

# **Resolution of Nationwide Shortage of Penicillin G benzathine (Bicillin L-A®)**

| DATE:           | September 26, 2024   |
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| TO:             | Health Alert Network   |
| FROM:           | Debra L. Bogen, M.D., FAAP, Secretary of Health                              |
| SUBJECT:        | Resolution of Nationwide Shortage of Penicillin G benzathine (Bicillin L-A®) |
| DISTRIBUTION:   | Statewide  |
| LOCATION:       | N/A  |
| STREET ADDRESS: | N/A  |
| COUNTY:         | N/A  |
| MUNICIPALITY:   | N/A  |
| ZIP CODE:       | N/A  |

# This transmission is a "Health Advisory," which provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE; FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; LONG-TERM CARE FACILITIES: PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

#### <u>Summary</u>

- The Pennsylvania Department of Health (DOH) has received adequate supplies of Benzathine Penicillin G (Bicillin L-A®) and is now lifting the restrictions for the administration of Bicillin L-A® for individuals who are diagnosed with or suspected of having syphilis.
- Effective immediately, providers are encouraged to follow the current Centers for Disease Control and Prevention (CDC)Treatment Guidelines for the treatment of syphilis to include the following:
  - Patients diagnosed with primary, secondary, and early syphilis (including pregnant individuals and individuals living with HIV) should be given benzathine penicillin G 2.4 million units IM in a single dose.
  - Patients diagnosed with late latent syphilis (including pregnant individuals and individuals living with HIV) should be given benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals.
- Providers who are having difficulty obtaining Bicillin L-A® for patients should contact the DOH STD Program at (717) 787-3981 to arrange for appropriate treatment.

## **Current Situation**

The Pennsylvania Department of Health (DOH) Sexually Transmitted Diseases (STD) Program recently received adequate supplies of Benzathine Penicillin G (Bicillin L-A®). As a result of supplies returning to historic averages, the Pennsylvania Department of Health recommends that medical providers offer Bicillin L-A® to all patients with confirmed syphilis or exposed to syphilis as detailed in the most current version of the CDC Treatment Guidelines available at: www.cdc.gov/std/treatment-guidelines/syphilis.htm

## **Treatment Recommendations**

- Patients diagnosed with primary, secondary, and early syphilis (including pregnant individuals and individuals living with HIV) should be given benzathine penicillin G 2.4 million units IM in a single dose.
- Patients diagnosed with late latent syphilis (including pregnant individuals and individuals living with HIV) should be given benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals.
- Benzathine penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant individuals with syphilis in any stage who report penicillin allergy should be desensitized and treated with benzathine penicillin G.
- Providers who are unable obtain cost-effective Benzathine penicillin G for at-risk pregnant patients are encouraged to contact the Pennsylvania Department of Health for treatment assistance.
- Providers who are having difficulty obtaining benzathine penicillin G for priority patients should contact DOH at (717) 787-3981 to arrange for appropriate treatment.

## Client Follow-up

- Individuals treated for syphilis are recommended to have a clinical and serologic evaluation performed at 3, 6, and 12 months after treatment; more frequent evaluation might be prudent if follow-up is uncertain or if repeat infection is a concern.
- Serologic response (i.e., titer) should be compared with the titer at the time of treatment. However, assessing serologic response to treatment can be difficult, and definitive criteria for cure or failure have not been well established. In addition, nontreponemal test titers might decline more slowly for persons previously treated for syphilis.

**Special Note**: Clients who had received the alternative doxycycline treatment during the Bicillin L-A® shortage should be re-engaged to assure an appropriate clinical and serologic evaluation follow-up is performed at 3, 6, and 12 months after the treatment date.

#### **Management of Sex Partners**

- Individuals who have had sexual contact with a patient who receives a diagnosis of primary, secondary, or early latent syphilis <90 days before the diagnosis, should be treated presumptively for early syphilis, even if serologic test results are negative or unknown.
- Individuals who have had sexual contact with a patient who receives a diagnosis of primary, secondary, or early latent syphilis >90 days before the diagnosis, should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for

follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and syphilis stage.

 Long-term sex partners of patients who have late latent syphilis should be evaluated clinically and serologically for syphilis and treated based on the findings.

#### **Reporting Requirements**

DOH requires all providers and laboratories to electronically report all diseases, infections and conditions listed in 28 Pa. Code Chapter 27, Subchapter B (relating to reporting of diseases, infections, and conditions) through its electronic disease surveillance system, PA-NEDSS. Reporting requirements are that providers report the diagnosis of and treatments for STD cases. Providers not registered for PA-NEDSS can do so by contacting the PA-NEDSS Security Officer by email at <u>RA-DHNEDSSACCTREQ@pa.gov</u> or by phone at 717-783-9171.

#### Additional Information

Additional information on syphilis testing and treatment for pregnant individuals can be found online at: <a href="https://www.cdc.gov/std/treatment">www.cdc.gov/std/treatment</a>

Physicians needing additional information should call the following number: Pennsylvania Department of Health Bureau of Communicable Diseases Division of TB/STD STD Program (717) 787-3981 8:00 A.M. – 5:00 P.M

Individuals interested in receiving further PA-HANs are encouraged to register at HAN Notification Registration (<u>mir3.com</u>)

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.
Health Advisory: provides important information for a specific incident or situation; may not require immediate action.
Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of September 26, 2024 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.