**Clinical Chats Official Podcast Transcript**

**Title:** Combatting Congenital Syphilis: Point of Care Testing and Same Day Treatment

**Speaker:** Tammy Bennett, MSN, WHNP-BC

**Duration:** 00:28:38

**Katherine Atcheson (**[**00:04**](https://www.rev.com/transcript-editor/shared/q64uIikSKd5PZH4lzonWlpIB7I9Af3o6zZt88bZqDHo3FgmVE5puWnLQ1ikUwG_5huZHg6xGeGCncYo8Pywp6XQVxps?loadFrom=DocumentDeeplink&ts=4.5)**):**

Hello, and welcome to Clinical Chats, a podcast for sexual and reproductive healthcare professionals. Clinical Chats, formerly known as The Family Planning Files, is a program from the Clinical Training Center for Sexual and Reproductive Health, or CTC-SRH, formerly known as the National Clinical Training Center for Family Planning, or NCTCFP, and is funded by the Office of Population Affairs in order to enhance the knowledge of Title X clinicians and other staff. In today's podcast, we'll be discussing point-of-care testing and same-day treatment for syphilis, and when they are appropriate to use in Title X and other sexual and reproductive healthcare settings.

**Katherine Atcheson (**[**00:56**](https://www.rev.com/transcript-editor/shared/gQsCRAr-gujpi3YZjqCVCBXNu0xLlR31HvEDUKw8FjKBBWZfYW8PHmvC4A-_XfyWMZPWGRQiE7rnmz0Ldy9eJfzhW6M?loadFrom=DocumentDeeplink&ts=56.19)**):**

Our guest today is Tammy Bennett, MSN, WHNP-BC. Tammy is the new Associate Director of Clinical Training here at the CTC-SRH. Prior to joining our organization, Tammy served as the Reproductive Health Statewide Nurse Consultant for the Louisiana Department of Health, where she oversaw their Title X program and also helped institute clinic policies and procedures to address rising syphilis cases throughout the state. She received her BSN from Northwestern State University in 1992 and her MSN in 2000. She's currently working towards her DNP at the University of Louisiana at Lafayette with an expected graduation date of August 2024. Welcome to the podcast, Tammy. We're so excited to speak with you and introduce you to our listeners today.

**Tammy Bennett (**[**01:52**](https://www.rev.com/transcript-editor/shared/P6SEkbxBFc-T42SF_iJIWcpqsDWf2g3vzNVYfi9ToKeDmeDNSzGB4NEXoRbiG2Yi5WWpxX8ZXuHCxG2dHa-Mc3qRrbs?loadFrom=DocumentDeeplink&ts=112.26)**):**

Hi, Katherine. Thank you for the warm introduction. I'm so thankful to be here and honored to be presenting today.

**Katherine Atcheson (**[**02:00**](https://www.rev.com/transcript-editor/shared/PL9dxYmeJpRZo3w-dkbsziEUIsPLSwWajcvJslZhhT-jAgArNg7Rkoa3yplwCyC6cAeHHQp5ExYOh3yZlBNIEobwB9A?loadFrom=DocumentDeeplink&ts=120.12)**):**

So to begin with, for our listeners, can you tell us a bit about the two types of point-of-care syphilis tests that are available and how they work? How is syphilis point-of-care testing different from the traditional venipuncture laboratory ways of testing?

**Tammy Bennett (**[**02:20**](https://www.rev.com/transcript-editor/shared/3Bzj6fjT5ZIJk-fyUlM3G3EdheBoRrZH7f4sKxXWf7A3-yx2S-BWx4q5QFyeuUZhTcrUBnciubnIVXmS8SzqH3GJ4BI?loadFrom=DocumentDeeplink&ts=140.58)**):**

Hi. So yes, there are two point-of-care syphilis tests that are currently CLIA waived and can be used for rapid syphilis testing in clinics. And just a reminder, CLIA waived means that these tests are determined by CDC and the FDA to be so simple to perform that there is little risk of error. Both of these tests are treponemal-specific tests that detect if the treponemal antibodies, if there are treponemal antibodies present in the blood. The first is the Syphilis Health Check, which is a rapid test that detects antibodies to treponema pallidum in the serum, plasma, or whole blood. To perform this test, you perform a fingerstick, and then the sample goes into the well, followed by four drops of the diluent, and then you set your timer for 10 minutes.

