf \(nih.gov\)](#)

Test characteristics

Test	Sensitivity during stage of infection, % (range)				Specificity, % (range)
	Primary	Secondary	Latent	Late	
Nontreponemal tests					
VDRL [14]	78 (74–87)	100	96 (88–100)	71 (37–94)	98 (96–99)
TRUST [14]	85 (77–86)	100	98 (95–100)	NA	99 (98–99)
RPR [14]	86 (77–99)	100	98 (95–100)	73	98 (93–99)
Early treponemal tests					
MHA-TP [15]	76 (69–90)	100	97 (97–100)	94	99 (98–100)
TPPA [16]	88 (86–100)	100	100	NA	96 (95–100)
TPHA [17]	86	100	100	99	96
FTA-ABS [14]	84 (70–100)	100	100	96	97 (94–100)
Enzyme immunoassays					
IgG-ELISA [18]	100	100	100	NA	100
IgM-EIA [19]	93	85	64	NA	NA
ICE [20]	77	100	100	100	99
Immunochemiluminescence assays					
CLIA [21]	98	100	100	100	99
NOTE. CLIA, chemiluminescence assay; ELISA, enzyme-linked immunosorbent assay; EIA, enzyme immunoassay; FTA-ABS, fluorescent treponemal antibody absorption assay; ICE, immune-capture EIA; MHA-TP, microhemagglutination assay for <i>Treponema pallidum</i> ; NA, not available; TPHA, <i>T. pallidum</i> hemagglutination assay; TPPA, <i>T. pallidum</i> particle agglutination; TRUST, toluidine red unheated serum test.					

<https://academic.oup.com/cid/article/51/6/700/460406>

Syphilis Staging and Treatment Algorithm

Symptoms at the time of blood draw?

YES

- Presence of painless lesion (chancre)
- RPR may be positive or negative
- Confirmatory test is reactive or non-reactive

YES

PRIMARY SYPHILIS

- Presence of palmar/plantar rash, body rash, alopecia, or condylomata lata
- Serology results
- RPR is usually positive
- Confirmatory test is reactive

YES

SECONDARY SYPHILIS

NO

- Was there a VERIFIED negative syphilis blood test in the last 12 months? -or-
- Did patient have signs or symptoms in the past 12 months? -or-
- Are there infected partners independently staged as primary/secondary/early? -or-
- If previously treated for syphilis, was there a 2 dilution (4-fold) increase in RPR titer?
- RPR can be positive or negative
- Confirmatory test is reactive

YES

EARLY LATENT

NO

LATE or UNK

SYPHILIS TREATMENT

Primary, Secondary, or Early Latent
Benzathine penicillin G*
-2.4 million units IM in a single dose

*See CDC Guidelines for treatment if patient is allergic to PCN or has symptoms of neurosyphilis

SYPHILIS TREATMENT

Late Latent or Unknown Duration
Benzathine penicillin G*
-7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

SPECIAL NOTE ABOUT PREGNANCY: Penicillin is the only acceptable treatment for pregnant women. Penicillin administered at intervals greater than 7 days are unacceptable. If a single day of penicillin therapy is missed, patient must restart treatment if stage is late latent or unknown.

Division of STD and HIV - 350 Capitol Street, Room 125, Charleston, WV 25301 - (304) 558-2195 / 1-800-642-8244 www.oeps.wv.gov

Treatment Notes

- Treatment for neuro/ocular/otic syphilis is Aqueous pen G (IV)
- Bicillin L-A® Shortage
- Extencilline Importation
- Procaine penicillin G discontinuation

Recommended Regimen for Neurosyphilis, Ocular Syphilis, or Ootosyphilis Among Adults

Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion for 10–14 days

If compliance with therapy can be ensured, the following alternative regimen might be considered.

Alternative Regimen

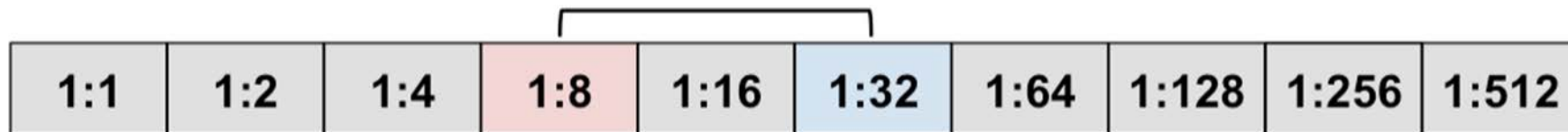
Procaine penicillin G 2.4 million units IM once daily

PLUS

Probenecid 500 mg orally 4 times/day, both for 10–14 days

Patient Follow-up

- RPR *6 & 12 months* after treatment
- Check another RPR at *24 months* for latent syphilis
- Persons with HIV infection- get an RPR at *3, 6, 9, 12, and 24 months* after treatment
- Expect a *4-fold* (2 dilutions) decrease by *12 months*



Screening for Syphilis

- Syphilis screening recommendations have targeted individual risk factors.
- CDC and United States Preventive Services Task Force (USPSTF) both include living in areas with "high rates" of syphilis as a risk factor.
- Threshold for "high rate" of syphilis hasn't been defined
- Focus is on preventing congenital syphilis

Syphilis	
Women	<ul style="list-style-type: none">• Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection^{2,7}
Pregnant Women	<ul style="list-style-type: none">• All pregnant women at the first prenatal visit⁸• Retest at 28 weeks gestation and at delivery if at high risk (lives in a community with high syphilis morbidity or is at risk for syphilis acquisition during pregnancy [drug misuse, STIs during pregnancy, multiple partners, a new partner, partner with STIs])²
Men Who Have Sex With Women	<ul style="list-style-type: none">• Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection^{2,7}
Men Who Have Sex With Men	<ul style="list-style-type: none">• At least annually for sexually active MSM²• Every 3 to 6 months if at increased risk²• Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection^{2,7}
Transgender and Gender Diverse People	<ul style="list-style-type: none">• Consider screening at least annually based on reported sexual behaviors and exposure²
Persons with HIV	<ul style="list-style-type: none">• For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter^{2,6}• More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology²

[STI Screening Recommendations](#)

New Screening Recommendation from CDC

 Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

Search 

Morbidity and Mortality Weekly Report (*MMWR*)

Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022

Early Release / November 7, 2023 / 72

[Print](#)

Robert McDonald, MD¹; Kevin O'Callaghan, MBBCh¹; Elizabeth Torrone, PhD¹; Lindley Barbee, MD¹; Jeremy Grey, PhD¹; David Jackson, MD¹; Kate Woodworth, MD²; Emily Olsen, PhD²; Jennifer Ludovic, DrPH¹; Nikki Mayes¹; Sherry Chen, MPH¹; Rachel Wingard³; Michelle Johnson Jones, MPH¹; Fanta Drame, MPH¹; Laura Bachmann, MD¹; Raul Romaguera, DMD¹; Leandro Mena, MD¹ ([VIEW AUTHOR AFFILIATIONS](#))

