

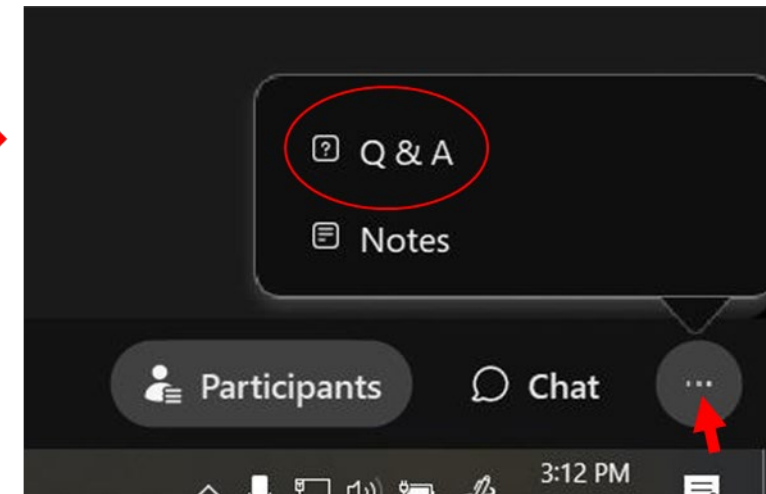


Syphilis Prevention, Testing, and Treatment for People Experiencing Homelessness

Minnesota Department of Health and Hennepin County Red Door Clinic

June 28, 2023

- Housekeeping
 - Attendees are muted
 - Submitting questions for discussion
 - Recording and slides will be posted on our website once accessible
 - Follow-up survey



Public Health and Homelessness Webinar Series

- Quarterly webinars focused on topics of concern among people experiencing homelessness
- Hosted by MDH Infectious Disease Equity and Engagement Unit
- March 2023: Harm Reduction for Homeless Service Providers
 - [Center of Excellence on Public Health and Homelessness Resource Guide: Harm Reduction \(www.health.state.mn.us/communities/homeless/coe/resources.html#harm\)](http://www.health.state.mn.us/communities/homeless/coe/resources.html#harm)
- Suggestions for future topics? Email health.homelessness@state.mn.us
- [Subscribe to Public Health & Homelessness Updates \(https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_769\)](https://public.govdelivery.com/accounts/MNMDH/subscriber/new?topic_id=MNMDH_769)

- Syphilis 101: Hennepin County Public Health, Red Door Clinic
- Statewide surveillance (data trends) and prevention efforts: Minnesota Department of Health
- What is DIS & case study: Hennepin County Public Health, Red Door Clinic
- Discussion

Slido poll:

How familiar are you with syphilis, including how it is spread, symptoms and stages, and treatment options?

- Very familiar
- Somewhat familiar
- Not at all familiar





HENNEPIN COUNTY

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Public Health

Syphilis 101

Syphilis 101: Basic messages at testing

- Description: Systemic disease caused by the bacteria *Treponema pallidum*
 - Treatable
- Transmission
 - Skin to skin contact with mucus membranes (genital/oral/anal)
 - Condoms can reduce transmission risk, but not 100%
 - Pregnancy - transmission to baby in-utero and during childbirth
 - Some blood risk
- Divided into stages
 - Early vs. Late
 - Incubation period, primary, secondary, and early latent
- Positive tests are reported to MDH for follow-up

Syphilis 101: Early stages



Treponema pallidum spirochete

Person is infected but not yet testing positive.
Not infectious yet.
Period lasts 10-90 days

Latency period is a period where no symptoms are present.
Period lasts 0-10 weeks (primary & secondary periods can overlap).
Not infectious during this period if no symptoms.

Incubation Period	Primary Stage	Latency Period	Secondary Stage
10-90 days	1-5 wks	0-10 wks	2-6 wks

Sore(s)/chancre(s) during this stage. Generally non-painful.
*Very infectious while sore/chancre is present.
Per CDC – everyone with syphilis has a sore during this stage, even if not noticed.

Rash is most common symptom during this stage.
Other possible symptoms: alopecia, condyloma lata, mucous patches.
If present condyloma lata and mucous patches = very infectious

Syphilis 101: Primary Symptoms

Primary symptoms: Chancre

- Often painless
- Can go unnoticed - depending on site
- Goes away on its own



Syphilis 101: Secondary Symptoms

Secondary symptoms

- Rash or more clustered sores on genitals
- Spots on palms and soles
- Might go unnoticed or mistaken for something else (new soap, heat rash)



Syphilis 201...for another day!

Congenital Syphilis:

- Risk during pregnancy: miscarriage, stillbirth, prematurity, low birth weight, fatality
- Risk for baby: bone deformity, organ deformities, brain and nerve problems, skin rashes

Tertiary, Neuro, Ocular and Otic Syphilis:

- More complicated situations require hospital care
- Be aware if your client reports sudden change in vision, hearing, balance
- Refer to clinic or ER for evaluation

Syphilis 101: Testing

Routine Screening for clients...

- Anyone requesting STI screening
- Recent sex partner had syphilis
- Multiple sex partners
- Living with HIV
- Taking PrEP
- Pregnant

We will test all interested clients in three-month intervals...

Syphilis 101: Testing Types

RPR

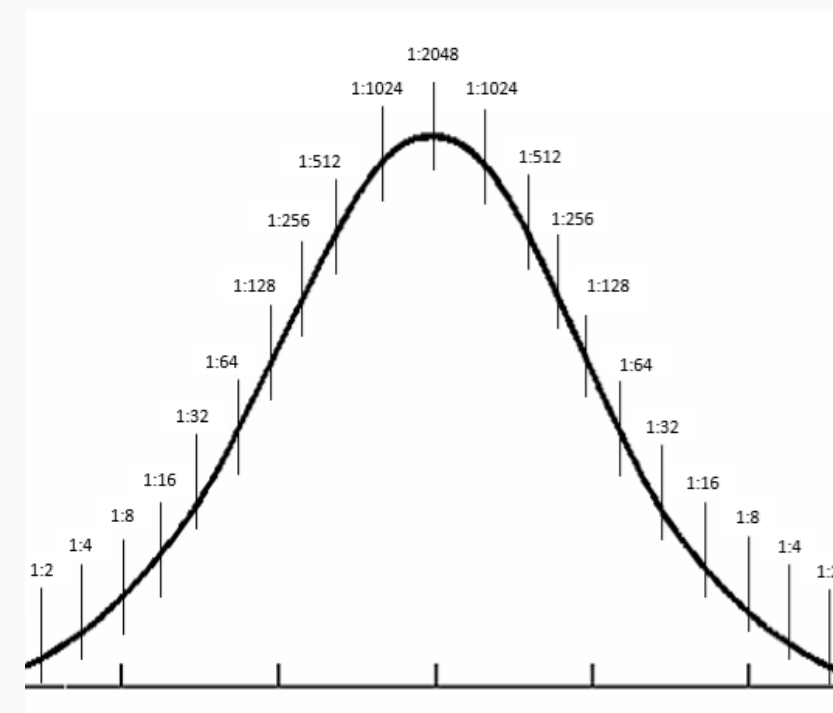
- Screening test, used at Red Door, Health Care for the Homeless
- Measures the body's immune response to the infection
- "Titer" is the ratio used to monitor current and future syphilis infections (1:2, 1:4, 1:8...)

TPPA

- Confirmatory test
- Once positive, will always be positive

Other tests

- FTA-ABS, VDRL, USR...



