



TO: Oregon healthcare providers

FROM: Tim W. Menza, MD, PhD, Medical Director

RE: OHA HIV, STI, and hepatitis B and C screening recommendations

The Oregon Health Authority (OHA) HIV/STD/TB (HST) program HIV, STI, and hepatitis B and C screening recommendations are adapted from the recommendations of the United States Preventive Services Task Force (USPSTF) and the Centers for Disease Control and Prevention (CDC). The OHA HST recommendations for syphilis screening differ from those of the USPSTF and CDC based on the local epidemiology of syphilis.

The rate of syphilis in Oregon increased sharply from 2020 to 2021, particularly among people assigned female at birth (Figures 1 and 2). Almost half of people assigned female at birth diagnosed with syphilis did not have a reported risk factor; thus, directed screening recommendations would miss half of syphilis cases in this group. In addition, 53% of syphilis cases were asymptomatic, requiring screening to detect.

We recommend routine, universal screening at least once for all cisgender women who:

- have sex with cisgender men
- are \leq 45 years of age, and
- have not been screened since January 1, 2021

We recommend routine, universal screening at least once for all cisgender men who:

- have sex with cisgender women
- are \leq 45 years of age, and
- have not been screened since January 1, 2021

As a result of the ongoing increase in syphilis among people assigned female at birth, cases of congenital syphilis continue to rise (Figure 3). Almost one-third of congenital syphilis cases from 2014-2020 could have been prevented with early third trimester screening to detect seroconversion and re-infection. We continue to recommend screening at three time points in pregnancy:

- First presentation to prenatal care
- Early third trimester, ideally between 24-28 weeks estimated gestational age
- At delivery with results documented prior to hospital discharge

While the focus of our updated syphilis screening recommendations is people assigned female at birth, cisgender men who have sex with men (MSM) continue to comprise most cases of syphilis in Oregon (56% in 2021). MSM should be screened for syphilis at least annually or more frequently if they have indications for more intensive screening as detailed in the recommendations.

Summary of key changes to syphilis screening recommendations:

1. Routine universal screening
2. Screen three times in pregnancy
3. Continue to screen people from communities who experience high incidence of syphilis

Other key changes to HIV, STI, hepatitis B and C screening recommendations:

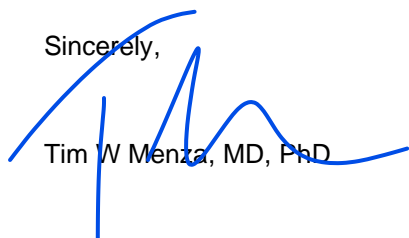
1. Anyone who requests HIV, STI, hepatitis B and C screening should receive it
2. Routine universal screening for hepatitis B

We hope that you will join us for a webinar to discuss the OHA HIV, STI, and hepatitis B and C screening recommendations on September 7, 2022 from 12:00-1:00 pm.

Zoom link: <https://us02web.zoom.us/j/85459351459?pwd=ZGVpUnhUVGVwNFJDNGVtZC8rR200UT09>

Thank you for your continued work in screening for, preventing, and managing HIV, STI, and hepatitis in Oregon. Please feel free to reach out to Dr. Tim Menza (timothy.w.menza@dhsosha.state.or.us) with any questions about the new recommendations.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Tim W Menza', is written over the printed name. The signature is fluid and cursive, with a prominent vertical stroke for the letter 'M'.

Tim W Menza, MD, PhD

Figure 1.