**Tammy Bennett (**[**03:13**](https://www.rev.com/transcript-editor/shared/zouM6NCZB7l1GpagqwqwS612CsZ7MX4y3Z73jCwRRFZFbxXv8WE-0OU7KKphxrnLyybkM7ZomMgNe5epBcJwOvZ_UbY?loadFrom=DocumentDeeplink&ts=193.2)**):**

The results are read between 10 and 15 minutes, no earlier than 10 and no later than 15. And if there is a pink-colored band in the test area, then that test is considered reactive. If there's not a pink band in the test area, then the result is considered non-reactive. This should always be followed up by venipuncture blood draw to allow for non-treponemal titers to be performed. In a systematic review of literature by Bristow, Klausner and Tran in 2020, they found that the Syphilis Health Check had an 87% sensitivity. And as a reminder, sensitivity means that the positive test result indicates that it is a true positive. And they also found that the Syphilis Health Check had a 96% specificity, which means if it's a negative result, the individual is truly negative.

**Tammy Bennett (**[**04:10**](https://www.rev.com/transcript-editor/shared/-FKYkOddgweKXe0jlxvGsY-0yjWqEgv8QD-_QyTHarYgjT83THRiIMuf2N2KJOw9yAE_USJxkizeTmgZymXVIhC4v1Q?loadFrom=DocumentDeeplink&ts=250.26)**):**

Second test that's also CLIA waived now is the DPP HIV-Syphilis combination rapid test, which tests for both HIV types 1 and 2 and also the treponema pallidum antibodies. And it can be used also with fingerstick whole blood, venous whole blood, or plasma. This one's a bit different than the Syphilis Health Check because it uses a DPP micro-reader that is used to read the results. And to perform this test, you simply perform the fingerstick, put the sample into a sample titer, like a small bottle of fluid, shake for 10 seconds, and then you drop two drops from the sample vial into the well and wait five minutes, then you add four drops of your buffer solution to the well and you wait 10 to 25 minutes. Again, don't read earlier than 10 minutes, don't read later than 25.

**Tammy Bennett (**[**05:07**](https://www.rev.com/transcript-editor/shared/ruhS0EcWvR3lh0jga3VC35LMoP-613hWqQI8LZC-6K5ANaAfwQKMIrhY1gga91EqJTDn6yJU_zIp2ppqIUJzY5jOSOA?loadFrom=DocumentDeeplink&ts=307.68)**):**

The reader is then set on the test cassette, and then that shows the results of the HIV test and then the syphilis test. Now, these are different from the venipuncture test in that the venipuncture test must be sent to a lab and sometimes takes several days, maybe up to a week to return, depending on your lab. And then if it's positive, you notify the patient, and then the patient has to return to clinic for treatment. Many barriers can exist in states where patients have difficulty returning to the clinic, like getting time off from work, arranging transportation and other barriers. The beauty of these tests includes that every test is easy to use and allows rapid screening and possible treatment for syphilis while they're in the clinic being screened for a visit.

**Katherine Atcheson (**[**05:57**](https://www.rev.com/transcript-editor/shared/24OUdb6htve7LyqOuVjdmOhPaz8s3uqnKWehyy1bcFN4EZghqpbbyvbuf9xPPqXBFME0TQeg8eX535dthtRt4oIqu04?loadFrom=DocumentDeeplink&ts=357.3)**):**

And that leads us really well into our next question, which is what are some reasons a provider would consider using that point-of-care test versus the conventional send-off venipuncture laboratory test? And on the other hand, are there any times or situations where a point-of-care test would be contraindicated and then a laboratory test would be the preferred option?