"High rate" defined as: a P/S syphilis rate among females aged 15–44 years over 4.6 per 100,000 population

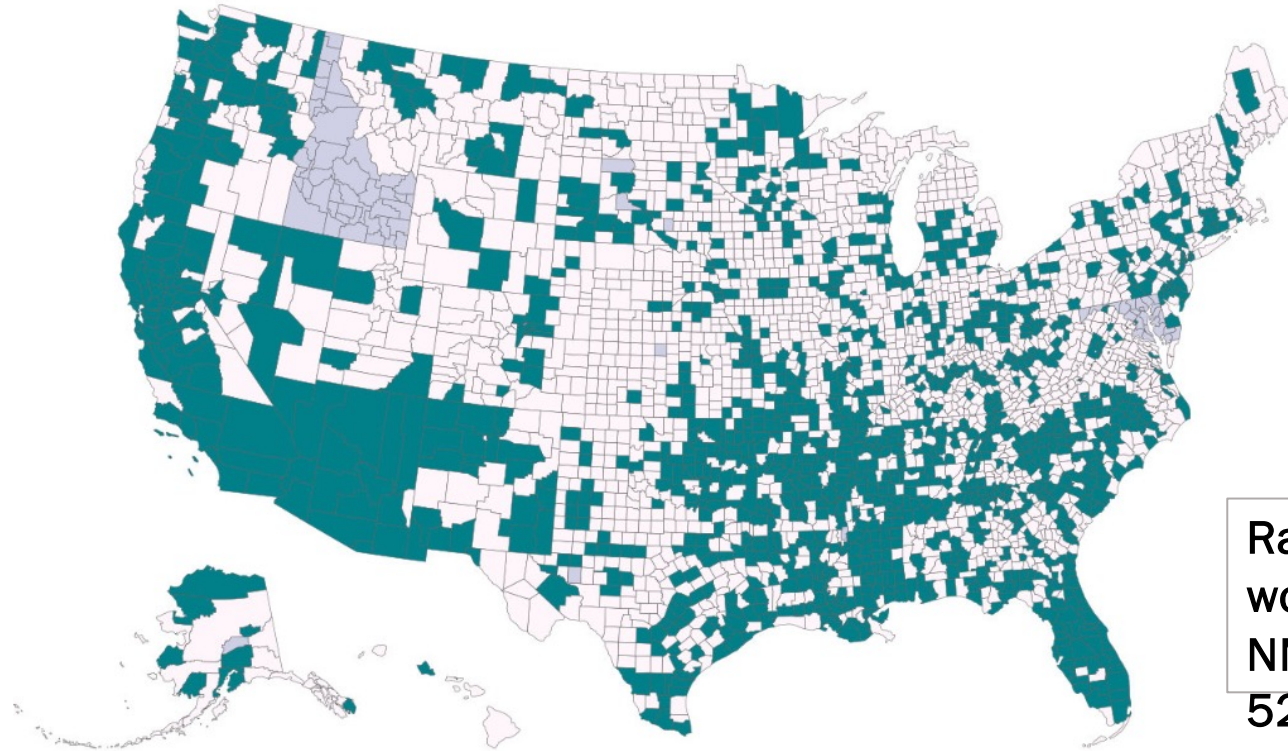
[Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022 | MMWR \(cdc.gov\)](#)

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P/S Syphilis Rates for Women ages 15 - 44

County-level syphilis rates among women can help direct syphilis screening efforts.



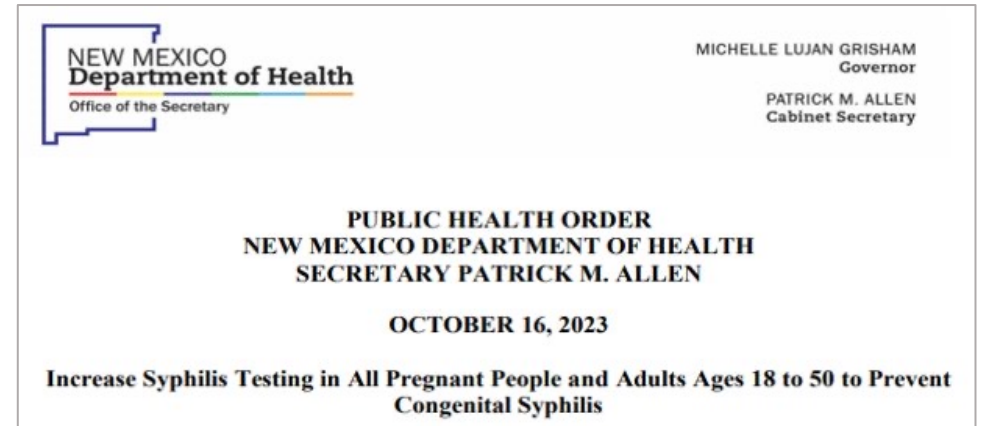
Rate of P/S syphilis in
women ages 15 – 44,
NM:
52/100K

- Continue to assess individual risk factors to determine screening needs*
- Offer syphilis testing to all sexually active people aged 15-44**
- Suppressed†

[County-level Syphilis Rates](#) | [AtlasPlus](#) | [NCHHSTP](#) | [CDC](#)

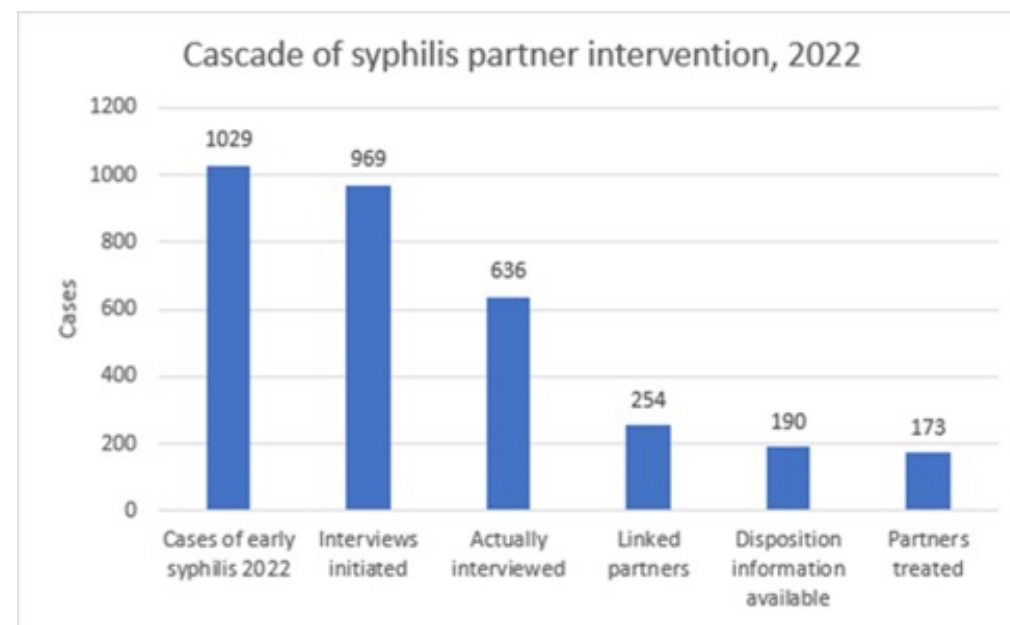
CS Public Health Order 2023

1. Adults aged 18 to 50 should be tested for syphilis at least once in the next 12 months, or more often as recommended based on individual risk or pregnancy status
2. Test pregnant people:
 - first trimester (or initial prenatal visit)
 - 3rd trimester (28-32 weeks gestation)
 - at delivery
 - urgent care or ER if no prior prenatal care
 - intrauterine fetal demise at any gestational age
 - correctional facilities



