

## Reproductive and Sexual Health

# Webinar: Syphilis in the Navy 2010-2015

14 Jan 2016



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**NAVY AND MARINE CORPS PUBLIC HEALTH CENTER**  
PREVENTION AND PROTECTION START HERE

**The views expressed in this briefing are those of the authors and do not necessarily reflect the official policy or position of the Department of the Navy, Department of Defense, nor the U. S. Government**

- **CAPT Charmagne G. Beckett, USN, MD, MPH, FACP**

Officer-in-Charge, Navy Bloodborne Infection Management Center (NBIMC)

Associate Professor of Medicine, Uniformed Services University of the Health Sciences

- **Anne Rompalo, M.D., Sc.M.**

Professor of Medicine

Medical Director, STD/HIV Prevention Training Center at Johns Hopkins School of Medicine Division of Infectious Diseases

- **Asha Riegodedios, MSPH**

Staff Epidemiologist, Navy and Marine Corps Public Health Center

- **Michael R. (Bob) MacDonald, MS, CHES**

Sexual Health and Responsibility Program (SHARP), Navy and Marine Corps Public Health Center



# Webinar Courtesy

- Good Morning and thank you for joining us!
- To listen to the presentation, use the dial in: (877) 885- 1087 Code: 704 516 0523#
- We ask that all participants please mute your phone lines either by pressing \*6 or the mute button on your phone.
- Please do not put your phone on hold at any point during the call.
- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>



# Learning Objectives

- Syphilis Incidence in the U.S. and DoN
- Syphilis Treatment, Follow-up; Partners; Screening
- STI Patient Services
- HIV Incidence in the DoN
- Syphilis Cases and HIV PrEP Eligibility
- STI Case and Risk Behavior Reporting via DRSi
- Syphilis / HIV Prevention Resources

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STI = Sexually Transmitted Infection

PrEP = Pre-exposure Prophylaxis

DRSi = Defense Reporting System Internet

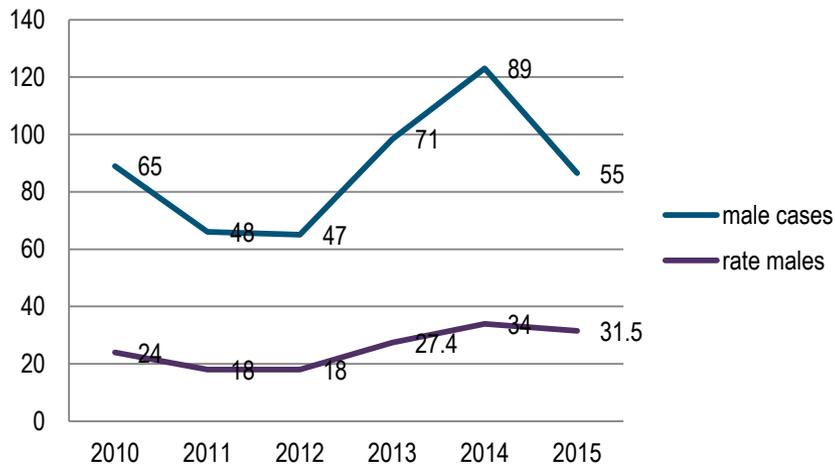


99 cases in 2014 = every 4 days; 93% of cases = males

### Increasing Syphilis Rates Among Sailors Since 2012



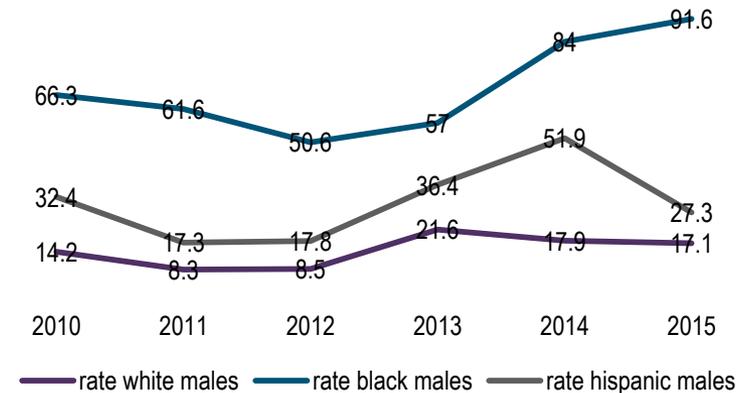
Primary and Secondary Syphilis, US Navy Active Duty Males Only, 2010-2015: Cases and Rate per 100,000 (2015 = Jan-Jun only)



### Black males = significant higher rates:



Primary and Secondary Syphilis, US Navy Active Duty Males Only, 2010-2015: Rate per 100,000 by Race



# P&S Syphilis In the U.S. and Navy and Marine Corps

- U.S. ([\\*http://www.cdc.gov/std/stats14/syphilis.htm](http://www.cdc.gov/std/stats14/syphilis.htm))
  - 2014: 20,000 cases; 91% of cases = men
  - 83% of male cases = men who have sex with men (MSM)
  - Highest rates among black men (2X to 5X the rate of white and Hispanic men)
  - Rates increasing since 2011
- DoN:
  - 2014: 99 active duty DoN cases = 1 every 4 days (93% = males)
  - 2014: Black Navy men = 3X to 5X higher rates vs white and Hispanic men
  - 2013-2015: Black Navy men = 3 consecutive increases in annual rate (reaching 91.6/100k)
- 2014 Comparison of U.S. vs DoN (rate per 100k):
  - US men = 11.7 (age 20-24 = 31.1)
  - USMC men = 15.6 (age 20-24 = 17.8)
  - Navy men = 34.0 (age 20-24 = 43.8)
  - Health People 2020 Objective for men = 6.7

