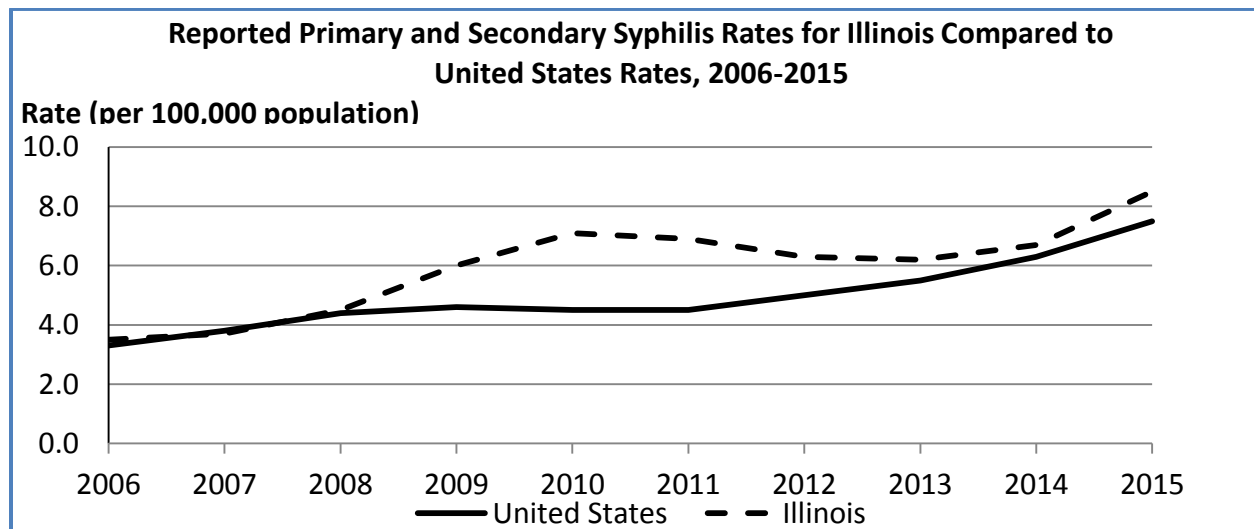


## Increasing Early Syphilis Cases in Illinois

From CDC: “The rise in syphilis requires awareness, attention, and action. We’ve come out on top in the battle against syphilis before, and together we can do it again.”

### DATA AND POPULATIONS AT RISK

Early syphilis infections (defined by the stages of primary, secondary, and early non primary, non-secondary) continue to rise. Once nearing elimination, syphilis is thriving once again according to national data. This sexually transmitted disease is on the rise and has reached a critical high two years in a row according to Centers for Disease Control and Prevention (CDC). The current number and rate of cases are higher than they have been in more than 20 years. In 2015, there were almost 24,000 cases of primary and secondary (P&S) syphilis (the most infectious stages of syphilis) reported in the U.S. which was a 19% overall increase since 2014. This rise in infections makes syphilis a renewed health threat for many. Rates are on the rise among men, women, newborns, various age groups, all regions in the United States, and almost every race/ethnicity. If left untreated, syphilis can cause severe health problems affecting the brain, eyes, heart, and other organs and give rise to congenital births. Having syphilis also makes it easier to acquire and transmit HIV. **Syphilis is simple to cure with the right treatment.**



Source CDC 2015 STD Surveillance and IDPH STD Section

P & S Syphilis rates nationally have risen among women by 27% from 2014-2015, which has led to an alarming increase in the number and rate of babies born with syphilis (congenital syphilis). Men still account for the majority of P&S syphilis cases (90.3%), and the case rate in men has risen each year since 2000. Men, especially gay, bisexual, and other men who have sex with men (MSM), remain the most at risk for syphilis, and data suggest an average of half of MSM with syphilis are also living with HIV.

It is critical to stage syphilis accurately and treat accordingly. Additional doses to treat early syphilis do not enhance efficacy, including in patients living with HIV infection. Please watch for future reports from IDPH that will cover staging and treatment of syphilis.