Rising Congenital Syphilis Cases in NM:

- First congenital syphilis public health order was in Jan 2020
- Focusing testing only on pregnant people isn't solving the problem.
- Testing at delivery is important but isn't "prevention"
- Increase community prevalence tracks with increase in congenital syphilis
- Limitations of contact tracing
- Risk factors are real (but not exclusive):
 - Sex with multiple partners
 - Drug use
 - Transactional sex
 - Incarceration
 - Unstable housing or homelessness
 - Lack of access to or engagement with prenatal care



Expanded Syphilis Screening

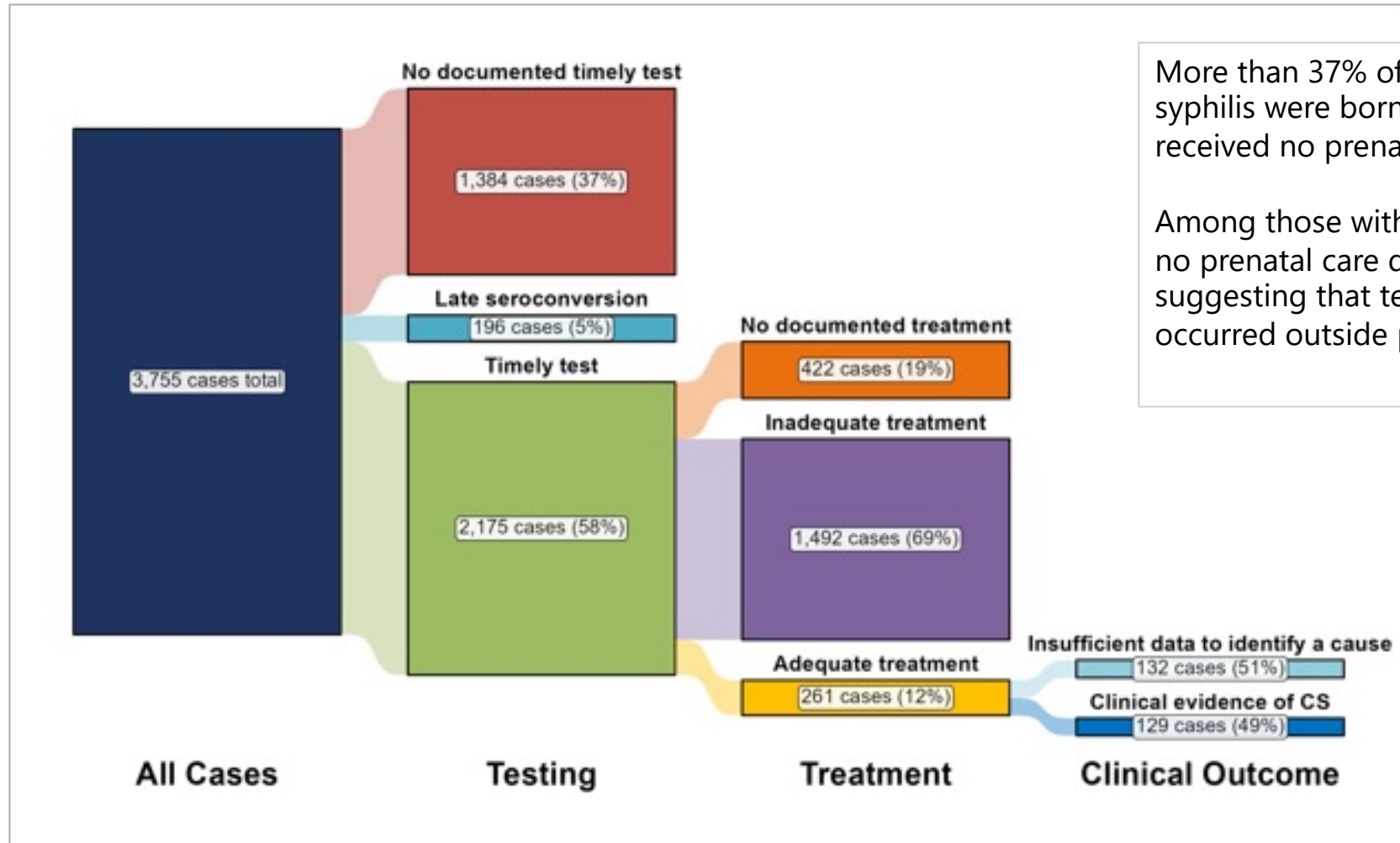
Advantages:

- Independent of providers taking a thorough sexual history or risk screen
- Reduces stigma and bias in syphilis screening
- Can be more readily normalized into clinical care
- Can be more readily incorporated into order sets and clinical reminders in EHRs.

Challenges:

- More false positives (use a reflex test)
- Possibility of over treatment
- More work and cost across all systems

Missed Opportunities for CS Screening (US)



More than 37% of infants with congenital syphilis were born to persons who had received no prenatal care.

Among those with a timely test, 20.4% had no prenatal care documented, suggesting that testing occurred outside prenatal care.

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What is Doxy-PEP?

- The first biomedical prevention tool that has been shown to be effective and well-tolerated
- Reduces new cases of bacterial STIs (chlamydia, gonorrhea and syphilis) by ~60%.
- 200mg Doxycycline within 72 hours after unprotected sex