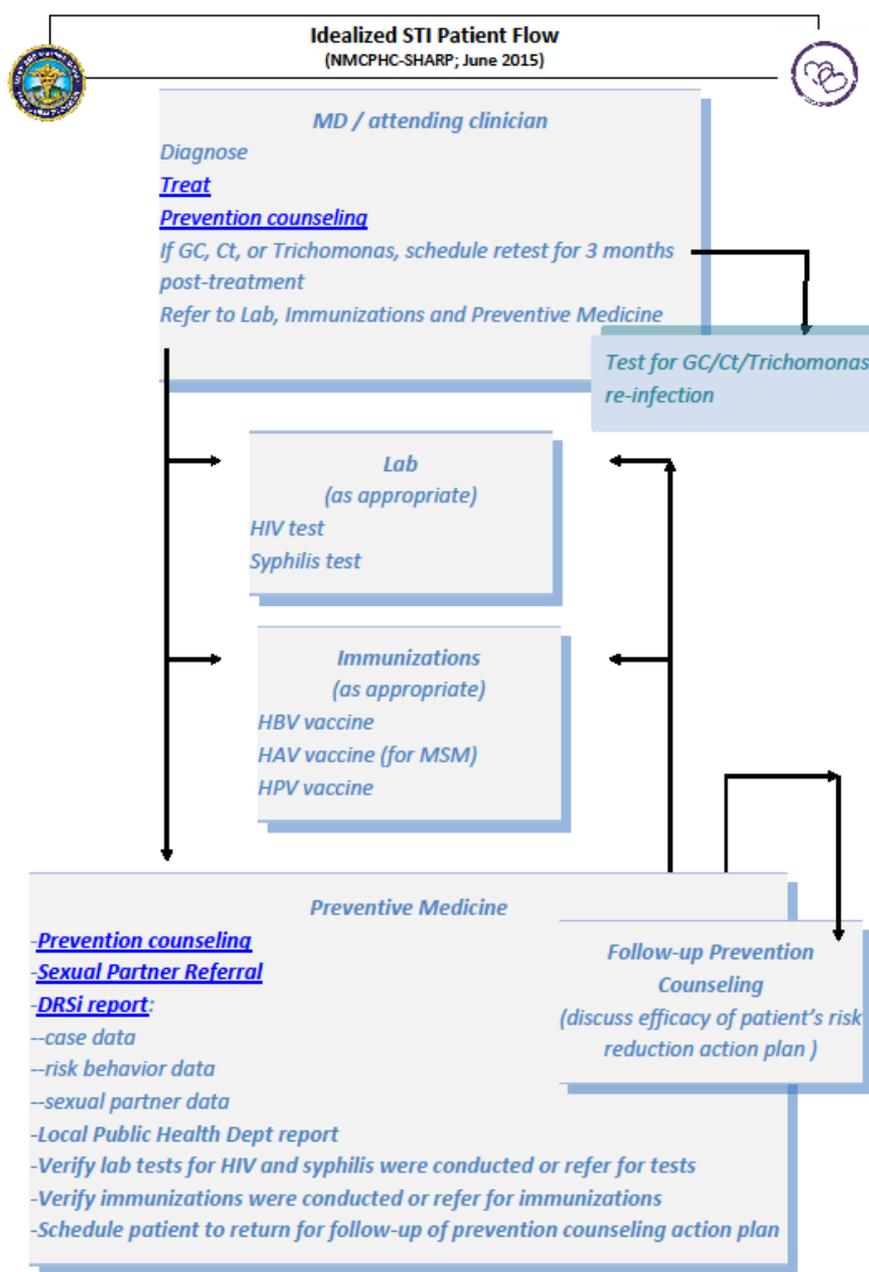


# P&S Syphilis Treatment; Follow-up; Screening

- Adult Treatment: Benzathine penicillin G (2.4 mu, IM);
  - HIV Test
  - Consider HPV vaccine up to age 26; HBV; HAV for MSM
  - Abstain until lesions are healed
  - Refer Partners for treatment
- Follow-up: STS at 6 & 12 months; 4-fold titer decline
  - (3-6-9-12-24 months for HIV patients)
- Partner management:
  - Primary = 3 months
  - Secondary = 6 months
  - Latent = 12 months
- Routine Syphilis Screening:
  - Pregnancy
  - MSM = annual
  - HIV, GC, Ct



# STI Patient Management



## REPRODUCTIVE AND SEXUAL HEALTH

### Key Products and Services

- ▶ Sexual Health and Responsibility Program (SHARP)
  - DoN Sexual Health Indicators
- ▶ Sexual Health Resources
  - Centers for Disease Control and Prevention (CDC) Guidelines
  - Clinical Resources: Treatment, Testing and Screening
  - Condoms
  - Contraception
  - Environmental Health Officers and Preventive Medicine Representatives
  - Family Planning
  - Gay and Bisexual Mens Sexual Health
  - Healthy People 2020 Objectives
  - HIV Evaluation and Treatment Units (HETU)
  - HIV Prevention Resources
  - Human Papillomavirus (HPV) Prevention
  - Lesbian and Bisexual Womens Sexual Health
  - Long Acting Reversible Contraception (LARC)
  - Policies of the Uniformed Services
  - PMT Student Resources
  - Sexually Transmitted Infections

## PREVENTION SERVICES FOR THE STI PATIENT

For assistance with sexual health promotion, contact: NMCPHC-SHARP via email or call 757-953-0974 (DSN 377)

### 1. Policies.

- BUMEDINST 6222.10
- SECNAVINST 5300.30, HIV, HBV and HCV
- Other sexual health policies
- Idealized STI Patient Flow Diagram

### 2. HIV-STI Prevention Counseling.

Each patient diagnosed with, or identified to be at increased risk for, a sexually transmitted infection (including HIV), should receive intensive risk-reduction counseling following an evidence-based model.

