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FROM:

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

Contents--STDHep Update #7

Syphilis Outbreak among Men Who Have Sex with Men (MSM) Approaching Epidemic Proportions in San Diego

Attachments

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Syphilis Cases by Month 2002 (Syphilis MSM Year 2002)**

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Syphilis Cases

In 2002 there were 37 cases of infectious (primary and secondary stage) syphilis reported, which is >40% above 2001 (26 cases). Most of the increase occurred in the last 6 months of 2002--with 10 cases reported in December 2002 (see attached graph). During the first 10 days of January 2003, 3 more cases were reported. Overall, most cases were male (84%) and of the males, 81% (N=25) were MSM. Among the 25 MSM cases, 17 (68%) were HIV positive. This is of great concern **because syphilis (as do other STDs) increases the risk of transmitting or acquiring HIV 2-5 fold.** We have already seen a reversal of the steady downward trend in HIV positivity in the county HIV counseling and testing sites. Overall, HIV positivity is up 53% from 2000 to 2002--with an increase from 1.3% to 2.0%.

Neurosyphilis

Acute neurosyphilis can occur during any stage of infection, especially in the early stage, among HIV infected persons. Often the patient with neurosyphilis presents with meningitis or with cranial nerve involvement which can lead to permanent sequelae. In San Francisco, where syphilis among MSM is at true epidemic levels--with almost 500 early cases in 2002--there have been 245 HIV positive persons with early syphilis and among them, 11 (4.5%) had acute neurosyphilis. Among those 11, one person suffered permanent blindness, one partial blindness, and one had a cerebrovascular accident (stroke) with paralysis. Thus, **syphilis is not always a benign disease**, especially in an HIV infected person.

What can clinicians and other providers do to help control syphilis?

- **Information-** Inform their patients/clients about the outbreak and provide information about the signs and symptoms of syphilis and other STDs. A flyer is attached that can be shared with your patients/clients.
- **Neurosyphilis-** Emphasize the seriousness of neurosyphilis especially in discussions with persons who are HIV positive or are at risk of acquiring HIV (MSM)
- **Risk assessment-** Frequently assess the sexual risk behaviors of clients, especially MSM
- **Screening-** MSM who have had >1 sex partner in the past 6 months, particularly those who are having many partners through meetings in bathhouses, clubs, or over the internet, should be screened for syphilis every 2-3 months. **A painless primary infectious syphilitic ulcer may be present in the rectum or throat and not be noticed by the patient.** Such infections can be identified through screening and examination.
- **Treatment** -Treat suspect early syphilis **with benzathine penicillin (Bicillin LA) 2.4 million units IM**, or, if intolerant, use Azithromycin **2gm** orally once, or Doxycycline 100mg BID for 14 days (also please consult the CDC 2002 STD Treatment Guidelines available on their website <http://www.CDC.gov/std/treatment/default.htm> or request a copy from us at 619-692-8082.) Treat persons **exposed to syphilis preventively with benzathine penicillin (Bicillin LA) 2.4 million units IM**, or, if intolerant, Azithromycin **1.0gm** orally once (Ann Intern Med 1999;131:434-437)
- **Serologic Follow-up-** Person treated with penicillin should have **serologic follow-up** at 6 and 12 months to document the response to treatment, which should be a 4 fold or greater decline in RPR/VDRL titer. **For HIV positive persons, follow-up** should be at least **every 3 months up through 12 months and include a 24 month test.** For persons treated with non-penicillin regimens, 3 month follow-up is also recommended through 12 months.
- **Reporting a suspect case-** Please report **any suspect primary or secondary stage syphilis** to the Investigation Unit of the STD Control program **by phone (619-692-8501)** or (FAX 619-692-8541)
- **Partner Services-** Please encourage your patients with syphilis to cooperate with Health Department Investigators so that partner services, which include preventive treatment and serologic testing for syphilis, can be effectively delivered and syphilis spread prevented.