**Tammy Bennett (**[**06:25**](https://www.rev.com/transcript-editor/shared/fOktYu5w4njxFuOl-so3eA8lyP0VFDO8EEZMKqsqrb4bpo8eAJD7rU4ZrbPBPb4VYU2noZDlYlWIGx00byuz9GzbhOA?loadFrom=DocumentDeeplink&ts=385.05)**):**

I am so glad you asked, because yes, the laboratory test is still needed. Because both the point of care tests are treponemal screening tools, we would not want to use them if the patient ever had a history of prior syphilis infection. As a remind, once the patient has a syphilis infection, 95% of the cases, the treponemal antibodies are going to be reactive for life. This means that any treponemal screens cannot distinguish between an old infection versus a new one. In these cases, if you know the patient has a history of syphilis, then a non-treponemal screen should be sent to the lab and compared with the last titer to ensure there's not been a fourfold increase in that titer because we know that a fourfold increase indicates a new infection. And sometimes to help me remember this, I use my past OB experience to remember the difference between treponemal and non-treponemal types of tests. We all know the pregnancy test. In pregnancy tests, bear with me for a minute, there are two types. One is qualitative that says, "Yes, you're pregnant," or "No, you're not pregnant." And then there's a quantitative test that gives you a number corresponding with how pregnant or the level of HCG that is in the bloodstream.

**Tammy Bennett (**[**07:22**](https://www.rev.com/transcript-editor/shared/VSmnWysnHRe2ejnDmMMp8wbTetCO6g08v7TbFB_EJkVuRFzhr3Q9S8WRG6ux73VC-jpRNzgcHAZ6v_VdsDJ01M974KQ?loadFrom=DocumentDeeplink&ts=442.74)**):**

The quantitative HCG test can be used if someone is having bleeding in early pregnancy or threatened miscarriage, and that first number gives us a baseline, but the story is told when the blood is retested for the HCG number in 48 hours. The rule of thumb with pregnancy is you want that to double in early pregnancy. So now, we have that in our mind, let's go back to treponemal versus non-treponemal. The treponemal test says, "Yes, you have the syphilis antibody present," or, "No, you don't have the syphilis antibody present," whereas the non-treponemal test will give you a titer that when you compare it to the last titer, you can see if it has risen fourfold, or after treatment, did it decrease fourfold, which indicates a successful treatment.

**Katherine Atcheson (**[**08:16**](https://www.rev.com/transcript-editor/shared/e8uu3UDJ5bIEUVAqB8rQANB588R27yvyr4MlePzIhEQT1ndvr4gQKXx_OTjbgcZpM2tPT6GspZIrr_UeAS9oMijgitM?loadFrom=DocumentDeeplink&ts=496.47)**):**

And so, if a provider wanted to implement the point-of-care testing within their clinics, how would they or their clinic staff access policies or protocols around using these tests, the testing kits themselves, and education for their staff who would use those tests?

**Tammy Bennett (**[**08:37**](https://www.rev.com/transcript-editor/shared/NQvOgSEOgBdn9p_aXWEt7zXpBirwAzQGU3IajDKTbV86hHjqrfRNM5XT7xg97DmAuUD3L6EyglLOsaZ1bLA4TIyco4U?loadFrom=DocumentDeeplink&ts=517.62)**):**

To implement point-of-care testing or really any change in your clinic, it is so important to have buy-in from administration. And then once there's buy-in, I would suggest getting a multidisciplinary team together so that you can work on this project. I cannot say enough about working together for a common goal. There's been times when I would've completely messed up, had another team member not said, "Oh, but Tammy, what about this or what about this?" And that's allowed us to plan for those contingencies that I did not even see coming. When we rolled out the point-of-care testing in Louisiana, we did it with only two weeks, and it was beautiful because we had that interdisciplinary approach, the team approach, and we planned for every contingency that we could think of.

**Tammy Bennett (**[**09:30**](https://www.rev.com/transcript-editor/shared/-y8WyUkgE3UVsNUFRXAqSCoBbg41Eo2n8MHOn-XV4LQ0LONbGPTueDaAxQ1Li8mlF4uszJhLKM7fEXQVLYrCL5yZD2I?loadFrom=DocumentDeeplink&ts=570.63)**):**

I can also tell you from my personal experience how valuable the medical team like the STD/HIV hepatitis program, medical director, the regional medical directors, regional nurses, nurse practitioners, everyone in the system was all in because we knew that we could not go a day without screening for syphilis in Louisiana. So that helped us to develop the protocol of who would be treated for same day with Bicillin and how we would send the blood off to the lab. That was very, very pivotal in our management of the syphilis. The development of a clinic-specific policy and procedure will involve several things, and you have to really look at the infection disease burden in your community, the pros and cons of how hard it is for people is to return back for treatment, and your no-show rate. Sometimes you want to prioritize patients who may have a difficult time getting back into the clinic for treatment.