- Prevention Counseling Desk-top Assistant . This document outlines the steps in the process, following the evidence-based RESPECT model.
- Navy Training Film "HIV-STI Prevention Counseling" (NMCPHC - 2013) - order via email. Demonstrates the 6 steps of working with the STI patient to reduce future risk behavior.
- Condom skills counseling video (NMCPHC)
- Interview Form (CDC). This document is one option for capturing important information during your counseling session. This worksheet can be shredded after the information is entered into ALHTA, DRSi and the Contact Notification Form (one per partner).

### 3. HIV-STI Sexual Partner Services.

Recent sexual partners of patients infected with some STIs should be informed of their potential exposure and be offered testing and treatment.

- Student Manual . This document details the sexual partner notification interview and process and can be taken as a self-study course. SHARP provides a certificate of completion.
- Table of Interview Periods . This document specifies which partners of which patients should be considered for notification.
- Sexual Partner Services Desk-top Assistant . This document summarized the steps of the partner referral interview. This interview is folded into the prevention counseling session.
- Contact Notification Form (CDC). This form is used to document Prev Med attempts to notify partners and is sent to other referral agencies when the sexual partner is out of the jurisdiction of the Prev Med Dept.
- Factsheet - "How do I tell my partner?" Patient handout to reinforce partner referral messages



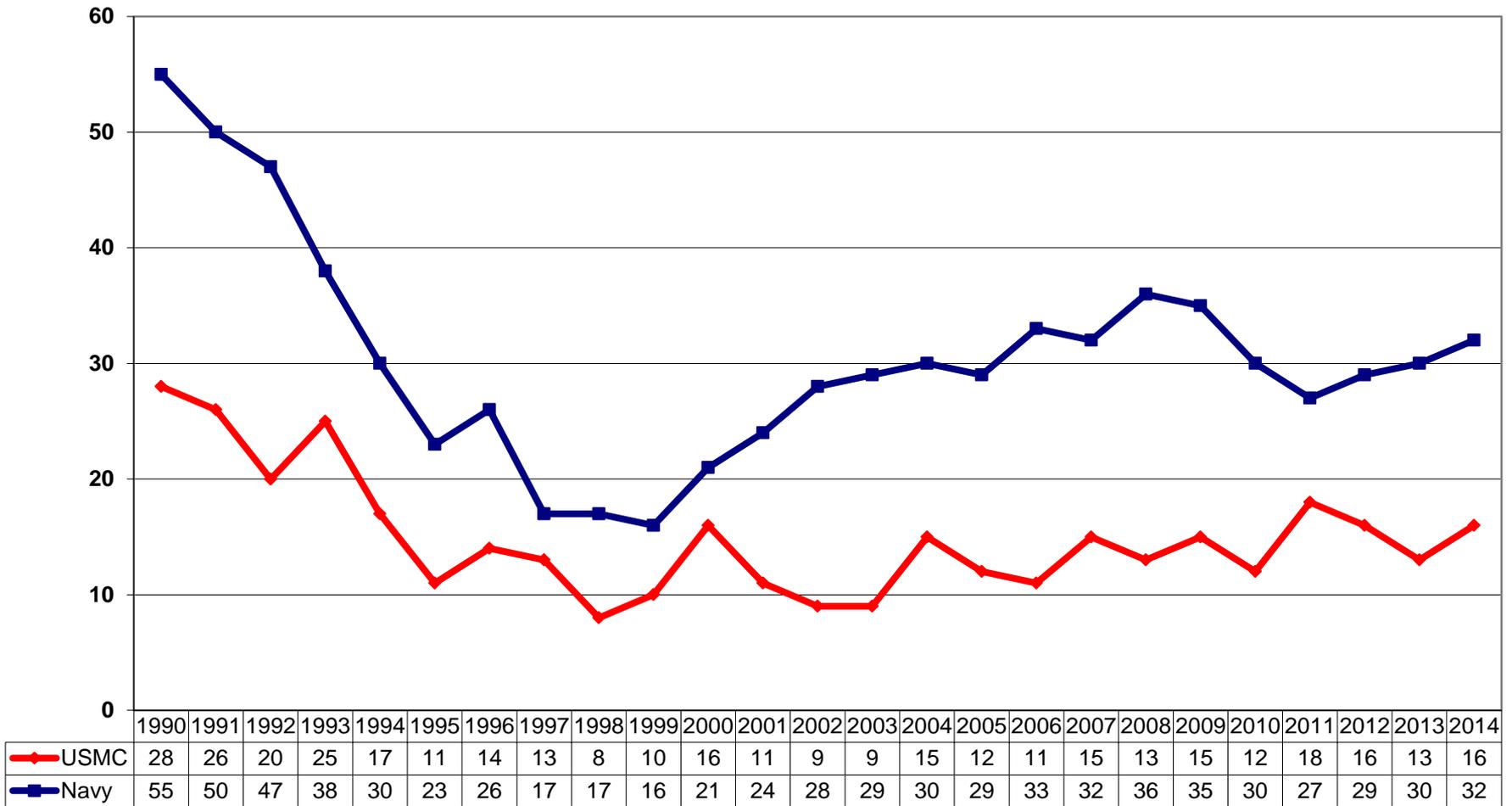
# HIV and Syphilis...