Syphilis 101: Testing Window

Window Period

- Delay between inoculation and when infection shows up on a test
 - Up to 3 months (90 days)
 - Same as HIV window period concept
 - Incubation period
- Possible false negatives
- Preventive treatment recommended for contacts during their window period



Syphilis 101: Planning for Treatment

Early

Infected for a year or less. Needs one set of shots.

- Non-reactive test in last year
- History of stageable symptoms
- Link to partner with new infection

Late Latent

Infected for over a year but never completed treatment. Needs three sets of shots.

Unknown Duration

It is unknown how long they have been infected - no testing history, no symptoms, no known contact with new case of syphilis. Needs three sets of shots.

Syphilis 101: Treatment

Bicillin L-A (BIC)

- One set of BIC = two shots, one in each butt cheek
 - Early infection
- Three sets of BIC = two shots, each week for three consecutive weeks (total of six injections)
 - Late infection or infection of unknown duration

Allergy to Penicillin?

Alternative treatment is **Doxycycline**

- 14 days, 2x daily= early infection
- 28 days, 2x daily= late infection

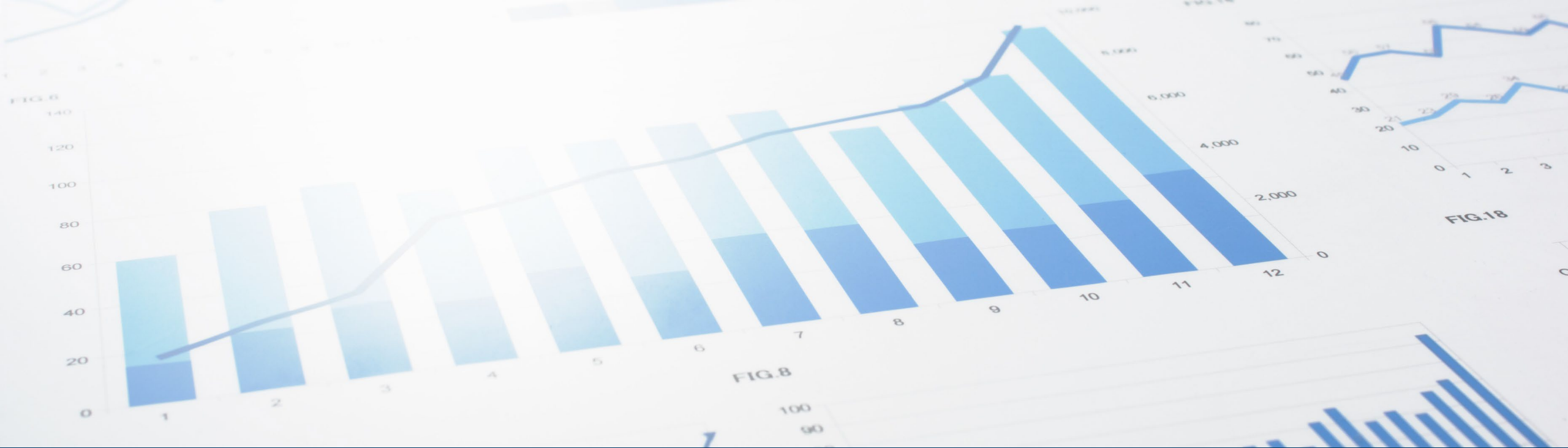




Minnesota

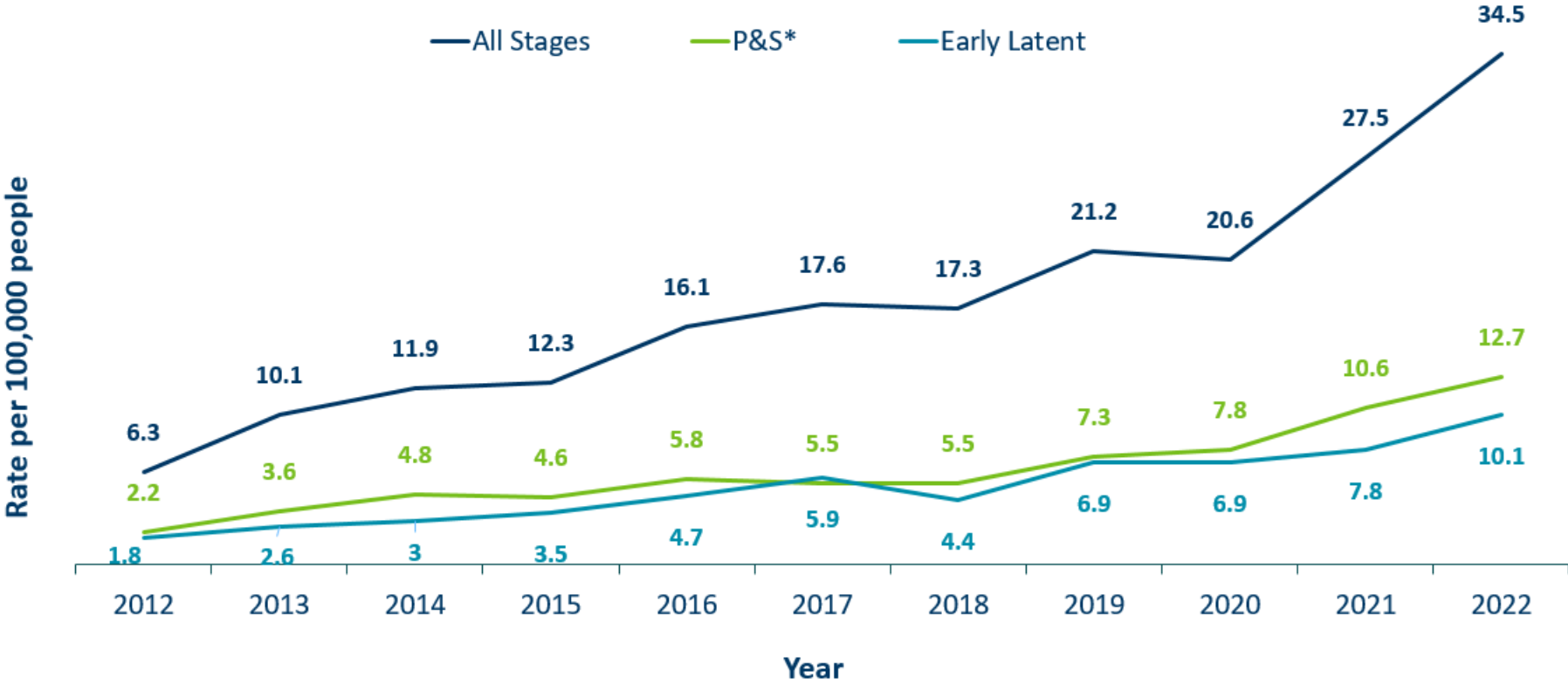
Minnesota Department of Health Surveillance and Prevention Efforts