**Tammy Bennett (**[**10:36**](https://www.rev.com/transcript-editor/shared/GPj1LBPbUdPplhsCk6mTDNBte1wQ6M2d-fTx7S0ugmudquQVt2RuHpOHAM756KKKZX8WN0-u5fohIPbwJ_vf58yTdZo?loadFrom=DocumentDeeplink&ts=636.09)**):**

The CTC-SRH is currently developing a toolkit for syphilis point-of-care testing, and we're going to talk about how to implement in each various clinical setting. So that will help, and hopefully, that will be out sometime in the summer of 2024. And in this toolkit, it'll have sample policy and procedures that any clinic can modify based on those variables. Now, how to order? Let's say you are ready to implement, you are ready to go. There are two types, again, of point-of-care tests. The Syphilis Health Check, you can order directly from the website at diagnostics direct, and then the number two, and then the letter U, diagnosticsdirect2u.com, and you can order the Syphilis Health Check and the controls there. Additionally, you can order through your supplier. So if you're using McKesson or Henry Schein or Fisher or any others. You can also order through your normal supplier.

**Tammy Bennett (**[**11:40**](https://www.rev.com/transcript-editor/shared/x5znP_07xFrO3fiFu2Y76zIZHHEFUeV-6jg1FAj_S_xY3bOgte7rUZ8mkNdEsPbh8Q9gK_vRqE_dajgknMfzFLB07T4?loadFrom=DocumentDeeplink&ts=700.05)**):**

If you have any questions or issues, on their website at directdiagnostics2u.com, is a contact tab where you can input your contact information, and they rapidly get back to you and answer any questions. If you wish to order the Chembio DPP HIV-Syphilis test, it's the same as the previous. You can go to their website at chembio, C-H-E-M-B-I-O.com, and click on contact sales team, and then the request is routed to the correct representative for your geographical location. You can also order through your normal suppliers, such as McKesson, Henry Schein, or Fisher as well. Education regarding how to train your staff to screen using these tests can be accomplished through the company, and there's also YouTube videos showing how to read these tests and perform these tests for your convenience.

**Katherine Atcheson (**[**12:51**](https://www.rev.com/transcript-editor/shared/VRN7NonEotqfzkZMXSDAkVOnk3V3Qp0HiOluLrKm5j66BlkdF7woJwKaFhLz3FiHeKrveHJfLS0MHLW-iYgP6wGOItc?loadFrom=DocumentDeeplink&ts=771.96)**):**

So can non-clinical staff, such as health educators, contact tracers or medical assistants,

administer the point-of-care tests potentially outside of the clinic?

**Tammy Bennett (**[**13:06**](https://www.rev.com/transcript-editor/shared/_b9CQkI5j_KOuJJsIU7bTCJA1wol9lPHErxkeTntbgzyfcvjMDDFgqY4sH8zD-QnX8_Nk6urB37A39sfxPDR7_2HQs4?loadFrom=DocumentDeeplink&ts=786.57)**):**

Absolutely. This is what I love about the diversity of this test. It doesn't have to happen in the typical brick and mortar clinic setting. Because these are CLIA waived, you can provide these tests at outside testing events, such as health fairs, STI testing events. And then if a positive result occurs, you can either have them come back into the brick-and-mortar clinic for confirmation testing and treatment, or in some instances, I have heard of them going ahead and drawing the lab and treating same day out in the community, depending on what staff you have available and resources.

**Katherine Atcheson (**[**13:47**](https://www.rev.com/transcript-editor/shared/c422-RgEUoa4y93pxyzKerMz4Irru3FqYgmwR5sDDpnxSf70FwVRSS7D4h6ydBBMNGRBTgjrUMW44yREbiNY9BOhb4g?loadFrom=DocumentDeeplink&ts=827.25)**):**

So, what else should clinicians and any other staff who might be using point-of-care tests be aware of when using these kits? Such as you mentioned earlier, the possibility of false positives or false-negative rates.

