



Provider Alert: Measles Resources, Bicillin Recall, & Chagas Disease

July 29, 2025

Please review important information shared from Tacoma-Pierce County Health Department and the Washington State Department of Health (WA DOH) Office of Communicable Disease and Epidemiology Program.

NOTE: Our 24-hour Communicable Disease phone number is (360) 770-8852.

Measles Resources

Thank you to everyone who participated in our measles tabletop exercise last week! We are grateful to have such engaged, collaborative, and skilled community response partners. As a follow-up, we would like to share some measles resources, including our newly updated Suspected Measles Worksheet. You can also find it on our Communicable Disease Program [webpage](#).

***Updated* Skagit County Public Health Suspect Measles Provider Worksheet**

[Suspect Measles Worksheet.pdf](#)

WA DOH [Provider Alert: Measles Cases in Washington; New Assessment and Testing Resources](#)

WA DOH [Notifiable Conditions: Measles](#)

WA DOH [Measles webpage](#) (includes information for the general public and for providers)

CDC [Measles Cases and Outbreaks](#) (updated weekly on Wednesdays)

CDC [Healthcare Providers: Stay Alert for Measles Cases](#)

Bicillin LA Recall

This is a Provider Alert shared from Tacoma-Pierce County Health Department to alert you to the Bicillin LA recall in Washington and to provide you with information and guidance for alternative treatment.

Current Situation in Washington

Pfizer voluntarily recalled 12 lots of Benzathine Penicillin G Injectable Suspension (Bicillin LA) after particulates were found during a visual inspection.

The recall comes amid high syphilis diagnoses in Pierce County and across the U.S. Penicillin is the only recommended treatment for pregnant people and infants with congenital syphilis.

We recommend that you:

- Check if your supply is affected by the recall and follow the guidance if it is.
- Reserve most of your remaining supply for pregnant people with syphilis and infants with congenital syphilis.
- Use doxycycline to treat syphilis in anyone who cannot become pregnant if you believe they can follow the treatment regimen.

Background

- King Pharmaceuticals LLC., a subsidiary of Pfizer, voluntarily recalled 12 lots of Benzathine Penicillin G Injectable Suspension (Bicillin LA). The recall came after particulates were identified during visual inspection.
- Pfizer completed a Health Hazard Assessment, which indicated [the potential risk to patients is medium](#). Pfizer has reported it is not aware of any adverse events and there is no indication of reduced efficacy or need for retreatment.
- Pfizer is still working to determine the impact of the recall on its production timeline. For the time being, the Centers for Disease Control and Prevention (CDC) said [it expects a limited supply of Bicillin LA](#).

Actions requested

Penicillin is the only recommended treatment for pregnant people with syphilis and infants with congenital syphilis. After you check to see if you have any of the affected lots, you should prioritize most of your remaining supply for pregnant people with syphilis and infants with congenital syphilis.

Additionally:

- Perform a pregnancy test on anyone you diagnose with syphilis who is capable of becoming pregnant.
- Test all pregnant people for syphilis 3 times during pregnancy.
 - At first prenatal care visit, at 24–28 weeks gestation, and at delivery.
- All pregnant people and infants diagnosed with syphilis should receive benzathine penicillin.
- Treat pregnant people prophylactically if they were exposed to syphilis, regardless of disease classification.
- If your patient is capable of becoming pregnant, treat them with benzathine penicillin if you have an adequate supply.
- Use doxycycline to treat syphilis in patients who cannot get pregnant if you believe they can complete the treatment regimens detailed below.
- Depending on your supply of benzathine penicillin, consider using doxycycline for people who are capable of becoming pregnant but are not currently pregnant.

Alternate treatment regimens using doxycycline (not to be used for pregnant people or infants)

- Treat early syphilis—primary, secondary, and early non-primary non-secondary syphilis—with doxycycline 100mg twice a day for 14 days.
 - Patients are classified as having early syphilis if they meet any of the following criteria:
 - Signs or symptoms of primary or secondary syphilis with a positive syphilis serology.
 - A new syphilis diagnosis based on positive syphilis serologies (positive treponemal test and RPR) in someone with negative syphilis serologies in the prior year.
 - A sustained (>2 weeks) 4-fold increase in RPR titer compared to a titer obtained the prior year.
 - A new serologic diagnosis of syphilis in a person with an unequivocal history of symptoms or primary or secondary syphilis in the prior year or a sex partner with a diagnosis of primary, secondary or early non-primary non-secondary syphilis.

- Treat late latent syphilis or syphilis of unknown duration with doxycycline 100 mg twice a day for 28 days. Classify patients as having late latent syphilis or syphilis of unknown duration if they:
 - Are asymptomatic.
 - Have a new positive syphilis serologic test (treponemal test and RPR) or a sustained 4-fold increase in RPR.
 - Do not meet the criteria for early syphilis defined above.

Treatment approach for people who might face challenges completing treatment

- For people eligible for treatment with doxycycline who might face challenges with adherence to treatment, select a treatment approach based on your supply of benzathine penicillin and your assessment of individual needs.
- People with early syphilis who might face challenges with completing a 14-day course of doxycycline can be treated with a single dose of benzathine penicillin if you have sufficient supply.
- People with late latent syphilis or unknown duration syphilis who might face challenges with adherence can be treated with:
 - 3 weekly doses of benzathine penicillin if you have sufficient supply and you believe they can complete the 3 injections.
 - A single 2.4 million unit intramuscular dose of benzathine penicillin **AND** a 28 days course of doxycycline 100mg twice a day.
 - Doxycycline 100 mg twice a day for 28 days if you believe they can complete this regimen.