Karmen Dippmann | Syphilis Prevention Coordinator



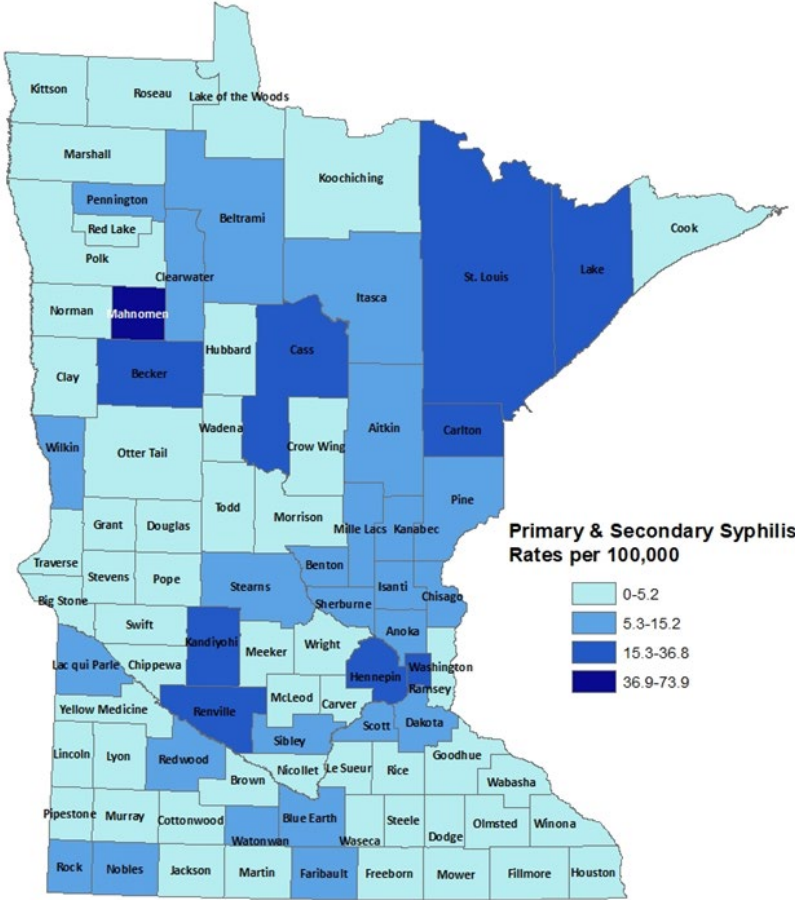
Surveillance

Syphilis Rates by Stage of Diagnosis, Minnesota, 2012-2022



* P&S = Primary and Secondary

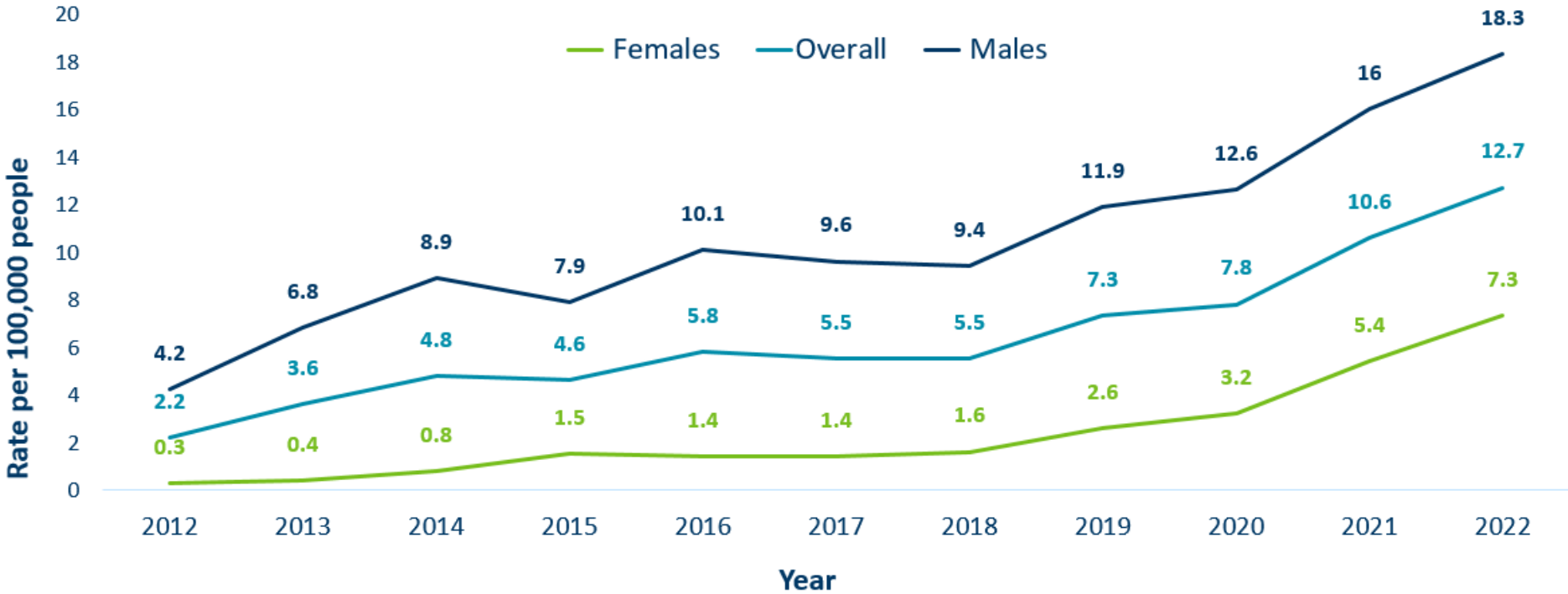
2022 Minnesota Primary and Secondary Syphilis Rates by County



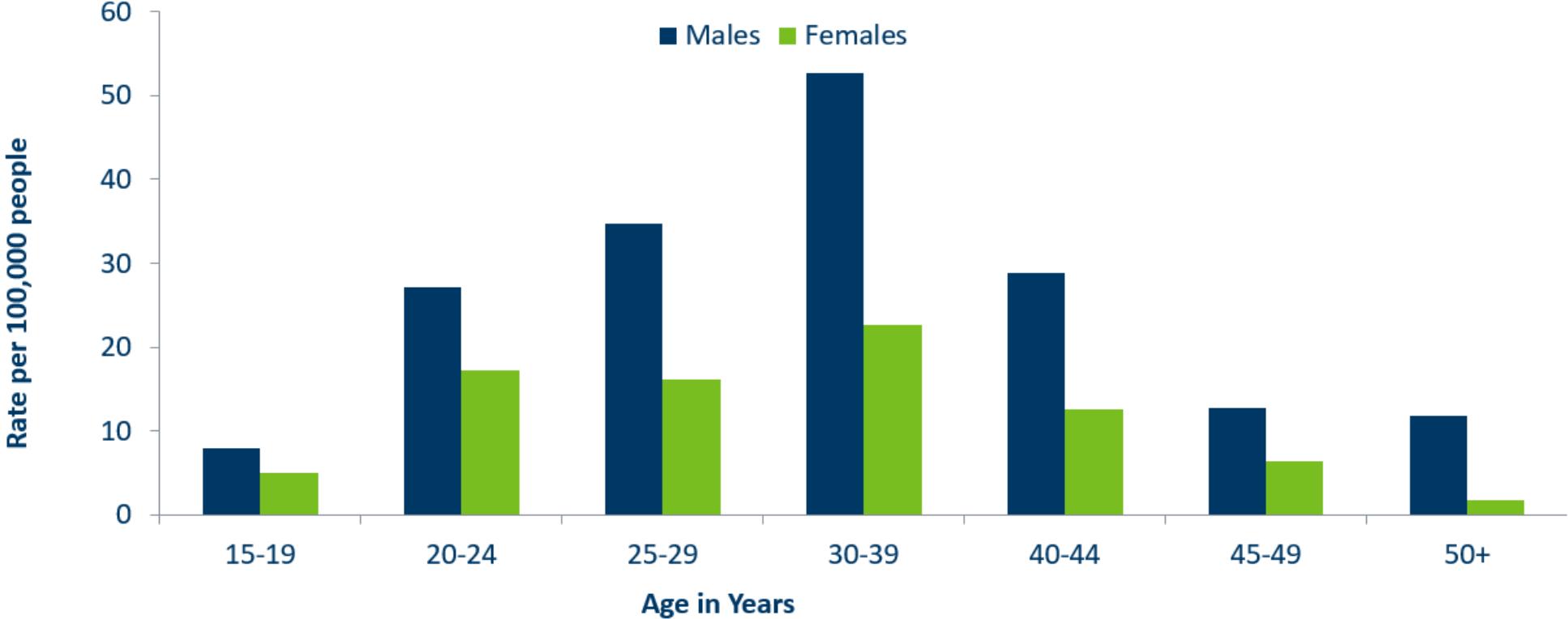
City of Minneapolis	62.7 per 100,000 (240 cases)
City of St. Paul	29.5 per 100,000 (84 cases)
Suburban*	8.3 per 100,000 (181 cases)
Greater Minnesota	7.0 per 100,000 (171 cases)
Total	12.7 per 100,000 (676 cases)