**Tammy Bennett (**[**14:03**](https://www.rev.com/transcript-editor/shared/pEX6ZgIyHy4TCW23mBe_kY83UJCLMhbZIjpxLl3ydvivyDJ04vHbajlOT3E0b4caFtkyLekiTGgYF94nbQhsipP4Oow?loadFrom=DocumentDeeplink&ts=843.45)**):**

There can be some false positives or false-negative results with either test, and it's important to examine the pros and cons with these point-of-care tests. The pros is you're going to pick up on those infections the same day in clinic and you're going to be able to offer same-day treatment to reduce the barriers of having to come back into the clinic if the lab is reactive. However, sometimes you may treat a false positive. In our practice, it was the rate of syphilis infections that was rising so high that it was better for us to screen and catch infections the same day versus sending off the lab and then the patient being lost to follow-up later. I also believe that there's ways to overcome those false-positive tests with your clinic policy procedure and specific scripts that staff can use to explain to patients what's going on.

**Tammy Bennett (**[**14:52**](https://www.rev.com/transcript-editor/shared/Hv9_Y9OAfcoQ28A5riPoWSziByEP-ulz6vI7eN6EXeaEheoJ4jbzVedXIMev4azDJTNla_SHwvoon3yNn71uZu7y4oA?loadFrom=DocumentDeeplink&ts=892.83)**):**

For instance, if your policy is to treat all pregnant patients with a reactive syphilis point-of-care test, at the same day, same time with Bicillin, there's a small chance you may give Bicillin to a false positive. Each clinic must decide if it's more important to risk giving the Bicillin when it's not needed, or risk a pregnant patient walking out of the clinic and then being lost to follow-up when that lab comes back and it's positive, then we have a potential congenital syphilis, and worst case is a pregnant person can lose that infant or child. So, we want to take every opportunity possible to treat when we can. Regarding the window period or time when a patient's infected until the antibody shows up in the blood, it's similar to any treponemal screen, whether that's a send-off lab or a point-of-care test.

**Tammy Bennett (**[**15:49**](https://www.rev.com/transcript-editor/shared/u5Q-83bhTS9Bqq14QV0TuxWyjCZHic0Hs35Dj9zNrW6OhhQfHt0ToGOj4rlpPadQAMY14AQ15tDWMxl8TbPyqzViKjw?loadFrom=DocumentDeeplink&ts=949.38)**):**

Sometimes it can take three to four weeks after the exposure for antibodies to be detected in the bloodstream. Similarly, the primary sore or chancre, it may take 10 to 90 days to develop. So, it's possible for a patient to have early primary syphilis, but the treponemal screen still be non-reactive because it's just too early to pick up on that treponemal antibody. If the patient has symptoms, we go ahead and treat for syphilis, and then rescreen in three months. However, by the second stage of syphilis, if you see more of that generalized symptoms, like a rash, the lymphadenopathy, or other symptoms, the treponemal screen will be reactive a hundred percent of the time if it is syphilis.

**Katherine Atcheson (**[**16:34**](https://www.rev.com/transcript-editor/shared/xmkqtoVSVJaAw3DIVOQkPgWNbun-Ad8ezYCsjNXK-HGavpLdFvxurpA0ZcZszHhbcsqmm7JEUrFDvtbYHf0We5JvSv0?loadFrom=DocumentDeeplink&ts=994.59)**):**

So, moving on to same-day treatment, we've danced around it a little bit in your answers, but when would that be appropriate, whether or not that's used in conjunction with the point-of-care test?