In 2015, Illinois ranked 11<sup>th</sup> by state for the highest number of (P&S) syphilis cases and Cook County ranked 2<sup>nd</sup> for all U.S. Counties. In 2016, 2,398 early syphilis cases were reported in Illinois with a rate of 18.7 per 100,000 population. This was a 21% increase from 2015. More alarming is the increase in early syphilis cases over the last five years. In 2012, 1,500 early syphilis cases were reported with a rate of 11.7 per 100,000 population. **This is a 60% increase in early syphilis cases in the last five years.**

**CDC Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the United States.**

<https://www.cdc.gov/std/syphilis/syphiliscalltoactionapril2017.pdf>

### **SCREENING, EMPIRIC TREATMENT, AND PARTNER NOTIFICATION**

Due to this substantial increase in early syphilis infections in Illinois, we are asking all medical providers to enhance sexually transmitted disease (STD) prevention services to your patients. Enhancing STD prevention services to highest risk patients may efficiently address the rise in early syphilis infections and improve the health of our fellow Illinoisans. Please strongly consider integrating the following recommendations into your clinical practice:

- Perform syphilis serologic testing for anyone with signs or symptoms of syphilis (genital/oral/anal ulceration or a generalized rash, often involving both the palms and soles)
- Perform serologic testing for syphilis **and** empirically treat, **without waiting for test results**, any patient who presents with classic features of primary or secondary syphilis OR who has had a sexual exposure to an early syphilis case in the past 90 days
- Perform syphilis serologic screening for all MSM and HIV-positive patients **at least once annually**, and **every three months** for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use
- Illinois Administrative Code requires syphilis serologic screening to be performed on all pregnant women at the **first prenatal visit and during the third trimester of pregnancy, (410 ILCS 320/ Prenatal Syphilis Act)**
- Assess for signs of ocular or other neurologic involvement in **ALL** patients with a syphilis diagnosis as neurologic involvement may occur during any stage of syphilis
- Perform HIV serologic screening for **ALL** patients with a new syphilis diagnosis unless they are already known to be HIV-positive
- Encourage all patients with early syphilis to notify their sexual partners of the need to seek testing and treatment; Partner Services is a very important strategy to stop the spread of early syphilis
- As syphilis is a reportable disease the health department will confidentially contact all cases to provide disease counseling and to elicit partner information
- Counseling skills, characterized by respect, compassion, and non-judgment, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively

- Suggested Resource: CDC's ***A Guide to Taking a Sexual Health History*** (<http://www.cdc.gov/std/treatment/sexualhistory.pdf>)
- Offer **PrEP, a PrEP referral, or PrEP educational materials** to patients who are NOT currently infected with HIV but have a syphilis infection. Illinois PrEP resource page: <https://prep4illinois.com/>

Educate patients about syphilis and STD prevention. Correct and consistent use of latex condoms can reduce the risk of syphilis when the infected area or site of potential exposure is protected. However, a syphilis sore outside of the area covered by a latex condom can still allow transmission, so caution should be exercised even when using a condom.

The surest way to avoid transmission of sexually transmitted diseases, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected

#### **REPORT ALL SYPHILIS CASES**

Local Health Departments employ confidential means to locate and notify the partners of all early syphilis cases to prevent continued transmission.

- Reporting of all new syphilis cases within seven days of diagnosis to public health is required by law in Illinois; timely reporting of new cases is critical to the success of prevention and partner notification efforts
- STD Morbidity Report Forms should be completed and faxed to your local health department within seven days of disease diagnosis or treatment for presumed syphilis
- Additional information about disease reporting in Illinois can be found at: <http://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/stds>

Please help us increase awareness among your patients of this serious statewide rise in early syphilis infections and what they can do to prevent infection. If your patients would like to learn more about syphilis or other STDs and how to prevent them, please refer them to CDC's STD website, <http://www.cdc.gov/std/>.

We appreciate your commitment to maintaining and promoting the health of all Illinoisans. For any questions or assistance please contact the Illinois STD Section at 217-782-2747.

#### **Additional Resources:**

CDC STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>  
 CDC STD Awareness Month web page <https://www.cdc.gov/std/sam/index.htm>  
 CDC STD/Syphilis web page <https://www.cdc.gov/std/syphilis/default.htm>  
 CDC 2015 STD Surveillance <https://www.cdc.gov/std/stats15/toc.htm>