



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH
BUREAU FOR PUBLIC HEALTH
Commissioner's Office

Sherri A. Young, DO, MBA, FAAFP
Cabinet Secretary

Matthew Q. Christiansen, MD, MPH
State Health Officer

MEMORANDUM

DATE: June 5, 2024

TO: Local Health Department (LHD) Health Officers and Administrators

FROM: Matthew Q. Christiansen, MD, MPH
State Health Officer

RE: Injectable Syphilis Treatment Delivery through Nurse Mobilization – Expanding Syphilis Treatment to High-Risk Populations in West Virginia

Rising syphilis and congenital syphilis (CS) rates continue to be a concern across the State. It is the goal of the Bureau for Public Health (BPH) to develop a process/procedure to deliver Bicillin treatment to patients in the field, which will ensure the adequate treatment of syphilis with a priority placed on pregnant cases (and possibly their partners) to help prevent CS.

Disease Intervention Specialists (DIS) continue to struggle with getting syphilis cases adequately treated with Bicillin (per current Centers for Disease Control and Prevention Treatment Guidelines). This is especially true for cases of late syphilis or those with unknown duration, in which three rounds of Bicillin, spread seven days apart, are necessary. Unfortunately, this is also true among pregnant patients, whose inability to get adequately treated has contributed to an 800% increase in CS from 2017-2023 in West Virginia.

People who report substance use disorder (SUD) have been identified as the primary population associated with the resurgence of syphilis. This community also suffers from unstable housing and homelessness, as well as transportation issues and other environmental factors that contribute to the barriers for receiving adequate treatment. Pregnant women who struggle with SUD are especially vulnerable as they try to navigate prenatal care while also meeting their own basic needs.

BPH recommends that LHD nurses' partner with DIS to administer Bicillin out in the field among cases that otherwise would not be able to get to the clinic for syphilis treatment. The nurse and the DIS should collaborate when scheduling such visits to select a date/time that is sufficient for both parties and the patient. Travel in the field should occur together in an unmarked vehicle, as privacy for the patient and safety for health department staff are primary concerns. This recommendation is optional, and in times of staffing shortage or other circumstances BPH recognizes that this may not be feasible.

Thank you for your ongoing support and efforts to stop the spread of syphilis in your community.

