

**September 6, 2002**

**FROM:**

**Division of STD and Hepatitis Prevention  
Office of Public Health  
Health and Human Services Agency  
County of San Diego**

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Syphilis Alert

**Summary**-- Syphilis has been increasing among men who have sex with men (MSM) in San Diego during the last 2 months (Jul-Aug 2002). Based on a relatively small number of cases, infectious syphilis (primary and secondary stage) case numbers are up >100% from the first 6 months of the year. Syphilis (and other STDs) facilitate HIV transmission by 2-5 fold. The primary chancre of syphilis is usually painless and may be in the anal or oral cavity and may not be noticed by the patient. There is also evidence that HIV incidence (estimated by HIV testing prevalence data) is increasing in San Diego. HIV prevalence among MSM has decreased steadily since 1992 but this trend was reversed last year going from 3.0% in 2000 to 4.6% in 2001, a 53% increase.

What can practicing clinicians do to help control syphilis?

- **Information**-Provide information to patients (patient info sheet in English and Spanish attached)
- **Screening**-For sexually active MSM, including MSM who are HIV positive, assess their sexual activity risks and obtain a serologic test for syphilis--preferably at their next visit. Repeat annually or more frequently if risk behaviors occur.
- **Occult Primary Chancre**-Inquire about oral or anal symptoms as well as body rash history
- **Diagnosing Primary Syphilis**-Send patients to STD clinic if darkfield testing of suspect chancre needed

- **Treatment**-The recommended treatment for early syphilis (<1 years duration) is benzathine penicillin G (Bicillin) 2.4 million units IM in a single dose (1.2 million in each gluteus muscle).
- **Reporting**-Report suspect primary or secondary syphilis cases as soon as possible by telephone (619-692-8501) or by FAX (619-692-8541) Consultation available from Robert Gilchick, MD, STD Clinic director (619-692-8806 or 8082) or Robert Gunn, MD, Director, STD and Hepatitis Prevention Program (619-692-8614 or 8082)
- **STD and HIV Program Investigators**-Partner services are available to assist patients and to confidentially inform partners of an exposure. Call (619-692-8501--STD Staff) or (619-296-2120--HIV staff)

### **Background**

During the last 2 months (Jul-Aug 2002) there has been an upsurge in infectious stage (primary and secondary) syphilis among men who have sex with men (MSM). During the last 3 years (1999-2001) the average number of cases among MSM has been 11.0 cases per year. During the first 6 months of 2002 there were only 3 cases (projected average of 6.0 cases per year, or 0.5 per month), whereas in the last 2 months (Jul -Aug) there have been 5 cases (projected average of 30 cases per year, or 2.5 cases per month) which represents > 100% increase. In addition, there were 6 cases of early latent syphilis in these 2 months (syphilis infection acquired during the past 12 months) compared to only 4 cases of early latent syphilis in the first 6 months of the year.

There has been an increase in gonorrhea (GC) among MSM during the last 2 years. Rectal/pharyngeal GC rates are up >400% (from 1.3 cases per 100,000 males in 1997 to 6.6 in 2001). In addition, the HIV positivity (prevalence) rate trend among MSM clients tested at county HIV Counseling and Testing (HCT) sites, that has been declining since 1992, has shown a 53% increase from 3.0% in 2000 to 4.6% in 2001. In other areas of the state, notably San Francisco, there is evidence for an increasing incidence of HIV, and syphilis has reached true epidemic proportions with more than 160 cases of infectious stage syphilis reported this year to date. Since syphilis and other STDs facilitate HIV transmission 2-5 fold, these developments are of great concern. In addition, syphilis infection in some HIV infected persons can rapidly progress to acute neurosyphilis.

### **Interventions**

Controlling syphilis and other STDs in the MSM population is a challenge. Reports of MSM reverting to less safe behavior, especially among MSM who are already HIV infected and knowledgeable of how to prevent transmission, make the prospect for behavioral change difficult. Therefore, considerable emphasis on syphilis control interventions, which focus on prompt recognition of infection, treatment, and partner services, is needed. Clinical care providers who care for MSM and HIV infected persons can play a major role in this effort.

What can practicing clinicians do to help control syphilis?

- **Information**-Provide information to MSM patients about this outbreak which includes a description of the signs and symptoms of primary/secondary syphilis and emphasizes the need for prompt diagnosis and treatment (patient information sheet in English and Spanish attached)
- **Screening**-Obtain a serologic test for syphilis at least annually for sexually active MSM patients and any time your patient has reported unprotected sex especially with multiple or anonymous partners. We recommend doing a test now at their next visit.
- **Occult Primary Chancre**-During patient visits assess sexual activity risk and inquire about any anal or oral symptoms. More than 65% of MSM with infectious syphilis are diagnosed in the secondary stage (with heterosexual men it is the reverse) suggesting that the painless primary chancre is not noticed by the patient even though minor symptoms may be present. Chancres are very infectious and account for 90% of transmission. Thus, serologic screening of asymptomatic MSM may identify occult primary syphilis which is in need of prompt treatment.
- **Diagnosing Primary Syphilis**-Persons with primary syphilitic lesions can have negative serologic tests up to 7-10 days after lesion onset and can be definitively diagnosed only by identifying characteristic T. pallidum in a lesion (darkfield for most sensitivity, DFA-TP less sensitive). A darkfield examination of the lesion can be obtained at the main county STD clinic (please call Field Services staff to facilitate your referral at 619-692-8501). Persons with a negative serologic test who have primary syphilis clinically should be treated with the recommended therapy for early syphilis even though a definitive diagnosis cannot be made.
- **Treatment**-The recommended treatment for early syphilis (primary, secondary, and early latent) is benzathine penicillin G (Bicillin) 2.4 million units IM in a single dose (1.2 million in each gluteus muscle). For patients allergic to penicillin, please consult the CDC 2002 STD Treatment guidelines (copy available upon request 619-692-8082). HIV infected patients usually respond well to the usual recommended treatment, however, HIV infected patients may be at an increased risk of neurologic complications and may be at risk of treatment failure. CDC recommends clinical and serological follow-up at 3, 6, 9, 12 and 24 months (2002 STD Treatment Guidelines).
- **Reporting a Suspect Case**-Report by telephone any suspect case of primary (painless genital ulcer) or secondary (generalized body rash, especially involving palms and soles) to the STD Field Services Section (619-692-8501), or for diagnostic consultation, call Dr. Robert Gilchick, STD Clinical Services Director (619-692-8806 or 8082) or Dr. Robert Gunn, STD Control Officer (619-692-8614 or 8082).
- **Partner services**- STD and HIV Program investigators are available to assist with partner services for any patient with syphilis or HIV infection. Using confidential voluntary techniques, sexual partners can be apprised of their risk and assisted to obtain

preventive treatment and diagnostic testing. Call 619-692-8501 (STD staff) or 619-296-2120 (HIV staff).

- **County services**--The STD clinic provides confidential STD and HIV testing services. At the main HIV Counseling and Testing site (3028 Fifth Ave, San Diego) confidential syphilis and gonorrhea screening is available on Wed from 1-6:30 PM and at other times by appointment (619-296-2120).

The STD clinic and HIV Testing Site schedules are attached.

**Conference Registration: Time is Running Out!**

Just a reminder that September 11, 2002 is the last day to register for "Hepatitis & STDs: What Substance Abuse & HIV Service Providers Need to Know," which will take place Thursday September 19 from 11:00-5:00 at the Handerly Hotel, Mission Valley. See attached flyer for conference details and registration.