

Montana Syndemic:

Syphilis, HIV, Hepatitis C, Substance Use, and Stigma
Addiction Medicine Network Meeting, May 3, 2024

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Objectives

- Define and discuss a syndemic approach to sexually transmitted infection (STI) care.
- Briefly review the scope of the syphilis and congenital syphilis epidemic in Montana.
- Discuss current activities to support syphilis care in Montana.
- Solicit ideas for other approaches to care.



What is a syndemic?

syn “with, together”
demos “people”



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Syndemic

Two or more diseases cluster in time or space.

The diseases interact in meaningful ways, whether biological, social, or psychological.

Harmful social conditions drive these interactions.

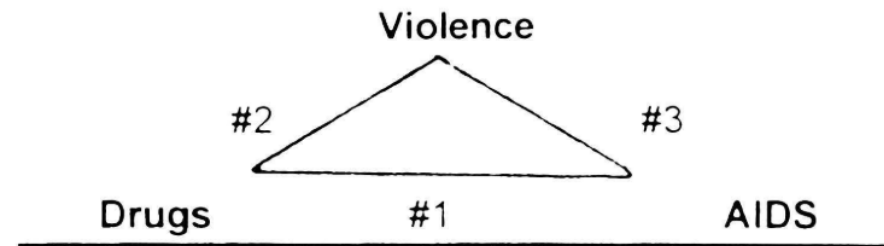


Syndemic, continued

A set of closely intertwined and mutual enhancing health problems that significantly affect the overall health status of a population within the context of a perpetuating configuration of noxious social conditions.

FIGURE 1: SAVA Interconnections

Singer (1994)



A biomedical approach to care

“One of the most important functions of any healing system is the imposition of order on the chaos of sickness. Order is imposed in the health arenas, in part, through nosology, a classificatory scheme for grouping and separating sickness events and labeling them accordingly on the basis of shared and unshared features.”

- Merrill Singer & Scott Clair, 2003



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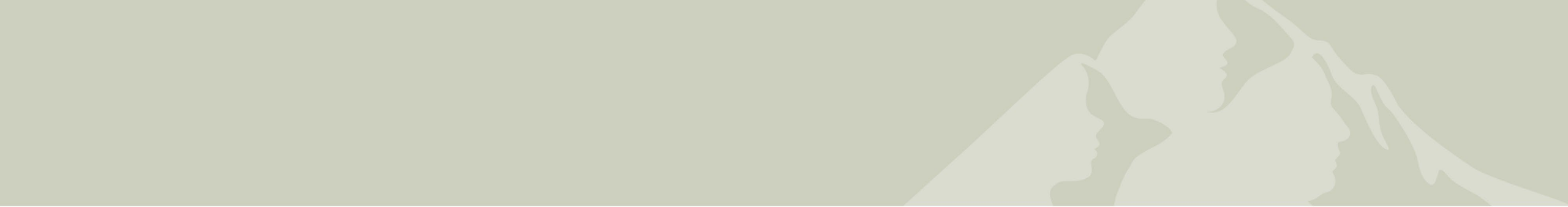
A biocultural approach to care

“...the critical biocultural approach...attempts to identify and understand the determinant interconnections among pressing health problems, sufferer and community understandings of the illnesses(es)/disease(s) in question, the relevant social, political, and economic forces in play, and (in no small measure as a result of these three influences) the environmental conditions that may have contributed to the development of ill health.”

- Merrill Singer & Scott Clair, 2003



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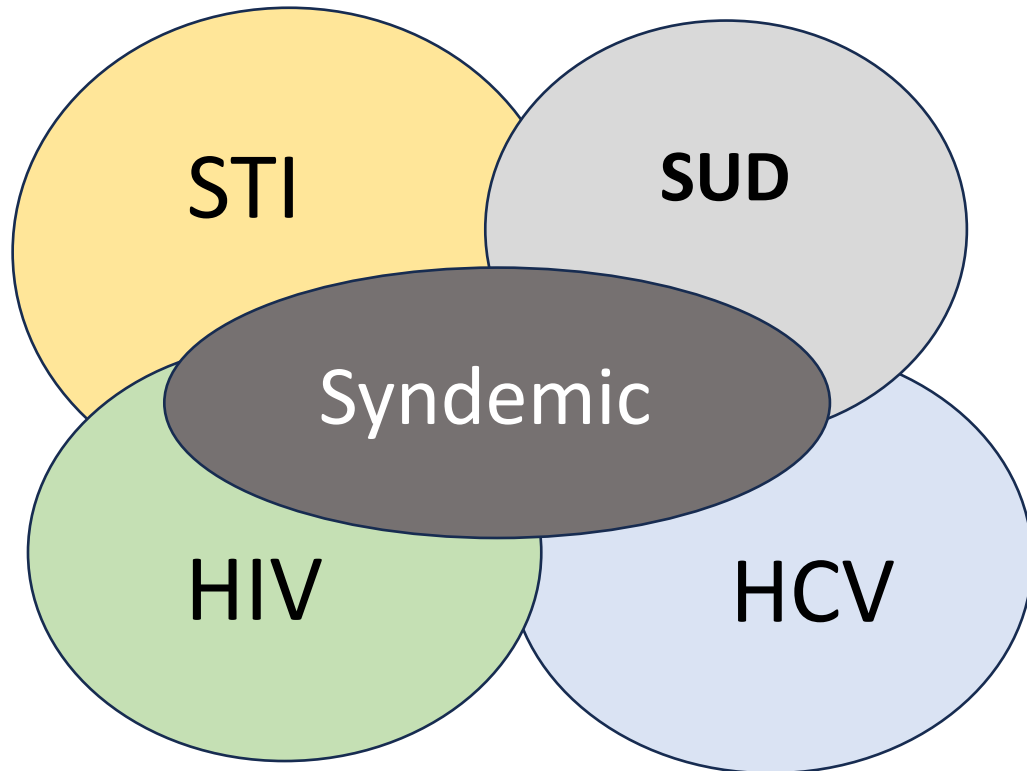
To prevent a syndemic, one must not only prevent or control each disease but also the forces that tie those diseases together.