**Tammy Bennett (**[**16:47**](https://www.rev.com/transcript-editor/shared/B6IqfXS5KApcEOKnJ49ckhW5Gi8Fr6rVqWSXmfrBPkW8u-2eXV2dxQHZ3AvWOcVIsHd0giN52g0Ei5e7BAcN-xu_RDQ?loadFrom=DocumentDeeplink&ts=1007.64)**):**

That is a great question, and I think it individually has to be decided in each geographical location and clinic setting, depending on your infection rate within your community. Using the point-of-care test in people without a history of prior syphilis infection, it's a great tool, and it can be used for those who have symptoms, or who have been in contact with a person who has symptoms. It can also be a great tool to use if a person has unstable housing or is considered homeless, or for those people who have difficulty taking off work, or have a lack of transportation, and then especially also for those who are pregnant or are partners of pregnant persons. Just each clinic must look at their own circumstances and their own community to determine what priority populations would need that same-day treatment versus waiting on the labs to come back, and then bringing them back in for treatment.

**Katherine Atcheson (**[**17:51**](https://www.rev.com/transcript-editor/shared/3ioRufw5Q1xQyT707iuxDaB6WefDd5Qkz2dH6CQ9OZ6LKdc9wC4qzgWgracpvah1FUwSCTKM_J0bx42vig01hqKo14I?loadFrom=DocumentDeeplink&ts=1071.54)**):**

And somewhat related, I know there are also some places in the US that are using field-delivered treatment or directly observed treatment for syphilis. Can you tell us a little bit about that?

**Tammy Bennett (**[**18:04**](https://www.rev.com/transcript-editor/shared/XeCAt9miiLX82SPI1qRkUAloJ9b3ucjre_-5PCIdhmDCflDBGtrD4in8qDb61J9Bq5ZfHYDh9xWQlixZQifGTLqGzfI?loadFrom=DocumentDeeplink&ts=1084.56)**):**

Yes. In certain states, there has been significant access to care barriers, which causes our patients to have limited access to clinics, the clinic locations, transportation, and other issues. And two programs I've been personally involved with, one was Syphilis... It's called SHOT, Syphilis Home Observed Therapy. And that program was where a disease intervention specialist and an STI-certified registered nurse pair up and they grab their go gear and they go out to the pregnant person's home. And in that home, they can draw blood for syphilis testing or titers, they can give Bicillin, they can do education during the 30 minutes they're waiting on the Bicillin to make sure that there's no reaction. There's just certain parameters that have to be met in order to be included in the SHOT program. It's just real important to have cellphone reception so that if anything does happen, that nurse can go ahead and call for EMS service.

**Tammy Bennett (**[**19:07**](https://www.rev.com/transcript-editor/shared/uEBGY6Ma8Lq2ufJd-l10yjtX4ECrXEqfGjeY1UzXc-Byaazb40aOpjWNvUC0-ISKe3TfQ6yrsGFoSZ4iDOirRcssm2Y?loadFrom=DocumentDeeplink&ts=1147.38)**):**

And also, in the go bag, I call it the go bag, it's a backpack that has everything you need, we have an EpiPen and some Benadryl, so if something happens, we can go ahead and administer the Epi while we wait on EMS. To my knowledge, that's never happened, but we have it just in case it does. The second program that I've worked with is called the Direct Delivery of Bicillin, and what we find is that OB providers, they rarely use the syphilis treatment of Bicillin. So it'll just sit on the shelf, and then it expires, and it's expensive. And so if we find that a pregnant person has syphilis and needs treatment, what we can do is go and take the treatment to the OB provider so that they can deliver the treatment as the pregnant patient comes in for their visits every week. That allows that pregnant patient to only have to go to one location for not only the OB care but the Bicillin delivery instead of having to go to two different places.

**Katherine Atcheson (**[**20:11**](https://www.rev.com/transcript-editor/shared/o1WVllrxE7PayvHXOMh8dw8xpRReq8gED7WaGP9RKCBkzTyf-VtS_fz_nmjtchUNqtHszXViSgTZd5FLEvpNLpAKZwM?loadFrom=DocumentDeeplink&ts=1211.13)**):**

And when would same-day treatment or field-delivered treatment not be an appropriate path to take for a patient with syphilis?