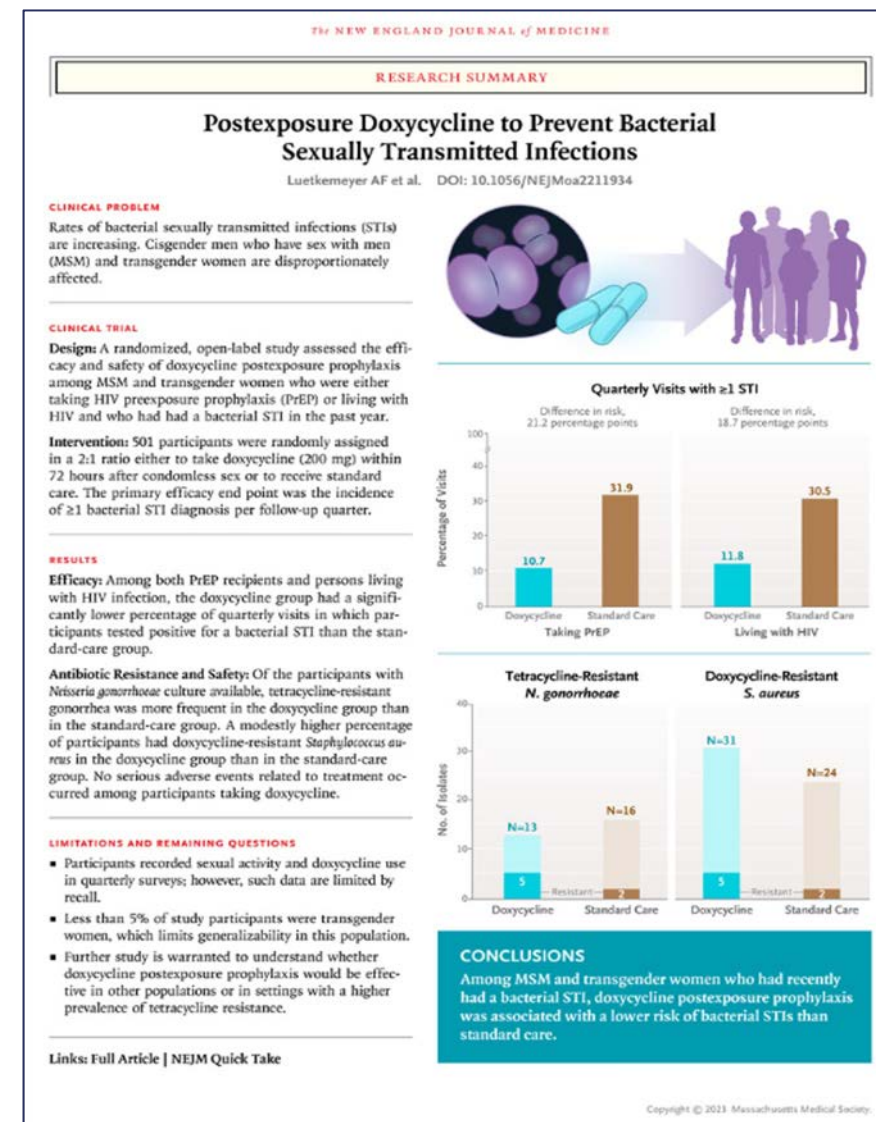
The EVIDENCE:

Three major studies of doxy-PEP in MSM have concluded that doxy-PEP is safe and effective.

Luetkemeyer et al: [Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections | NEJM](#) (April 2023; abstract presented Feb 2022, CROI)

[Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial \(thelancet.com\)](#) (Dec 2017)

DoxyVAC study: [DoxyPEP and Meningococcal Vax Keep Protecting MSM PrEP Users From STIs \(natap.org\)](#) (presented Feb 2023, CROI)



STUDY POPULATION:

Study participants (Luetkemeyer et al) met the following eligibility criteria:

- At least 18 years of age
- Assigned male sex at birth
- Living with HIV or taking (or planning to start) HIV PrEP
- History of condomless anal or oral sex with a man in the previous 12 months, AND
- STD diagnosis in the previous 12 months (67% had GC, 58% CT, 20% syphilis).

In the 3 months before enrollment:

- median of 9 sexual partners (interquartile range, 4 to 17)
- median of 5 sexual acts per month (interquartile range, 1.7 to 10.7)
- 90.1% of sex as condomless

EFFICACY:

Table: Quarterly STI incidence by HIV status and by randomization to doxyPEP & control arms

	HIV uninfected MSM/TGW on PrEP		MSM/TGW living with HIV		Total	
	Doxy arm N=240	Control arm N=120	Doxy arm N=134	Control arm N=60	Doxy Arm N=374	Control arm N=180
Follow up quarters	491	220	266	108	757	328
Participants with an incident STI (GC, CT or syphilis)	41	42	24	18	65	60
Primary STI endpoints	47 (9.6%)	65 (29.5%)	31 (11.7%)	30 (27.8%)	78 (10.3%)	95 (29.0%)
Gonorrhea	40 (8.1%)	45 (20.5%)	21 (7.9%)	20 (18.5%)	61 (8.1%)	65 (19.8%)
Chlamydia	7 (1.4%)	23 (10.5%)	12 (4.5%)	16 (14.8%)	19 (2.5%)	39 (11.9%)
Syphilis	1 (0.2%)	5 (2.3%)	3 (1.1%)	2 (1.9%)	4 (0.5%)	7 (2.1%)

<https://programme.aids2022.org/Abstract/Abstract/?abstractid=13231>

Doxy-PEP in Cis-women:

Doxy-PEP was NOT effective in a randomized, open label trial in cis-women in Kenya

Possible reasons:

- Anatomical differences
- Geographic variations in antibiotic resistance
- Suboptimal adherence.

<https://www.croiconference.org/abstract/doxycycline-postexposure-prophylaxis-for-prevention-of-stis-among-cisgender-women/>

CDC Draft Guidelines (Oct 2023):

SCIENCE HEALTH CARE PUBLIC HEALTH

There's a morning-after pill to prevent sexually transmitted infections

The CDC is getting close to recommending it to prevent STIs like chlamydia and syphilis.

By Keren Landman, MD | @landmanspeaking | Updated Oct 13, 2023, 8:53am EDT

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The New York Times

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Guidelines for the Use of Doxycycline Post-Exposure Prophylaxis for Bacterial STI Prevention

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Update on October 2, 2023: CDC is requesting [public input](#) on *Guidelines for the Use of Doxycycline Post-Exposure Prophylaxis for Bacterial Sexually Transmitted Infection (STI) Prevention*. This document provides draft Doxy PEP guidelines to prevent some bacterial STIs. The comment period will close in 45 days. An informational presentation is [available](#).

- [Efficacy of Doxycycline as PEP to Prevent Bacterial STIs](#)
- [Doxycycline Individual Level Harms – Antimicrobial Resistance](#)
- [Doxycycline Use and Adverse Events](#)

Last Reviewed: September 29, 2023

Source: Division of STD Prevention, National Center for HIV, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention



[Guidelines for the Use of Doxycycline Post-Exposure Prophylaxis for Bacterial STI Prevention \(cdc.gov\)](#)

NM DOH Guidelines:



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

NEW MEXICO HEALTH ALERT NETWORK (HAN)
Doxycycline Post-Exposure Prophylaxis (doxy-PEP) for the Prevention of
Bacterial Sexually Transmitted Infections
August 23, 2023

[Provider Resources \(nmhealth.org\)](https://nmhealth.org)

PRESCRIBING:

- ❑ Doxycycline hyclate *delayed release* 200 mg (1 tab) taken po within 72 hours after unprotected sex
 - ❑ Doxycycline hyclate or monohydrate *immediate release* 100 mg (2 tabs taken simultaneously) within 72 hours after unprotected sex
- No more than one 200mg dose in 24 hours
 - Immediate release is less expensive and equivalently bioavailable.
 - The delayed release formulation has an enteric coating which delays release until further down the GI tract which prevents nausea.



