Applying The Indigenous HIV/AIDS Syndemic Strategy to Rising Public Health Threats

Jessica Leston, MPH - Tsimshian
Director of the National Center for Clinical Support and Preventive Health
Northwest Portland Area Indian Health Board
jleston@npaihb.org | Jessica.Leston@ihs.gov | 907-244-3888
June 2023

The Indigenous HIV/AIDS Syndemic Strategy – Vision

We envision a world in which all Indigenous people are healthy in mind, body, and spirit; the spread of HIV, STIs, and viral hepatitis is prevented; every person knows their status and lives free from stigma and discrimination; and every person has access to high quality, holistic care that reflects Indigenous values, promoting relationships with each other, the land and all beings.

The Indigenous HIV/AIDS Syndemic Strategy – Main Messages

Sovereignty

Cultural Responsiveness

Partnerships

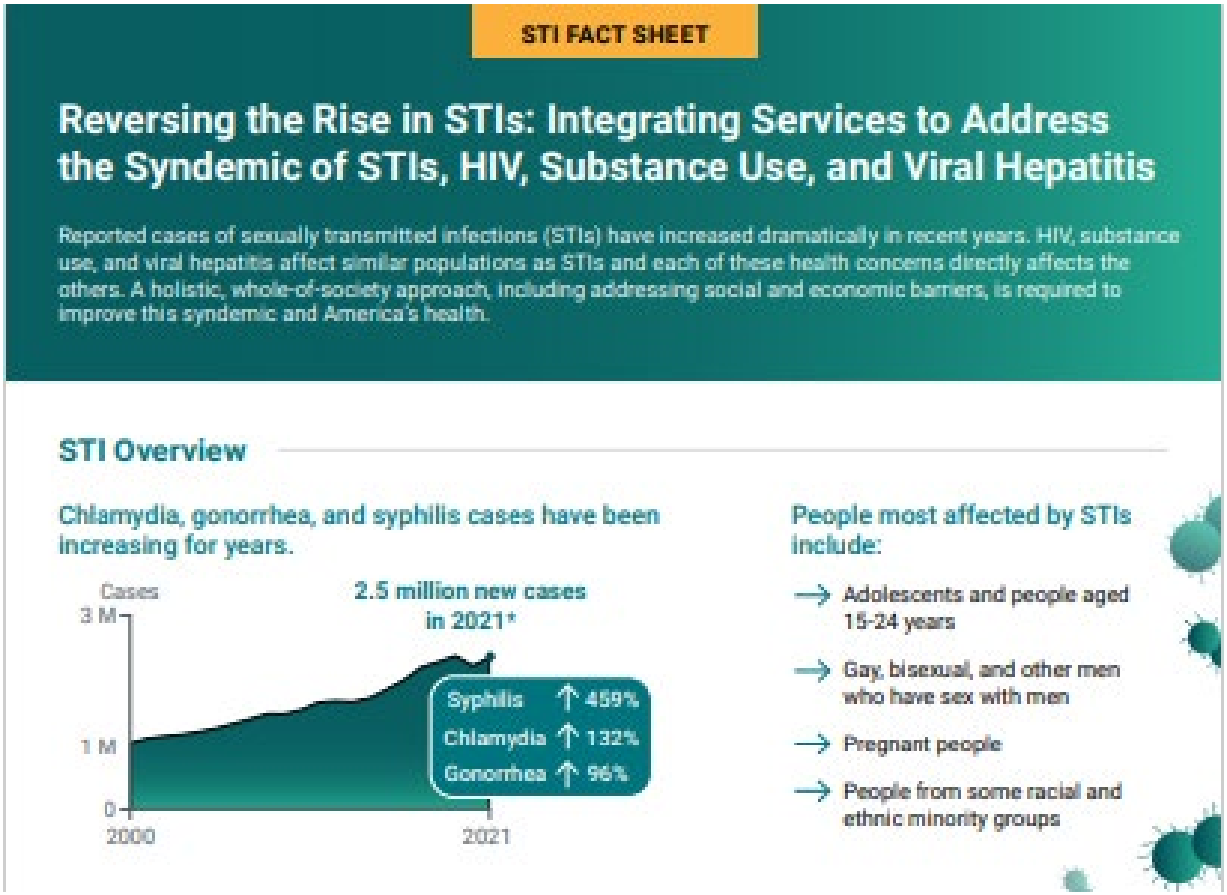
Awareness and Stigma

Clinical Resources and Services

Data Systems

Current Syndemic

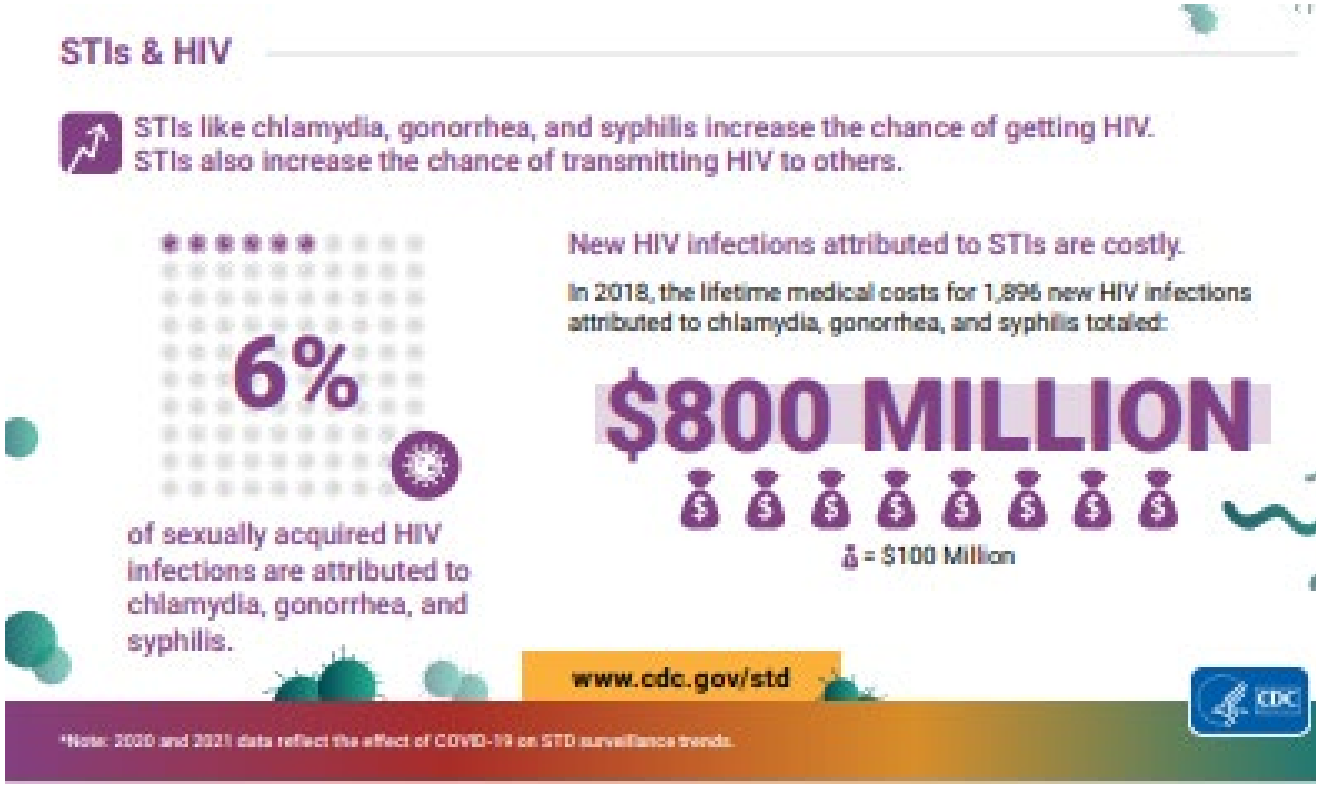
- Rising rates of STIs
- Clear association with substance use
- Vulnerable populations
  - LGBTQ,
  - adolescents,
  - pregnant people,
  - racial and ethnic minority populations
- High morbidity
- Congenital syphilis



[Reversing the rise in STIs: Integrating services to address the syndemic of STIs, HIV, substance use, and viral hepatitis (cdc.gov)]

Current Syndemic

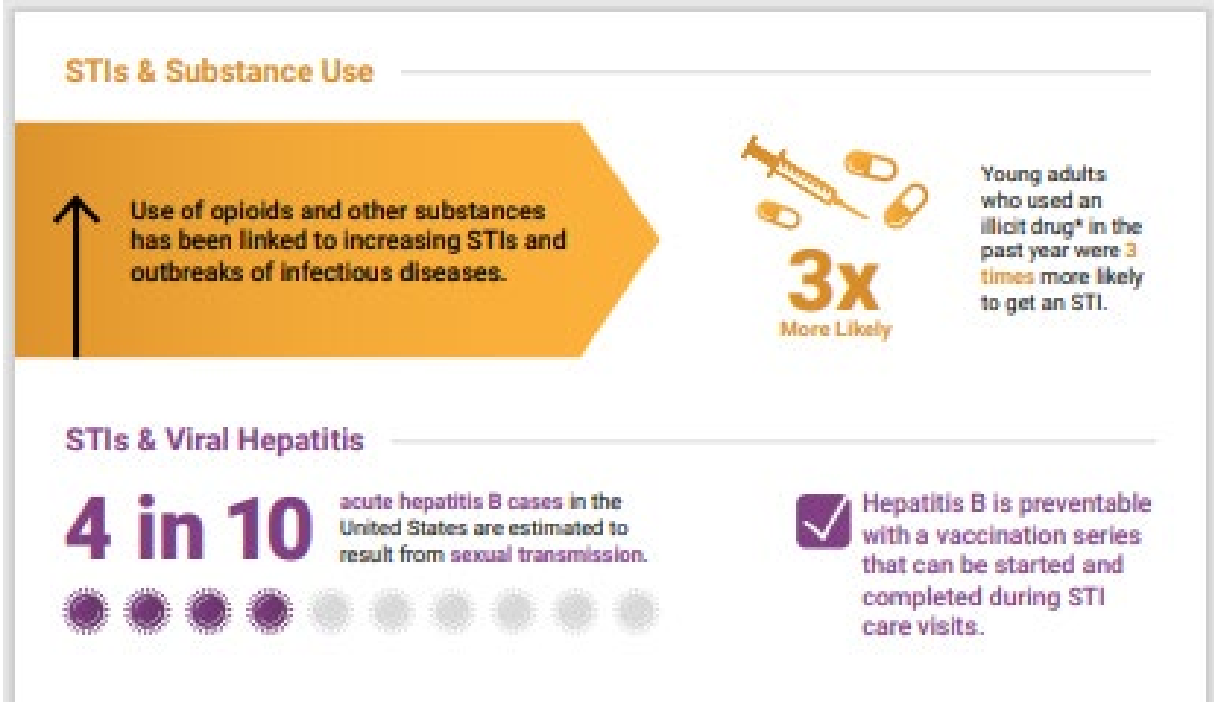
- STIs increase the chance of getting HIV
- STIs increase the chance of transmitting HIV to others
- 6% of sexually acquired HIV infections are attributed to chlamydia, gonorrhea and syphilis