- Similar incidence rates and trends...
- Similar transmission demographics...
- Synergistic transmission dynamics...
- 1 of 4 DoN male syphilis cases (23%) = HIV + before syphilis Dx
- 1 of 15 DoN male syphilis cases (7%) = HIV+ after syphilis Dx

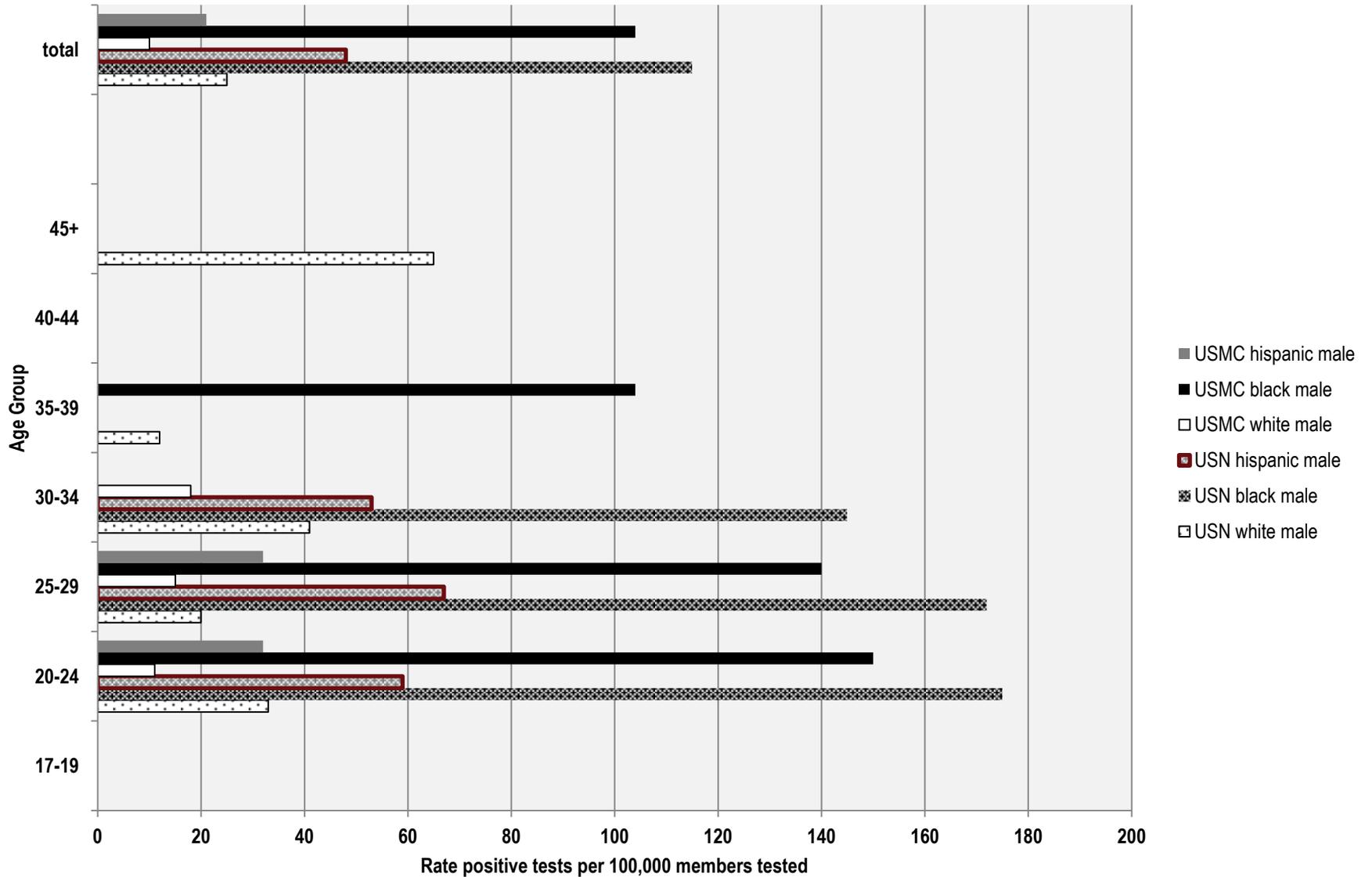
Ever HIV positive	113
HIV positive before syphilis dx	88
HIV positive after syphilis dx	25
HIV negative	262