Follow Up:

- Screen for STIs every 3 months
- Treat any STI according to: [STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov/std/treatment-guidelines/)
- Per the doxycycline package insert, LFTs, renal function and a CBC should be checked periodically in patients taking doxycycline for a prolonged period. LFTs and CBCs were checked at 3 and 9 months in the DoxyPEP study, and there were no laboratory-related severe adverse events.



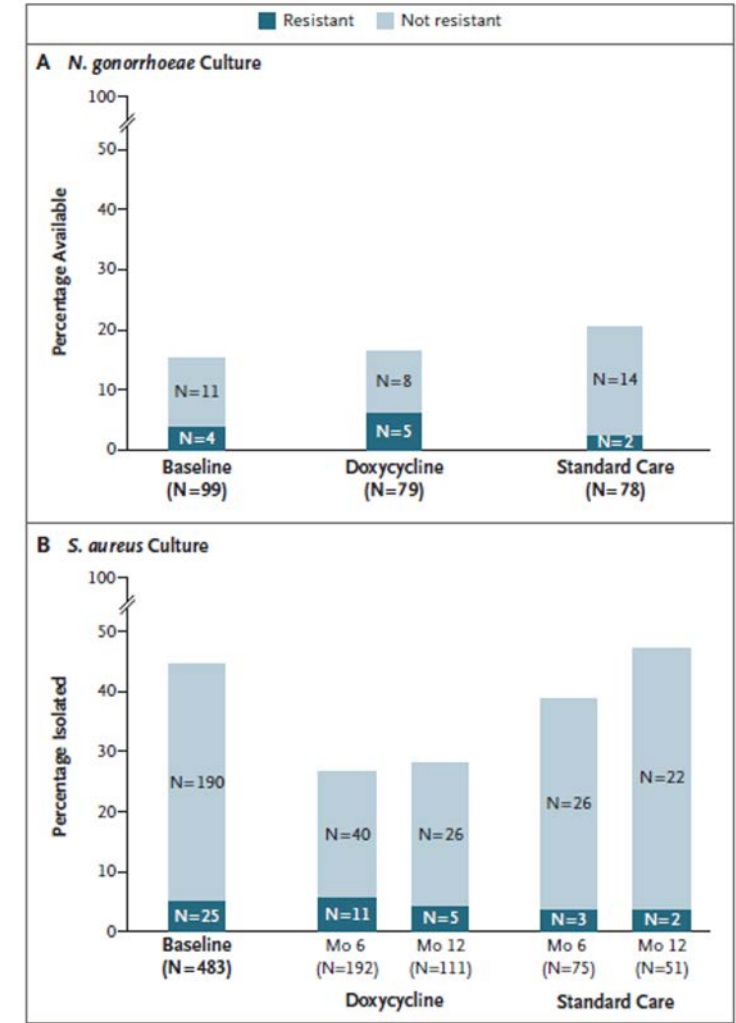
[Doxy as STI PEP Marketing Tools | NCSD \(ncsddc.org\)](https://ncsddc.org/)

CONSIDERATIONS - Antibiotic Resistance

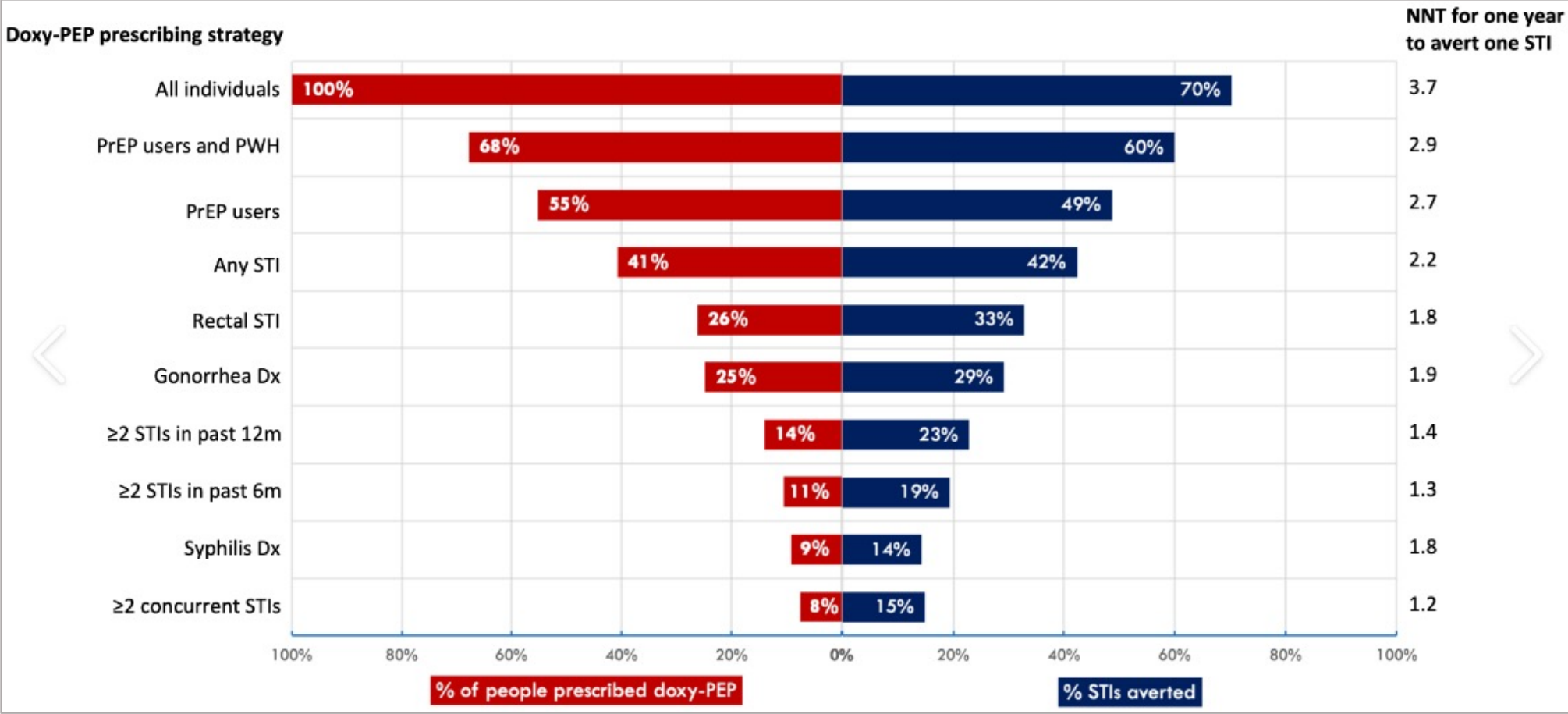
Researchers looked at:

