

DPHHS HAN

From: DPHHS HAN
Sent: Tuesday, January 26, 2010 10:36 AM
Subject: DPHHS HAN ADVISORY 2010-5: Syphilis Cases Reported in Montana
Attachments: HAN Syphilis.pdf

State of Montana DPHHS HAN ADVISORY

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DPHHS Information / Recommendations:

During September – December 2009, five cases of syphilis were reported to the Montana STD Program. All cases were male ranging in age from 29 to 36. Four of the five cases were diagnosed in Men Who Have Sex with Men (MSM); these four cases were also positive for HIV. Two of the cases were staged as primary syphilis, two as secondary syphilis, and one case as latent syphilis. The latter case was reported to have neurosyphilis. No cases were reported prior to September.

The attached summary from DPHHS outlines recent syphilis activity and provides basic information regarding the progression of syphilis. In addition, recommendations for screening males, particularly those reporting same-sex contact, are detailed.

DPHHS Subject Matter Expert (SME) Contact:

For more information contact the Montana DPHHS STD/HIV Prevention Section at (406) 444-2457.

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The goal of Montana's Health Alert Network is to transmit information to local public health authorities as quickly as possible, and assign a suitable priority to the message. For questions or comments about Montana's HAN system you may contact the DPHHS HAN Coordinator, Gerry Wheat at gwheat@mt.gov.

Categories of Health Alert Messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

DPHHS Information/Recommendations: Recent Syphilis Cases in Montana

During September – December 2009, five cases of syphilis were reported to the Montana STD Program. All cases were male ranging in age from 29 to 36. Four of the five cases were diagnosed in Men Who Have Sex with Men (MSM); these four cases were also positive for HIV. Two of the cases were staged as primary syphilis, two as secondary syphilis, and one case as latent syphilis. The latter case was reported to have neurosyphilis. No cases were reported prior to September.

The syphilis rate in Montana in 2008 (0.7 per 100,000) was much lower than the U.S. rate (4.5 per 100,000). From 2005 to 2009, Montana averaged 5.8 cases (range, 1 to 8) of primary and/or secondary each year. Because Montana has had a low incidence of syphilis, providers rarely see syphilis cases and may not recognize syphilitic symptoms.

Syphilis chancres can easily be misdiagnosed as herpes, secondary syphilitic rashes can be mistaken for other dermatologic conditions, and often, neurosyphilis is the last consideration for a repertoire of tests for cerebral- or neurologic-related conditions. Listed below are descriptors for syphilitic stages, including characteristic symptoms and recommendations from the Montana DPHHS.

Primary Stage

Syphilis is caused by *Treponema pallidum*. The primary stage of syphilis is usually marked by the appearance of a single lesion (called a chancre), but there may be multiple lesions. The time between infection with syphilis and the onset of the first symptom can range from 10 to 90 days (average 21 days). The chancre is usually firm, round, small (usually 1 to 2 cm in diameter), and painless. It appears at the spot where the syphilis bacterium entered the body. The chancre typically lasts 3 to 6 weeks, and heals without treatment. However, if adequate treatment is not administered, the infection progresses to the secondary stage.

Secondary Stage

Skin rash and mucous membrane lesions characterize the secondary stage. This stage typically starts with the development of a rash on one or more areas of the body. The rash usually does not cause itching. Rashes associated with secondary syphilis can appear as the chancre is healing or several weeks after the chancre has healed. The characteristic rash of secondary syphilis may appear as rough, red, or reddish-brown spots both on the palms of the hands and the bottoms of the feet. However, rashes with a different appearance may occur on other parts of the body, sometimes resembling rashes caused by other diseases. Sometimes rashes associated with secondary syphilis are so faint that they are not noticed. In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. The signs and symptoms of secondary syphilis will resolve with or without treatment. However, without treatment the infection will progress to the latent and possibly late stages of disease.

Late and Latent Stages

The latent (hidden) stage of syphilis begins when primary and secondary symptoms have disappeared. Without treatment, the infected person will continue to have syphilis even though there are no signs or symptoms; infecting bacteria remain in the body. This latent stage can last for years. The late stages of syphilis can develop in about 15% of people who have not been treated for syphilis, and can appear 10 to 20 years after the initial infection. In the late stages of syphilis, the disease may damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may cause death.

Treatment

The 2006 Sexually Transmitted Disease Treatment Guidelines (published by CDC) delineate treatment for all STDs, including syphilis. Penicillin G, administered parenterally, is the preferred drug for treatment of all stages of syphilis. The preparation(s) used (i.e., benzathine, aqueous procaine, or aqueous crystalline), the dosage, and the length of treatment depend on the stage and clinical manifestations of the disease. Parenteral penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin. Skin testing for penicillin allergy might be useful in pregnant women; such testing also is useful in other patients. The 2006 STD Treatment Guidelines can be accessed at www.cdc.gov/std/treatment/2006/toc.htm.

Recommendations regarding Risk Assessments & Screening for Men

Clinicians should assess the risks of STDs for all male patients, including a routine inquiry about the sex of patients' sex partners. MSM, including those with HIV infection, should routinely undergo nonjudgmental STD/HIV risk assessment and client-centered prevention counseling to reduce the likelihood of acquiring or transmitting HIV or other STDs. Clinicians should be familiar with local community resources available to assist MSM at high risk in facilitating behavioral change. Clinicians also should routinely ask sexually active MSM about symptoms consistent with common STDs, including urethral discharge, dysuria, genital and perianal ulcers, regional lymphadenopathy, skin rash, and anorectal symptoms consistent with proctitis. Clinicians also should maintain a low threshold for diagnostic testing of symptomatic patients.

Routine laboratory screening for common STDs is indicated for all sexually active MSM. As outlined in the 2006 STD Treatment Guidelines, the tests below should be performed at least annually for sexually active MSM, including men with or without established HIV infection:

- HIV serology, if HIV negative or not tested within the previous year; syphilis serology;
- a test for urethral infection with *N. gonorrhoeae* and *C. trachomatis* in men who have had insertive intercourse during the preceding year;
- a test for rectal infection with *N. gonorrhoeae* and *C. trachomatis* in men who have had receptive anal intercourse during the preceding year;
- a test for pharyngeal infection with *N. gonorrhoeae* in men who have acknowledged participation in receptive oral intercourse during the preceding year; testing for *C. trachomatis* pharyngeal infection is not recommended.

More frequent STD screening (i.e., at 3–6 month intervals) is indicated for MSM who have multiple or anonymous partners, have sex in conjunction with illicit drug use, use methamphetamine, or whose sex partners participate in these activities.

For more information regarding syphilis and to view clinical slides of syphilis symptoms please go to: <http://www.cdc.gov/STD/>.