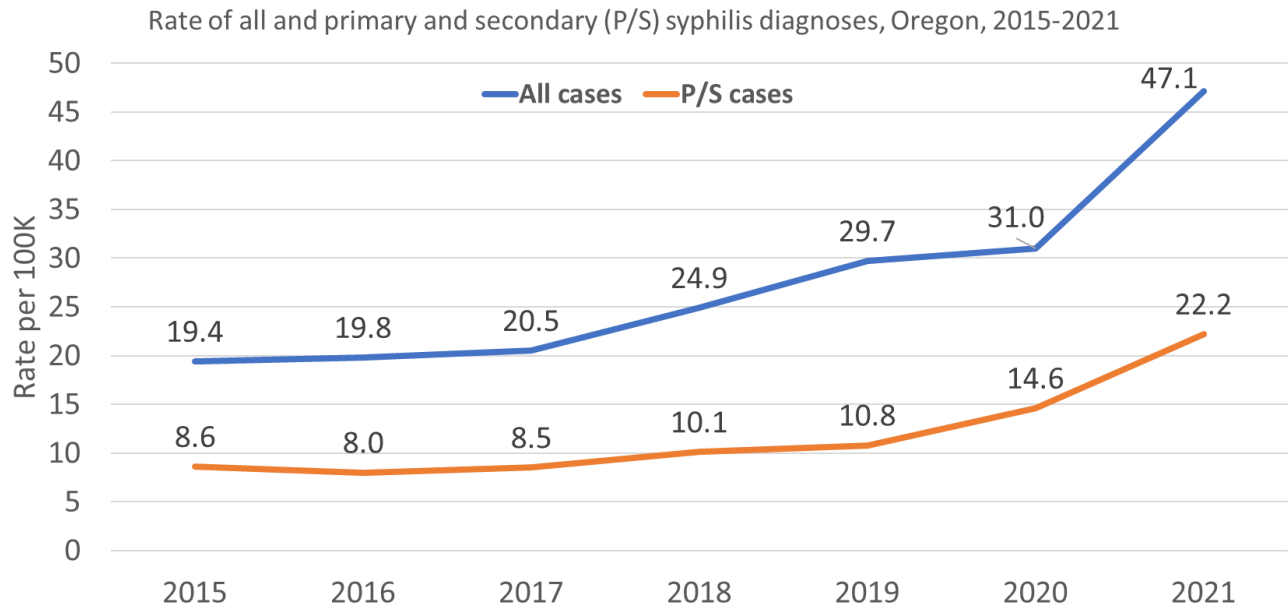


Figure 2.

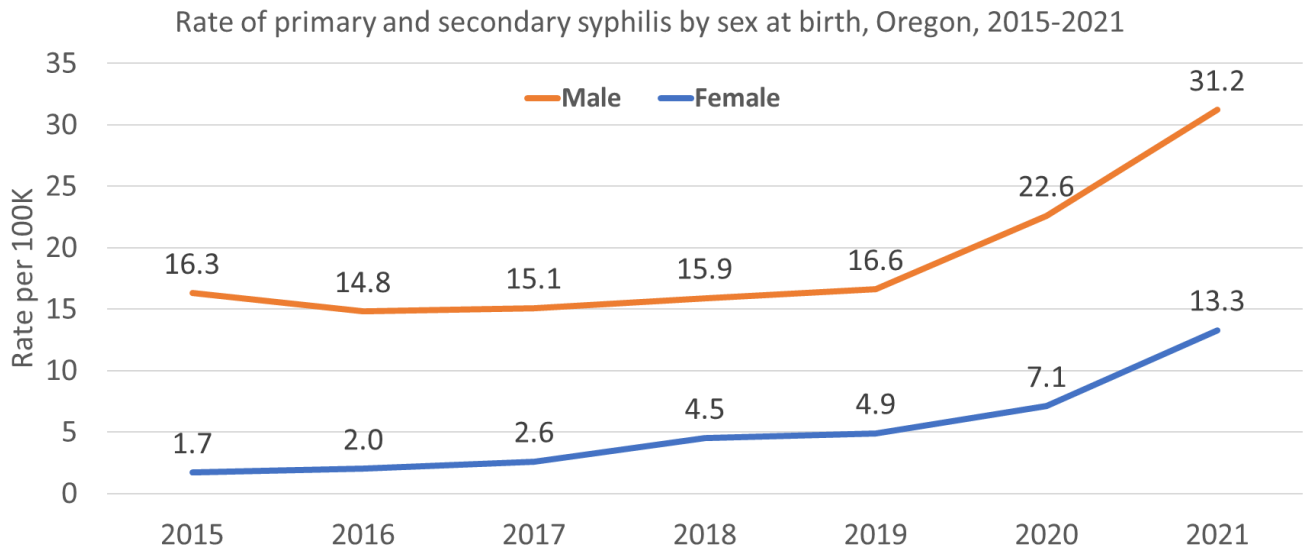


Figure 3.

Cases of congenital syphilis and rate of primary and secondary (P/S) syphilis among people assigned female at birth, Oregon, 2013-2021