- Bobby Milstein, 2001, organizer of the CDC Syndemics Prevention Network



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Syndemic



- Montana has a syndemic of sexually transmitted infections, HIV, hepatitis C, and substance use disorder.
- These diseases exhibit synergy and exacerbate each other.
- They share upstream drivers, including drug use, poverty, limited access to health care, and stigma.
- And they often occur in marginalized people.

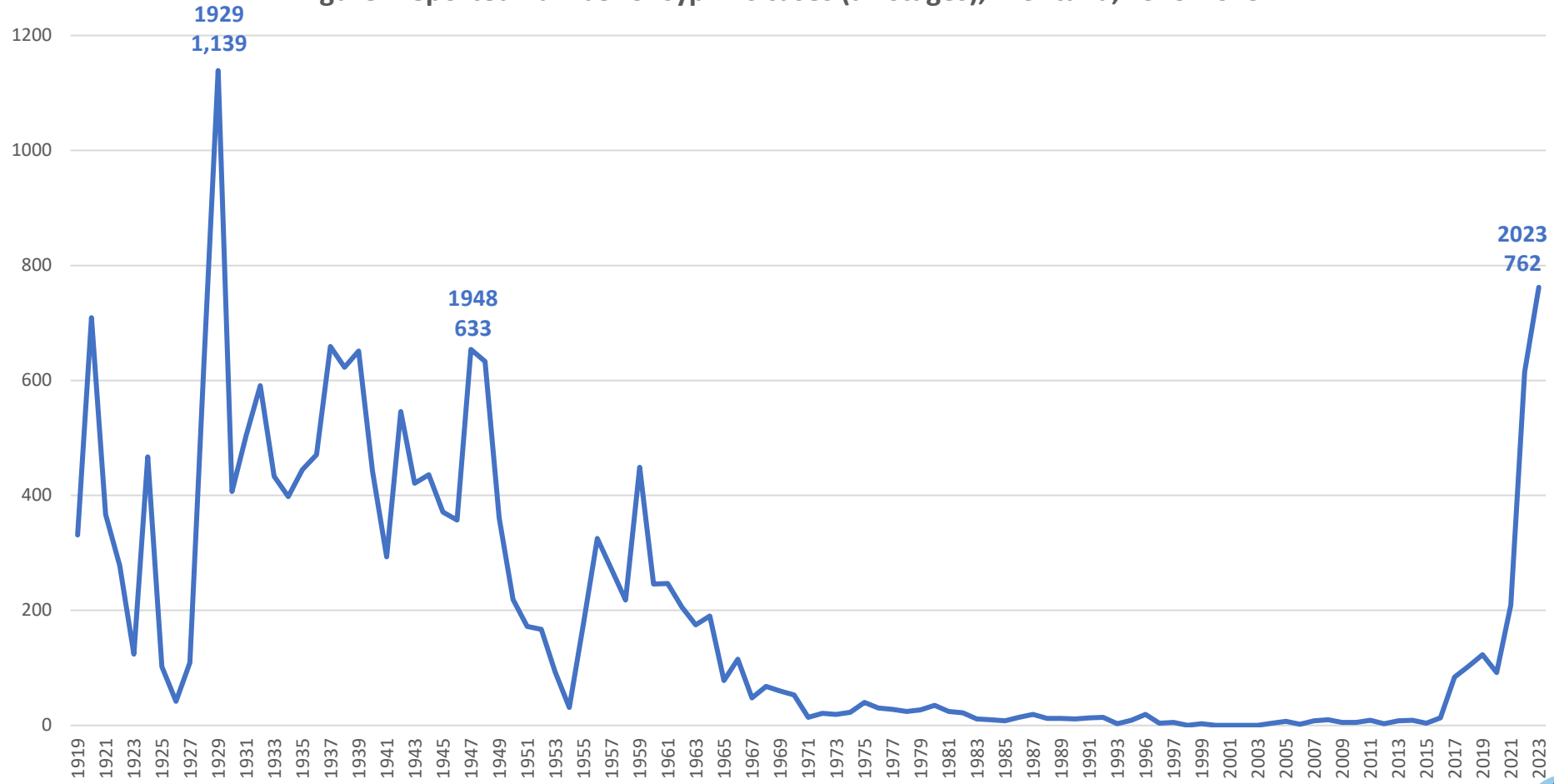
Syphilis in Montana



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Why are we talking about syphilis?

