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Alaska Public Health Advisory

Increase in Syphilis Among Women and Non-Gay-Identified Men

September 5, 2019

The purpose of this Public Health Advisory is to provide Alaska clinicians with an update on the changing epidemiology of Alaska's ongoing syphilis outbreak.

- In 2018, 97 cases of infectious syphilis were reported to the Section of Epidemiology (SOE)
 - 71 (73%) were in men who have sex with men (MSM)
 - 16 (17%) were in men who have sex with women (MSW), some of whom also have sex with men but did not self-identify as gay
 - 10 (10%) were in women, 9 (90%) of whom were of childbearing age (i.e., 15–44 years)
 - Additional information about the 2018 cases is available online at:
http://www.epi.alaska.gov/bulletins/docs/b2019_10.pdf

- During January–August 2019, 87 cases of infectious syphilis were reported to SOE
 - 30 (34%) were in MSM
 - 28 (33%) were in MSW, some of whom also have sex with men but did not self-identify as gay
 - 29 (34%) were in women, 28 (97%) of whom were of childbearing age
 - 68 (78%) were in younger adults aged 20–39 years (range: 16–67 years)
 - 69 (79%) occurred in Anchorage
 - 9 (10%) were in persons with a previously diagnosed HIV infection
 - 47 (54%) reported the use of illicit drugs or marijuana
 - 25 (53%) reported using methamphetamines
 - 19 (40%) reported using heroin
 - 19 (40%) reported using injection drugs
 - 20 (43%) reported being incarcerated in the past 12 months
 - 11 (13%) were in persons experiencing homelessness
 - All of these patients reported recently injecting methamphetamine or heroin

Alaska's evolving syphilis epidemic is mirroring the progression of the national syphilis epidemic. During 2013–2017 in the United States,

- The highest rates of primary and secondary (P&S) syphilis were in MSM; however, rates among women increased by more than 150%
- Reported use of injection drugs or non-injecting use of heroin or methamphetamine more than doubled among women and MSW with P&S syphilis

- The full report is available at: <https://www.cdc.gov/mmwr/volumes/68/wr/mm6806a4.htm>

What can health care providers do to help control Alaska's syphilis epidemic?

- Obtain a complete sexual history on all patients to identify those with high-risk behaviors
- For all women who test positive for syphilis, treat immediately, obtain a pregnancy test if not known to be pregnant, offer HIV testing, and obtain updated cell phone numbers, addresses, and places they frequent (especially if they are homeless)
- Test all pregnant women for syphilis at least twice during pregnancy
 - Once at the first clinical encounter (ideally during the first trimester)
 - Again during the third trimester (ideally between 28–32 weeks gestation)
 - Women with risk factors for syphilis should also be tested a third time at delivery
 - Risk factors for syphilis in women include substance misuse, homelessness, transactional sex, incarceration in the past 12 months, multiple new sex partners, or sex with a partner who may be at risk for syphilis
- Test and immediately treat all sexual contacts to someone with infectious syphilis *without waiting* for diagnostic test results
- Test all sexually active MSM for syphilis at least annually and every 3–6 months if at high risk
- Test persons who report homelessness, methamphetamine, injection drug, or heroin use (including persons in jails, emergency rooms, and urgent care clinics) for syphilis, chlamydia, gonorrhea, HIV, and hepatitis C at least annually
- Refer to the *CDC Syphilis Guidelines* in the additional resources section below for more clinical information about syphilis treatment and prevention
- Encourage all patients with syphilis to participate in public health partner services activities, including confidential and timely notification of all sex partners
- Immediately report all syphilis cases (including presumptive diagnosis based on symptoms) by calling 907-269-8000 or faxing a confidential STD Report form to 907-561-4239 (form available at: <http://dhss.alaska.gov/dph/Epi/Documents/pubs/conditions/frmSTD.pdf>)

Additional 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 US: <https://www.cdc.gov/std/syphilis/SyphilisCalltoActionApril2017.pdf>
 - 2017 Sexually Transmitted Disease Surveillance: <https://www.cdc.gov/std/stats17/default.htm>
- Alaska Section of Epidemiology, Public Health Advisory: Syphilis in Alaska (March 2018) http://dhss.alaska.gov/dph/Epi/Documents/phan/AKPHAN_20180314_Syphilis_in_Alaska.pdf

- Alaska Section of Epidemiology, Public Health Advisory: Update on Alaska's Ongoing Syphilis Outbreak (October 2018)
http://dhss.alaska.gov/dph/Epi/Documents/phan/AKPHAN_20181023_Syphilis.pdf
- 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>

This message is sent to you as a service of the State of Alaska DHSS, Division of Public Health, through the Section of Epidemiology, 3601 C Street, Suite 540, Anchorage, Alaska 99503, (907) 269-8000. The Section of Epidemiology maintains a 24-hour Emergency Number, 1-800-478-0084. Website: <http://dhss.alaska.gov/dph/Epi>