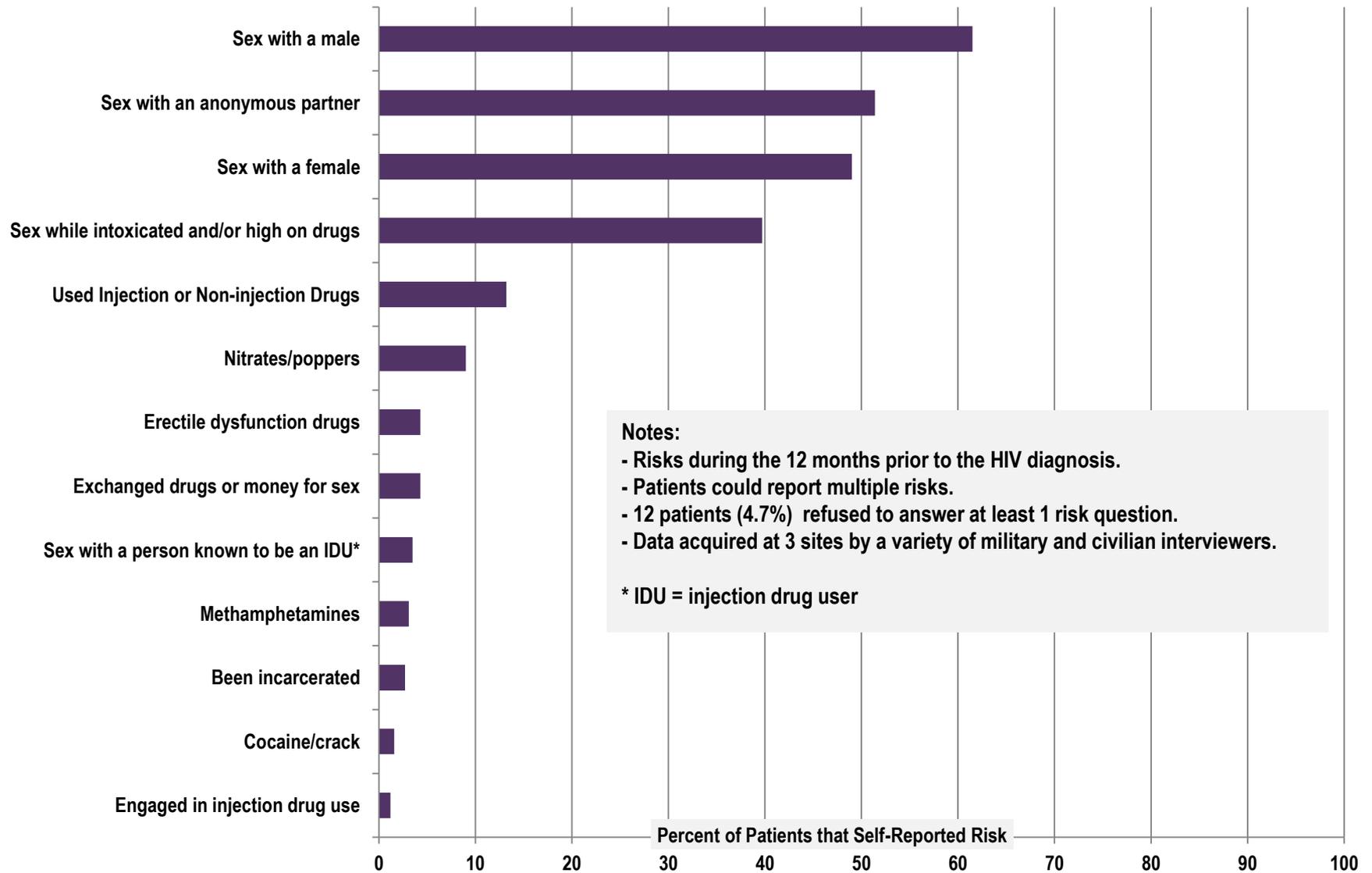
Navy and Marine Corps Public Health Center  
**HIV Seroconversion Rates per 100,000 Active Duty Sailors and Marines Tested**  
 source: Navy Bloodborne Infection Management Center, unpublished data



HIV Seroconversion Rates Among Active Duty Male Enlisted Sailors and Marines, CY2014 (n= 70 Sailors; 23 Marines).  
 Source: NMCPHC-Navy Bloodborne Infection Management Center; unpublished data ; June 2015



**Self-reported HIV Transmission Risks; HIV-diagnosed Active Duty Sailors and Marines 2010-2013 (n=257) Source NMCPHC unpublished data; June 2015**



# STI and HIV PrEP Eligibility

**Table 1: Summary of Guidance for PrEP Use**

	Men Who Have Sex with Men	Heterosexual Women and Men	Injection Drug Users
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work  In high-prevalence area or network	HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 6 months, test for bacterial STIs		
	Do oral/rectal STI testing	Assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection

HIV PrEP Clinical Practice Guidelines (CDC)  
<http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>  
 [accessed 9 July 2015]



# HIV PrEP Clinical Resources

- Webinar HIV PrEP in DoD (Aug 2015)

<http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>

- HIV PrEP Clinical Practice Guideline (CDC)

<http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>

- HIV PrEP Clinical Providers Supplement (CDC)

<http://www.cdc.gov/hiv/pdf/preprovidersupplement2014.pdf>

- HIV PrEP Webinar Series (NACCHO)

<http://www.naccho.org/topics/HPDP/hivsti/prep.cfm>

- HIV PrEP Clinical Consultation Center (UCSF)

<http://nccc.ucsf.edu/2014/09/29/introducing-the-ccc=prepline/>



# Tracking Syphilis Using DRSi

  [DRSi Users Contact List](#) [Profile](#) [Help](#)

accelerate your life. **NDRSi :: Medical Events Recorder Main Page**

Welcome: Asha Riegodedios

**Instructions:** To perform a Medical Events Recorder task, click on the appropriate task link presented below.

[Medical Event Reports](#) [Patient Management](#) [Summary Reports](#)

- [Enter/Edit Medical Event Report\(s\) by SSN](#)  
Review, edit, and report new Medical Event Report(s) for a patient(sponsors and associated FMPs).
- [Enter/Edit Outbreak Report\(s\)](#)  
Review, edit, and report new Outbreak Report(s).
- [Review Deleted Medical Event Report\(s\)](#)  
Review Medical Event Reports that have been flagged for removal or deletion, also restore these records back into DRSi.
- [Manage STI Case\(s\)](#)  
Review reported incidents of sexual transmitted infections.
- [Enter/Edit Medical Event Report\(s\) by Reporting Unit](#)  
Review and edit Medical Event Report(s) based on Reporting Units.
- [Enter/Edit VAERS Case\(s\)](#)  
Enter, edit, and report new Vaccine Adverse Event (VAERS).
- [Review Case-Findings by Reporting Unit](#)  
Analyze available Case-Finding data and report new Event Report as necessary.
- [Manage Health Department Print](#)  
Print Health Department MER Case(s)



## Sponsor's Demographic

Case ID	Sponsor SSN	FMP	First Name	Last Name	MI	Sex	Date of Birth
<input type="text" value="797552"/>	<input type="text" value="999999999"/>	<input type="text" value="20"/>	<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="V"/>	<input type="text" value="F"/>	<input type="text" value="4/14/1986"/>
Race/Ethnicity	Branch of Service	Duty Status	Rank/Grade	Permanent Duty Station (mm/dd/yyyy)			
<input type="text" value="Caucasian"/>	<input type="text" value="Civilian"/>	<input type="text" value="Contractor"/>	<input type="text" value="CIV"/>	<input type="text" value="Select"/> <input type="text" value="**"/>			
Beneficiary Category							
<input type="text" value="Auto-Assigned"/>							

## Medical Event

Diagnosis (ICD-9 code)	Date of Onset		
<input type="text" value="Syphilis"/>	<input type="text" value="1/1/2016"/> <input type="button" value="Pick Date"/>		
Reporting Unit			
<input type="text" value="-"/>			
Method of Confirmation	Case Status	MER Status	Date of Report
<input type="text" value="Serology"/>	<input type="text" value="Confirmed"/>	<input type="text" value="Final"/>	<input type="text" value="1/7/2016"/>

Case Status should be classified as suspect, probable or confirmed according to the current Triservice Guidelines [Triservice Guidelines](#).

