



County of San Diego Sexually Transmitted Diseases Quarterly Report

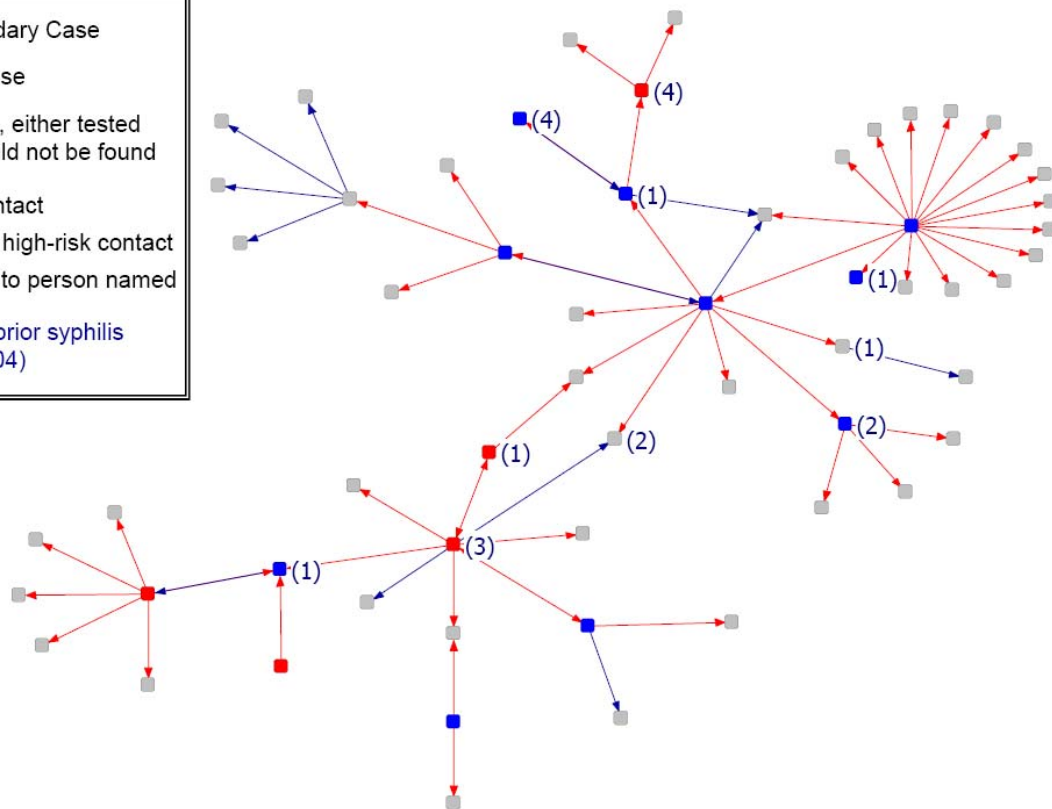
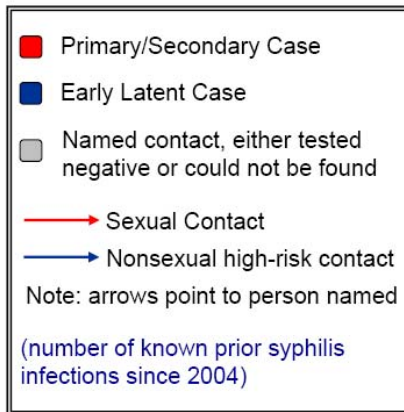


Issue No. 3

Working with Communicable Disease Investigators

October 20, 2008

Sexual/Social Network Diagram of MSM Syphilis Cluster in San Diego, Oct 2007 – Aug 2008



This syphilis network was discovered by County of San Diego communicable disease investigators (CDIs). Cluster investigation is ongoing, so not all partners are depicted in this diagram. All but one syphilis case was HIV co-infected, as were about half of all the individuals in the cluster (cases and contacts). Surveillance bias may play a role in the high proportion of early syphilis cases in San Diego that are co-infected with HIV (54% in 2007), as HIV-infected individuals usually get more frequent medical monitoring, including syphilis screening. However, it appears that HIV-infected men who have sex with men (MSM) are disproportionately affected by syphilis, in part because many individuals “serosort” in an attempt to prevent transmission of HIV (positive men seek other positive men, and negative men seek negative men).

Approximately one half of the cases in this cluster reported using crystal methamphetamine. Of additional concern is that 53% of cases had previous syphilis infections since 2004 (see numbers in parentheses); considerably more had been named as prior contacts to syphilis. This suggests that in San Diego, men at risk are frequently being reinfected by members of their sexual networks who are undiagnosed. **Because serologic tests for syphilis (RPR or VDRL) may not become positive for up to three months after exposure, preventative treatment of sexual contacts exposed within the past 90 days, regardless of test result, is a cornerstone of syphilis control.**

CDIs partner with clinicians to interrupt the spread of HIV, syphilis and other STDs in our community. They investigate every case of early syphilis, working to get sexual partners diagnosed and treated (including preventative treatment, if appropriate). **Time is of the essence in reducing the number of additional people exposed to infectious syphilis; to optimize their investigations, CDIs**

need prompt information from clinicians about the stage of the disease, clinical course and treatment provided. Clinicians can reduce the chance of syphilis reinfection in their patients by encouraging them to cooperate during CDI interviews. If needed, a CDI can arrange to meet the patient at your office or other location to maximize convenience and acceptability.

In addition, CDIs can assist with the notification of newly diagnosed HIV infection. If a patient does not return for lab results, a CDI can deliver the results to the patient in person, and importantly, can offer to assist the patient in notifying his or her partners of potential HIV exposure. There are three ways the CDI can accomplish this: 1. coaching the patient to notify partners independently, 2. dual notification, in which the CDI accompanies the patient but allows the patient to do the notification, or 3. notification by the CDI based on confidential information provided by the patient. **Because approximately 25% of persons with HIV infection are unaware of their diagnosis, and persons with recent infection are particularly contagious to others, this is a critical measure in preventing the spread of HIV in San Diego.**

Confidentiality and respect for the individual are paramount in County operations. CDIs reveal neither the identity of the original patient nor the timeframe of exposure to contacts that they are notifying. CDIs offer comprehensive education about the disease process, are sensitive to the emotional impact of these diseases, and are well-versed in options for testing and care. County STD clinics serve as referral sites for contacts who do not have or do not wish to be seen by primary providers for this purpose.

This process starts with prompt reporting to the County – without knowing about the case, no action to protect your patient’s partners or to protect your patient from reinfection will occur. **Note that the reporting of chlamydia, gonorrhea, syphilis and HIV is mandated by California law by clinicians as well as by laboratories. Syphilis must be reported within one working day.**

- To report a STD case, please fax the Confidential Morbidity Report (CMR) to 619 692-8541. The CMR is available for download at <http://www2.sdcounty.ca.gov/hhsa/documents/CMR.pdf>.
- To report a HIV/AIDS case, please mail a California Department of Health Services Adult or Pediatric HIV/AIDS Confidential Report form to:
Michael Bursaw
Health and Human Services Agency
Community Epidemiology Branch
1700 Pacific Hwy, Rm 107, MS P577
San Diego, CA 92101
HIV/AIDS cases may also be reported by phone at (619) 515-6675. For HIV/AIDS reporting forms or more information on HIV/AIDS reporting, please visit www.sdhiv aids.org.
- CDIs are available to discuss any questions you may have at (619) 692-8501.
- Clinical management questions may be addressed to the STD Controller, Elaine Pierce, MD, MPH at (619) 692-8806 or elaine.pierce2@sdcounty.ca.gov.