

DPHHS HAN

Health UPDATE

Cover Sheet

DATE: June 14, 2018

SUBJECT: Continued Syphilis Transmission in MSM and Women

INSTRUCTIONS:

DISTRIBUTE to your local HAN contacts. This HAN is intended for general sharing of information.

- Time for Forwarding: **As Soon As Possible**
- Please forward to DPHHS at hhshan@mt.gov
- **Remove this cover sheet before redistributing and replace it with your own**

For LOCAL HEALTH DEPARTMENT Reference Only

DPHHS Subject Matter Resource for more information regarding this HAN, contact:

**DPHHS CDCP
STD/HIV/HCV Section
1-406-444-3565**

**DPHHS Health Alert Hotline:
1-800-701-5769**

**DPHHS HAN Website:
www.han.mt.gov**

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hhshan@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.

Information Service: passes along low level priority messages that do not fit other HAN categories and are for informational purposes only.

Please update your HAN contact information on the Montana Public Health Directory

DPHHS HAN

Information Sheet

Date: June 14, 2018

Subject: Continued Syphilis Transmission in MSM and Women

Background: Local and state public health officials are continuing to see a significant increase in syphilis activity in Montana. As of May 31, 2018, 19 cases of primary and secondary syphilis have been reported, compared to 5 to 7 cases for the same timeframe in previous years. The majority are in Yellowstone County, but Cascade, Flathead, Gallatin, Lake, Lewis & Clark, Missoula and Silver Bow Counties have also reported cases.

Of these nineteen, seven are females of childbearing age and include one pregnancy. Eleven cases have been reported in men who have sex with men (MSM) which is the majority of cases, with an age range of 19-68 years old. Health care providers are encouraged to continue efforts to assess sexual health risks of patients, particularly pregnant women, and provide appropriate testing and treatment in addition to promptly reporting cases to local public health authorities.

Information: Clinicians can assist by assessing risks and testing for syphilis during first prenatal visit, and subsequent visits depending upon risk, as well as during routine women's health exams.

Routine testing is recommended for:

- men who have sex with men (MSM),
- pregnant women,
- persons who have HIV infection,
- persons who have partner(s) who have tested positive for syphilis,
- any person with high risk sexual behavior such as multiple concurrent partners, anonymous sex, sex while high or intoxicated and women who have sex with MSM.

Additional recommendations regarding screening, diagnosis, treatment, and required reporting for pregnant women are below, as well as recommendations for local public health and links to additional resources.

Testing:

Nontreponemal tests commonly used for initial screening include:

- Venereal Disease Research Laboratory test (VDRL)
- Rapid plasma regain test (RPR)

Note: Quantitative tests (titers) generally reflect the activity of the infection.

Confirmatory tests include:

- Treponemal pallidum* particle agglutination test (TP-PA)
- Fluorescent treponemal antibody absorbed test (FTA-ABS)
- T. pallidum* enzyme immunoassay antibody test (TP-EIA)
- Chemiluminescence immunoassay (CIA)

Note: As a group, these tests are based upon the detection of antibodies directed against specific treponemal antigens. Treponemal tests are qualitative only and are reported as "reactive" or nonreactive"

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Reporting:

Reporting of suspected and confirmed cases of syphilis to local public health authorities *is required by state reporting rules*. Public health authorities are required to ensure proper treatment is administered and will conduct contact-tracing efforts to identify partners who may be at risk of infection. Prompt reporting by clinicians is essential to break the disease transmission cycle.

Treatment:

Appropriate treatment is critical to control the spread of infection and required by Montana Administrative Rules. All syphilis cases should be treated soon as infection is identified.

Recommended treatment for Syphilis:

- Recommended regimen for Adults with *Primary, Secondary Syphilis or Early Latent Syphilis*: Benzathine penicillin G 2.4 million units IM in a single dose
- *Late Latent Syphilis or Latent Syphilis of Unknown Duration or Tertiary Syphilis with Normal CSF Examination*: Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals
- Alternatives to the above-recommended treatments are generally used only when patients have demonstrated an allergy to penicillin. CDC guidelines recommend that providers ask patients about known allergies to penicillin. Any person allergic to penicillin should be treated in consultation with an infectious-disease specialist.

Local Health Authorities

- Administrative Rules of Montana (ARM) require the local health officer, or designee, to investigate and implement control measures as indicated by STD Treatment Guidelines to prevent or control the transmission of disease.
- Verify that appropriate treatment has been given to the patient before sending case record form into DPHHS.
- Local health officers are required to report information about a case to DPHHS within the timeframes established in (ARM) 37.114.204. Syphilis must be reported within one business day.

Note: DPHHS staff will assist local jurisdictions as necessary and monitor each case to assist with treatment and follow-up as needed.