*7-county metro area, excluding the cities of Minneapolis and St. Paul

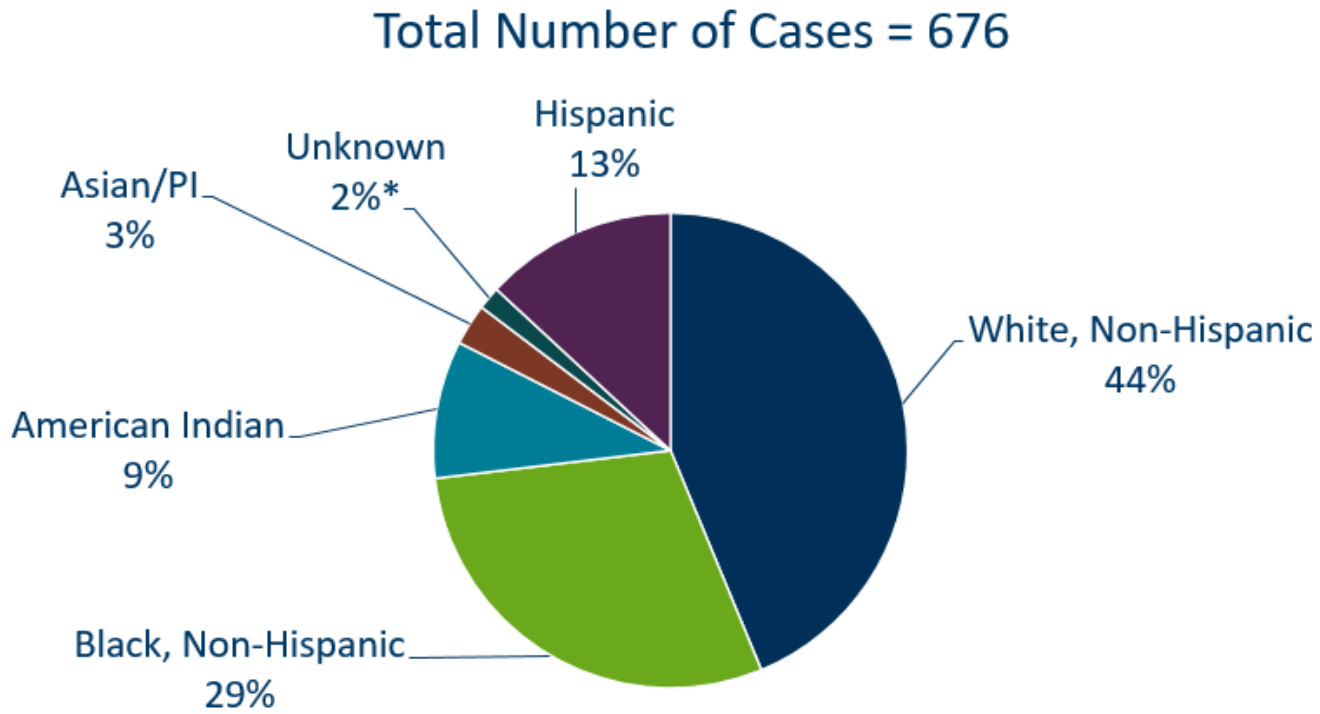
Primary and Secondary Syphilis Rates by Gender, Minnesota, 2012-2022



