The Commonwealth of Massachusetts

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Information on penicillin G benzathine (Bicillin L-A®) injectable suspension shortage, updated 7/31/23

The FDA and CDC have announced shortages of penicillin G benzathine (Bicillin L-A®) injectable suspension, citing an increased demand for this medication. Manufacturing capacity for Bicillin L-A® has been prioritized, but recovery to full supply is not expected before second quarter 2024. **In the context of medication shortage, this update provides guidance to Massachusetts clinicians to assure appropriate care and treatment for individuals diagnosed with syphilis, and their contacts.**

Massachusetts providers who have been unable to obtain Bicillin L-A® to treat patients with infectious syphilis or their contacts should call the Partners Services and Reporting line at 617-983-6999 to inquire about the Massachusetts Division of STD Prevention’s **Bicillin L-A® Delivery program, in addition to ordering via routine processes**. Massachusetts providers should contact the **Partner Services and Reporting Line at 617-983-6999** for technical assistance including historical syphilis testing and treatment information for their patients.

The information below was first posted on the FDA website on April 26, 2023 and updated in a CDC Dear Colleague Letter on July 20, 2023. Further details are available at: <https://www.cdc.gov/std/dstdp/dcl/2023-july-20-Mena-BicillinLA.htm>.

CDC encourages the following actions during the ongoing shortage:

* Monitor your organizational supply and continue to contact distributors to procure Bicillin L-A®.
* Contact Pfizer (see [this letter](https://t.emailupdates.cdc.gov/r/?id=h7de72355,197f3569,19808b42&e=QUNTVHJhY2tpbmdJRD1VU0NEQ05QSU5fMTIyLURNMTA5MjYzJkFDU1RyYWNraW5nTGFiZWw9Q2xpbmljYWwlMjBSZW1pbmRlcnMlMjBkdXJpbmclMjBCaWNpbGxpbiUyMEwtQSVDMiVBRSUyMFNob3J0YWdl&s=4kfJiVDS4vLVvuBax3BBvV1BVNNQTJRHAmLbTUuzb34) posted on the FDA website) if there is less than a 2-week supply, the distributor has no supply, and there is a risk that patients may not be treated.
* Prioritize using Bicillin L-A® to treat pregnant people with syphilis and babies with congenital syphilis – penicillin is the only recommended treatment for these populations.
* Stage syphilis cases to ensure appropriate dosing of antimicrobials. Early syphilis (primary, secondary and early latent) only requires 2.4 million units of Bicillin L-A®. See the [**CDC STI Treatment Guidelines**](https://t.emailupdates.cdc.gov/r/?id=h7de72355,197f3569,19808b44&e=QUNTVHJhY2tpbmdJRD1VU0NEQ05QSU5fMTIyLURNMTA5MjYzJkFDU1RyYWNraW5nTGFiZWw9Q2xpbmljYWwlMjBSZW1pbmRlcnMlMjBkdXJpbmclMjBCaWNpbGxpbiUyMEwtQSVDMiVBRSUyMFNob3J0YWdl&s=GBdEmHikdHezz1XjaS09-LbOA4x8z2trM0TaJw9TzEM). A few reminders:
* A thorough physical exam is necessary to accurately stage syphilis. Primary lesions are often hidden inside the mouth, anus, or vagina; signs of secondary syphilis may be found on the skin, mouth or anogenital area (i.e., mucus patches, condyloma lata). The rash of secondary syphilis can be subtle and variable.
* Historical syphilis serologic test results can assist with staging a patient with latent syphilis as early latent, if there is evidence of new infection within the last year (i.e. new seroconversion or a sustained four-fold increase in RPR titer in an individual who has had syphilis in the past).
* Reviewing signs and symptoms and sexual partner history from the past 12 months can assist with determining the likelihood of syphilis acquisition within the last 12 months, which also only requires 2.4 million units of Bicillin L-A® instead of 7.2 million units.

Information will be updated routinely by the CDC and can be accessed [here](https://www.cdc.gov/std/treatment/drug-notices.htm).