**Tammy Bennett (**[**20:21**](https://www.rev.com/transcript-editor/shared/ir2XaugR74V5M1C3YEIc3f77ReFu4Jx2F2DXISqK8G6_MqrN8n5MT1AaM4zSKW3mgAEFdZwK8UQnXbH6tOy1ATtyo-g?loadFrom=DocumentDeeplink&ts=1221.24)**):**

So, some of the exclusion criteria for us was if we could not get good cellphone reception, or if for whatever reason, they had a volunteer EMS, fire department type scenario. We wanted to be able to call and know that someone was coming on the way within a minute. We would also not provide that same treatment, of course, if anybody was allergic to penicillin, or if there was a question of an allergy to penicillin. But as far as barriers to providing the medication to the OB's provider office, there wasn't any barriers there. We just got the word out. And then when the OB provider needed the medication, the DIS would arrange with the nurse to take it out to them and be ready for the patient when the patient came in for their appointment.

**Katherine Atcheson (**[**21:09**](https://www.rev.com/transcript-editor/shared/V_eEmXdIoMYvH449JSVcv3Y2tP7URYtzPYXyRFrJfqLhnE9Mgl46fgsUoenDF0pq8CjdtYTQIXihT8XBeUfwoHV8tUk?loadFrom=DocumentDeeplink&ts=1269.21)**):**

Because the US has been experiencing an unprecedented surge in congenital syphilis cases over the past decade, how can same-day testing and treatment be used to specifically target and prevent cases of syphilis or suspected exposures in patients who are pregnant, who may become pregnant, or whose partners are pregnant or may become pregnant?

**Tammy Bennett (**[**21:34**](https://www.rev.com/transcript-editor/shared/JF2JrwyamL2GfJL4w2K4tGkLwsybkKIKBCXV5h9l-oUr40ONF8A2CLVbyReuMQe9MW6oe0bQYrzYReRoGbn4kaTX3F8?loadFrom=DocumentDeeplink&ts=1294.5)**):**

Great question. So, I believe that screenings or STIs are so important for every single individual, but especially important in all persons of childbearing age. So, the gold standard is that each time a patient comes into a clinic, whether it's primary care, pediatrics, specialty settings, like OB-GYN, or an STI clinic, or a Title X clinic, each visit is an opportunity to screen for STIs and offer that STI-reduction counseling. So use every opportunity that they're there for opportunistic screening and counseling. I'm not sure if you know this, but according to the National Professional Guidelines, the CDC, the American Academy of Family Physicians, US Preventive Services Task Force, the American Academy of Pediatrics, and the American College of Obstetricians and Gynecologists all recommend performing a sexual health assess.

**Tammy Bennett (**[**22:37**](https://www.rev.com/transcript-editor/shared/Cv8fotE36Y-y5hWhkdorpaE0X0duaMpR9sU-NTX6Y9ScYdOfiqcA0xBDcWbz1w44o0kmFIWErpBOawnTnwc5GsI0OEY?loadFrom=DocumentDeeplink&ts=1357.23)**):**

And in order to prevent STIs by assessing the individual's sexual behavior risk, and then screening for STIs during routine clinical encounters, it's recommended to use the CDC's five P's, which is partners, practices, past history of STIs, pregnancy and prevention. And that's the best way to help identify sexual risk behaviors and offer the STI risk-reduction strategy counseling, lab screening, and let's not forget offering pre-exposure prophylaxis or PrEP to help those at risk for HIV infection. If your clinic is not performing the gold standard of performing the sexual health assessment at each visit, then perhaps routine screening for all clients annually can be incorporated. STI screening includes syphilis and HIV should always be done with each pregnancy test that's performed because if there's a risk for pregnancy, there's probably a risk for STI acquisition as well.

**Katherine Atcheson (**[**23:37**](https://www.rev.com/transcript-editor/shared/DyDHomgD7A5ntbU-pdQR3iuXBeuxc8lD554J9iE2GU5gBTqy0sMGN5CA4yYmJEeR0uRhLn3OXucDusn-AmjWE22aOTo?loadFrom=DocumentDeeplink&ts=1417.5)**):**

While we've had a very informative discussion, there's always more to learn. So where would you recommend that clinicians go in order to learn more specifically about point-of-care testing and same-day treatment or field-delivered treatment and ways they can implement one or all of these in their own practices?