Age-Specific Primary and Secondary Syphilis Rates by Gender, Minnesota, 2022

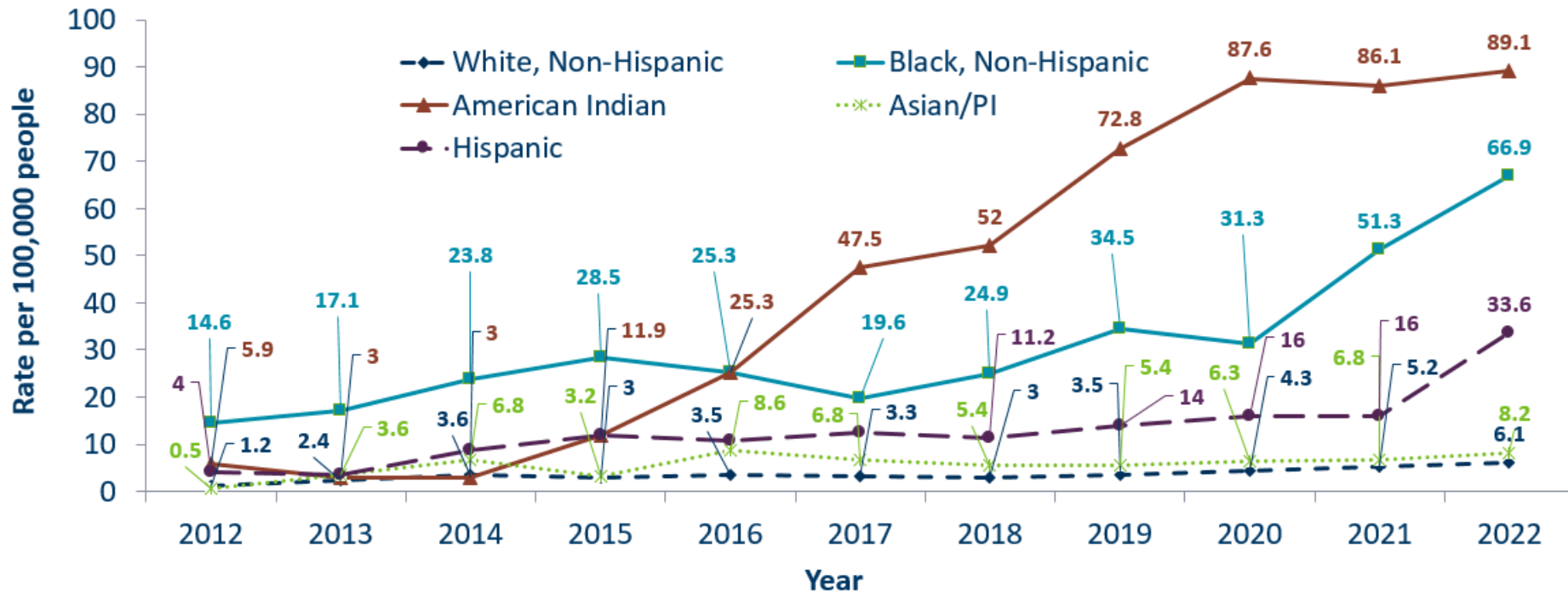


Primary and Secondary Syphilis Cases by Race Minnesota, 2022



*Includes people reported with more than one race

Primary and Secondary Syphilis Rates by Race/Ethnicity Minnesota, 2012-2022



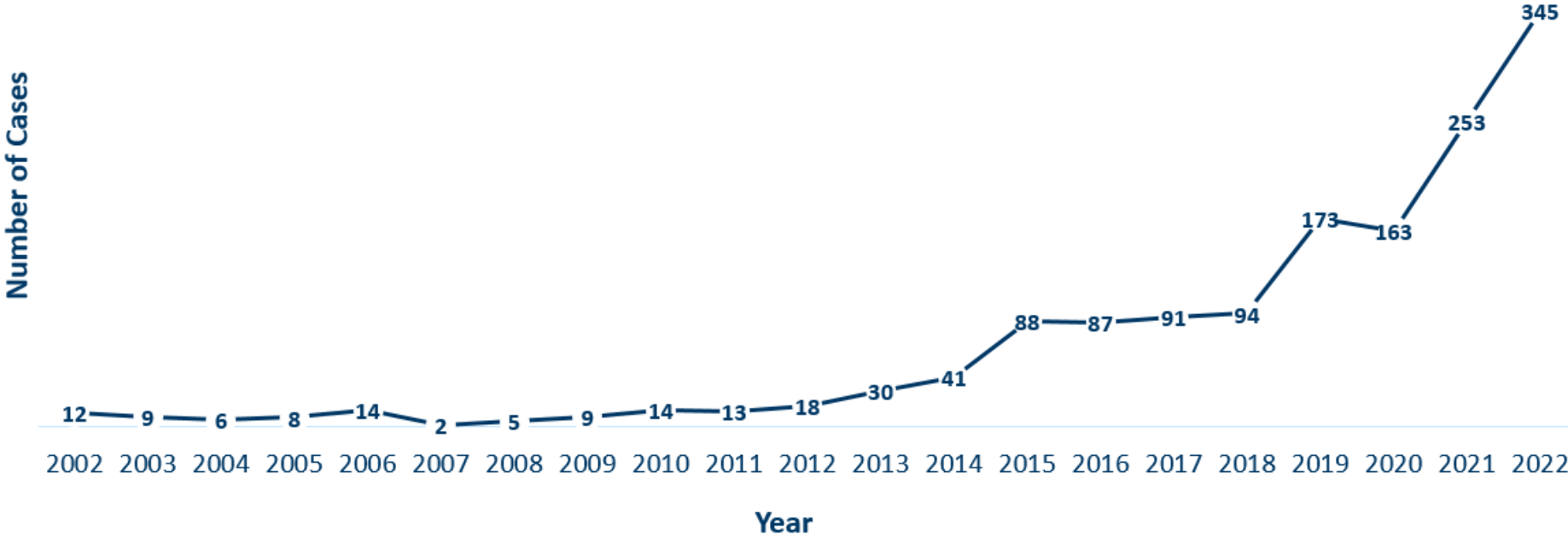
* people of Hispanic ethnicity can be of any race.



Topic of Interest: Syphilis Among Females and Congenital Syphilis in Minnesota

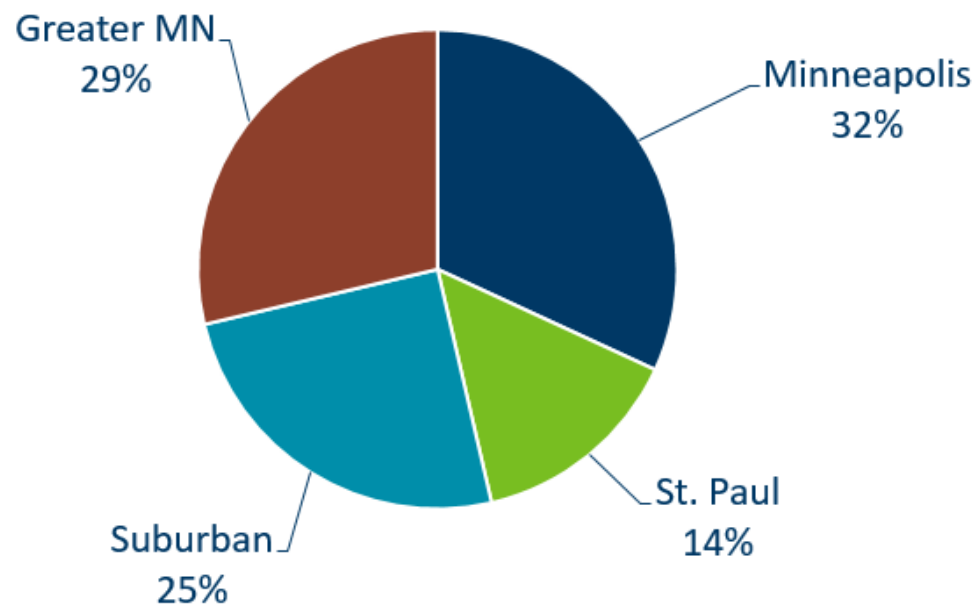
Minnesota Department of Health STD Surveillance System

Female Early Syphilis Cases Minnesota, 2022



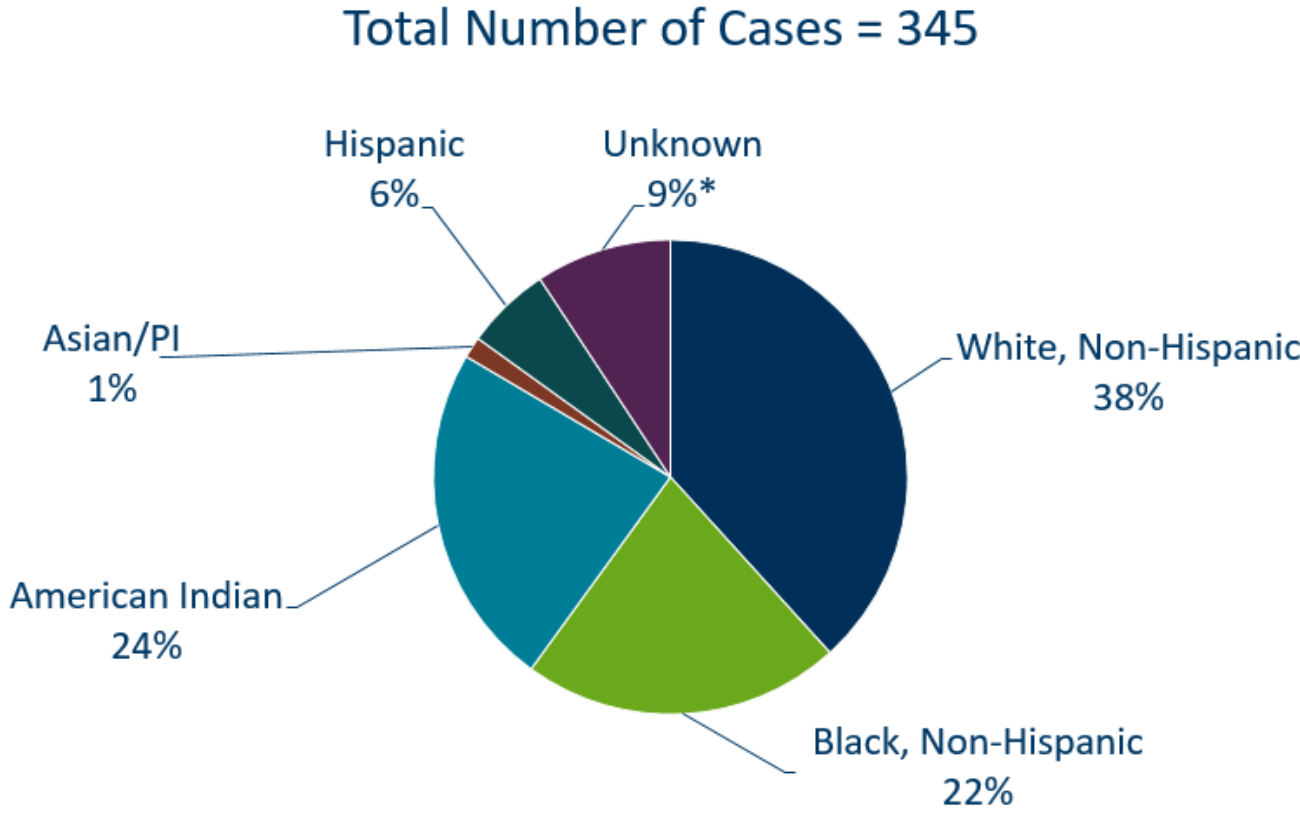
Early Syphilis Infections in Females by Residence at Diagnosis Minnesota, 2022

