

ANDREW J SPANO
County Executive

Joshua B. Lipsman, M.D., J.D., M.P.H.
Commissioner, Department of Health

ATTENTION

Public Health Update

The Westchester County Department of Health provides public health updates to members of the medical community on important issues affecting public health in Westchester

DATE: July 19, 2007

SUBJECT: Primary and Secondary Syphilis Increasing in NYC

Please note that most of the early syphilis cases reported to Westchester County Department of Health (WCDH) occur in men who have sex with men. Many of these cases are connected to sex partners and sex venues in New York City.

Clinicians are expected to report syphilis cases to WCDH by phone under the following circumstances: any non-treponemal test $\geq 1:16$, any case of primary or secondary syphilis, and any positive prenatal or delivery syphilis test result regardless of titer. To report a case of syphilis in Westchester County call (914) 813 – 5115 (8:30 AM – 5:00 PM, Monday through Friday).

IF YOU HAVE QUESTIONS REGARDING THIS INFORMATION, PLEASE CONTACT THE WESTCHESTER COUNTY DEPARTMENT OF HEALTH AT:

(914) 813-5237

**Mark R. Johnston, M.D., M.P.H.
Chief of Section, Clinical Services**

(914) 813-5115

STD/HIV PNAP Program

(914) 813-5000

24 hours/day; 7 days/week



THE CITY OF NEW YORK

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

nyc.gov/health

July 5, 2007

2007 Health Alert # 9

Primary and Secondary Syphilis increasing in NYC

- Twice as many primary and secondary syphilis cases were reported in the first quarter of 2007 (N=260) compared to the same period last year (N=128).
- Men continue to account for 96% of cases, and men having sex with other men (MSM) is the key risk factor.
- Because syphilis can facilitate transmission and acquisition of HIV, clinicians should test all persons with possible or confirmed syphilis for HIV.
- The classic clinical manifestation of primary syphilis is a transient, painless genital ulcer. Signs of secondary syphilis include a diffuse rash, often involving the palms and soles, white wartlike growths in moist areas (condylomata lata), lymphadenopathy, fever and alopecia. Latent disease has no symptoms, and is defined as 'early latent' within the first year of infection, and late latent thereafter. Untreated syphilis can result in central nervous system damage and adverse pregnancy outcomes, including stillbirth, brain injury and skeletal deformities¹.
- Syphilis is curable. Clinicians should provide prompt treatment to interrupt the spread of syphilis and its sequelae. If you suspect syphilis infection or syphilis exposure, treat presumptively at the time of initial assessment. Single-dose intramuscular benzathine penicillin G – Bicillin® L-A – 2.4 million units-- is recommended for primary, secondary and early latent syphilis, as well as syphilis exposure of sex or needle-sharing partners.²

Dear Colleague:

During the first 13 weeks of 2007, 260 cases of primary and secondary (P&S) syphilis were reported to the New York City Department of Health and Mental Hygiene (NYC DOHMH), twice the number of cases reported during the same interval of 2006. 250, or 96%, of these cases were among men (median age=34 years). Chelsea, in the borough of Manhattan was the most highly represented neighborhood of residence. Although far fewer cases have been reported among women, preliminary data show an increase, from 3 female cases for the first quarter of 2006 to 10 cases for the same period of 2007.

NYC DOHMH investigates all cases of primary and secondary syphilis. Among men with syphilis interviewed by NYC DOHMH, most (84%) reported sex with other men, and 50%

reported HIV infection. Notably, the number of MSM with syphilis who reported also having sex with women, increased from 10% in 2005, to 18% in 2007. This change could herald further increases in syphilis infections among women as well as in congenital syphilis cases.