## Laboratory Tests

Non-treponemal test (RPR or VRDL)	<input checked="" type="radio"/> Positive <input type="radio"/> Pending <input type="radio"/> Negative
Treponemal test (FTA-ABS or MHA-TP)	<input checked="" type="radio"/> Positive <input type="radio"/> Pending <input type="radio"/> Negative
Demonstration of T. pallidum	<input type="radio"/> Positive <input type="radio"/> Pending <input type="radio"/> Negative
Other labs not listed	<input type="text"/>

## Event Related Questions

Please indicate the stage/classification of syphilis  Primary  Secondary  Latent(early or late)  Tertiary  Congenital

NOTE: Neurosyphilis should be reported by the stage of syphilis in which it presents (usually tertiary).

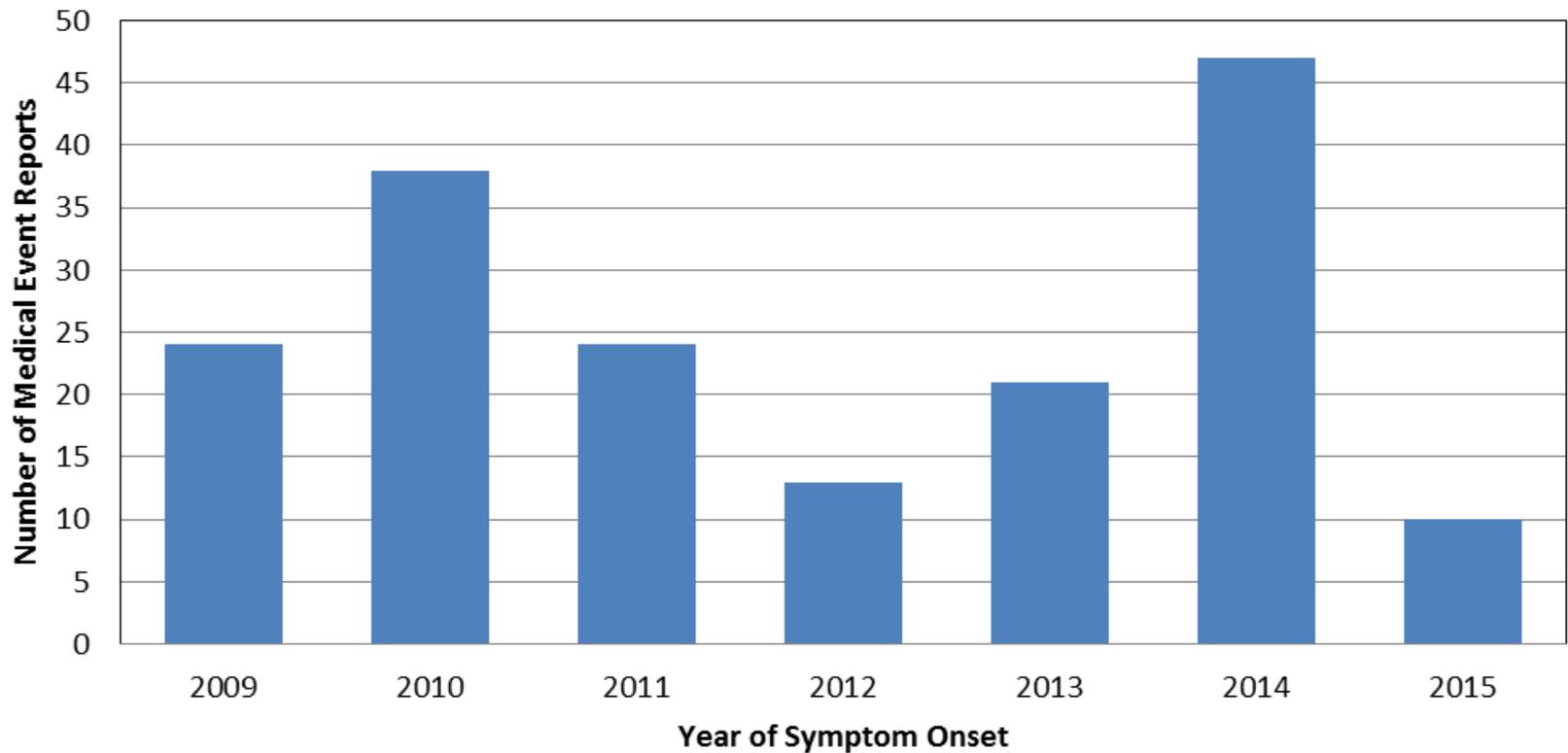
## Comments

Comments (2,000 characters maximum)