Total Number of Cases = 345



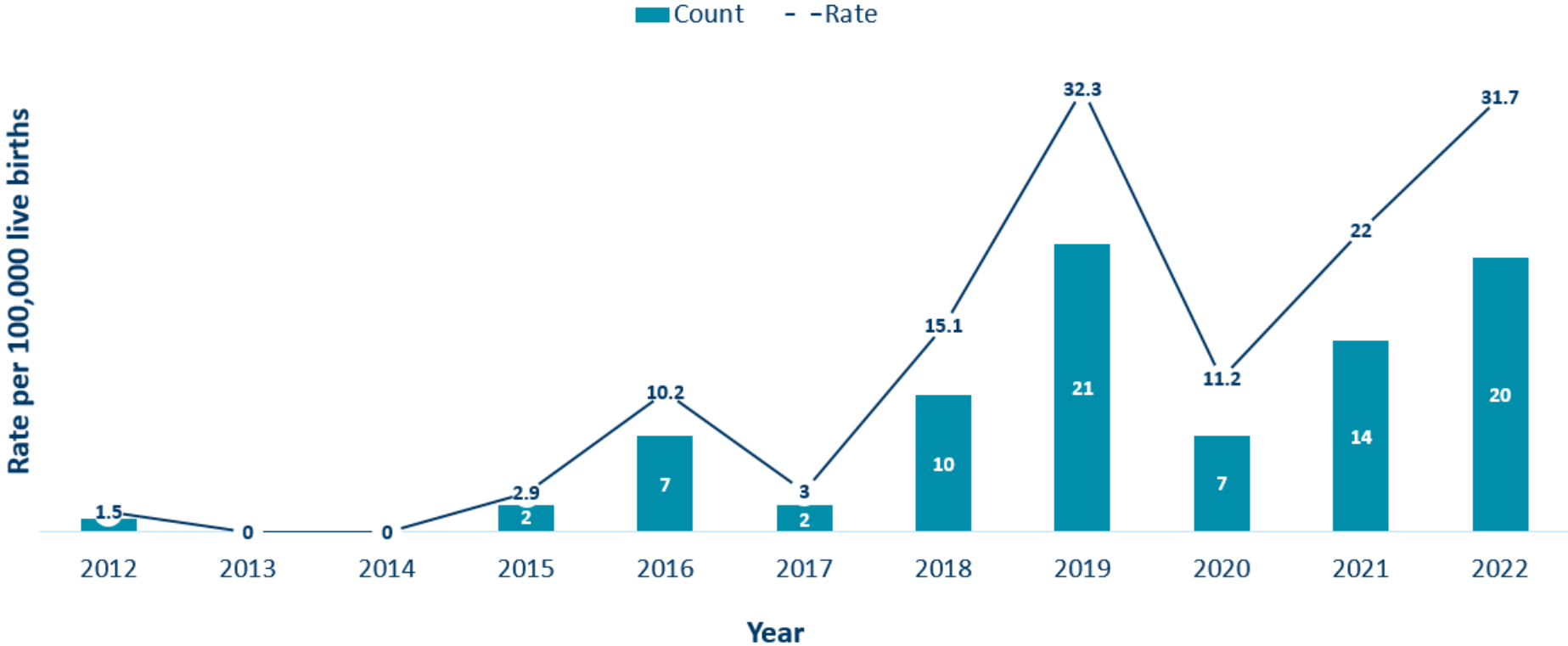
Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties outside the seven-county metro area.

