

# *Syphilis Point of Care Testing*

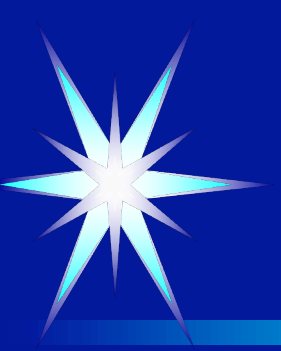
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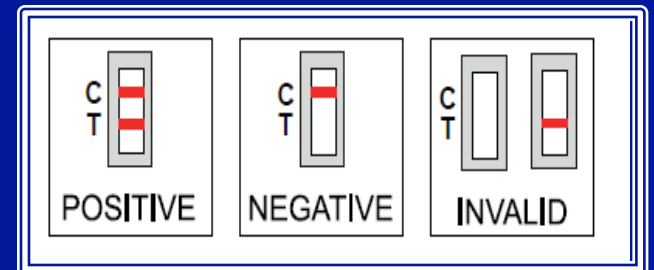
*Professor of Medicine – LSU School of Medicine*

*Section of Infectious Diseases*



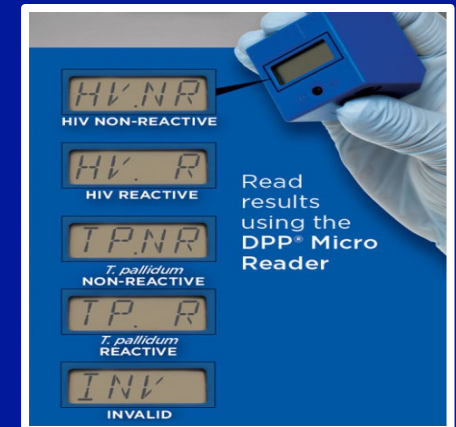
# *Rapid Syphilis Testing*

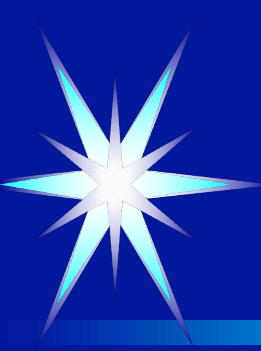
- ❖ Trinity Biotech -Rapid Syphilis Health Check (SHC)
- ❖ First FDA-approved and CLIA-waived rapid syphilis test in U.S.
- ❖ Uganda and Zambia – Pregnant women
  - ❖ Prior to SHC, < 10% of infected women treated
  - ❖ Same day testing and treatment – 90% of Infected women were treated (J Acquir Immune Defic Syndr.2012;61:e40-46)
- ❖ Serum, plasma, finger stick and whole blood



# *Dual Rapid Syphilis and HIV Tests*

- ❖ ChemBio DPP® HIV-Syphilis
- ❖ Fingerstick whole blood, venous whole blood, or plasma specimens.
- ❖ First & only FDA-approved and CLIA-waived HIV-Syphilis Rapid Test





# *Settings for Syphilis Point of Care Testing*

## ❖ **Personal Experience**

- ❖ LSU-CrescentCare Sexual Health Center and New Orleans Delgado STD Clinic – 3,000 – 3,500 tests/month for 10 years (400,000 – 500,000 tests)
- ❖ LA Office of Public Health Clinics, Pre-natal Unit, Community Health Fairs

## ❖ **Other settings to consider:**

- ❖ After delivery and before discharge:
  - ❖ In women with no pre-natal care and/or no syphilis serology during pregnancy and results of syphilis serology drawn at delivery will not be available prior to discharge.
  - ❖ Example – Friday/weekend discharge or weekday when lab unable to perform test prior to discharge

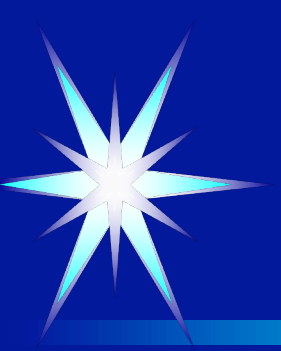


# *Settings for Syphilis Point of Care Testing*

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## ❖ **Other settings to consider:**

- ❖ Correction facilities
- ❖ Emergency Departments
- ❖ Substance Use Treatment Programs and Harm Reduction Programs
- ❖ Outreach Events and Community-based care
- ❖ Rural communities and Shelters



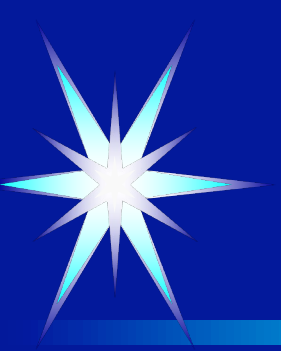
# ***Populations for Syphilis POCT***

## ❖ **Personal Experience**

- ❖ Clinics and other settings where there may only be a single or limited interaction with healthcare – STI Clinics and transient populations
- ❖ Challenge locating individual to bring back after traditional lab results available
- ❖ Decreased phlebotomy. Only needed for patients with previous history.