Figure. Reported number of syphilis cases (all stages), Montana, 1919-2023.



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Syphilis

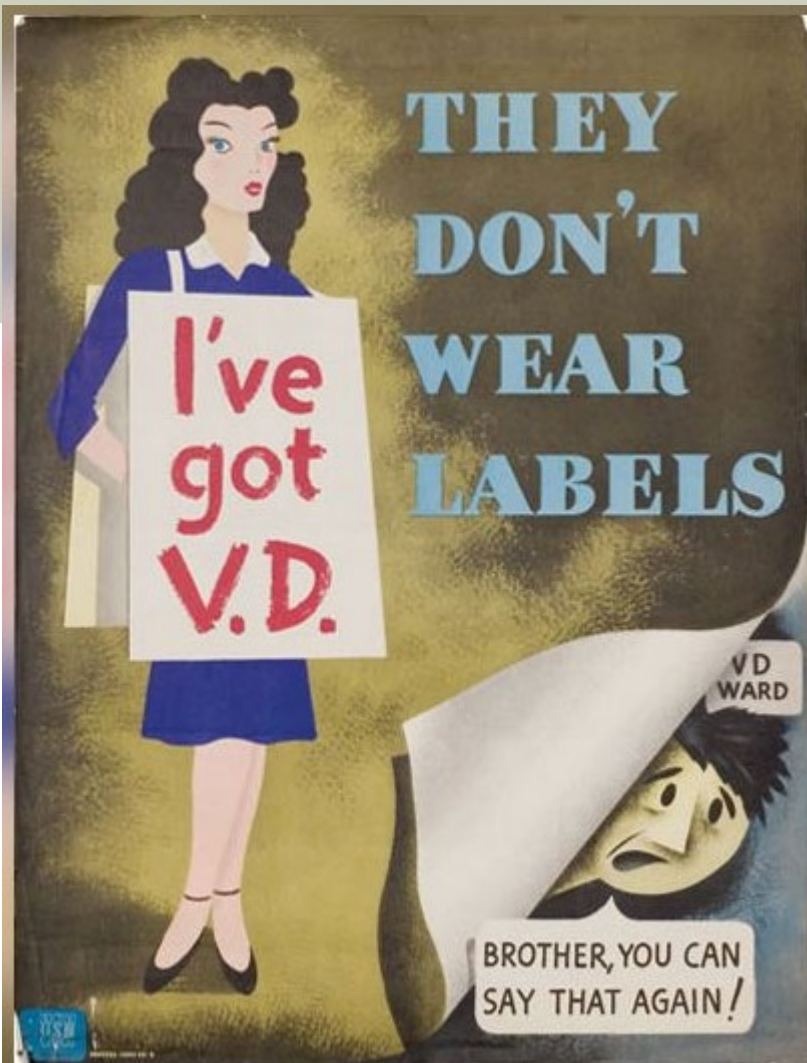
- Systemic infection that can result in poor outcomes for affected adults and infants.
- Caused by a bacteria, *treponema pallidum*.
- It is transmitted by sexual activity and from mother to infant in pregnancy.
- Without treatment, the person will remain chronically infected and can develop other clinical manifestations.



Why isn't syphilis being diagnosed?

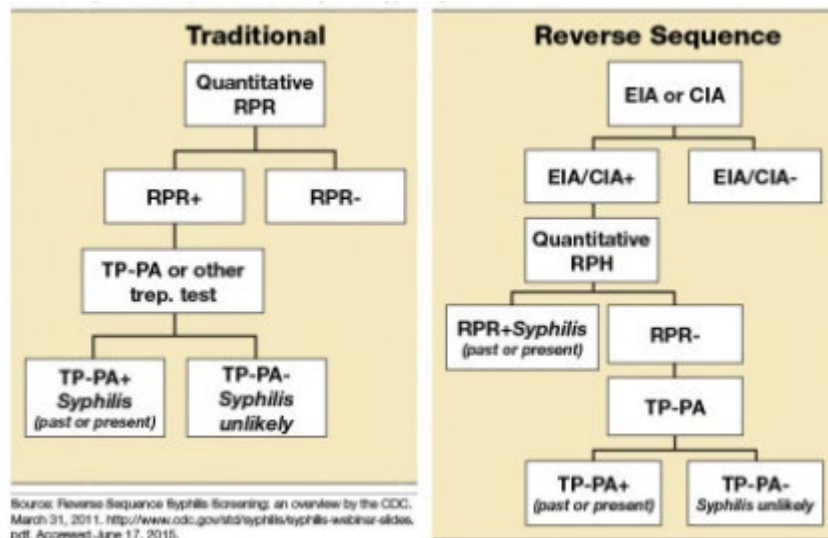
- The signs/symptoms are easy to miss, and they resolve without treatment.
- It is called the “great imitator” because the signs/symptoms are like many other common conditions.
 - Often painless sore in the primary stage.
 - Rash, fatigue, fever, or wart-like skin condition in the secondary stage.
 - A latent phase of infection with no signs or symptoms.
- Sexually transmitted infections are stigmatized.