[Reversing the rise in STIs: Integrating services to address the syndemic of STIs, HIV, substance use, and viral hepatitis (cdc.gov)]

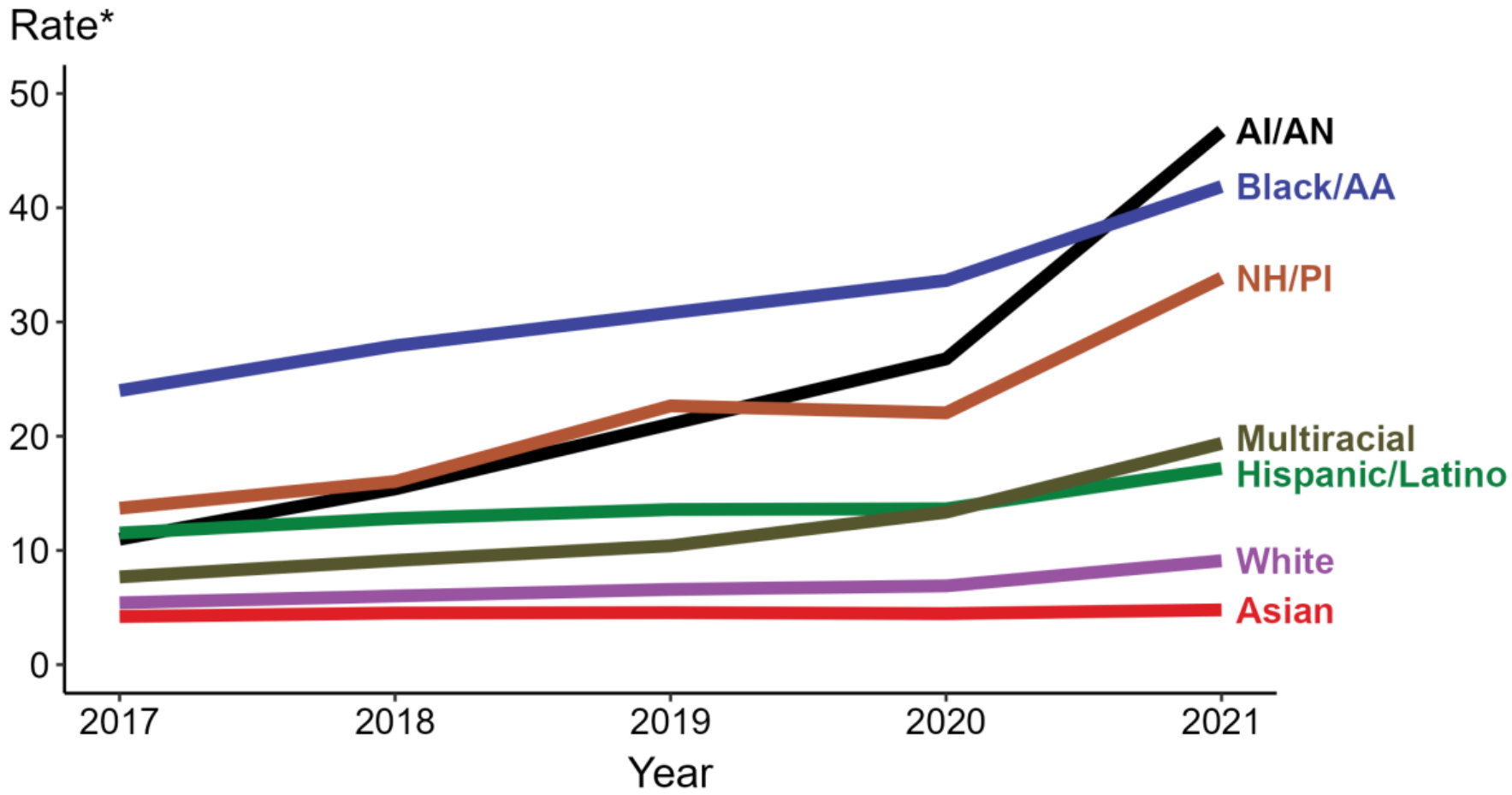
Syndemic: Substance Use and Sexual Transmission

- **Use of opioids:** Young adults who used an illicit drug* in the past year were 3 times more likely to get an STI.
- **Sexual transmission of hepatitis:** accounts for almost half of new cases (4 in 10) in the US
- **Holistic and Integrated approach** that provides the care and treatment needed at the places where patients "seek" care is needed