Early Syphilis Cases in Females by Race/Ethnicity Minnesota, 2022



*Includes people reported with more than one race

Congenital Syphilis Rates Among Infants Minnesota, 2012-2022



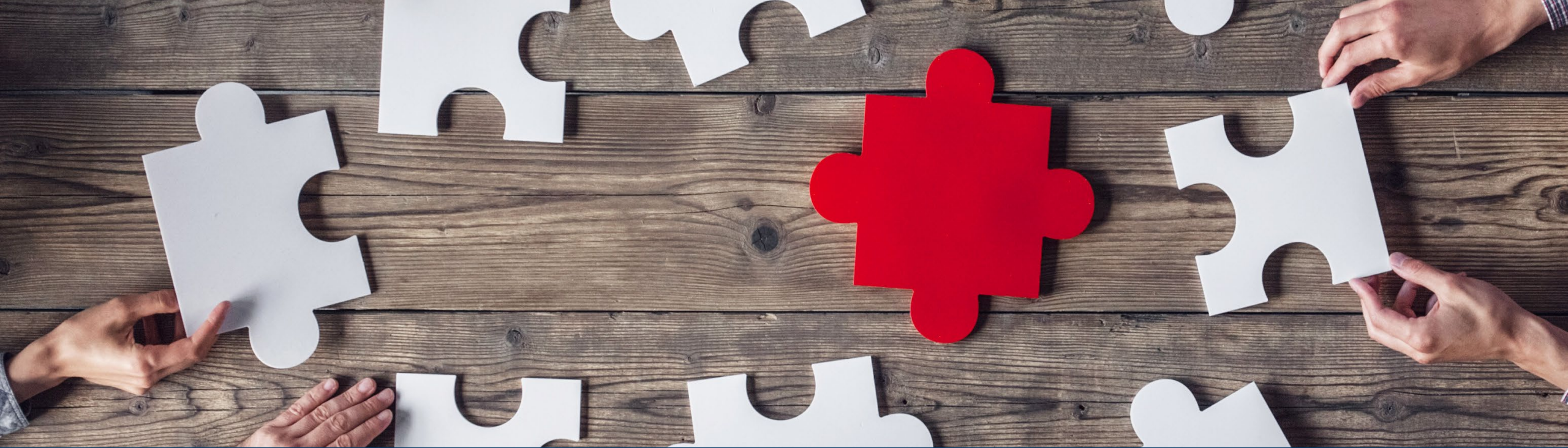


Topic of Interest: Syphilis Among Individuals Experiencing Homelessness

Minnesota Department of Health STD Surveillance System

Syphilis and Homelessness

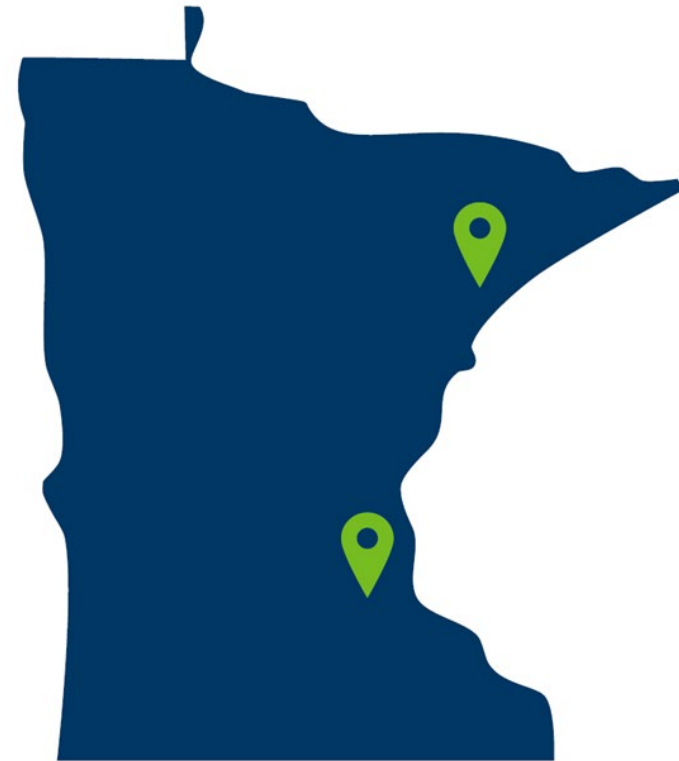
- Lack of information on how syphilis impacts homeless populations
- Hennepin County was able to do some analysis using the Homeless Management Information System (HMIS)
- In 2022, ~34% of cases had a HMIS match
- From January to February of 2023, ~40% had a HMIS match



Prevention Efforts

Metro and Duluth Response Teams

- Started in November 2022 to address increase/outbreak in the Metro and Duluth areas
- Internal team at MDH that meets monthly
- Reviews current strategies, analyzes gaps, brainstorms interventions, and weighs capacity



Congenital Syphilis Review Board (CSRB)

- Started in 2019 to address the sudden increase in cases in 2018
- Team of MDH employees and external content experts
- Abstracts and reviews cases of congenital syphilis (CS) in MN
- Brainstorms and develops interventions to address CS



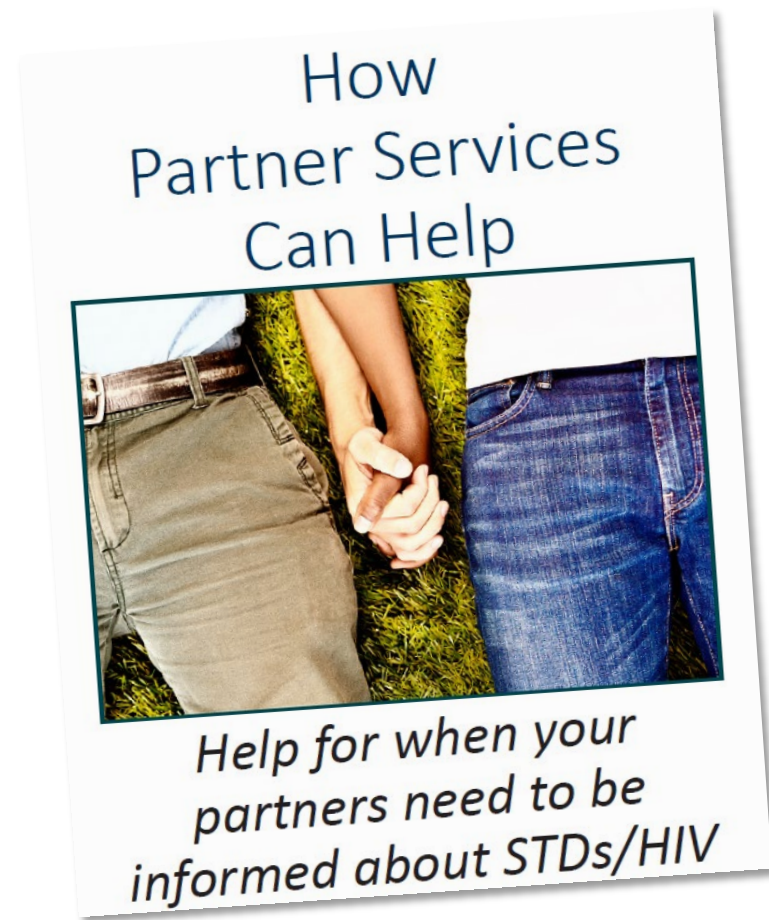
Rapid Syphilis Testing

- MDH funds and coordinates use of the Rapid Syphilis Health Check[®]
- Incentivized, low barrier testing
- Available at 15+ sites across the state
 - Community-based organizations
 - Jails
 - Local public health boards
 - Syringe Service Programs (SSPs)
- Email Karmen.Dippmann@state.mn.us if your organization is interested in testing



Partner Services

1. Surveillance staff receive case reports
2. Review patient information and treatment
3. If Partner Services is needed, they assign the case to a DIS supervisor or lead worker who then assign the case to a DIS



Awareness and Education

- MDH is funded to provide a syphilis campaign in the metro and Northwest Minnesota
- MDH is also funded to provide an integrated mpox, syphilis, and HIV campaign across the state



Clinical Trainings

- STD Nurse Specialist, Candy Hadsall, provides clinical trainings
- Covered 50+ trainings across the state
- Gives comprehensive overview of current STD guidelines for screening, testing, diagnosing, and treating reportable STDs in MN
- Email Candy at Candy.Hadsall@state.mn.us if your organization is interested in clinical trainings

Technical Assistance (TA)

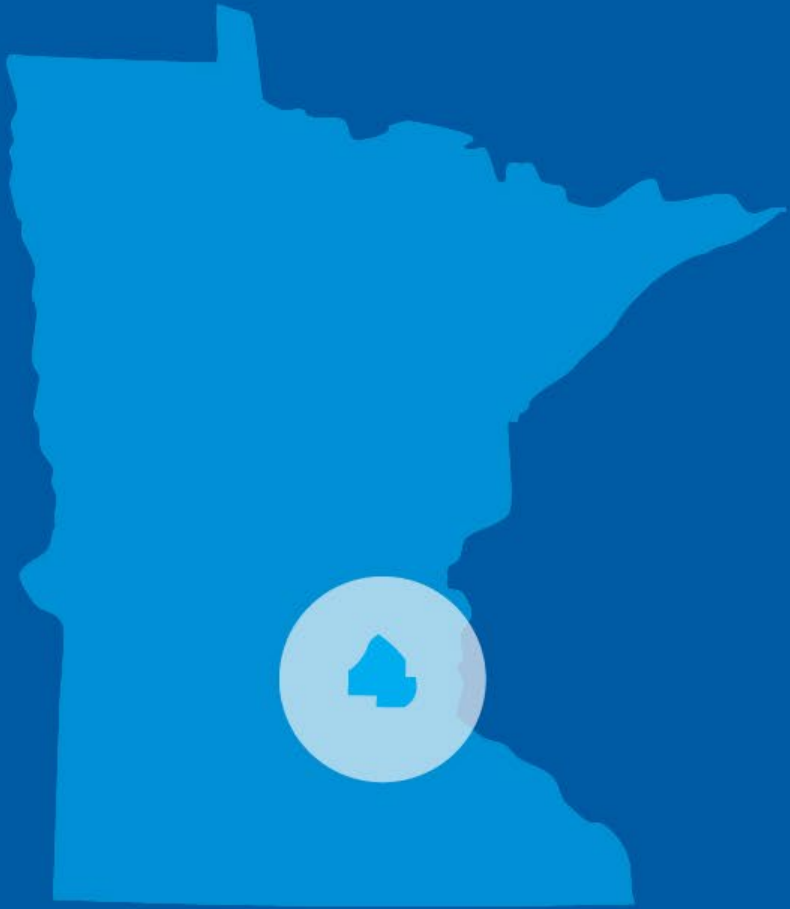
- Syphilis Surveillance Coordinators, Cindy Lind-Livingston and Niles Schwartz, process case reports and offer TA for follow up and treatment
 - Cindy.Lind@state.mn.us
 - Niles.Schwartz@state.mn.us
- Candy Hadsall offers clinical training and TA to clinics needing guidance on cases regarding staging and treatment
- I work with community organizations to provide field testing and troubleshoot issues

Thank you!

