COMMUNITY HEALTH

SYNDEMIC SOLUTIONS IN ACTION

Case Study

SYPHILIS OUTBREAK FIELD OUTREACH, OVERDOSE PREVENTION, AND TRIBAL COLLABORATION

Lessons Learned from Oklahoma State Department of Health

Our Community

Oklahoma experiences a disproportionately high syphilis burden relative to the U.S., with primary and secondary (P&S) syphilis rates consistently ranking among the highest nationally, following sharp increases throughout the 2010s and early 2020s. While recent data suggest stabilization or modest declines, transmission remains widespread, particularly in urban counties, with spillover into rural areas.

Key affected populations mirror national patterns, including men who have sex with men, people who use drugs, unstably housed individuals, and pregnant women with delayed or inadequate prenatal care. Both Black and American Indian/Alaska Native (AI/AN) Oklahomans are also disproportionately burdened by P&S syphilis. These trends underscore the continued need for low-barrier testing, rapid treatment, and strengthened community partnerships statewide.

Our Work

The Oklahoma State Department of Health (OSDH) is the public health authority within the state, serving a diverse population across 77 counties and more than 69,000 square miles. It encompasses urban centers, rural communities, and tribal nations.

Disease Intervention Specialists (DIS) at OSDH provide field outreach, partner services, and rapid linkage to HIV and syphilis treatment and care across Oklahoma. As syphilis rates steadily increased statewide, it was important for the health department to partner with tribal and community organizations serving those most at risk.

One of the State's essential partners is the Southern Plains Tribal Health Board (SPTHB), a non-profit organization established to serve as a unified voice for federally recognized Tribes in Oklahoma, Kansas, and Texas. OSDH and the team at SPTHB have built a strong working relationship to address rising syphilis cases among AI/AN individuals and their communities. Given the high prevalence of syphilis among individuals who use substances, partnerships with recovery and community-based organizations (CBO) providing resources to reduce drug overdoses and infectious diseases are also key. This includes SHRED the Stigma, a CBO in Central Oklahoma, and the Cheyenne and Arapaho Tribes Tribal Office of Recovery (TOR) Program. SHRED the Stigma offers free and anonymous supplies to prevent overdose and infectious disease, and education to people who use drugs, those who love them, and to the communities that serve them. Rooted in tradition and community leadership, TOR strengthens wellness, restores balance, reduces overdose risk, and advances generational healing through education, outreach, and collaboration. These collaborations strengthened coordination and resource mobilization across Central and Western Oklahoma.

OKLAHOMA State Department of Health

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Syndemic: **This term refers to multiple epidemics that co-occur within a population as result of shared social and contextual factors, resulting in worse health outcomes.**

Together with other providers offering basic resources and services, DIS and SPTHB organized weekly screening and field outreach efforts. Through these events, partners distributed incentives such as gift cards, hygiene supplies, and seasonal outdoor gear from OSDH and SPTHB, as well as supplies from TOR and SHRED. These efforts strengthened rapport, demonstrated the trustworthiness of DIS, and **provided consistent engagement opportunities** for individuals who might not otherwise seek testing services.

These collaborations laid a strong foundation for a swift and efficient response when it was clear that there was a syphilis outbreak.

The Outbreak

After years of rising syphilis morbidity among populations experiencing the intersecting impacts of the overdose and housing crises, DIS identified a concerning cluster of new syphilis cases in April 2025. Following targeted screening efforts, an outbreak was declared on May 15, 2025. The outbreak was disproportionately affecting AN/AI populations, people who use substances, and individuals experiencing unstable housing.

Because these conditions were deeply interconnected, OSDH engaged SPTHB, Tribal partners, and community organizations working at the intersection of infectious disease, substance use, and housing instability to coordinate the response.

Because of the existing relationships built over the years to address increasing syphilis rates, the outbreak response was based on expanding and adapting the existing outreach efforts rather than starting from scratch. The team included OSDH DIS, SPTHB, Tribal DIS, Tribal peer recovery support specialists, community organizations to assist with point-of-care testing and to provide case management and resource navigation for those diagnosed with HIV, and health care providers to administer syphilis treatment in the field.

The team partnered with a local organization that operates a thrift store and provides food and essential supplies to people in the area. Many affected individuals already gathered there, and community partners helped transform weekly screening events into resource fairs that offered syphilis testing alongside showers, laundry, haircuts, food, cell phones, naloxone, prevention supplies, and connections to health care, insurance, and mental health services.

Risk Factor and Demographic Information for Syphilis Outbreak – OK County*

From January 9, 2024 to January 23, 2026, there were 150 syphilis diagnoses associated with this outbreak, with 47% staged as primary, secondary or early non-primary non-secondary and 53% staged as unknown duration/late syphilis. Currently, 23% of diagnosed cases have not been treated.

Reported Risk Factors

- 71% reported nonprescription drug use
- 35% reported injection drug use (IDU)
- 63% reported having sex while intoxicated/high
- 15% reported having sex in exchange for drugs/money

Demographics

- 48% reported sex as female
- 22% of persons are between 35-39 years of age
- 19% of persons are between 45-49 years of age
- 41% reported race as White
- 25% reported race as Black/African American
- 21% reported race as American Indian/Alaska Native (AI/AN). This includes persons who reported AI/AN individually or in combination with another race/ethnicity.

*This data is not final and is subject to change as investigations are completed.

This site also served as the headquarters for mobile outreach. Teams conducted field testing in the surrounding community and transported individuals with reactive results back to the central location for treatment. The field outreach team had to actively locate cases rather than rely on routine surveillance. The presence of many community partners assisting with testing at the screening events made field outreach possible.

Collaboration was critical, particularly for field-based treatment, as initial policy limitations prevented health department staff from administering it outside of clinical settings. During this time, Oklahoma City Indian Clinic (OKCIC) provided treatment to AI/AN individuals and their partners, while community health organizations treated individuals who were not eligible for services at OKCIC. Once policies were updated to allow field-based treatment, rural county health department nurses joined the outbreak response, further expanding treatment capacity.

This outbreak response highlights, through a syndemic lens, the critical importance of sustained community engagement and partnership not only to ensure collaborative resource distribution, but also to address the overlapping social, structural, and health vulnerabilities that amplify disease transmission and worsen health outcomes among the populations most affected.

Lessons Learned

Building collaborative relationships before they are urgently needed enables rapid response, fosters trust, and allows partners to pull and leverage resources effectively.

Creative contingency planning is essential. OSDH simultaneously built field-based treatment capacity by addressing policy barriers and working with community partners.

Typical DIS practices needed to be adapted to address the unique needs of the population most affected by syndemic conditions.

Using peer support specialists in the field facilitated connection with individuals through their lived experience, which helped build rapport. Combined with consistent outreach efforts, individuals would often receive prevention supplies and get tested after a few encounters, or they would get tested and then access prevention supplies to stay negative.

This case study is part of a series, *Syndemic Solutions in Action: Lessons Learned from Local Health Departments.* Scan the QR code to access additional information and resources.

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NACCHO National Association of County & City Health Officials

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The mission of the National Association of County and City Health Officials (NACCHO) is to improve the health of communities by strengthening and advocating for local health departments.

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