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DHEC Health Advisory

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**Recommendations to Address the Continued Increase in Early
Syphilis Cases**

Summary

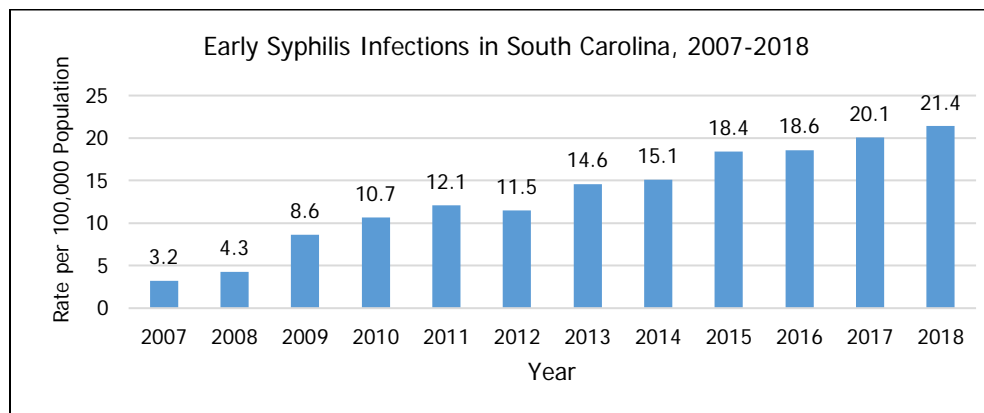
Syphilis is a potentially devastating sexually transmitted disease (STD) that can cause complications in multiple organ systems and birth defects. Syphilis also contributes to the transmission of HIV. The purpose of this Health Advisory is to make health care providers in South Carolina aware of recent increases in syphilis infection rates which indicate an urgent need for enhanced syphilis surveillance, prevention, and control measures. DHEC recommends that providers conduct routine syphilis screening for individuals with risk behaviors, promptly initiate recommended treatment, and report diagnosed syphilis to DHEC to assure public health partner services to reduce syphilis cases in South Carolina.

Early syphilis infection can be readily treated. Syphilis control requires a combination of clinical and public health interventions to include routine screening of patients with risk behaviors to detect asymptomatic infection, prompt recognition of signs and symptoms of the disease, accurate staging of infected patients, and adequate treatment and follow-up. Prompt diagnosis and management can prevent the complications of syphilis and prevent ongoing transmission.

Background

Syphilis is caused by the bacterium *Treponema pallidum*. Untreated syphilis can result in serious health issues. Syphilis is classified in four stages according to the duration of infection. Early syphilis is where infection occurred within the past 12 months. Primary syphilis is characterized by a sore at the initial site of infection. Symptoms of secondary syphilis include skin rash, swollen lymph nodes, and fever. There are no signs or symptoms during the latent stage. Tertiary syphilis is associated with complications, including cardiac complications, neurosyphilis, and ocular syphilis. Syphilis can be transmitted during primary or secondary stages. Untreated syphilis during pregnancy can result in stillbirths or complications of congenital syphilis. Not only are the health problems caused by syphilis in adults serious, but it has been shown that the genital sores caused by syphilis make it easier to transmit and acquire HIV infection sexually. There is an estimated two- to five-fold increased risk of acquiring HIV if exposed to that infection when syphilis sores are present, and studies have also shown that syphilis will increase the viral load of someone who is already HIV infected.

Reported early syphilis infections in South Carolina have increased. According to a provisional analysis of year 2018 data, DHEC received 1,075 reports of early syphilis cases for a rate of 21.4 cases per 100,000 population.



Current trends indicate disproportionately higher rates among five risk groups: (1) men who have sex with men (MSM); (2) persons who met partner(s) through apps or online; (3) individuals who are HIV positive; (4) persons who do not consistently use condoms; and (5) persons who are under the influence of drugs when engaging in sexual activities. Enhanced syphilis control activities are recommended now due to changes in contributors to syphilis transmission. An alarming increase in the use of social media apps to initiate anonymous sex is a primary concern. Additionally, effective antiretroviral treatment for HIV is associated with an increase in risk behaviors, such as unprotected sex. Current trends indicate that cases will continue to rise unless enhanced early syphilis detection, treatment, and risk-reduction activities are initiated.

