

## HIV/STD Program

### HIV Section

400 Yesler Way, Suite 300  
Seattle, WA 98104-2615

**206-296-4649** Fax 206-205-5281  
TTY Relay: 711

### STD Clinic

325 Ninth Avenue, Box 359777  
Seattle, WA 98104-2420

**206-744-3590** Fax 206-744-4151  
TTY Relay: 711

[www.kingcounty.gov/health](http://www.kingcounty.gov/health)

April 30, 2011

Dear Colleague,

We are writing to alert you to a dramatic increase in the rate of syphilis among men who have sex with men (MSM) in Washington State.

In October of 2010, we wrote to you concerning the rising rate of gonorrhea and syphilis in MSM. Since that time, syphilis rates in Washington State have continued to climb and are now at their highest level in twenty years. There were a total of 289 cases of early syphilis reported in King County in 2010, and the rate has continued to increase in 2011 (Figures). Over 90% of all early syphilis cases in King County now occur in MSM, and rates among HIV-infected MSM are approximately 15 times higher than among HIV-uninfected MSM.

Figure 1: Number of cases of early syphilis in King County, WA, by year and sexual orientation, 1994-2010

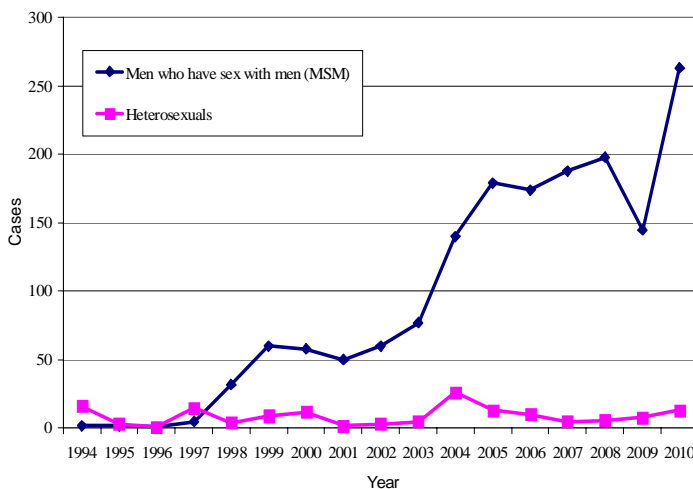
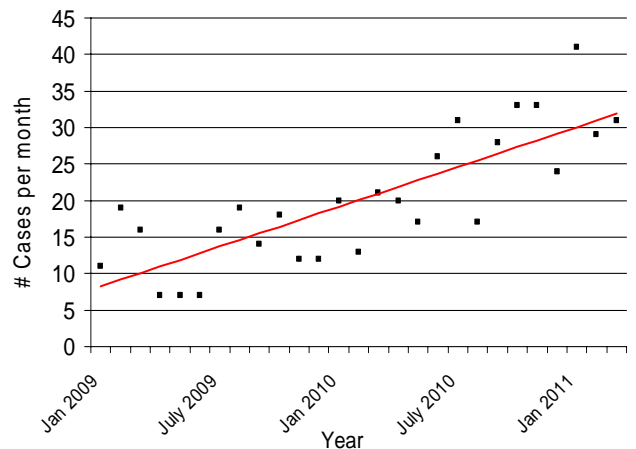


Figure 2: Number of cases of early syphilis in King County, WA, per month, January 2009-March 2011



The cause of the recent increase in syphilis among MSM is uncertain. What data we have do not clearly demonstrate an increase in the numbers of sex partners among MSM or a change in the population of men affected by syphilis. However, there has been an increase in the proportion of MSM with syphilis who report having unprotected anal sex with partners of the same HIV status as themselves, a finding that is consistent with an increase in serosorting. (Serosorting refers to the practice of choosing partners or selectively using condoms based on a partner's HIV status.) While some evidence suggests that serosorting somewhat diminishes the risk of HIV acquisition in MSM, it does not decrease the risk of bacterial STD. Recent trends in King County are consistent with the idea that serosorting could increase syphilis transmission.

In response to the rise in syphilis, Public Health – Seattle & King County (Public Health) is launching a media campaign designed to increase syphilis testing and recognition of syphilis symptoms among MSM. Posters are available for posting in your waiting and exam rooms. Please call 206-296-4649 to request copies.

We recommend that medical providers take the following steps:

- 1) Adopt a low threshold for testing and treating patients for syphilis. In particular, providers should test all MSM with a new rash for syphilis, and should have a very low threshold for empirically treating such patients for syphilis without awaiting the results of serological tests.
- 2) All persons seeking evaluation because of sexual contact with a person who has syphilis should be treated with 2.4 million units of intramuscular benzathine penicillin. This should include persons who report having only oral sex with a partner with syphilis. In the preantibiotic era, approximately one-third of persons who tested RPR negative after seeking care because of sexual contact to a partner with syphilis subsequently developed clinical evidence of infection.
- 3) Increase the frequency with which you screen MSM patients for STDs, including syphilis. Public Health recommends that providers screen all sexually active MSM for gonorrhea, chlamydia, syphilis, and HIV (if the patient is not previously HIV diagnosed) at least annually. Men with any of the following risk factors should be tested every 3 months:
  - History of any bacterial STD in the last year
  - Methamphetamine or popper use in the last year
  - $\geq 10$  sex partners (oral or anal) in the last year
  - Unprotected anal sex with partners of unknown or different HIV status
- 4) Test all persons with syphilis, gonorrhea or chlamydial infection for HIV unless they have a prior HIV diagnosis. Particularly among MSM, having a bacterial STD is strongly associated with having HIV or acquiring it in the future. Among bacterial STDs, the highest risk of HIV infection is associated with syphilis.
- 5) Screen MSM patients at all exposed anatomical sites. Rates of gonorrhea among MSM are also up, and it is important to test MSM for rectal and pharyngeal gonorrhea. Many local laboratories will now accept pharyngeal and rectal specimens for testing using nucleic acid amplification tests.
- 6) Tell your MSM patients about the syphilis epidemic. Patients should know that syphilis rates are up, that the infection can be transmitted through oral or anal sex, that syphilis can cause a sore or a rash, and that syphilis can have serious health consequences. Men can protect themselves by using condoms, having fewer partners, seeking care promptly if they have any symptoms concerning for syphilis, by testing often, and by making sure that their sex partners test often.

Thank you for all of your hard work helping to treat and prevent HIV and other STDs in our community.

Sincerely,



Matthew Golden  
Director, PHSKC HIV/STD Program