**Tammy Bennett (**[**23:59**](https://www.rev.com/transcript-editor/shared/C5jasEV1PTFIr9GKRuQiFBqN-r7mGj6U11kXIosde0hlPRMq1I7nRs2hYUlEDO52eCrM36Wzhs8wSlD360sgCcA113w?loadFrom=DocumentDeeplink&ts=1439.61)**):**

I am so excited about the CTC-SRH Toolkit. It'll be coming very soon and will be on our website. Again, there's going to be sample policy and procedure templates that you can modify to fit your clinic's needs. There's going to be job aids, algorithms for traditional versus reverse screening algorithms, how to stage syphilis. And a very important opportunity is the ability to participate in a syphilis interactive webinar to understand this puzzle of an infection. Because once you learn to put the puzzle pieces together, then syphilis screening, staging and treatment is not near as difficult or scary. In the meantime, while we're putting all this together, CDC has information on point-of-care testing, including a literature review of the studies performed using the point-of-care test. And you can also find information on Syphilis Health Check at diagnosticsdirect2u.com, or you can find the DPP HIV-Syphilis test at chembio.com.

**Katherine Atcheson (**[**25:04**](https://www.rev.com/transcript-editor/shared/uFZ_WEtCWzKBYzoopTqb7cgmhrFLDqmvgR3zimAt6IZNkfLVfwXraw704YmY2KTWLpCX9w8Ht-3RE4Mek-q54ujfcwc?loadFrom=DocumentDeeplink&ts=1504.53)**):**

Before we say goodbye for the afternoon, what would be your top takeaway for our listeners, the one thing that they should remember as they return to their clinical practices going forward?

**Tammy Bennett (**[**25:17**](https://www.rev.com/transcript-editor/shared/yGPWL0y1NQEUfCC-J2ufa5GcZZw-jTfXpCCd4CQGpEJVIC0QbtFm3IrddOY44ojNLk9XzpbuwkE-cWd3OXYXy3QGPUo?loadFrom=DocumentDeeplink&ts=1517.43)**):**

I think my top takeaway would be, number one, don't be afraid to screen for syphilis. There are resources to help you. And if you just screen, then the state health departments have local disease intervention specialists to help us with record searches to determine if it's an old or a new infection and be able to provide the last titer. The CDC also funds a national network of STD Clinical Prevention Training Centers, which include eight regional prevention training centers, and they all provide a clinical line for assistance. You can go to N-N-P as in Paul, T as in Tom, C as in cat, .org to see the regional training center for your state and the contact information. And then finally, you can reach out to cdcsrh.org and I can help you find an expert in the field of syphilis screening and management. And the last takeaway, to overcome the syphilis epidemic, it's going to take all providers in every clinic screening for syphilis to overcome what many providers thought was eradicated. We can overcome, we can work together, and we will make a difference.

**Katherine Atcheson (**[**26:27**](https://www.rev.com/transcript-editor/shared/lUs_zmdWh8g0aJClYrBVw6waLzYl37pPD7wGF1j052RzvLeymiix9V36sdwXZ1AhRxiluvKMjyDSgHx4BqGgT9LP4Vk?loadFrom=DocumentDeeplink&ts=1587)**):**

Indeed, we will. And thank you so much for joining us today, Tammy, and for sharing your time and expertise with our listeners. For previous podcast episodes, search for Clinical Chats or subscribe to our show on iTunes, Google Podcasts, Spotify, or wherever you listen to podcasts. For a transcript of this podcast, as well as other online learning activities and continuing education opportunities, please visit our website at www.ctcsrh.org. While you're there, you can sign up to receive our newsletter, Clinical Connections, at the top of the page. You could also follow the Clinical Training Center for Sexual and Reproductive Health on X, formerly Twitter, @CTCSRH, all lowercase and on LinkedIn. The CTC-SRH is funded by the Office of Population Affairs to provide continuing education, training, and technical assistance to Title X grantees, sub-recipients and service sites, and is supported by DHHS grant number five FPTPA, 006031-03-00.

**Katherine Atcheson (**[**27:36**](https://www.rev.com/transcript-editor/shared/r7F7guPkblg_INskVp9WYC1PF8TzOpxewav0DHWpVCRXepjOzYjFaUT38DAkjX-A79wuq32SvOnD3tkYImrPOfGJ7N4?loadFrom=DocumentDeeplink&ts=1656.33)**):**

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