1. Tetracycline resistance in *N. gonorrhoea* →
 - limited by low numbers
 - doxy-PEP less effective in tetracycline resistant NG
 - Unable to assess Doxy-PEP as a driver of resistance
2. MRSA →
 - Colonization low and no change with doxy-PEP use
 - No change in doxy resistance
3. Commensal *Neisseria* → high rates of colonization and no change with doxy-PEP use

** reduced need for antibiotics for treatment - ceftriaxone use decreased by 50% in the doxy-PEP arm **



Public Health Strategy:



[POTENTIAL IMPACT AND EFFICIENCY OF DOXY-PEP AMONG PEOPLE WITH OR AT RISK OF HIV - CROI Conference](#)

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5. Describe NM DOH resources for providers

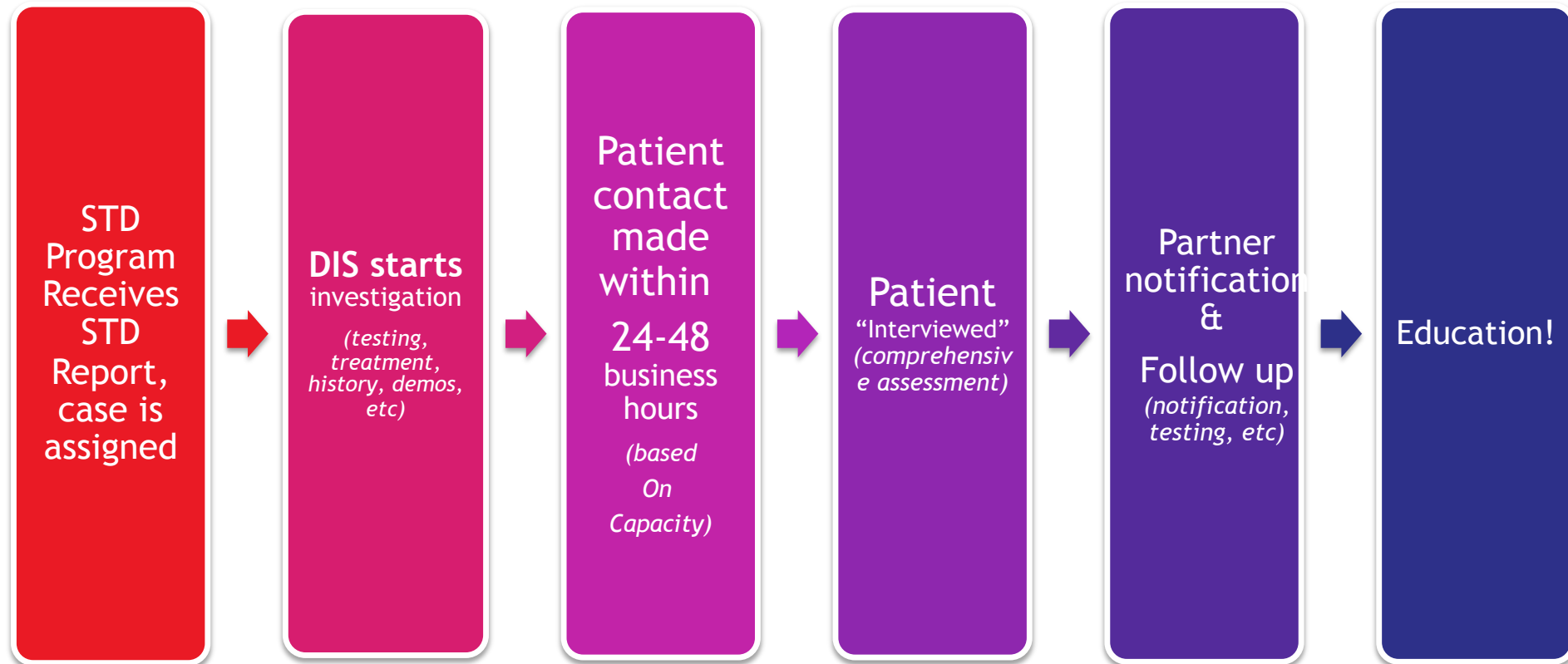
NMDOH STD Program

- Disease Prevention
- Case Management
- Surveillance/Data
- Contact Tracing
- Partner Services
- Outreach and Education

Disease Intervention Specialists (DIS) identify persons with a reportable STD, conduct interviews, and ensure that both the patient and their partners are properly treated.

This was the original “contact tracing” before the COVID-19 pandemic.

STD Case Investigation





Public Health Offices



Public Health Offices

You can also find a [Public Health Office](#) near you that provides services such as:

- Free exams and treatment for sexually transmitted diseases. (STD)
- Counseling and treatment for partners of people with STDs.
- Free HIV testing.
- Syringe exchange program for injection drug users.
- Birth control and emergency contraception. (Plan B)
- Minors do not need parental consent to receive services in the clinic
- All clinic services are confidential.