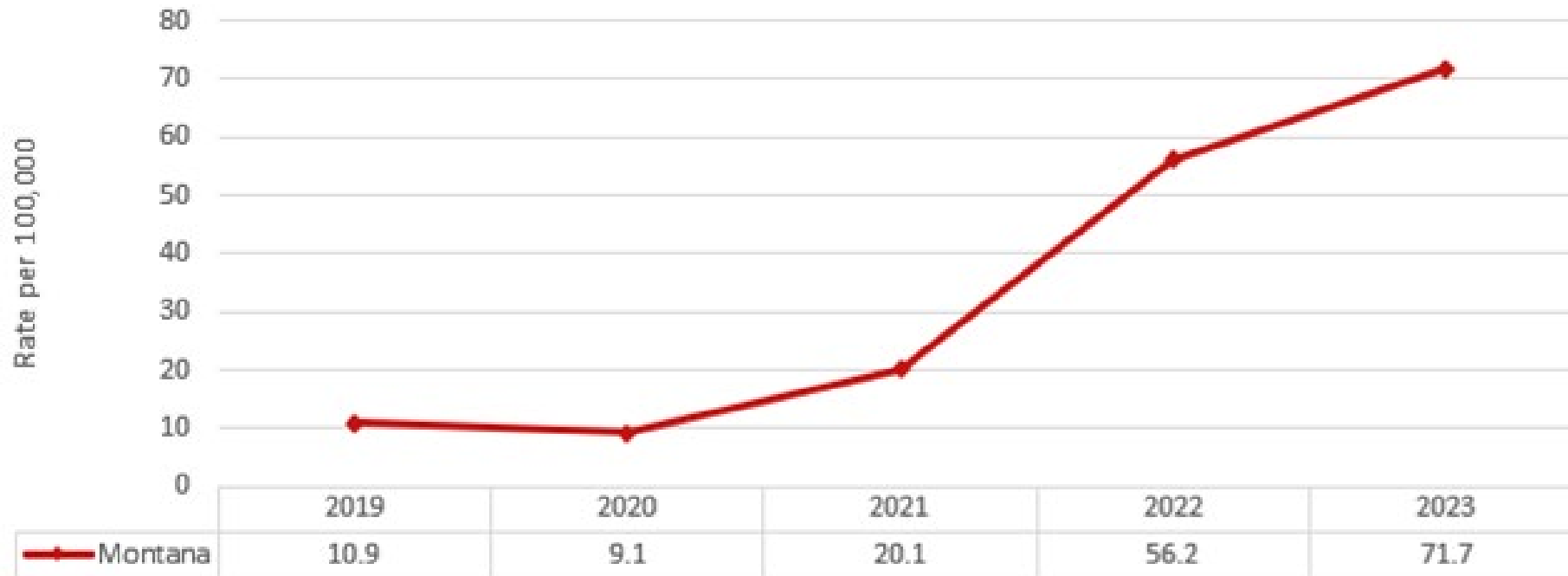


Syphilis is preventable and treatable.