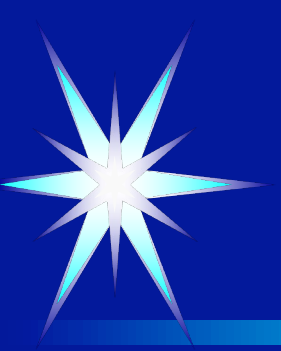
## ❖ **Other Populations:**

- ❖ At delivery if no prenatal care or syphilis serology
- ❖ Persons using substances and not engaged in healthcare
- ❖ Populations with limited access to healthcare
- ❖ Geographic areas where syphilis is spreading rapidly



# ***Positive Experiences Syphilis POCT***

- ❖ **Patient and individuals outside of clinic satisfaction**
  - ❖ No phlebotomy
  - ❖ Same day results and treatment
- ❖ **Clinic Staff and DIS (partner services) satisfaction**
  - ❖ Clinic flow and same day results/treatment
  - ❖ Ease of performance and increased number of patients screened
  - ❖ Decreased need for phlebotomy (Decreases time in lab, especially if difficult blood draw)
  - ❖ Decreased refusals due to need for phlebotomy
  - ❖ Addresses difficulty in locating patients after traditional results are available
  - ❖ Assist with supply chain issues with tubes, needles, etc.



# ***Setting up Syphilis POCT and Challenges***

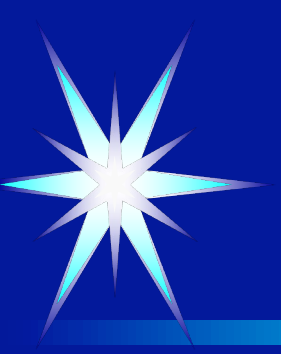
## **❖ Clinic or healthcare setting**

- ❖ Clinic flow, EHR orders and billing
- ❖ Collaboration – DIS, Lab with CLIA license for CLIA-waived test
- ❖ Training – Staff confidence, decrease false positive results, controls, etc.

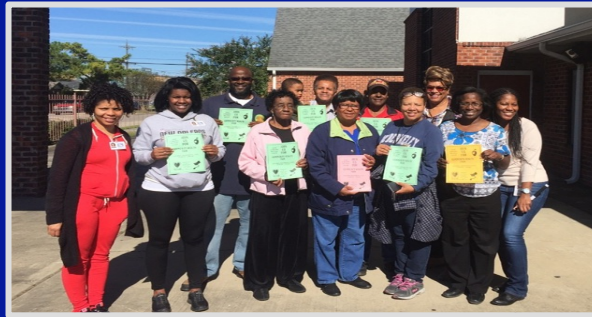
## **❖ Community Screening**

- ❖ Planning and outreach prior to the event (with DIS for some events)
- ❖ Selective locations and events
- ❖ Training - Staff confidence, decreased false positive results, controls, etc.
- ❖ Collaboration – Lab with CLIA license, health dept., referrals, DIS
- ❖ Phlebotomy onsite or referral for phlebotomy and treatment
- ❖ Health fairs – Screening then phlebotomy in the van





# *Community Syphilis Rapid Test Screening*





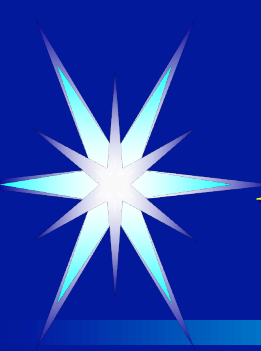
# ***COVID-Associated Supply Chain Difficulties Pre- and Post Implementation of Syphilis POCT***

## **December 2021-March 2022**

- ❖ POCT used for new positive pregnancy tests in clinic
- ❖ POCT - LA Office of Public Health provided tests to Community-based organizations
- ❖ Clinics -9,582 patients had STI panel
- ❖ 6,246 patients - phlebotomy and lab testing
- ❖ **65% screened**

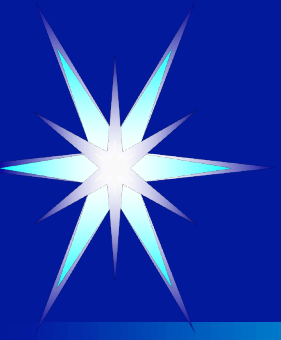
## **May 2022-August 2022**

- ❖ Expanded to all Public Health Clinics
- ❖ 9,462 patients had STI panel after expansion of POCT
- ❖ 8,355 patients - Rapid syphilis POCT
- ❖ Those with previous history had phlebotomy and lab testing
- ❖ **88% screened**



## *Rapid Syphilis POCT Experience - Summary*

- ❖ Excellent experience and satisfaction with syphilis POCT – even considering challenges
- ❖ Increased screening within clinic
- ❖ Same day testing and treatment if needed
- ❖ Opportunity for engagement and collaboration with Health Department and community – Combine with other services - Blood pressure screening, glucose, flu/COVID vaccine, etc.
- ❖ Expansion of testing beyond the clinic to other settings and community
- ❖ Combined syphilis and HIV tests in one fingerstick is exciting



# *Questions*

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