Recommendations

Screening, Empiric Treatment, and Partner Services

The following are recommended evaluation and treatment standards for syphilis:

- Perform syphilis serologic testing for anyone with signs or symptoms of syphilis including: genital/oral/anal ulceration or a generalized rash, particularly involving the palms of hands and soles of feet.
- Empirically treat, without waiting for test results, any patient who presents with classic signs or symptoms of primary or secondary syphilis.
- Presumptively treat for syphilis if clinical findings are consistent with primary syphilis, even if serologic test results are negative. Up to 30% of patients with primary syphilis infections may have negative syphilis serologic tests.
- Routinely perform syphilis serologic screening for all MSM and HIV-positive patients at least once annually, and every three months for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use.
- Assess for signs of ocular or other neurologic involvement in ALL patients with a new syphilis diagnosis.
- Perform HIV serologic screening for ALL patients with a new syphilis diagnosis unless they are already known to be HIV-positive.
- Encourage all patients with primary, secondary, or early latent syphilis to notify their sexual partners of the need to seek testing and treatment.
- Persons exposed to a person who has primary, secondary, or early latent syphilis should be evaluated clinically and serologically, and treated according to the following recommendations:
 - Persons who had sexual contact with a person diagnosed with primary, secondary, or early latent syphilis within 90 days before the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative.
 - Persons who had sexual contact with a person diagnosed with primary, secondary, or early latent syphilis more than 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 stage of syphilis.

Treatment of Early Syphilis Infections

Below are CDC treatment guidelines for syphilis (available at [cdc.gov/std/tg2015/syphilis.htm](https://www.cdc.gov/std/tg2015/syphilis.htm)):

- First-line treatment of primary, secondary, and early latent syphilis infections is with a one-time dose of 2.4 million units of Benzathine penicillin G (Bicillin L-A) for non-allergic patients.
- Penicillin-allergic, non-pregnant patients can be treated with doxycycline 100 mg orally twice daily for 14 days.
- Pregnant women who are allergic to penicillin MUST be desensitized and treated with penicillin.
- If you do not have Bicillin readily available in your practice, please refer the patient to your local health department for appropriate treatment.

DHEC urges you as a health care provider to increase your patients' awareness of syphilis, including prevention and treatment and the availability of partner services for persons who are exposed to the infection.

To learn more about syphilis and other STDs and how to prevent them, see the South Carolina Department of Health and Environmental Control's STD/HIV & Viral Hepatitis website at www.scdhec.gov/health/infectious-diseases/hiv-std-viral-hepatitis, or contact the STD/HIV & Viral Hepatitis Division at (803) 898-0749.

Syphilis Screening or Treatment Services

- DHEC county health departments provide syphilis screening and treatment services.
- DHEC Disease Investigation Specialists (DIS) provide partner services to identify contacts of infectious cases and assure risk-reduction counseling, screening, and post-exposure prophylaxis.
- To schedule an appointment at a DHEC county health department, call (855) 472-3432. To find a location, visit www.scdhec.gov/health/health-public-health-clinics.

Reporting of All Syphilis Cases

DHEC urges you to report all syphilis cases. Congenital, primary, or secondary cases of syphilis must be reported within 24 hours of a laboratory-confirmed diagnosis or treatment for presumed syphilis. Your timely reporting is critical to the success of prevention and intervention efforts. Reporting of syphilis is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department (State Law #44-29-10 and Regulation #61-20). The DHEC 2019 List of Reportable Conditions is available at www.scdhec.gov/sites/default/files/Library/CR-009025.pdf.

In addition, Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease (HIPAA 45 CFR §164.512). State and local health departments employ

confidential means to locate and notify the partners of all early syphilis cases to prevent further infection transmission.

To report cases:

- Call (800) 277-0873; or
- Submit electronically via [DHEC's electronic reporting system](#); or
- Submit a [DHEC 1129 \(PDF\)](#) Disease Reporting Card or appropriate CDC Case Report Form in an envelope marked "confidential" to:
Division of Surveillance & Technical Support
Mills/Jarrett Complex
Box 101106, Columbia, SC 29211

Resources and Additional Information

- South Carolina HIV, AIDS, STD Data and Reports: www.scdhec.gov/health/infectious-diseases/hiv-aids-stds/hiv-aids-std-data-and-reports
- CDC information on syphilis:
 1. Syphilis – CDC Home Page
cdc.gov/std/syphilis/default.htm
 2. Basic Information – Fact Sheet
cdc.gov/std/syphilis/stdfact-syphilis.htm
 3. Syphilis and MSM – Fact Sheet
cdc.gov/std/syphilis/stdfact-msm-syphilis.htm
 4. Congenital Syphilis – Fact Sheet
cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm

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