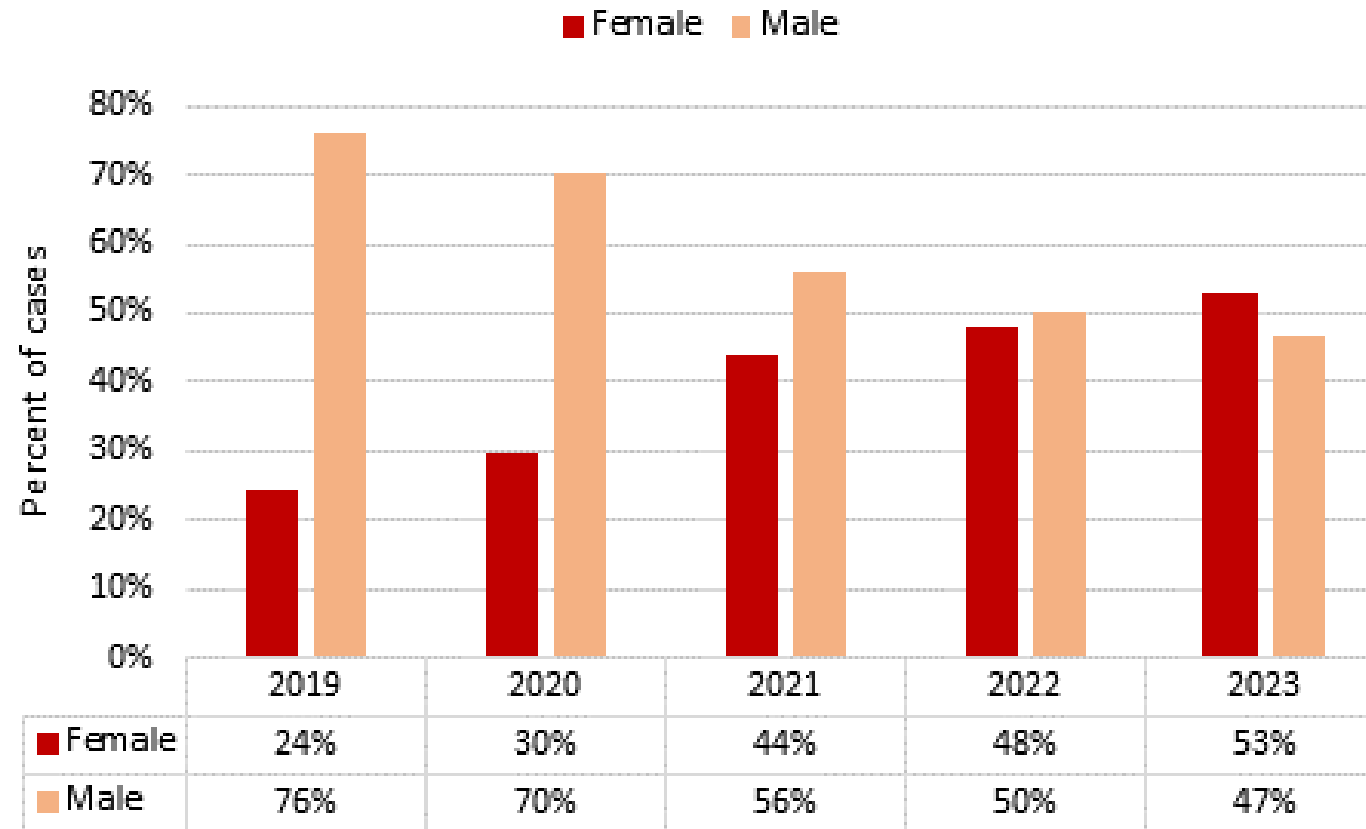
- Screening tests are available.
- Syphilis is curable with antibiotics.
- Sexual partners must also be tested and treated.



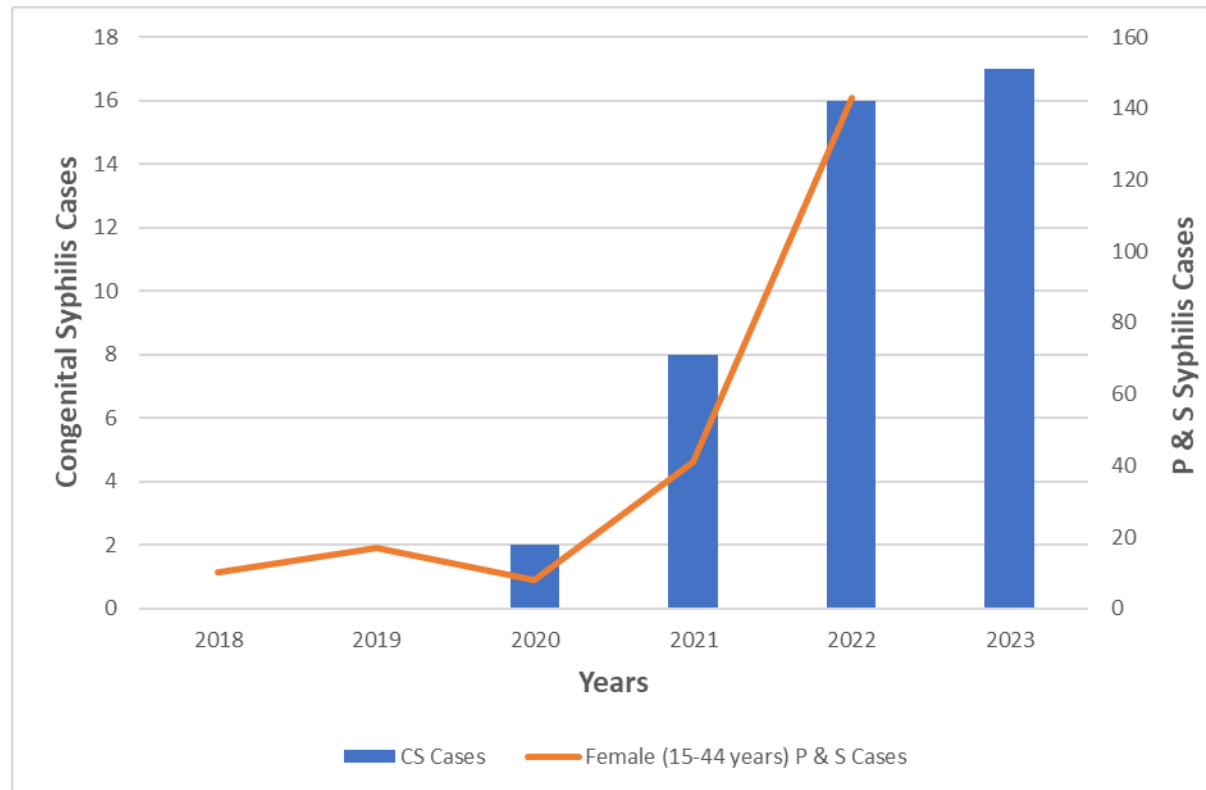
Incidence of syphilis cases (all stages) per 100,000, Montana 2019 - 2023