[Reversing the rise in STIs: Integrating services to address the syndemic of STIs, HIV, substance use, and viral hepatitis (cdc.gov)]

Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity, United States, 2017–2021



Per 100,000

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

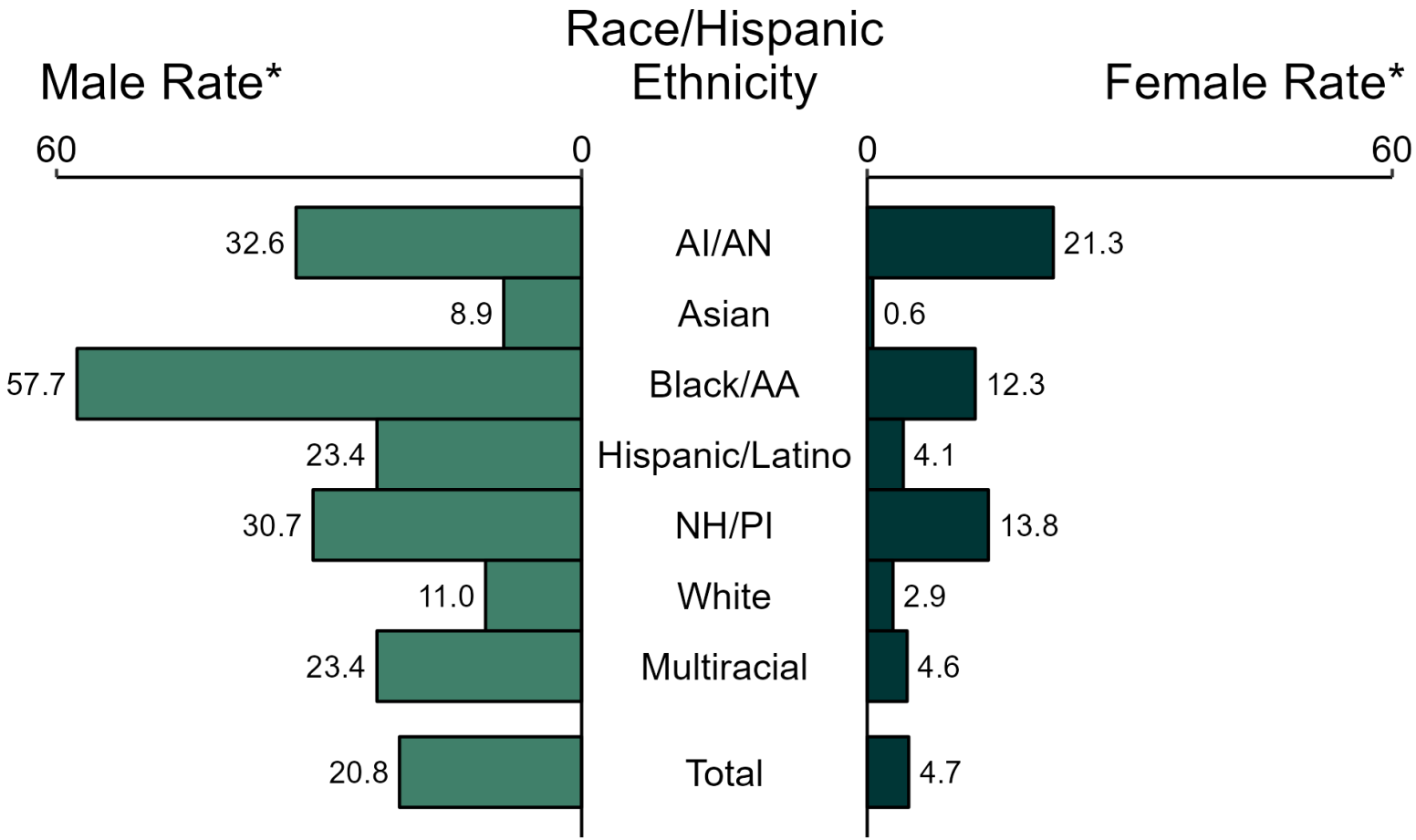
https://www.cdc.gov/std/statistics/2021/figures.htm

Congenital Syphilis – Reported Cases and Rates of Reported Cases by State, Ranked by Rates, United States, 2021

Rank*	State†	Cases	Rate per 100,000 Live Births
1	Arizona	181	232.3
2	New Mexico	44	205.7
3	Louisiana	110	191.5
4	Mississippi	64	182.0
5	Texas	680	182.0
6	Oklahoma	85	175.6
7	South Dakota	16	140.7
8	Arkansas	50	139.0
9	Nevada	45	133.6
10	Hawaii	20	128.0
11	California	518	123.2
12	Missouri	66	95.0
13	West Virginia	15	87.2
14	Florida	180	83.2
15	Montana	9	80.1
	US TOTAL‡	**2,855**	**77.9**

