June 5, 2024

Dear Colleagues,

We would like to bring your attention the rising numbers of sexually transmitted infections (STIs) especially syphilis in our state and ways we can work together to reverse this trend. **Please complete this very short survey to help us determine treatment access gaps and Bicillin inventory for Illinois,** [**link here**](https://forms.office.com/g/23BkDszV5p).

Since 2000, national data shows an increase in chlamydia of 132%, gonorrhea 96% and **syphilis of 459%.** Specifically for pregnant people and their infants, congenital syphilis has increased 203% since 2017. Most recently in Illinois, the number of congenital syphilis cases per year has increased from 29 cases in 2020, to 50 cases in 2021 and 84 cases in 2022.

One way to slow the rising numbers is to increase the use of EPT ([Expedited Partner Therapy](https://dph.illinois.gov/topics-services/diseases-and-conditions/stds/ept.html)), treating the sex partners of patients diagnosed with chlamydia, gonorrhea or trichomonas by providing a prescription or medication to the patient to take to their partner who is not likely to seek medical care, to prevent further re-infection of the patient and spread of STIs. **EPT is legal in all 50 states, is the standard of care, and is safe and effective at reducing reinfection rates and decreasing the STI rates in a community.** In addition, the law protects providers from civil or professional liability. IDPH has updated the educational resource for you to provide to your patients: [Illinois Expedited Partner Therapy Fact Treatment Fact Sheet for Patients 2023](https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/2023-09-11-il-ept-fact-sheet.pdf).

Reducing syphilis cases (especially congenital syphilis) has an additional challenge of the current Bicillin shortage: [FDA’s listing of Penicillin G benzathine injectable suspension products (Bicillin L-A®) on their drug shortage webpage](https://www.accessdata.fda.gov/scripts/drugshortages/dsp_ActiveIngredientDetails.cfm?AI=Penicillin%20G%20Benzathine%20Injectable%20Suspension&st=c).

We are aware that clinical sites may currently be experiencing challenges having enough Bicillin to meet their needs. [Clinical Reminders during Bicillin L-A® Shortage (cdc.gov)](https://www.cdc.gov/std/dstdp/dcl/2023-july-20-Mena-BicillinLA.htm). As we await resolution of this issue, it remains critical that the limited inventory be used to treat the patients who need it most.

A recent national study shares data on sexual health clinic’s response to this shortage and showed that only 58% of clinics were prioritizing Bicillin for pregnant patients, in spite of the CDC guidelines in this time of shortage. [NCSD Releases First Known Survey of the Bicillin L-A Shortage Impact on Clinics | NCSD (ncsddc.org)](https://www.ncsddc.org/ncsd-releases-first-known-survey-of-the-bicillin-l-a-shortage-impact-on-clinics/)

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| **CDC strongly encourages the following priority actions during the ongoing shortage** |

**Take and maintain inventory:**

* Complete the attached brief survey to help us better understand the Bicillin inventory in Illinois: [**link here**](https://forms.office.com/g/23BkDszV5p)
* Continue to contact distributors to procure Bicillin L-A® as appropriate. Contact Pfizer (see “[Dear Patient Letter](https://www.fda.gov/media/169427/download?ACSTrackingID=USCDCNPIN_122-DM109263&ACSTrackingLabel=Clinical%20Reminders%20during%20Bicillin%20L-A%C2%AE%20Shortage&deliveryName=USCDCNPIN_122-DM109263)” posted on the FDA website) if there is less than a 2-week supply, the distributor has no supply, and there is a risk that patients may not be treated. **Prioritize using Bicillin L-A® to treat pregnant people with syphilis and babies with congenital syphilis – as penicillin is the only recommended treatment for these populations.**
* **Choose doxycycline for non-pregnant people** to help preserve Bicillin L-A® supplies. See CDC’s treatment recommendations for details. **Appropriately stage syphilis cases (see below) to ensure correct use of antimicrobials.**
* Notify DSTDP of any shortage of Bicillin L-A® so we can continue to monitor this situation and provide situational awareness to FDA and Pfizer.
* If you are an STD-PCHD recipient and have questions about any of this information or need assistance, please contact your project officer.
* For other groups who are encountering challenges securing this drug to treat pregnant patients with syphilis, please contact stdshortages@cdc.gov.

