

Early Syphilis (Duration less than one year) (Primary, Secondary, Early Latent Syphilis), or Verified Contact to Early Syphilis Treatment

Standing Order in N.C. Board of Nursing Format

INSTRUCTIONS FOR LOCAL HEALTH DEPARTMENT STAFF ONLY

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

Print the customized standing order on agency letterhead. Review standing order at least annually and obtain medical director's signature.

Standing order must include the effective start date and the expiration date.

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 (Condylomata lata) along with fever and malaise
4. asymptomatic, partner or Disease Intervention Specialist (DIS) referred
5. visual or other neurologic changes

*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 1-4 below before implementing treatment for an asymptomatic verified contact or suspect.

Verified Criteria

Recent (within 90 days) exposure or if exposure greater than 90 days before diagnosis of index case, any partner(s) within the last 12 months should be screened and treated based on the following:

1. DIS referred partner(s) or suspect with exposure to a known case within 90 days should be screened and treated presumptively on date of screening visit, or
2. DIS referred partner(s) or suspect with greater than 90 days exposure should be screened and treated either:
 - a. presumptively, on day of screening visit, if serologic test are not available immediately (i.e., darkfield or stat RPR) and the opportunity of follow-up is uncertain per DIS

OR

 - b. upon return of test results, if DIS can easily locate client later, or

Note: Same day treatment for syphilis contacts depends on the stage of the original patient's (OP) syphilis and timing of last exposure. Contacts to primary syphilis cases shall be treated empirically without waiting for testing and even if the STAT RPR is non-reactive. An empirical treatment recommendation for other stages of Syphilis depends on the DIS investigation and are:

 - Secondary cases - treat all contacts \leq 6 months, and
 - Early latent cases - treat all contacts \leq 12 months.
3. client provides name(s) of sexual partner(s) and public health nurse verifies diagnosis of named sexual partner by calling the medical provider or regional/local DIS of named partner (index case) and the index case was diagnosed with syphilis within the last 90 days, or
4. referral or medical diagnosis by MD or mid-level medical provider for treatment of primary, secondary or early latent syphilis

Note: A STD screening examination is recommended in all of the above scenarios.

Objective Findings

Documented lab results of at least one (1) of numbers 1-4 below:

Definitive Diagnosis:

1. positive Darkfield (if available) - T. pallidum detected from lesion exudate or tissue

Presumptive Diagnosis:

2. *Local Health Department* - Reactive stat RPR on client without previous history of syphilis
3. *NC SLPH* - Reactive quantitative non-treponemal serology test for syphilis test (STS) **PLUS** a confirmed qualitative treponemal test - (TrepSure EIA)

4. *Private Commercial Labs* - (Tests named below are examples and not all inclusive of various commercial syphilis testing)

Reactive qualitative treponemal EIAs (TrepSure, TrepCheck or TrepID) test

PLUS one of the following:

- a reactive quantitative non-treponemal test (TRUST, RPR, VDRL)

OR

- a reactive second treponemal test that uses a different antigen platform
 - syphilis-G enzyme immunoassay (CAPITIA),
 - treponema pallidum particle agglutination assay (TP-PA),
 - microhemagglutination assay for Treponema pallidum (MHA-TP),
 - fluorescent treponemal antibody absorbed (FTA-ABS)

Plan of Care

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. 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. (If possible, give one dose daily as directly observed therapy).
3. if **allergic** to penicillin and **pregnant**, or if **allergic to** penicillin and doxycycline and **not pregnant**:
 - consult with health department medical director or medical provider while patient is onsite and arrange referral for desensitization and treatment with penicillin

Nursing Actions

- A. Review findings of the clinical evaluation with the client. Provide client-centered STD education, including verbal and written information concerning:
 1. laboratory tests that (s)he received
 2. instructions for obtaining laboratory test results
 3. information about the diagnosis
 4. inform the client of referral to DIS for sex partner notification in order to prevent further spread of the disease
 5. correct condom use, as well as client-specific counseling and literature about personal risk reduction behavior
- B. Advise the client to:
 1. abstain from sexual contact for at least 14 days or until treatment has been completed by client and partner(s) and all lesions have resolved. Use the longest timeframe before engaging in sexual activities to decrease chances of re-infection
 2. use a back-up contraceptive while on antibiotic therapy and for 7 days after completion of medication for female clients who take oral contraceptives
 3. to return for reevaluation if symptoms persist for greater than 2 weeks
 4. learn about the relationship between STDs and the acquisition of HIV
 5. request repeat HIV testing in the future if ongoing risk factors (i.e., persons with multiple partners should be tested every three (3) months, etc.)
- C. Inform the client about the medication administered or dispensed.
 - Bicillin L-A, or
 - Doxycycline

D. Counsel the client regarding the prescribed medication:

1. counsel the client regarding the possibility of developing the Jarisch-Herxheimer reaction within 24 hours of any 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
2. if pregnant, she should report any fever, contractions or decreased fetal movement to her prenatal clinic or physician. She should also advise her prenatal clinic or physician of her treatment for syphilis
3. persons treated with Doxycycline may also experience urticaria, photosensitivity, and increased pigmentation, in addition to Jarisch-Herxheimer reaction described in number 1 above. Doxycycline should never be given to pregnant or suspected pregnant clients
4. if female client is taking Doxycycline and not pregnant, she should avoid pregnancy during her current menstrual cycle while taking Doxycycline for 14 days

E. Additional Instructions

1. return to clinic if chancre does not resolve after treatment or re appears
2. return to clinic for follow-up blood test as instructed (see follow-up requirements below)
3. if client experiences hearing loss, severe headache with stiff neck or vision changes to contact their private provider or present to the closest emergency department as soon as possible

F. Criteria for Notifying the Medical Provider

1. contact health department medical director or 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 for the medication provided in the standing orders
2. consult health department medical director or medical provider if any of the following conditions are present:
 - client is pregnant
 - client complains of ocular changes
 - oral temperature $> 101^{\circ}$ F
 - client has HIV infection
 - client is allergic to Penicillin and/or Doxycycline
 - client has signs or symptoms that persist or recur after treatment
 - client has a four-fold increase in the STS titer after treatment during any future STS screen
 - an initially high titer fails to decrease 3-6 months after treatment
 - an initially high titer fails to have a four-fold decrease 12 months after treatment
 - client has signs or symptoms of neurosyphilis (headache, fever, photophobia, stiff neck, nausea, vomiting, difficulty seeing, difficulty hearing, double vision, difficulty walking, difficulty thinking, bizarre behavior, facial paralysis, tremors)
 - syphilis patient is less than 14 years old
 - client has a rash and is a suspect of secondary syphilis even if STS is negative (think prozone effect and request confirmatory test on DHHS-3446 revised 8-2015)

G. 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
3. reevaluate with syphilis testing and symptom assessment at 6 and 12 months

4. if client is pregnant, re-evaluate with syphilis test and symptom assessment monthly until delivery
5. if client is HIV seropositive, re-evaluate with syphilis testing and symptom assessment at 3, 6, 9, 12, and 24 months after treatment

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)