The Health Care Provider's Role in Syphilis Control:

- **Assess risk:** Take a sexual history of all patients. Ask patients about specific behaviors over the last 6 months such as number of partners, sex of partners, and sexual practices to guide laboratory testing needs.
- **Examine accordingly:** Carefully inspect any and all exposed sites, areas such as the mouth, rectum, cervix and vagina, as lesions of primary and secondary syphilis in these locations can go unnoticed by patients.
- **Screen** the following with non-treponemal tests (e.g. RPR or VDRL):
 - Sexually active men who have sex with men at least annually²;
 - Sexually active persons with HIV at least annually²
 - All persons with newly diagnosed HIV²
 - Persons diagnosed with another STD
 - Sex partners of persons with syphilis. **All persons who report exposure should receive preventive treatment, regardless of serologic test results.**
 - Pregnant women at the first prenatal visit and at delivery as mandated in New York State.³
- **Test** patients who present with lesions suggestive of primary or secondary syphilis. Order both a treponemal test – e.g. FTA-ABS, TPPA - as well as a non-treponemal test. If possible, arrange darkfield microscopy to identify *Treponema pallidum* in lesions.
- **Treat** syphilis with appropriate therapy. **Long acting benzathine penicillin G (i.e. Bicillin® L-A) remains the first line therapy for syphilis**, irrespective of HIV status²:
 - administer 2.4 million units IM once for possible syphilis exposure, primary, secondary or early latent syphilis stage;
 - administer 2.4 million units IM each week x 3 weeks (total dose of 7.2 million units) for late latent syphilis.

Be sure to use the long-acting formulation Bicillin® L-A and not Bicillin® C-R, which contains half the recommended dose of benzathine penicillin G.⁴ Doxycycline and other alternative regimens for syphilis should be reserved for penicillin allergic, non-pregnant adults.
- **Test your syphilis patients for HIV.** Because a negative HIV test may represent HIV infection which is incubating at the time of syphilis diagnosis, a negative HIV test should be repeated in 3 months.
- **Discuss** with your patients ways to reduce risk of sexually transmitted infection (STI). E.g.,
 - Limiting one's number of sex partners
 - Using latex condoms correctly and consistently

- Recognizing that oral sex can spread sexually transmitted infections. Use a latex barrier (such as condoms) for this and other sexual practices
- **Facilitate** partner management. Encourage patients to refer their partners to medical care for testing and prophylaxis.
- **Expect** the Health Department to contact you and/or your patients for additional information. NYC DOHMH attempts to investigate every P&S syphilis case and coordinate prophylaxis for partners.
- **Report all cases of syphilis promptly to the New York City Department of Health & Mental Hygiene. Providers can also access NYC's Syphilis and Serologic Reactor Registry to check serologic and treatment histories. If you have any questions about how to report or wish to check the registry call the Bureau of STD Control during office hours at 212-788-4443. After 5 P.M. case reports can made by calling: 212-764-7667.**
- Call 212-788-4423 to access:
 - Expert medical consultation on any aspect of the diagnosis, treatment, management, or prevention of any sexually transmitted disease.
 - Free and confidential darkfield microscopy, available at NYC DOHMH STD clinics.
 - Partner notification assistance.
 - Continuing medical education (CME) in the area of STD/HIV management, including the recently-published, self-study Syphilis monograph⁵, for which 2 hours of category I CME credit are available.

Free and confidential STD services, including HIV testing are available at NYC DOHMH STD clinics. Health insurance, proof of citizenship and parental consent are NOT required. For clinic locations and hours, call 311 or visit <http://www.nyc.gov/html/doh/html/std/std2.shtml>

Sincerely,

Susan Blank

Susan Blank, MD, MPH

Assistant Commissioner

Bureau of Sexually Transmitted Disease (STD) Control

Robin Recant

Robin Recant, MD, MPH

Director of Clinical Education

Bureau of STD Control

REFERENCES:

¹Centers for Disease Control and Prevention. Symptomatic Early Neurosyphilis Among HIV-Positive Men Who Have Sex With Men – Four Cities, United States, 2002-2004. MMWR 2007; 56 (25): 625-628.

²Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2006, MMWR 2006; 55 (RR-11).

³ New York State Public Health Law § 2308 and 10 NYCRR § 69-2. See also: <http://www.health.state.ny.us/diseases/communicable/std/addendum.htm>

⁴ DOHMH Update #13: Inappropriate Substitution of Bicillin® C-R for Bicillin® L-A in New York City, June 12, 2006.

⁵ Cherneskie T. An Update and Review of the Diagnosis and Management of Syphilis. Region II STD/HIV Prevention Training Center; New York City Department of Health and Mental Hygiene, New York, NY:2006.