https://www.cdc.gov/std/statistics/2021/tables/20.htm

Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2020

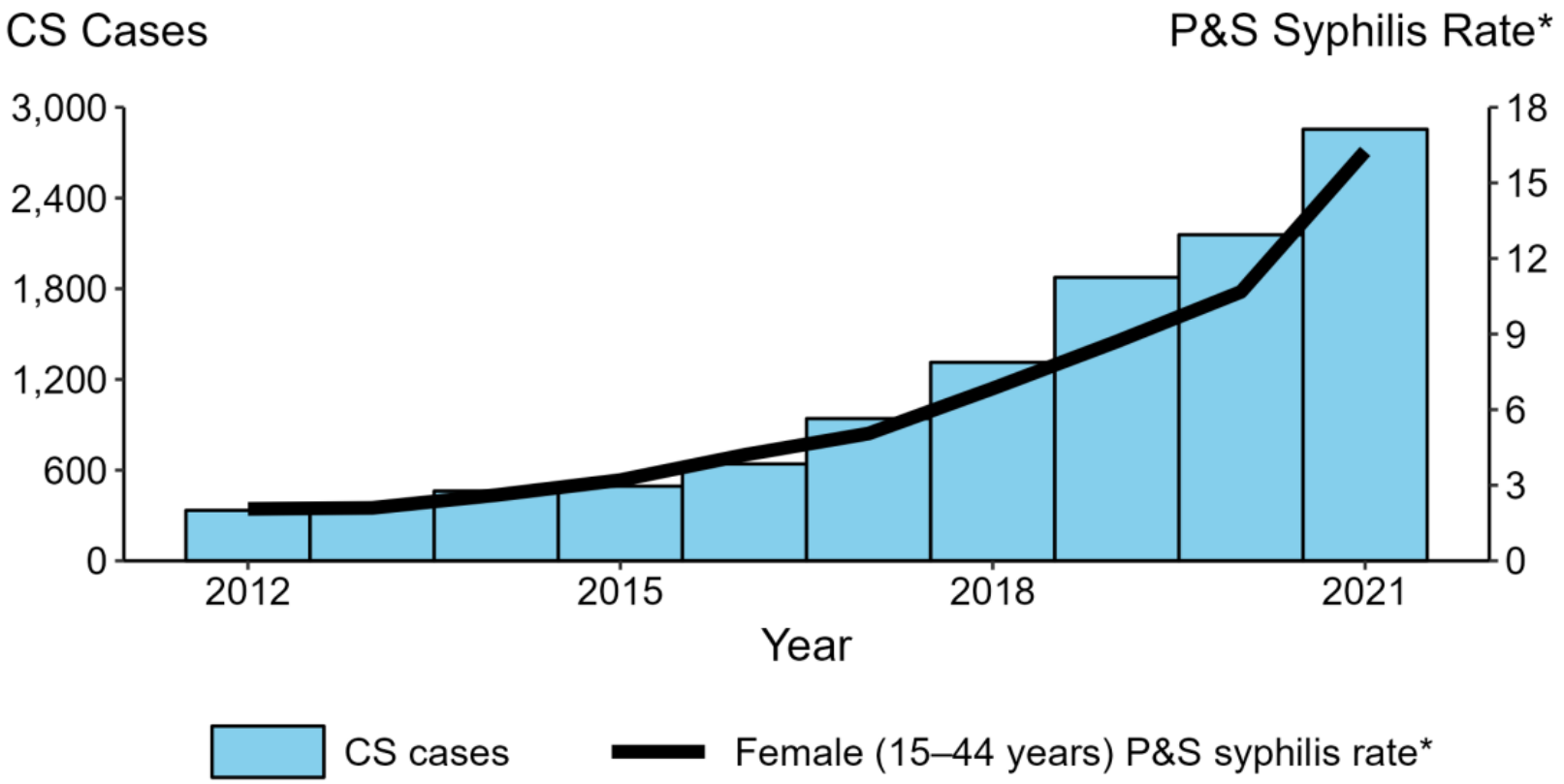


Per 100,000

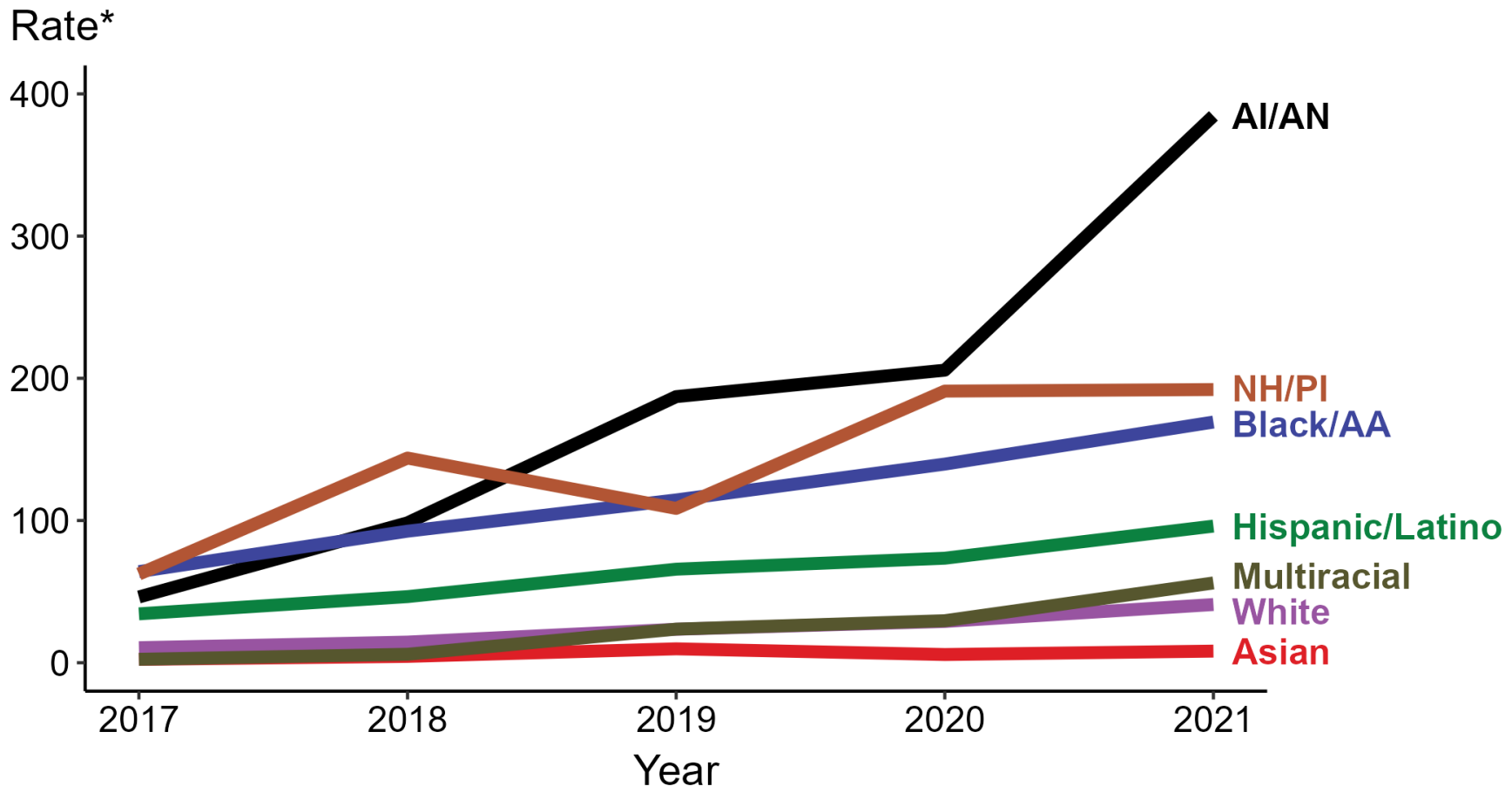
ACRONYMS: AI/AN = American Indian/Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian/Pacific Islander

NOTE: Total includes all cases including those with unknown race/Hispanic ethnicity.

Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women Aged 15–44 Years, United States, 2012–2021



Congenital Syphilis — Rates of Reported Cases by Year of Birth, Race/Hispanic Ethnicity of Mother, United States, 2017–2021