# Tracking Syphilis Using DRSi

## Number of Reported Syphilis Cases, MTF A, 2009-2015



## Sponsor's Demographic

Case ID	Sponsor SSN	FMP	First Name	Last Name	MI	Sex	Date of Birth
<input type="text" value="797552"/>	<input type="text" value="999999999"/>	<input type="text" value="20"/>	<input type="text" value="Jane"/>	<input type="text" value="Doe"/>	<input type="text" value="V"/>	<input type="text" value="F"/>	<input type="text" value="4/14/1986"/>
Race/Ethnicity	Branch of Service	Duty Status	Rank/Grade	Permanent Duty Station (mm/dd/yyyy)			
<input type="text" value="Caucasian"/>	<input type="text" value="Civilian"/>	<input type="text" value="Contractor"/>	<input type="text" value="CIV"/>	<input type="text" value="Select"/>	<input type="text" value="**"/>		
Beneficiary Category							
<input type="text" value="Auto-Assigned"/>							

## Medical Event

Diagnosis (ICD-9 code)	Date of Onset
<input type="text" value="Syphilis"/>	<input type="text" value="1/1/2016"/>
Reporting Unit	
<input type="text" value="-"/>	
Method of Confirmation	
<input type="text" value="Serology"/>	
Case Status should be cl	

VBScript: STI Risk Information Survey?

A new STD MER was created. Do you wish to complete an STI Risk Information Survey?

## Laboratory Tests

Non-treponemal test (RPR or VRDL)  Positive  Pending  Negative

Treponemal test (FTA-ABS or MHA-TP)  Positive  Pending  Negative

Demonstration of T. pallidum  Positive  Pending  Negative

Other labs not listed

## Event Related Questions

Please indicate the stage/classification of syphilis  Primary  Secondary  Latent(early or late)  Tertiary  Congenital

NOTE: Neurosyphilis should be reported by the stage of syphilis in which it presents (usually tertiary).

## Comments

Comments (2,000 characters maximum)



**Patient Demographics**

STI Case ID:

Sex:  Male  Female

FMP:

Age:

Race:

Branch:

Rank:

Duty Status:

**Medical Event Information**

Diagnosis:

Reporting Unit:

Date of Onset:

**STI Detail**

- Marital Status:**
- Single-never Married
  - Divorced
  - Unknown
  - Married
  - Widowed
  - Refused to answer
  - Married-seperated
  - Cohabiting

**Prevention counseling and partner referral services conducted?**

- Yes  No  Unknown

**Sexual Behavior within past 3 months:**

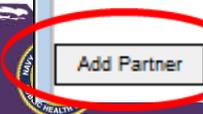
- Anonymous Partner
- Injection Drug Use
- Exchanged money/drugs for sex
- Men-sex-with-men
- Unknown
- Other
- Refused to answer

**Sexual Behavior within the last 12 months:**

- Anonymous Partner
- Injection Drug Use
- Exchanged money/drugs for sex
- Men-sex-with-men
- Unknown
- Other
- Refused to answer

**Partner Information** Testing and treatment are appropriate for all named partners of this patient who were exposed within 90 days prior to the Date of Onset.

Partner Information Co



Refused to answer

**Partner Information** Testing and treatment are appropriate for all named partners of this patient who within 90 days prior to the Date of Onset.

Partner

**Partner #1:**

**Partner Type:**  Spouse  Other main partner  Casual or periodic partner  
 Anonymous partner  Commercial sex worker  Unknown  
 Refused to answer

**Condom Used?**  Yes  No  Refused to answer

**Location at time of exposure to this partner:**

Home station  On leave/liberty  Deployed  
 Underway  CONUS  OCONUS  
 Prior to enlistment  Other

**Partner notification option chosen by patient:**

Provider referral  Third party referral  Patient referral  
 Contract referral  Dual referral  Other  
 None

**Partner notified of exposure within 30 days?**  Yes  No  Unknown

**Partner testing and treatment confirmed within 30 days?**  Yes  No  Unknown

**Partner confirmed infected with STI?**  Yes  No  Unknown

Add Partner

Save Changes



**Instructions:** To perform a Medical Events Recorder task, click on the appropriate task link presented below.

Medical Event Reports

Patient Management

Summary Reports

➔ MER Case Chart Analysis

Generate Medical Event Reporting frequency and by-age breakdown charts.

➔ **Summary Reports**

Generate thirteen summary reports: Monthly Facility Completion Status Report, Submission Overview Report, Excel Case Finding Status Report, Detailed Monthly

Monthly Facility Report   Completion Status Report   Submission Overview Report   Export  
Case Finding Status Report   Detailed Monthly Facility Report   Monthly Regional Report  
Disease Grouping Report   Timeliness Report   STD Report   **STI Risk Report**   Facility Bas

Lists statistics based on the information from the available STI Cases.

- Step 1: Select one or more Reporting Unit
- Step 2: Select one or more ICD9 Code
- Step 3: Select a date-range
- Step 3: Click submit

Reporting Unit(s): Number of Reporting Units Selected: [746](#)

Select Reporting Unit(s)

Remove All

-- All Reporting Units have been selected --

ICD9 Code(s): Available ICD9 Codes:

Chlamydia  
Gonorrhea  
Hepatitis B  
Syphilis  
Syphilis; Latent (No longer reportable)

Add >

< Remove

<< Remove All

Selected

Date Range: Start Date:

End Date:

Select

Select



# Tracking Syphilis Using DRSi – STI Risk Report

	Selected Population Count	Selected Population Percent	Navy Population Count	Navy Population Percent
Total	321	100.0 %	1,936	100.0 %
<b>Diagnosis</b>				
Chlamydia	291	90.7 %	1,758	90.8 %
Gonorrhea	26	8.1 %	138	7.1 %
Syphilis	3	0.9 %	17	0.9 %
Syphilis; Primary/Secondary (No longer reportable)	1	0.3 %	12	0.6 %
<b>Age</b>				
<= 17	16	5.0 %	18	0.9 %
18 ~ 24	208	64.8 %	1,256	64.9 %
25 ~ 30	70	21.8 %	454	23.5 %
31 ~ 35	17	5.3 %	106	5.5 %
36 ~ 40	6	1.9 %	52	2.7 %
>= 41	4	1.2 %	50	2.6 %
<b>Sex</b>				
Male	212	66.0 %	783	40.4 %
Female	109	34.0 %	1,153	59.6 %
<b>Status</b>				
Active Duty	193	60.1 %	1,489	76.9 %
Other Beneficiary	128	39.9 %	447	23.1 %
<b>Marital Status</b>				