PRISM - NM STD Database

NEW MEXICO DEPARTMENT OF HEALTH

Tasks Search Unattached Tests Reports Add Screening Admin Helpdesk

PRISM

Welcome, MirandaH.Durham

Alerts / Home

New Mexico Dept. of Health

Reset User Security

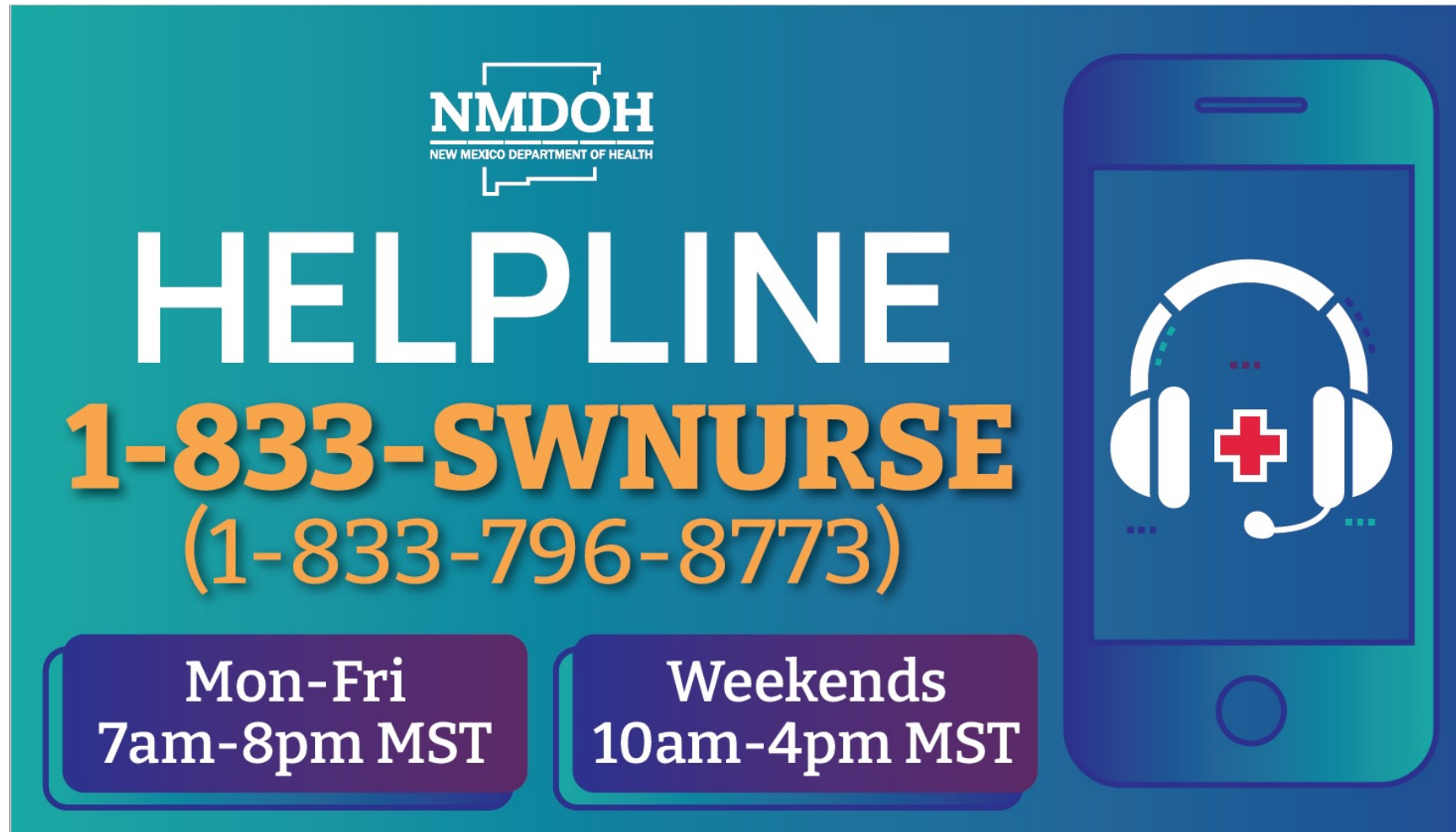
Upcoming System Outages / Events

- No outages scheduled
- No events scheduled

Location/Provider	Screening Date	Exam Date	Treatment Date	Treatment Name
UNIVERSITY OF NEW MEXICO HOSPITAL EMERGENCY ROOM - ER: 2211 Lomas Blvd NE, Albuquerque, NM: 505-277-1572			06/13/2019	Benzathine Penicillin G 2.4 MU IM (Dose 1)
La Familia Medical Center-Alto-Santa Fe: 1035 Alto St, Santa Fe, NM: 505-982-4425			07/16/2019	Benzathine Penicillin G 2.4 MU IM (Dose 1)

Chlamydia	CT NAT	Urine	06/12/2019	06/12/2019	Negative	
Gonorrhea	GC NAT	Urine	06/12/2019	06/12/2019	Negative	
HIV	HIV-1/2 Ag/Ab	Blood	06/12/2019	06/12/2019	Negative	
Syphilis	RPR		06/12/2019	06/12/2019	Reactive	1:4

HELP LINE Nurses have PRISM access - taking NM provider calls (option 4)

A graphic for the NMDOH Helpline. It features the NMDOH logo at the top center. Below it, the word "HELPLINE" is written in large white letters. Underneath, the phone number "1-833-SWNNURSE" is written in large orange letters, with "(1-833-796-8773)" in smaller orange letters below it. To the right of the text is a stylized illustration of a smartphone with a white headset and a red cross on its screen. At the bottom, there are two purple rounded rectangles: the left one says "Mon-Fri 7am-8pm MST" and the right one says "Weekends 10am-4pm MST".

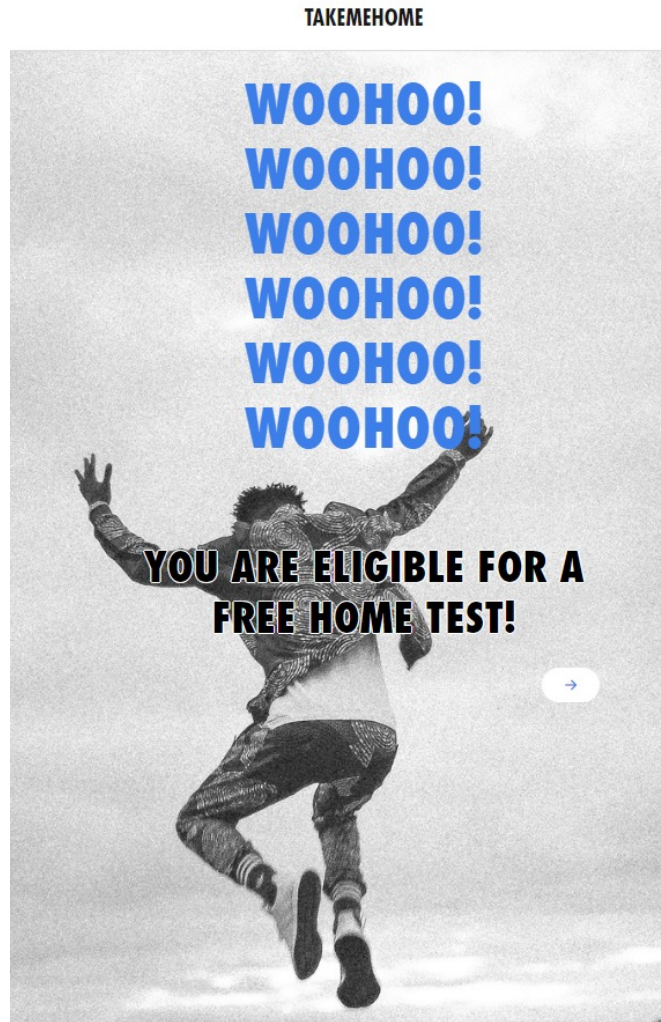
NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

HELPLINE

1-833-SWNNURSE
(1-833-796-8773)

Mon-Fri
7am-8pm MST

Weekends
10am-4pm MST



[TakeMeHome](https://www.takemehome.org)

Take Me Home

- Takemehome.org
- Tests:
 - GC/CT
 - HIV
 - Syphilis
- Clients get results via personal account portal.
- Clients are given DOH Help Line number for guidance on managing positives

STD CASE REPORTING FORM

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

NEW MEXICO SEXUALLY TRANSMITTED DISEASE MORBIDITY FORM

PATIENT DEMOGRAPHIC DATA

LAST NAME: _____ FIRST NAME: _____ MIDDLE: _____
STREET ADDRESS: _____ TOWN/CITY: _____ STATE: _____ ZIP CODE: _____
DATE OF BIRTH: _____ PHONE (Home/Cell): _____ [Work]: _____
SEX ASSIGNED AT BIRTH: ☐ Male ☐ Female CURRENT GENDER IDENTITY: ☐ M ☐ F ☐ Trans/MTF ☐ Trans/FTM ☐ Other _____
RACE (Check all that apply): ☐ White ☐ Black ☐ Native American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ Other ☐ Unknown
ETHNICITY: ☐ Hispanic ☐ Non-Hispanic ☐ Unknown MARITAL STATUS: ☐ Single ☐ Married ☐ Partnered ☐ Unknown