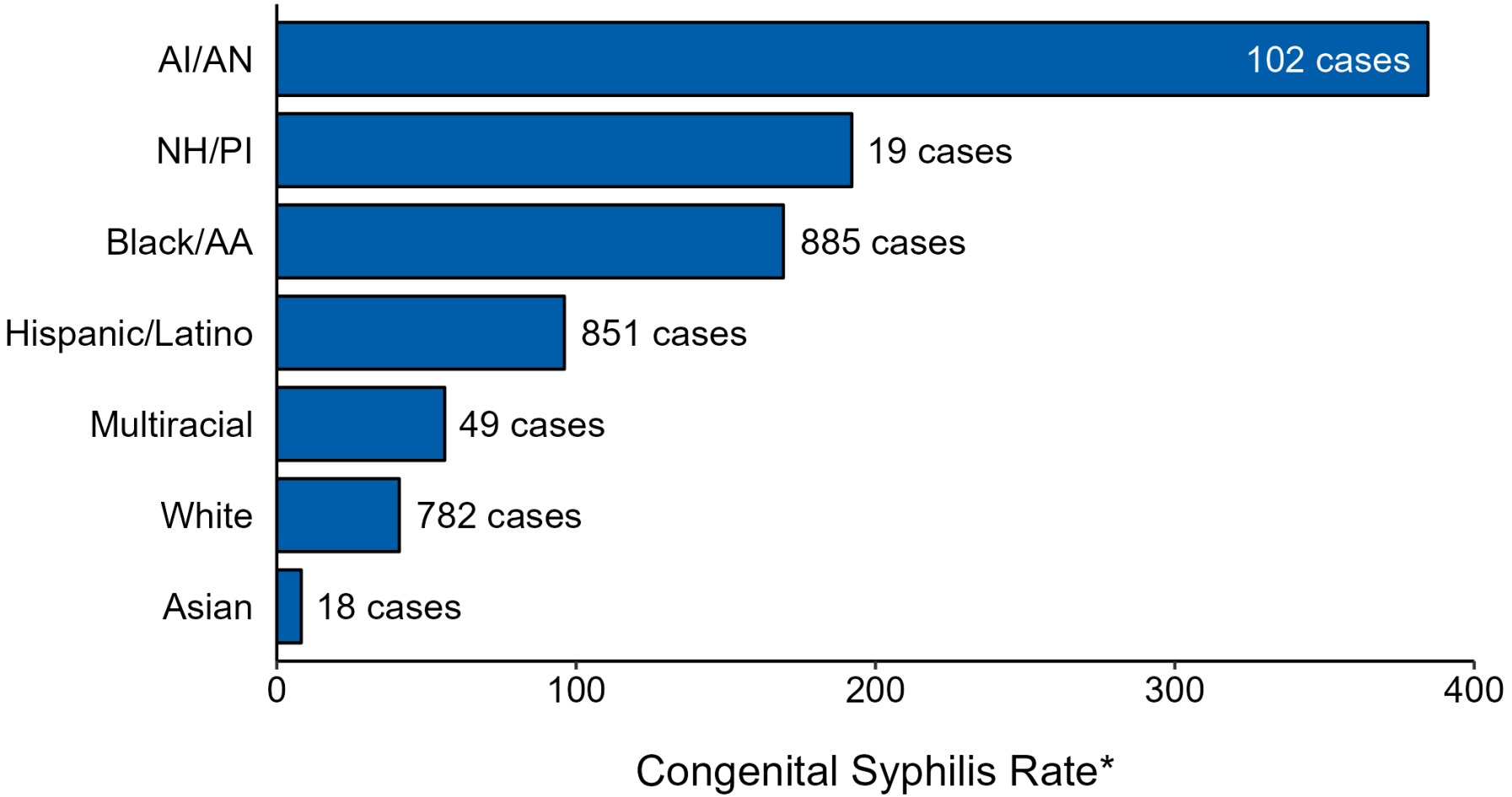


Per 100,000 live births

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

https://www.cdc.gov/std/statistics/2021/figures.htm

Congenital Syphilis – Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity of Mother, United States, 2021



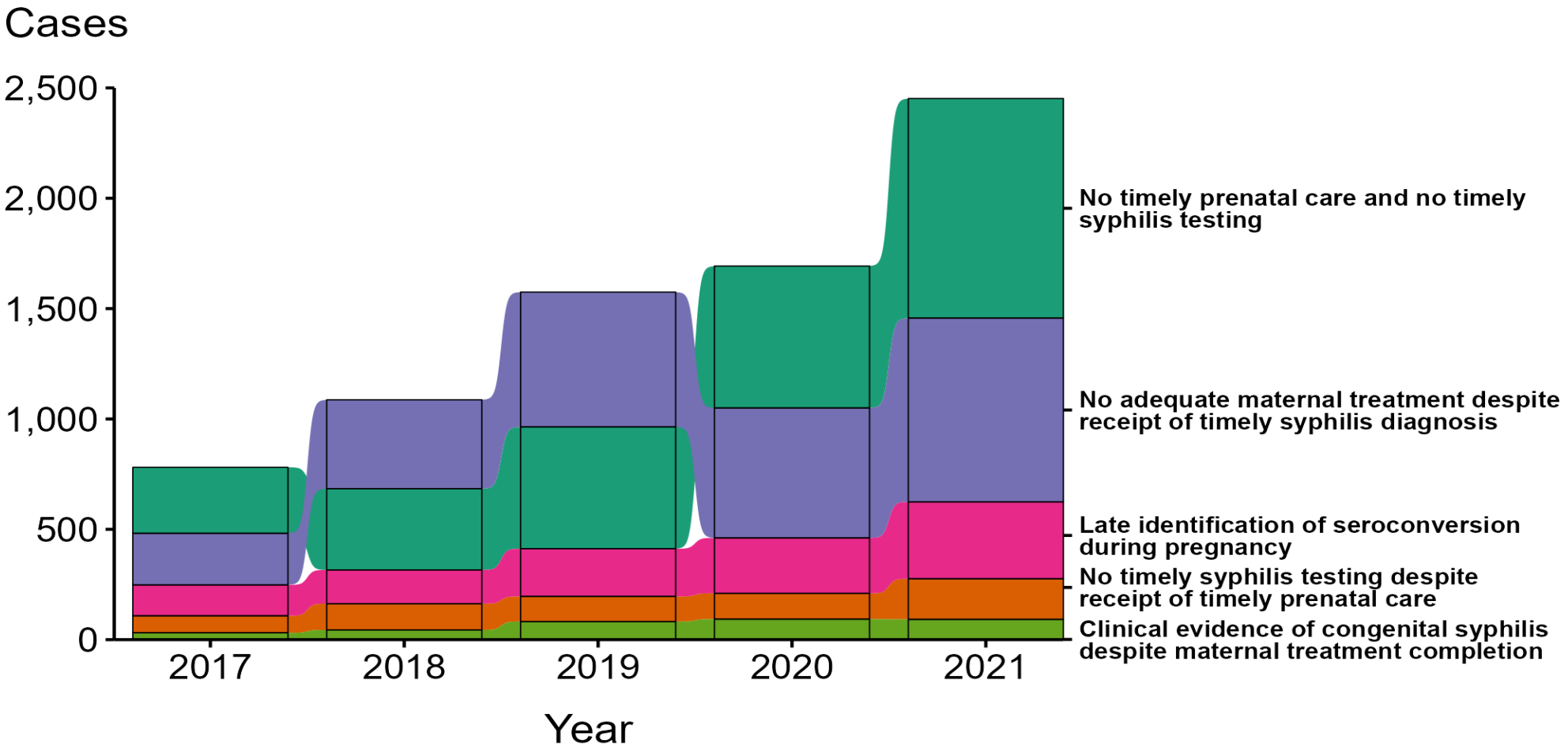
Per 100,000 live births

NOTE: In 2021, a total of 149 congenital syphilis cases (5.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity.

