



# RISING RATES OF HIV AND SYPHILIS AMONG WOMEN

April 1, 2021

## Situational Update

Since 2017, there was a 190% increase in San Francisco of reported syphilis cases among cisgender women (from 62 to 180 total cases), the majority of which were among women of childbearing age. In 2020, there were five congenital syphilis (CS) cases in San Francisco, the highest number in 26 years.

Moreover, in 2020 we saw a 29% increase in the number of women diagnosed with [HIV](#) from the year prior (from 14 to 18 cases). Risk factors for HIV and syphilis among cisgender women include unstable housing and homelessness; substance use (particularly methamphetamine use); sex work; sex in exchange for money, housing or drugs; intimate partner violence; a history of incarceration; sex with a partner who may be at risk for syphilis or HIV; and history of an STI in the past year.

Aligned with [California DPH's expanded syphilis screening recommendations](#) and given the increase in rates of syphilis in women and alarming rise in CS and HIV among women experiencing homelessness, we are urging clinicians to increase syphilis and HIV screening among people who are or could become pregnant in order to ensure detection, timely treatment, and subsequent CS prevention.

## Actions Requested of Clinicians

- 1. Test all individuals who report methamphetamine use or are experiencing homelessness for pregnancy, syphilis, HIV, and HCV at least annually**, including in emergency department (ED), urgent care, and correctional settings. In addition, all sexually active people who could become pregnant should receive at least one lifetime screen for syphilis, regardless of risk, and at the time of each HIV test.
- 2. Test all pregnant people for syphilis at least twice during pregnancy:** 1) at the first clinical encounter (ideally during the first trimester) and 2) during third trimester (ideally between 28-32 weeks gestation). **Pregnant people should be tested again at delivery unless they have a negative test in the third trimester and no risk factors for syphilis.**
  - No pregnant person should be discharged from the ED without a documented syphilis and HIV test during pregnancy.
  - Infants should not be discharged from the hospital unless the birthing person has been tested for syphilis at least once during pregnancy.
  - **Immediately contact the [DPH LINCS team](#)** at 415-487-5531 if you diagnose or suspect syphilis in a pregnant person.
- 3. Treat clinically suspected or diagnosed syphilis immediately** with penicillin (benzathine penicillin G [Bicillin LA] 2.4 mu IM) which is also the only therapy proven to be effective in pregnancy. **Prophylactically treat patients who report a recent exposure to a partner diagnosed with syphilis.**



#### 4. Refer sex partners for testing and treatment.

- Anyone who had sex with a person within the 90 days preceding that person's diagnosis of syphilis should be tested for syphilis and treated with benzathine penicillin G or an alternative regimen if penicillin is contraindicated.
- Obtain updated cell phone numbers, email, and address (or hangouts if not stably housed) and inform patients that the DPH LINCS team will reach out to them to help partners get tested and treated. LINCS partner services are voluntary and offered by skilled and client-centered DPH staff. Please encourage patients to work with DPH to prevent ongoing syphilis in San Francisco.

#### 5. Report all syphilis cases by faxing [a confidential morbidity report](#) to 415-431-4628.

#### 6. Offer HIV pre-exposure prophylaxis (PrEP) and counsel about post-exposure prophylaxis (PEP) to people with risk factors who are negative for HIV, including to all people diagnosed with syphilis.

### Additional Guidance Related to Congenital Syphilis Prevention

Historically, congenital syphilis (CS) increases when cases of syphilis among women of childbearing age increase. CS can cause severe illness in babies, including premature birth, low birth weight, birth defects, blindness, and hearing loss. It can also lead to stillbirth and infant death. Prevention relies on early detection of unrecognized syphilis in the pregnant person, detection of newly acquired syphilis during pregnancy, and ensuring completion of maternal treatment at least 30 days before delivery which prevents over 98% of CS cases. All patients presenting with any of the following symptoms should be tested for syphilis immediately: generalized maculo-papular rash, a palmar plantar rash, genital or rectal sore or lesion, moist papules in the genital or rectal regions, or patchy hair loss. All patients being evaluated for syphilis should be tested for HIV infection.

- False negative RPRs can occur in the setting of high RPR titers. If you suspect syphilis and the RPR result is negative, ask the lab to check for prozone phenomenon on the original sample.
- A positive RPR and negative treponemal test (i.e. TPPA) indicates a false positive and does not require additional evaluation.
- Many labs are now screening for syphilis with a treponemal test called an EIA. The EIA is then confirmed with an RPR. If the EIA is positive and the RPR is negative, the lab should run another treponemal test (usually a TPPA). If the EIA is positive, RPR negative and TPPA negative, this indicates a false positive and does not require additional evaluation. For more information on interpreting syphilis serologies: call the City Clinic provider line at 415-487-5595 or visit the provider section of the [SF City Clinic website](#).
- Initiate penicillin therapy in all patients with symptoms of syphilis and those who report sexual contact with someone who has syphilis without waiting for laboratory confirmation of the diagnosis.
- Ask all men diagnosed with syphilis, regardless of reported sexual history, if they have any sex partners who are pregnant or could become pregnant. DPH LINCS will help ensure testing and preventive treatment for female partners of men who are diagnosed with syphilis.



## **Important STD Prevention Numbers and Resources**

- Syphilis titer and treatment history & DPH LINCS partner services referrals: 415-487-5531
  - It can be difficult to inform partners after an STD diagnosis. As providers, your role is critical to prepare patients for a call from LINCS partner services. Please inform patients that the LINCS team will call patients to help identify partners who could benefit from free HIV/STD testing and **preventive syphilis treatment**.
- San Francisco City Clinic provider line for clinical questions: 415-487-5595
- San Francisco City Clinic PrEP line: 415-487-5577
- San Francisco STD [Screening Guidelines](#)
- California Department of Public Health Expanded Syphilis [Screening Recommendations](#)
- CDC 2016 STD [Treatment Guidelines](#) & download the CDC Treatment Guideline App
- Refer pregnant people experiencing homelessness, with active substance use disorders, or other barriers to care to ZSFG-based [Team Lily](#): 415-802-7615 or email [Rebecca.schwartz@ucsf.edu](mailto:Rebecca.schwartz@ucsf.edu).

### **Program Contact Information**

San Francisco City Clinic

Tel: (415) 487-5503

Email: [stephanie.cohen@sfdph.org](mailto:stephanie.cohen@sfdph.org)