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Alaska Public Health Advisory

Syphilis in Alaska

March 14, 2018

The purpose of this Public Health Advisory is to raise awareness about an increase in the number of syphilis cases reported during the first quarter of 2018. To date, there have been 20 confirmed cases and 2 probable cases of infectious syphilis reported in 2018. By comparison, annual case counts were 20, 20, and 21 for 2015, 2016, and 2017, respectively. Most (80%) of the cases in 2018 occurred in Anchorage; 90% were in males; and ages ranged from 20–63 years, with 80% of the cases >30 years of age. Of the males, 80% reported having sex with other males (MSM). Some patients have reported finding sex partners through phone apps (e.g., Grindr and Craigslist). Of the 20 confirmed syphilis patients, 5 (or 25%) were co-infected with HIV, 15 were White, 3 were Alaska Native people, and 2 were Black. The two female patients are of childbearing age.

Alaska's uptick is part of a national trend of increasing rates for syphilis. The Centers for Disease Control and Prevention (CDC) 2016 STD Surveillance Report indicates that there was a 17.6% increase in reported primary and secondary syphilis rates nationally from 2015 to 2016; the highest rate reported (8.7 cases per 100,000 population) since 1993. In 2016, Alaska ranked 50th in the nation for syphilis case rate. The CDC Report notes that MSM account for the majority of reported syphilis cases in 2016. The Report also notes that syphilis continues to be characterized by a high rate of HIV co-infection, particularly among MSM.

Syphilis control involves getting infections identified early; offering prompt treatment of cases; and identifying, testing, and treating all sexual partners. Syphilis is divided into stages (primary, secondary, latent, and tertiary), with different signs and symptoms associated with each stage. A person with **primary syphilis** generally has one or more chancres usually (but not always) firm, round, and painless lesions that appear around 3 weeks after infection. Patients are highly infectious at this stage, especially in the case of direct contact with a moist lesion. In utero transmission is likely in pregnant women. Symptoms of **secondary syphilis** include mucocutaneous lesions (most common are rashes on palms and soles of feet), swollen lymph nodes, fever, and sometimes patchy hair loss. Even without treatment, symptoms usually clear within 2-6 weeks but can last up to 3 months. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the **latent stage**, there are usually no signs or symptoms. **Tertiary syphilis** is associated with manifestations in the skin and bones (gummas), and cardiovascular systems. Neurosyphilis and ocular syphilis can occur at any stage of syphilis. The nervous system is infected within hours after acquisition but it can take weeks or years before symptoms are present, if at all.

Presumptive diagnosis requires the use of 2 serologic tests: a nontreponemal test (i.e., VDRL or RPR) and a treponemal test (i.e., FTA-ABS tests, TP-PA assay, various EIAs, chemiluminescence immunoassays, immunoblots, or rapid treponemal assays). Persons with a reactive nontreponemal test should always receive a treponemal test to confirm the presumptive diagnosis of syphilis. All

patients with syphilis and neurologic, ophthalmologic, or audiologic symptoms warrant a careful neurological exam and a CSF evaluation via a lumbar puncture.

Treatment is dependent upon the stage of syphilis.

- Primary, Secondary, or Early Latent(<1 year)
 - Benzathine penicillin G 2.4 million units IM in a single dose
- Late Latent (>1 year), Latent Syphilis of Unknown Duration, or Tertiary Syphilis with Normal CSF Examination
 - Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

For treatment information on pregnant women, congenital syphilis, neurosyphilis, ocular syphilis, and penicillin allergies, please see the CDC treatment Guidelines or contact the Section of Epidemiology, HIV/STD Program.

Contact the Section of Epidemiology, HIV/STD Program for information about obtaining a sexual history on patients, testing, and partner notification.

What can Providers do?

- Complete a sexual history on your patients to identify those with high-risk behaviors.
- Test for syphilis in all sexually active MSM, including those with HIV.
- Immediately report and treat all syphilis cases.
- Immediately treat sexual contacts without waiting for diagnostic test results.
- Test all pregnant women.
- Refer to CDC Guidelines for actions to reduce congenital syphilis and identification of all stages of syphilis.
- Encourage patient with syphilis to participate in partner services activities, including confidential and timely notification of all sex partners.

Resources

- Centers for Disease Control and Prevention
 - Syphilis: A Providers Guide to Treatment and Prevention: <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>
 - CDC Call To Action: Let's Work Together to Stem the Tide of Rising Syphilis in the U.S.: <https://www.cdc.gov/std/syphilis/SyphilisCalltoActionApril2017.pdf>
 - 2016 Sexually Transmitted Disease Surveillance: <https://www.cdc.gov/std/stats16/default.htm>
- Section of Epidemiology, Syphilis *Bulletins*: <http://epibulletins.dhss.alaska.gov/Bulletin/DisplayClassificationBulletins/45>
- Section of Epidemiology, Preventing Sexually Transmitted Infections: Taking a Complete Sexual History: <http://dhss.alaska.gov/dph/Epi/hivstd/Pages/history.aspx>

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