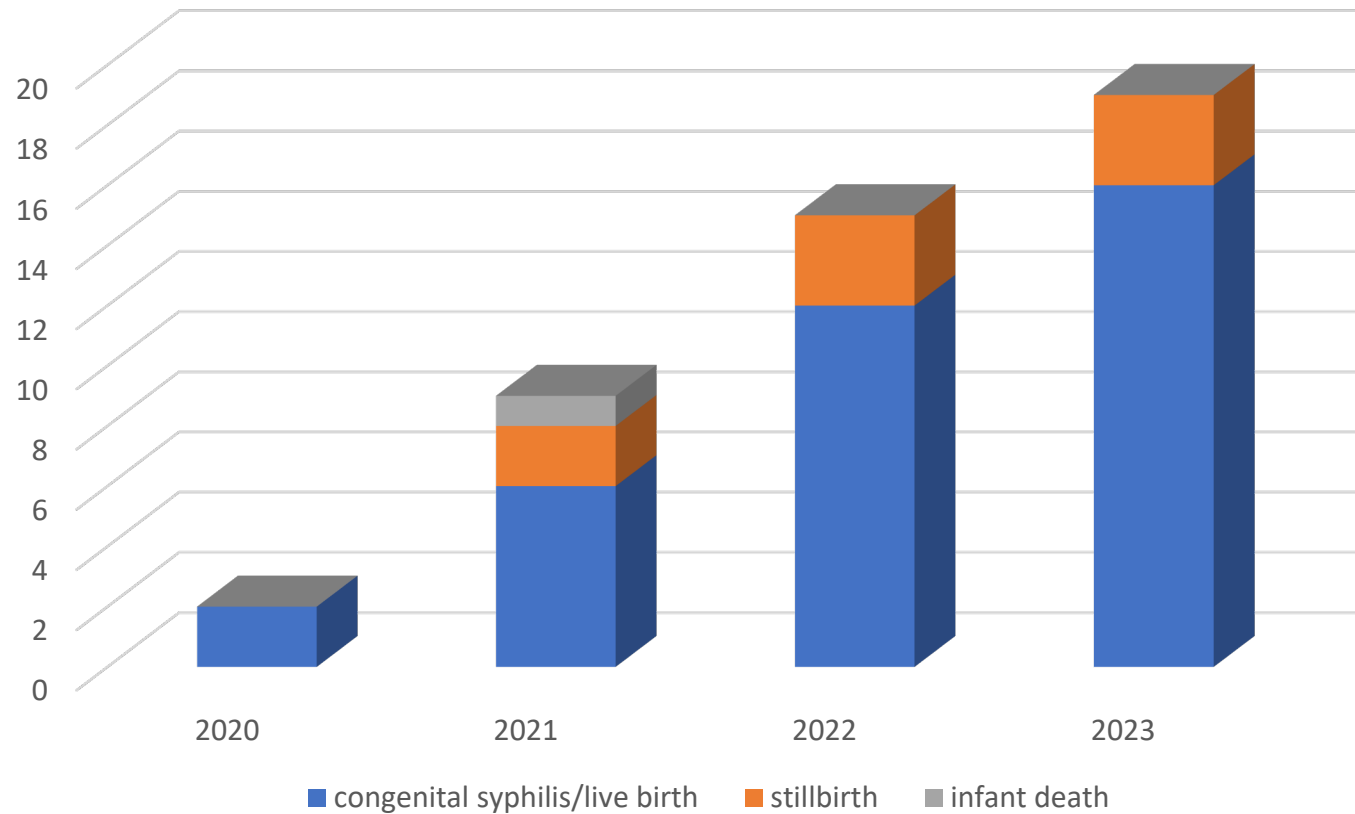
Percentage of syphilis cases (all stages) by gender, Montana 2019 - 2023



Reported Congenital Syphilis Cases by Year of Birth and Reported Cases of Primary and Secondary Syphilis Among Women Aged 15-44 years, Montana, 2018-2023



Montana congenital syphilis, syphilitic stillbirth, and infant death due to congenital syphilis, 2020-2023*