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| **Clinical Guidance** |

* [Illinois Perinatal Syphilis Warmline](https://dph.illinois.gov/resource-center/news/2023/november/2023-11-02---idph-launches-new-provider-phone-line-in-response-t.html) 1-800-439-4079 for clinical guidance and help with public health system record searches where past syphilis testing results and treatments are located.
* Traditional and Reverse Sequence screening algorithm: [Screening Test Algorithms - Screening for Syphilis (nih.gov)](https://www.ncbi.nlm.nih.gov/books/NBK368468/figure/ch1.f1/)
* Staging and treatment algorithm: [Syphilis Staging and Treatment Algorithm (wv.gov)](https://oeps.wv.gov/syphilis/Documents/LHD/Syphilis%20Staging%20and%20Treatment%20Algorithm.pdf)
* [CDC STI Treatment Guidelines](https://www.cdc.gov/std/treatment-guidelines/syphilis.htm) for detailed information about syphilis treatment, taking note that Bicillin is the ONLY treatment option in pregnancy.

**Reminders on staging of syphilis:**

Staging of syphilis may depend upon clinical observations, patient history, and laboratory tests.

* Refer to [CDC STI Treatment Guidelines](https://www.cdc.gov/std/treatment-guidelines/syphilis.htm).
* **A thorough physical exam is necessary to accurately stage syphilis. Primary lesions are often hidden inside the mouth, anus or vagina; signs of secondary syphilis may be found on the skin, mouth or anogenital area (i.e. mucus patches, condyloma lata). The rash of secondary syphilis can be subtle.**
* **Historical syphilis serologic test results can assist with staging a patient with latent syphilis as early latent, if there is evidence of new infection within the last year (i.e. new seroconversion or a sustained four-fold increase in RPR titer in an individual who has had syphilis in the past).**
* **Reviewing signs and symptoms and sexual partner history from the past 12 months can assist with determining the likelihood of syphilis acquisition within the last 12 months, which also only requires 2.4 million units of Bicillin L-A ® instead of 7.2 million units.**

You can find resources for appropriately staging syphilis from the [National STD Curriculum (NNPTC)](https://www.std.uw.edu/go/comprehensive-study/syphilis/core-concept/all) and the [New York City Department of Health and Mental Hygiene Bureau of STI/New York City STD Prevention Training Center](https://www.nycptc.org/x/Syphilis_Monograph_2019_NYC_PTC_NYC_DOHMH.pdf?ACSTrackingID=USCDCNPIN_122-DM109263&ACSTrackingLabel=Clinical%20Reminders%20during%20Bicillin%20L-A%C2%AE%20Shortage&deliveryName=USCDCNPIN_122-DM109263).

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| **Final Reminders** |

* Syphilis screening recommendations for pregnant persons in Illinois:
	+ Prenatal health care providers are required by Illinois law (410 ILCS 320/1) to **screen all pregnant women for syphilis infection during the first prenatal visit and during the third trimester.**
* If you need help, call the [Illinois Perinatal Syphilis Warmline](https://dph.illinois.gov/resource-center/news/2023/november/2023-11-02---idph-launches-new-provider-phone-line-in-response-t.html) 1-800-439-4079 for clinical guidance and help with public health system record searches where past syphilis testing results and treatments are located.

We appreciate all your hard work to prevent and reverse the rising rates of STIs in Illinois.

Sincerely,

Maura Quinlan, MD, MPH

Women’s Health Medical Advisor

Illinois Dept of Public Health