Supplemental digital content

Table. Suggested phased-in operational management priorities for primary syphilis and risk of transmission, for syphilis control among MSM, 2019

Phase 1 Clinical primary syphilis

 --Initiate interview process within 24-48 hours: complete interview and record the duration of infectiousness (D = date of onset to Rx) and in past 30 days: condom use percent (B), total number of sex partners (c) (and sub-total number of sex partners during D, top priority for partner services), and record names of places meeting sex partners. Analyze clinical primary syphilis case interview and partner field records separately.

--Partner services (PS): offered to all locatable sex partners in past 30 days (or longer), complete risk assessment form (see Phase 2) on each partner, indicate if partner exposed during the patients D time period, record names of places for meeting sex partners and record all on field record (addendum form needed)

Phase 2 Risk assessment (RA) and Health Education

--Develop a self-administered 4-5 question risk assessment (RA) form/tool for completion by all STD clinic clients at each visit, early syphilis cases, and all sex partners and include health education message on the form/tool about signs and symptoms of primary and secondary syphilis (sores and rash, and acute syphilis complications, see text Risk Assessment).

--Develop a modified RA form/tool for females (include congenital syphilis information)

Phase 3 Occult primary syphilis

--Initiate a phase-in process to evaluate all low titer (<=1:8) reports among MSM for probable occult primary and focus first on high-probable (see Figure 2 Schematic).

--Record high- probable and intermediate-probable occult primary cases using a sub-category code under early latent.

--Consider evaluation of low titer reports from females for occult primary.

Phase 4 Probable core group members

--Use data from risk assessment to identify core transmitters: high-probable (=>10 partners past 30 days) and intermediate-probable (5-9 partners past 30 days) and the sub-category of intermediate: syphilis past 5 years, HIV infected, or HIV negative taking HIV PrEP

--Develop a process to direct high-probable core group members and sub-category intermediate-probable core group members to appropriate intervention services

Phase 5 Program evaluation

--Analyze data from clinical and occult primary separately. For secondary syphilis apply the same clinical case and partner services activities as for primary syphilis and analyze separately.

Phase 6 Collaboration with HIV programs and clinical care providers

--Expand use of risk assessment (RA) form/tool for clients in HIV testing and HIV care, recommend frequent 3 month serologic screening of high-risk MSM, share syphilis health education and occult primary syphilis definitions (focus on high-probable recent seroconversion) and core group member definitions

--Consider collaborative efforts for developing innovative intensive counseling and case management services for high-probable core group members (small number of persons). Service would need rigorous evaluation.