	Selected Population Count	Selected Population Percent	Navy Population Count	Navy Population Percent
<b>Marital Status</b>				
Cohabiting	4	1.2 %	8	0.4 %
Divorced	4	1.2 %	41	2.1 %
Married	74	23.1 %	457	23.6 %
Married-Separated	9	2.8 %	29	1.5 %
Missing	2	0.6 %	92	4.8 %
Single-never Married	213	66.4 %	999	51.6 %
Unknown	14	4.4 %	304	15.7 %
Widowed	1	0.3 %		
<b>Sexual Behavior (Past 3 months)</b>				
Anonymous Partner	112	34.9 %	755	39.0 %
Exchanged money/drug for sex	1	0.3 %	8	0.4 %
Men-sex-with-men	5	1.6 %	21	1.1 %
Unknown	98	30.5 %	412	21.3 %
Other	49	15.3 %	535	27.6 %
Refused to answer	2	0.6 %	59	3.0 %
Not specified	58	18.1 %	182	9.4 %
<b>Sexual Behavior (Past 12 months)</b>				
Anonymous Partner	108	33.6 %	699	36.1 %
Exchanged money/drug for sex	1	0.3 %	4	0.2 %
Men-sex-with-men	5	1.6 %	21	1.1 %
Unknown	104	32.4 %	484	25.0 %
Other	43	13.4 %	444	22.9 %
Refused to answer	2	0.6 %	66	3.4 %
Not specified	61	19.0 %	249	12.9 %
<b>Certified Complete</b>				
Yes	110	34.3 %	1,184	61.2 %
No	211	65.7 %	752	38.8 %

# Tracking Syphilis Using DRSi

- => DRSi helpdesk email: [usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil](mailto:usn.hampton-roads.navmcpubhlthcenpors.list.nmcphc-ndrs@mail.mil)
- Contact us if you have questions on getting a DRSi account or how to use DRSi
- Or if you want one-on-one training to help you make the best use of DRSi at your MTF
- Monthly disease surveillance training webinars
  - Last Tuesday of every month
  - 30 minutes in length, held at 0900, 1500 and 1700 ET
  - Registration Information and previously recorded sessions can be found at: <http://go.usa.gov/3K5kz>





# Syphilis

## What's the deal?

Every 4 days,  
another  
Sailor is  
diagnosed  
with  
syphilis

### Some Signs:

Painless genital sore  
Rash on palms & soles  
General body rash  
Sores in the mouth  
Patchy hair loss



Men who have sex with men  
are at highest risk  
of getting syphilis.

Men and women who have  
unprotected sex  
can also get syphilis.

## What can I do?

### Rx

Get a quick  
blood test  
right away  
if you think you  
might have syphilis  
- OR -  
if a partner tells you  
they had syphilis:  
even if you feel well

Condoms used correctly  
and every time  
greatly reduce your risk.



Just pulling out,  
or just asking your partner if  
they have syphilis  
are NOT safe strategies.



Ask for a syphilis test  
every year if you are  
a man who has sex with men,  
or if you have  
sex without a condom  
with casual partners.

October 2015

Learn More



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# HIV

...Sailors and Marines should know...

## HIV happens...

# 4

...every 4 days,  
another active duty  
Sailor or Marine  
is diagnosed with HIV.

...to women:  
in the U.S., about 1 of 5 people  
that got HIV last year is a  
woman.



...to men.

Men who have unprotected sex  
with men are at highest risk  
of getting HIV.  
Men who have unprotected sex  
with women can also get HIV.

## But it doesn't have to...

### Rx

HIV medicine  
can greatly reduce your  
risk of getting HIV.  
You can take one pill each  
day - it's called PrEP.  
- or -  
You can take HIV pills  
after an exposure - BUT  
you must start within  
72 hrs - it's called PEP.

Learn More



April 2015

Condoms used correctly  
and every time  
greatly reduce your risk.



Just pulling out,  
or just asking your partner if  
they have HIV  
are NOT safe strategies.



Ask for an HIV test every year  
if you are  
a man who has sex with men,  
or if you have  
sex without a condom  
with casual partners.



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# Closing Thoughts

- Identify high-risk patients
  - Routine preventive care screening: “Sex with men, women or both in the past 12 months?”
- Annual syphilis (and HIV) test for MSM
- HIV PrEP consideration for men with Syphilis and MSM
- HPV Vaccination // HAV and HBV Vaccination
- DRSi - complete the STI risk survey fields
- Educate Sailors about syphilis and HIV risk



# Questions, Concerns, Ideas?

Navy and Marine Corps Public Health Center  
Sexual Health and Responsibility Program (SHARP)  
620 John Paul Jones Circle, Suite 1100  
Portsmouth VA 23708



<http://www.med.navy.mil/sites/nmcphc/health-promotion/reproductive-sexual-health/Pages/reproductive-and-sexual-health.aspx>

e-mail:

[michael.r.macdonald2.civ@mail.mil](mailto:michael.r.macdonald2.civ@mail.mil)

voice: (757) 953-0974 [DSN 377]



- The slides and audio will be archived on the NMCPHC webpage at: <http://www.med.navy.mil/sites/nmcphc/health-promotion/Pages/webinars.aspx>
- Thank you for joining us and if you have any questions, please email Bob MacDonald at [michael.r.macdonald2.civ@mail.mil](mailto:michael.r.macdonald2.civ@mail.mil)