Chagas Disease

This is a Provider Alert from the Washington State Department of Health regarding the importance of screening patients for Chagas disease if they have a history of residence in or prolonged travel to Mexico, Central, or South America.

Current Situation

The Washington State Department of Health (WA DOH) recently conducted an analysis that estimated **more than 300,000 Washington residents meet screening criteria for Chagas disease**; unfortunately, we also estimated

screening coverage of 0.02–0.03% among the population recommended for screening.

WA DOH estimated that more than 2,500 Washington residents could be currently living with untreated infections of *Trypanosoma cruzi* (*T. cruzi*, the parasite that causes Chagas disease). If untreated, these cases could lead to an estimated 21–56 preventable congenital Chagas disease infections every 10 years.

Most people infected with *T. cruzi* are unaware that they have the disease, which is why provider screening is essential. WA DOH wants to ensure that providers are aware of the screening recommendations and treatment procedures for Chagas disease to increase screening uptake and improve patient outcomes.

Actions Requested

Screen patients for Chagas disease if they meet any of the following screening criteria:

1. People who were born in Mexico, continental Central America, or continental South America (OR who lived in these areas for 6 or more months). In particular, the following populations are of concern:

- Pregnant people
- People with immune-compromising conditions

2. Family members of people diagnosed with Chagas disease if travel or residence exposures were shared

3. Any person whose gestational parent was diagnosed with Chagas disease.

- Be aware that Chagas disease has both acute and chronic phases, and screening testing is different depending on the stage:
 - **Acute Chagas disease** is commonly diagnosed by microscopy or Polymerase-Chain Reaction (PCR) testing.
 - Infants suspected of congenital Chagas disease should be screened using these methods.
 - Refer to the following CDC algorithms to guide Chagas testing for infants:
 - [Infants less than 3 months of age \(PDF\)](#)
 - [Infants 3 months of age and older \(PDF\)](#)
 - See [CDC Clinical Considerations](#) for Congenital Chagas Disease for more information.

- Immunosuppressed patients may also experience re-activation of chronic Chagas disease; molecular (PCR) testing is also appropriate in these patients.
- **Chronic Chagas disease** is diagnosed via serologic testing for T. cruzi antibodies
 - **The majority of patients with Chagas in Washington are expected to have chronic Chagas disease**, as the insect vector that spreads T. cruzi parasites is not present in Washington.
- Test all patients who meet the above screening criteria for chronic Chagas disease by ordering a T. cruzi serologic test.
 - Most commercial laboratories in the US offer a T. cruzi serologic test.
- If initial T. cruzi serology is positive, providers should be aware that all patients **should have confirmatory serologic testing performed to confirm the diagnosis of Chagas disease**.
 - No single serologic test is sensitive and specific enough to diagnose Chagas disease; as a result, at least two different serologic tests are recommended.
 - Many large commercial laboratories, including Mayo Clinic Laboratories and Quest Diagnostics, also offer confirmatory testing for Chagas disease.
 - Patients typically only need to provide one serum sample for use in multiple serologic tests.
 - Confirm with your commercial laboratory to determine if positive serology will automatically reflex to a second (confirmatory test), or if the confirmatory testing needs to be conducted through public health.
 - If the laboratory does not offer confirmatory testing, consult with the Local Health Jurisdiction in the patient's county of residence to forward the specimen for confirmatory testing through public health.
- **After diagnosis of Chagas disease is confirmed**, screen patients for cardiac or gastrointestinal complications and assess for treatment.
 - Patients diagnosed with Chagas disease are recommended to receive the following:
 - ECG (repeated annually)

- Echocardiogram
 - Chest x-ray, if an echocardiogram cannot be performed
 - **Treat all cases of acute or reactivated Chagas disease and all chronic infections in children under 18** with antiparasitic drugs:
 - Nifurtimox and benznidazole are FDA-approved for treatment of T. cruzi infections in pediatric patients. Recommendations on dosage and treatment duration can be found on the [CDC Clinical Care of Chagas Disease webpage](#).
 - Use of antiparasitic to treat a patient outside of the FDA-approved age ranges (0-18 for nifurtimox, 2-12 for benznidazole) is based on clinical diagnosis and decision by the treating provider.
 - **Treatment is also recommended for adults 18 to 50 years old with chronic Chagas disease** who do not already have advanced cardiomyopathy.
 - For adults older than 50 years with chronic infection, the decision to treat should be individualized. See [CDC Clinical Care of Chagas Disease](#) for more details.
 - Treatment is not indicated for pregnant or breastfeeding individuals and should be delayed until after birth or cessation of breastfeeding.
 - Report cases of Chagas disease to your Local Health Jurisdiction within 3 business days.
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Thank you for your partnership in keeping Skagit County healthy!



Skagit County Public Health
[Communicable Disease Division](#)

Business hours phone: (360) 416-1500

After hours urgent provider line: (360) 770-8852

Confidential fax: (360) 416-1515

communicabledisease@co.skagit.wa.us