DISEASE DATA

CHECK REPORTABLE DISEASES:

☐ SYPHILIS
☐ PRIMARY
☐ SECONDARY
☐ Early Non-Primary/Non-Secondary
☐ Late Latent or Unknown
Neuro Involvement ☐ Yes ☐ No
Optic Involvement ☐ Yes ☐ No
Otic Involvement ☐ Yes ☐ No

☐ GONORRHEA
☐ Uncomplicated Asymptomatic
☐ Uncomplicated Symptomatic
☐ SALPINGITIS
☐ EPIDIDYMITIS

☐ CHLAMYDIA
PID ☐ YES ☐ NO
☐ CHANCROID
☐ Other Untreated STD _____

SYMPTOMS: _____ SYMPTOM onset (Date): _____

MEDICAL INFORMATION

NAME OF FACILITY: _____ REPORTED BY: _____ PHONE: _____ FAX: _____
ADDRESS: _____ TOWN/CITY: _____ STATE: _____ ZIP: _____

DATE OF TEST COLLECTION	DIAGNOSTIC TEST	RESULTS	SPECIMEN SOURCE	LABORATORY NAME

TREATMENT INFORMATION


DATE OF TREATMENT	TREATMENT/DRUG	DOSE/AMOUNT	NAME AND TITLE OF CLINICIAN

IS PATIENT PREGNANT? YES ☐ NO ☐ UNKNOWN ☐ ESTIMATED DUE DATE: _____
PATIENT on PrEP? YES ☐ NO ☐ WAS PRE OFFERED/PRESCRIBED? YES ☐ NO ☐
WAS EXPEDITED PARTNER THERAPY PROVIDED FOR SEXUAL PARTNER(S)? YES ☐ NO ☐
IF EPT WAS PROVIDED, HOW MANY DOSES WERE GIVEN? _____
PHYSICIAN'S COMMENTS: _____

New Mexico Revised Statutes 12-3-5, 1, Health Department Regulations Art. 1, 24-1-7 and New Mexico Administrative Code 7.4.3.13 require that patients with laboratory confirmed chlamydia, syphilis and gonorrhea be reported to the New Mexico Department of Health (NMDOH) STD Program within 24 hours.

PLEASE FAX COMPLETED FORM TO:
505-476-3638

FOR CONSULTATION CALL: (505) 476-3636 or (505) 709-7617
This form is available electronically at: <http://nmhealth.org/about/ehd/idb/std/>
OR by scanning the QR code



06/01/2023

RESOURCES:

CDC Treatment Guidelines 2021:
[STI Treatment Guidelines](#)

CDC STD Data and Resources:

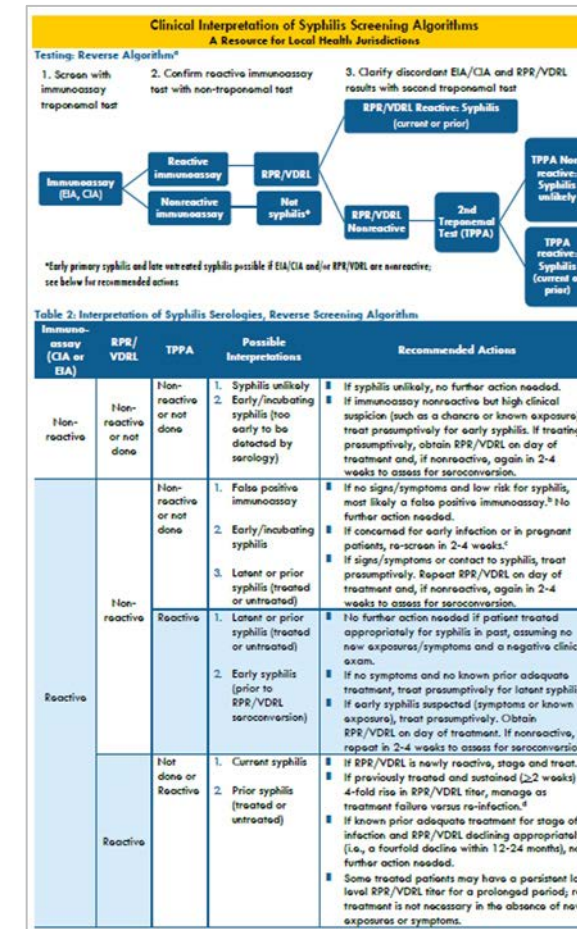
[Sexually Transmitted Diseases - Information from CDC](#)

NMDOH STD Program Website:

<https://nmhealth.org/about/phd/idb/std/>

New Mexico Administrative Code:

<https://www.srca.nm.gov/parts/title07/07.004.0003.html>



REFERENCES:

- [STD Program Summary Slides 2022 \(nmhealth.org\)](https://nmhealth.org/STD-Program-Summary-Slides-2022)
- USPSTF: [syphilis-screening-non-pregnant-adults-final-evidence-review.pdf](https://www.uspstf.org/syphilis-screening-non-pregnant-adults-final-evidence-review.pdf)
- CDC slides: [2022-STI-Surveillance-All-Slides.pptx \(live.com\)](https://live.com/2022-STI-Surveillance-All-Slides.pptx)
- CAPTC talk on DoxyPEP: [STI Expert Hour Webinar on Doxycycline Post-Exposure Prophylaxis \(californiapctc.com\)](https://californiapctc.com/STI-Expert-Hour-Webinar-on-Doxycycline-Post-Exposure-Prophylaxis)
- Luetkemeyer et al study: [Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections | NEJM](https://www.nejm.org/doi/full/10.1056/NEJMoa1712326)
- [Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial \(thelancet.com\)](https://www.thelancet.com/journal/S0140673617318266) (Dec 2017)
- DoxyVAC study: [DoxyPEP and Meningococcal Vax Keep Protecting MSM PrEP Users From STIs \(natap.org\)](https://natap.org/2023/02/23/doxyvac-study/) (presented Feb 2023, CROI)
- New Mexico PRISM database
- IBIS for New Mexico population numbers
- CDC Surveillance Reports for US rates

STD Treatment Guide

CDC Mobile App

Provider Resources

[Print](#)



STI Treatment (Tx) Guide Mobile App

The new app offers quick and easy access to streamlined STI prevention, diagnostic, and treatment recommendations. The user-friendly interface includes more clinical care guidance, sexual history resources, patient materials, and other features to assist with patient management. Download the free app for Apple and Android mobile devices.



<https://www.cdc.gov/std/treatment-guidelines/provider-resources.htm>

Thank you!

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