

## **Health Advisory: Increase in Syphilis Cases in King County – October 17, 2016**

### **Actions Requested:**

- **Be aware that there were a record number of reported syphilis cases in King County in 2015** with 444 reported cases of early syphilis, a 51% increase over 2014. Thus far in 2016, we continue to see a rise in the number of reported cases.
- **Be aware that the number of cases of syphilis occurring in heterosexuals, including pregnant woman, has increased.** Syphilis among heterosexuals disproportionately affects homeless persons, persons who use methamphetamines and persons in south King County.
- Conduct a sexual history with all patients.
- **Test all sexually active MSM for syphilis at least annually, and those with HIV or who use methamphetamine up to four times per year.** Public Health asks that medical providers test HIV-infected MSM for syphilis each time they order blood tests. (Patients who are not sexually active or are in mutually monogamous long-term relationships do not require testing.)
- **Test all homeless persons for syphilis when presenting in emergency rooms or clinics** (unless there is a test in the past 30 days with result available).
- **Test heterosexuals who pay for or receive money or drugs for sex or who have anonymous partners at least annually.**
- **Test all pregnant women for syphilis in the first trimester, and women at high risk for syphilis again in the third trimester.** Public Health regards pregnant women with the following risks to be at high risk for syphilis: homelessness; methamphetamine, opioid, or cocaine (including crack) use; exchanging sex for money, drugs or other commodities; having a sex partner who is a man who has sex with men.
- **Treat persons with symptoms compatible with primary or secondary symptoms and all persons who report sexual exposure to a person with syphilis.** Although Public Health strongly recommends providers order a serological test for syphilis in persons with symptoms comparable with the infection or sexual exposure to a person with syphilis, providers should treat such persons without waiting for test results.
- **Know the symptoms of primary syphilis:** A syphilitic chancre is usually a firm ulcer at the site of inoculation; it is usually painless and may be associated with localized lymphadenopathy.
- **Know the many symptoms of secondary syphilis:** Rash is the most common symptom and may present as a generalize maculopapular rash on the torso with or without palmar and plantar lesions, though the rash may also be pustular; other presentations of rash include condyloma lata, mucous patches, alopecia; other symptoms include generalized malaise, lymphadenopathy, sore throat and arthralgias.
- **Know the treatment of early syphilis (primary, secondary and early latent): benzathine penicillin (bicillin) 2.4 million units intramuscularly once.** Patients with late latent syphilis require three injections spaced one week apart.

- **Screen all persons diagnosed with syphilis for symptoms of neurosyphilis.** Neurosyphilis can manifest as vision changes, floaters, flashing lights, tinnitus, hearing loss, cranial nerve palsies and new or different headaches. Refer patients with new neurologic symptoms for a lumbar puncture. Neurosyphilis treatment consists of intravenous aqueous crystalline penicillin G (APPG) 24 million units per day for 10-14 days.
- **Test all persons diagnosed with syphilis for HIV, gonorrhea and chlamydia.** MSM should be tested for gonorrhea and chlamydia at all exposed anatomical sites.
- Providers should **refer non-contracepting women diagnosed with syphilis for long-acting contraception if the diagnosed woman does not desire pregnancy.**
- **Recommend HIV pre-exposure prophylaxis (PrEP) to all HIV-negative MSM diagnosed with syphilis.**
- **Report all cases of syphilis to PHSKC STD Program** using the STD Case Report Form <http://www.kingcounty.gov/healthservices/health/communicable/providers/~media/health/public/health/documents/communicable/STDFaxCaseReportForm-Fillable.ashx>.
- **Questions?** Call Rolf Pederson 206.744.4376, Dr. Lindley Barbee 206.744.2595, or Dr. Matthew Golden 206.744.6829.

**Background:** There has been an alarming increase in syphilis in King County. In 2015, clinicians in King County diagnosed 444 cases of early syphilis, a 51% increase compared to 2014. In the first half of 2016, we have seen an 11% increase of early syphilis cases over 2015. More than 90% of syphilis cases are diagnosed in men who have sex with men (MSM), and the rate of syphilis among MSM in King County is now at an all-time high. As syphilis rates have increased, the infection has increasingly affected a more diverse cross section of the community. Although the syphilis epidemic in King County has traditionally been concentrated among HIV-infected MSM, in 2015, there was a substantial increase in the proportion syphilis cases among HIV-negative MSM who now account for more than half of all syphilis cases among MSM. In 2015, a smaller proportion of syphilis cases were among MSM who report using methamphetamine. Concurrently, we are witnessing increases in the number of heterosexual cases of syphilis in King County. In the first 3 quarters of 2016, 27 cases of early syphilis have been reported among heterosexuals to PHSKC, a 93% increase over the same time period in 2015. Most of these cases have occurred in south King County, however, PHSKC STD Program has recently identified a cluster of syphilis cases among Seattle-area homeless and methamphetamine-using persons which constitutes a small sexual network of difficult to locate individuals. Testing and treating all persons at risk is key to controlling this epidemic.

#### Resources

- **PHSKC STD Program:** <http://www.kingcounty.gov/healthservices/health/communicable/hiv.aspx>
- **CDC 2015 STD Treatment Guidelines:** <http://www.cdc.gov/std/tg2015/>