Syphilis in Pregnant Women

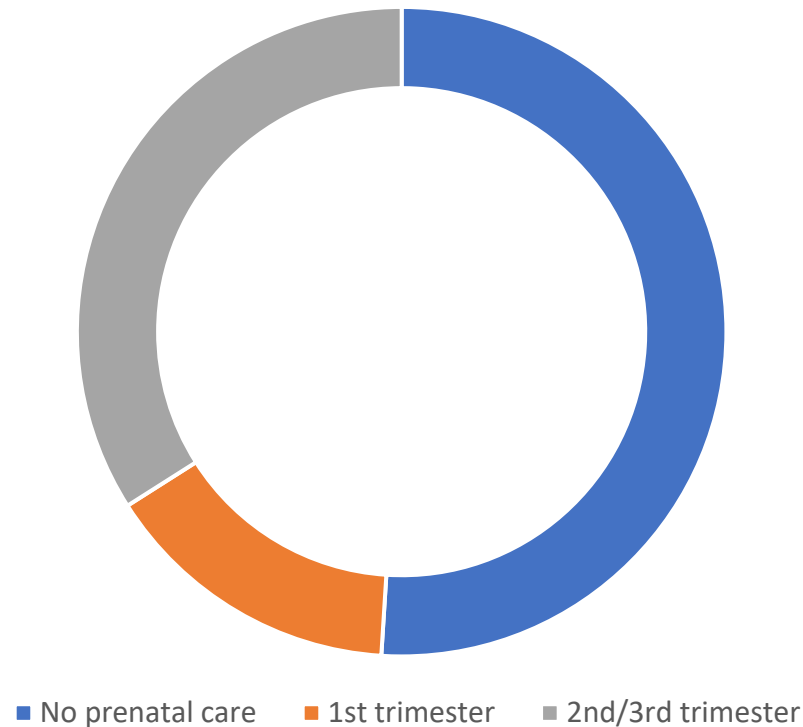


- Syphilis can be vertically transmitted from mother to fetus during pregnancy.
- 40% of pregnancies in women with untreated syphilis will result in spontaneous abortion, stillbirth, or prenatal death.
- Risk factors include:
 - Sex in conjunction with drug use
 - Transactional sex
 - Late entry into prenatal care or no prenatal care
 - Incarceration of woman or her partner
 - Unstable housing or homelessness



Pregnant women face many challenges to care.

Prenatal Care



- Women are recommended to start prenatal care early in the 1st trimester. We rely on prenatal care engagement during this period to screen for conditions that may affect the woman and her fetus, including syphilis and HIV.
 - Between 2020 and 2023, 51% of MT women who had an infant with congenital syphilis did not have any prenatal care.
 - Of the 49% with documented prenatal care, 69% entered in the 2nd or 3rd trimester.
- The medical model is failing to prevent congenital syphilis. When there is no engagement in prenatal care, we must identify other ways to reach pregnant women and offer the most essential elements of care.

Percentage of patients with syphilis (all stages) assessed for risk factors, Montana 2019-2023

YEAR	RISK FACTORS NOT ASSESSED	COMPLETED RISK ASSESSMENT	COMPLETED RISK ASSESSMENT, NO RISKS IDENTIFIED	PATIENT DECLINED RISK ASSESSMENT
2019	14%	78%	4%	4%
2020	30%	64%	0%	6%
2021	43%	52%	3%	2%
2022	24%	71%	2%	3%
2023	18%	77%	2%	3%



Patients with syphilis (all stages) who report specific risk factors in the past 12 months, Montana 2019-2023*

YEAR	EXCHANGED DRUGS/MONEY FOR SEX	SEX WHILE INTOXICATED OR HIGH
2019	4%	59%
2020	3%	52%
2021	8%	53%
2022	5%	67%
2023	5%	65%

Discussion: Recent case



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How can we work together
to improve the health of
people who use drugs?



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Testing/Treatment for STIs, Hepatitis C, and HIV: Support for existing networks

- Sites offering naloxone or other harm reduction supplies could incorporate infectious disease screening into visits, OR
- Sites could provide warm handoffs to partners who offer syphilis (and other STI) screening and timely treatment.
- Learn more about the care offered in your community.
 - Community resources for low-cost or free screening and treatment.
 - Do people who use drugs consider the care non-judgmental, confidential, and/or inclusive?
 - If welcoming/inclusive screening sites for people who use drugs are not readily available, how can you help increase availability?



Meet people where they are.

- Location
 - Places where they frequent.
 - Trusted organizations that provide services for people who use drugs.
- Harm Reduction Model
 - Empower people who use drugs to live healthy, self-directed, and purpose filled lives.
 - Engage directly with people who use drugs to prevent overdose and infectious disease transmission.
 - Offer low-barrier options for accessing health care services.
- Stigma/Shame
 - Non-judgmental approach to reducing harm.



Meet pregnant women where they are.

- Pregnant women with SUD experience additional challenges, including:
 - Fear of children being removed from home during pregnancy and/or after delivery.
 - Stigma of substance use during pregnancy.
- Harm Reduction Model:
 - Find a safe space for testing.
 - Encourage pregnancy testing and prenatal care, but do not require it.
 - Remember, she needs to have autonomy to decide what is best for her.