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

https://www.cdc.gov/std/statistics/2021/figures.htm

Congenital Syphilis — Missed Prevention Opportunities among Mothers Delivering Infants with Congenital Syphilis, United States, 2017–2021



NOTE: Of the 9,141 congenital syphilis cases reported during 2017 to 2021, 1,553 (17.0%) were not able to have the primary missed prevention opportunity identified due to insufficient information provided to CDC related to maternal prenatal care, testing, or treatment. https://www.cdc.gov/std/statistics/2021/figures.htm

Syphilis Penicillin Shortage: National IHS Treatment Priorities 4/19/2023

1. Pregnant persons and HIV infected persons with syphilis as well as infants with congenital syphilis should receive priority for treatment with Benzathine penicillin G.

Benzathine penicillin G (Bicillin L-A®) is the only recommended treatment for pregnant people infected or exposed to syphilis.

2. Other persons with early syphilis (primary, secondary, early latent) and sexual partners should be treated with Benzathine penicillin G if supplies are adequate to cover high risk patients listed under priority #1.

3. If Benzathine penicillin G supplies are inadequate to cover patients listed as priority #2, treat early syphilis (primary, secondary, early latent) with doxycycline 100 mg po bid for 14 days and late latent syphilis or latent syphilis of uncertain duration with doxycycline 100 mg po bid for 28 days.

4. (Ceftriaxone 1 gm IV daily for 10 days may be an acceptable second-line alternate treatment for primary and secondary syphilis)

Addressing Syphilis – Using EHE Pillars

- Diagnosis - Diagnose all people with syphilis as early as possible
  - Increase testing in ER, Primary Care
  - Apply innovative approaches to make syphilis testing more accessible in nontraditional settings (e.g., mobile testing units, street-based healthcare, co-location of syphilis testing with other health services, and self-testing)
- Treatment - Treat people with syphilis rapidly and effectively
  - Rapidly link people with treatment, including treatment outside of clinic
  - Scale up linkage services, through DIS/contact tracer
  - Providing training, technical assistance, and educational resources
- Prevention – Prevent new syphilis transmissions by using proven interventions, including post-exposure prophylaxis (Doxy-PEP) and syringe services programs (SSPs)
  - Increase access to SSPs and create expansive SSP programs
  - Address SDoH, such as mental health, housing, vacancy rates, etc.
- Respond – Respond quickly to potential syphilis outbreaks to get vital prevention and treatment services to people who need them
  - Providing comprehensive support and technical assistance
  - Support local approaches

IHS CMO Recommendations – *coming out soon*

1. Annual syphilis testing
2. EHR reminder
3. STI/HIV/Viral hepatitis testing bundle
4. Three-point syphilis testing for all pregnant people
5. Express STI Testing
6. Enhance screening rates by screening outside of hospitals and clinics.
7. Field treatments for syphilis
8. Presumptive treatment of syphilis
9. Create and build awareness, STOP SYPHILIS.

iwtk™

I WANT THE KIT

Take Control.
Know Your Status.

TAKE THE TEST, TAKE CONTROL

TEXT NATIVE TEST TO 55251

www.StopSyphillis.org

Services for Pregnant People Who Use Drugs – Plans of Safe Care

- Makes it less likely that PPP experiencing SUDs will be lost to follow-up
- Provides the opportunity for medical, social, cultural, spiritual, and other service providers to collaborate across disciplines
- Aids providers in quickly identifying PPP, their partners, and families who are struggling and provide timely corrective action
- Makes it more likely that PPP experiencing SUDs will successfully participate in treatment and recovery, and
- Increases the chance that families can be cared for and remain together.

Services for People Who Use Drugs – Harm Reduction

Street Medicine – Northern Navajo

- Shiprock, Farmington, Cortez, CO
- Communicates with PHD in NM and CO
- Does partner services
- Does rapid testing and draws confirmation
- Has IM PCN 2.4 million units
- Vivitrol injections for AUD, oral naltrexone, hand out Narcan and the harm reduction kits
- Works with NNMC to help keep pregnant people in care
- Referred pregnant people with syphilis for treatment
- On average, during a clinic they will find 2-6 new cases of syphilis each time
- Communicate with jails and county for follow-up
  - PCN injections or wound care, or meds to be delivered

Express STI Testing

- POC Testing
- Self-Collection
- Presumptive Treatment

Sample Toolkit for Express STI Services

This Toolkit for Express Sexually Transmitted Infection (STI) Services is intended to assist Federal, Tribal, and Urban (I/T/U) clinics establish Express (or fast-track) STI testing and treatment. The purpose is to support clinics that are considering, implementing, or scaling up STI express services by summarizing evidence, key considerations, and resources. This toolkit is intended for Providers, RNs, Pharmacists, and Laboratorians. These policy, practice, and educational materials are a resource to guide the diagnosis and treatment of patients and non-beneficiaries to reduce morbidity and mortality in the communities served by I/T/U facilities. Facility leadership and providers should always assess patients based on their clinical circumstances and local burden. For any questions, please contact Rick Haverkate at Richard.Haverkate@ihs.gov.

Table of Contents

“We are responsible for each other and ourselves”

Thank you

Jessica Leston

Jleston@npaihb.org | Jessica.Leston@ihs.gov

907-244-3888