Karmen.Dippmann@state.mn.us

Candy.Hadsall@state.mn.us

Responding to Syphilis Among People Experiencing Homelessness



What is a DIS?

- Disease Intervention Specialist (Partner Services)
- STI/HIV education, care coordination, confidential partner notification
- Identify connections of infection
- Locate partners and coordinate follow-up with clinics
- Build trust, relationship-based support without judgement
- Meet patients where they are (outside, shelters, home, jail)

Hennepin County DIS Response

- Partnership began in 2020 with DIS & HCH (Health Care for the Homeless)
 - Goal to engage with people in the HIV outbreak - offer DIS services, care connection
 - DIS joined regular HCH outreach
 - Added two additional DIS outreach positions in 2022
- Challenges
 - Limited phones/addresses/MyChart
 - Competing life priorities
 - Encampment clearings
 - Rising Syphilis
- Keys to our work
 - Consistent presence in the community
 - Support without judgement, patient-led interventions
 - Offer supplies as relationship bridge (harm reduction, naloxone, snacks, hygiene, etc.)
 - Gift card incentives
 - Trusted community partnerships

DIS and Community Partnerships

Patient

Health Care for
the Homeless

Clinics

Housing/Shelter

Mental/Chemical
Health

Harm Reduction

Corrections

This is highly collaborative work!

- Always collaborating with the patient, they are leading their healthcare!
- Community Based Infectious Disease Team
- Health Care for the Homeless
 - STI Testing & Treatment
 - Housing
 - Benefits
 - HIV meds/wound care
 - PrEP
 - Case Management
 - MAT
- Native American Community Clinic
- Prenatal
- Hennepin Co. Corrections/Warrant Resolution
- Syringe Service Providers
- MDH

Harm reduction resources as access point to care

- Harm reduction builds relationships, community, and rapport
 - Is a form of radical love!
 - Being a trusted, familiar face
- Curbs the spread of infectious disease
- Provides access point to screening and treatment
 - Low-barrier healthcare, care coordination, and warm-hand-off referrals to participant identified needs
- Popping open a trunk of supplies and providing linkage to care is disease intervention!

Case presentation

- Indigenous woman in late 20s
- Pregnant with no prenatal care
 - Past medical trauma
 - Systems failure
 - Generational trauma at the hands of the state
- Housing: Doubled up with family
- IVDU
- Referred by SSP to reach out to Health Care for the Homeless with wound care needs
 - HCH swabbed wounds and we screened her for STIs
 - Provided harm reduction supplies, support, and care coordination
 - Asked about prenatal care and how she was doing

Case presentation: Results and treatment

- Syphilis results: 1:32, TPPA+
- No symptoms
 - Unable to stage the duration of infection through an interview
- 3 doses of penicillin over the course of three weeks with Health Care for the Homeless nurses
 - Home visits, developed relationships with other family members, supported their goals too
- Four partners, wanted to notify them herself
 - We counselled on reinfection risk and risks of congenital syphilis
- Connected to prenatal care at culturally competent clinic
 - Attended appointments with her at her request
- Started suboxone and made delivery plan

Case presentation: Partnership

Partnerships that were necessary for participant care navigation

- The patient
 - Family members and housemates
- Native American Community Clinic
 - DIS, RNs, MD
- Health Care for the Homeless
 - RNs, NPs, case managers
- Maternal and Fetal Health
- Community Based Infectious Disease
 - RNs
- SSPs

Resources

- **[NYC Syphilis Monograph: The Diagnosis, Management, and Prevention of Syphilis](http://www.nycptc.org/x/Syphilis%20Monograph%202019%20NYC%20PTC%20NYC%20DOHMH.pdf)**
([www.nycptc.org/x/Syphilis Monograph 2019 NYC PTC NYC DOHMH.pdf](http://www.nycptc.org/x/Syphilis%20Monograph%202019%20NYC%20PTC%20NYC%20DOHMH.pdf))
- **[CDC STI Treatment Guidelines 2021](http://www.cdc.gov/std/treatment-guidelines/default.html)**
(www.cdc.gov/std/treatment-guidelines/default.html)
- **[ASHA \(American Sexual Health Association\)](http://www.ashasexualhealth.org)**
(www.ashasexualhealth.org)
- **[MDH Syphilis](http://www.health.state.mn.us/diseases/syphilis/index.html)**
(www.health.state.mn.us/diseases/syphilis/index.html)
- **[Red Door](http://www.reddoorclinic.org)**
(www.reddoorclinic.org)

Questions & discussion

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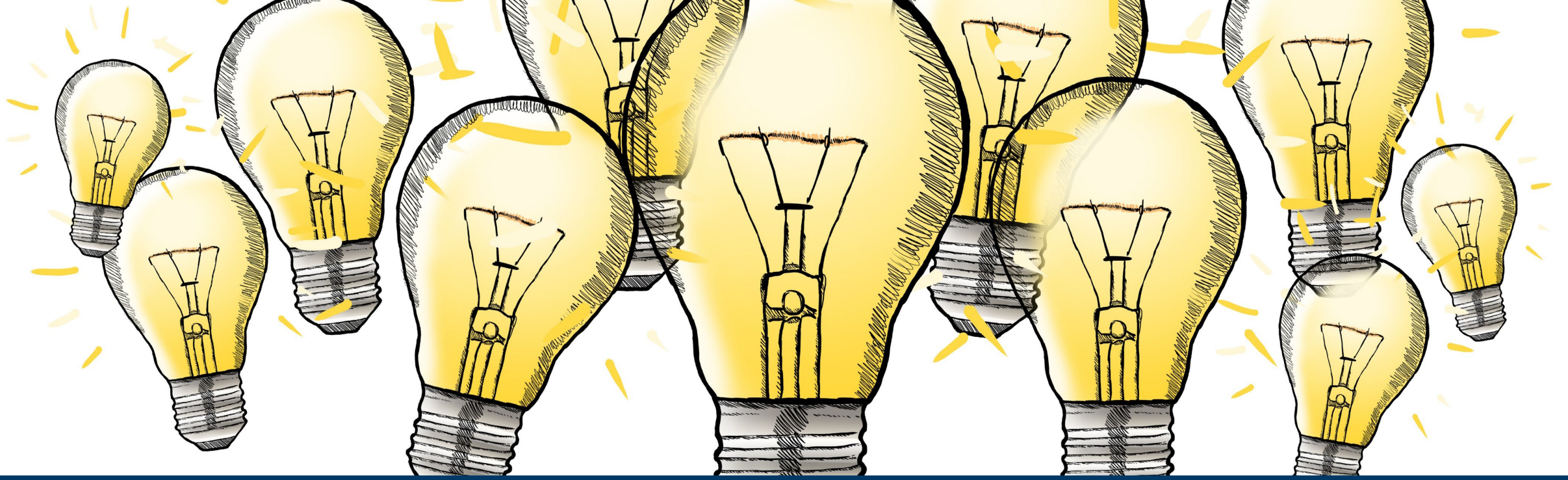
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Discussion