Reduce Stigma/Shame

- Stigma and shame fuel epidemics.
- Stigma and shame surround the use drugs and exposure to STIs, particularly syphilis and HIV.
- We need to change the narrative for all people, especially pregnant women with substance use disorder, who seek any kind of care as a positive.



Recent and upcoming DPHHS work

- Public health and provider communications
 - Call to action (12/22), “Dear Women’s Health Providers...” (10/23)
 - Planning update to letter and HAN message based on recent American College of Obstetricians and Gynecologists (ACOG) [recommendations](#)
- Educational support
 - Disease Intervention Specialist (DIS) echo sessions, ongoing
 - Coaching/technical assistance
 - Syphilis Symposium (July 2023), medical provider trainings, CDC/Montana Syphilis Staging Workshop April 16th
 - [Syndemic Symposium](#), May 16th
- Congenital Syphilis Review Board



Resources:

- To find a clinic:
 - STD testing sites: www.gettested.mt.gov
 - FQHCs: Federally Qualified Health Center (FQHC) - Montana | Page 1 (npidb.org)
- Training
 - NASTAD and Northwest Portland Area Indian Health Board Syphilis and Drug User Health Webinar Series:
 - <https://nastad.org/resources/syphilis-and-drug-user-health-webinar-series>



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Opioid Rapid Response



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Opioid Rapid Response Program (ORRP)

Interagency, coordinated federal effort to mitigate drug overdose risk among patients impacted by law enforcement actions that disrupt access to prescription opioids or medication assisted treatment/medications for opioid use disorder

Overseen by United States Department of Health and Human Services (HHS) Office of the Assistant Secretary for Health (OASH) and coordinated by the CDC and OIG

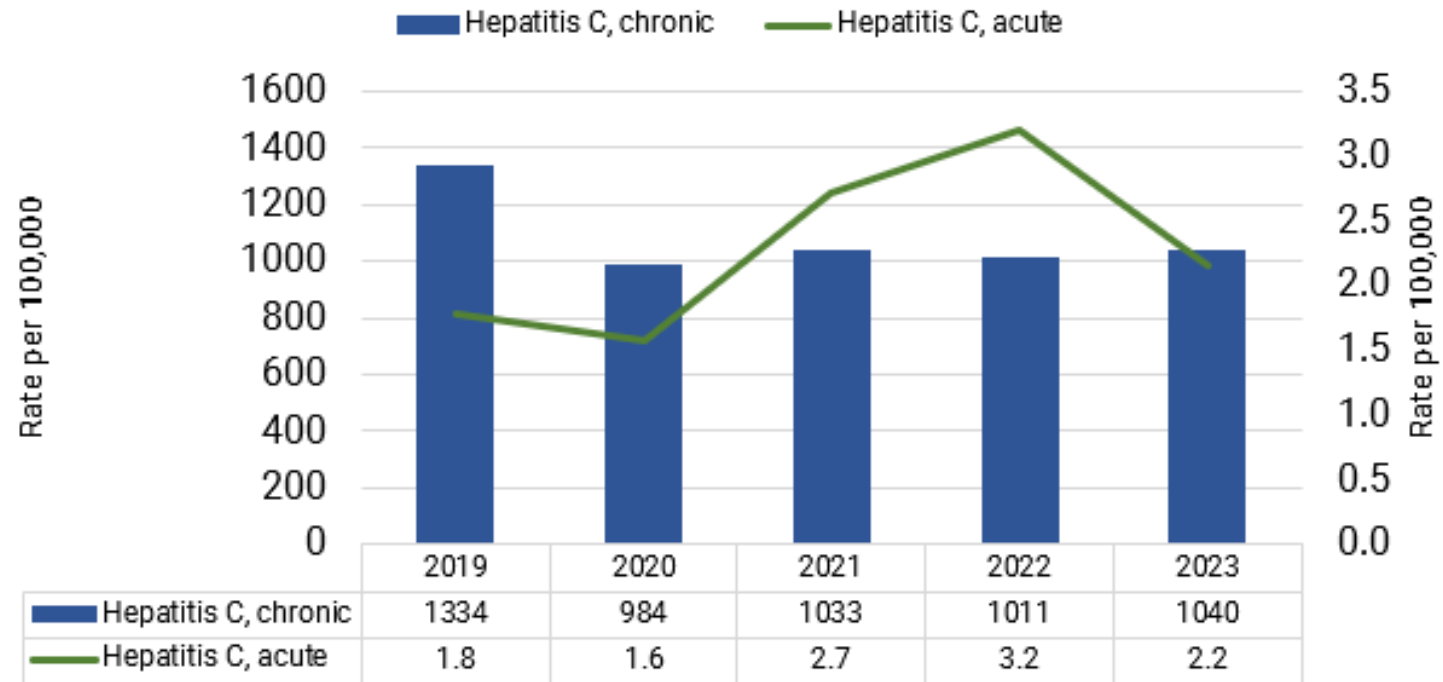


Questions?



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Hepatitis C



HIV/AIDS