Resources

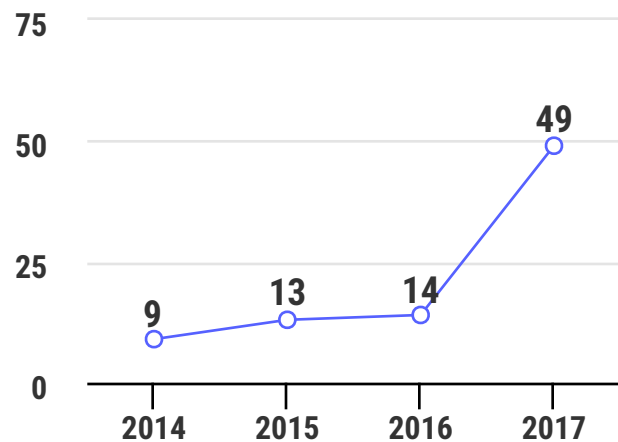
- Pocket guides for providers on taking a sexual history, syphilis and STD treatment guidelines. <https://www.cdc.gov/std/products/provider-pocket-guides.htm>
- Details regarding signs and symptoms, testing and treatment can be found on page 34 of the CDC 2015 STD Treatment Guidelines. <http://www.cdc.gov/std/tg2015/default.htm>
- Additional clinical training slides are available at: <http://www.cdc.gov/std/training/clinicalslides/default.htm>
- Additional information regarding resources and Montana-specific information can be found at: <http://dphhs.mt.gov/publichealth/hivstd/stdprevention.aspx>

2018 Syphilis Cases- Update

Syphilis cases diagnosed in the primary and secondary stage are infectious and of great concern to public health. The following information characterizes risk factors for syphilis in these stages.

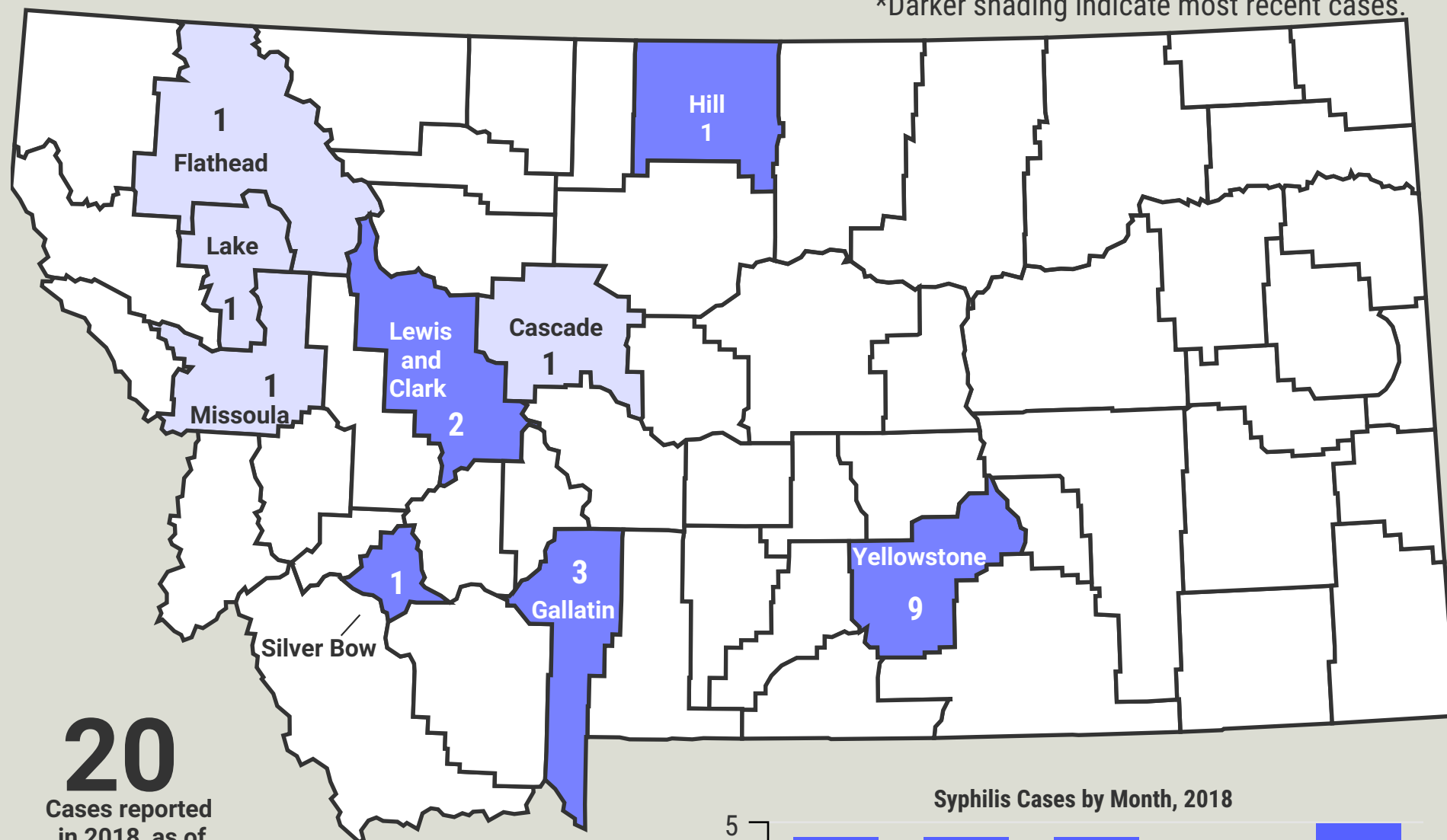
Most of those affected are men who have sex with men, but women of childbearing age have been diagnosed with syphilis, which is a concern especially for pregnant women and their unborn children.

Case counts of primary and secondary syphilis are increasing.

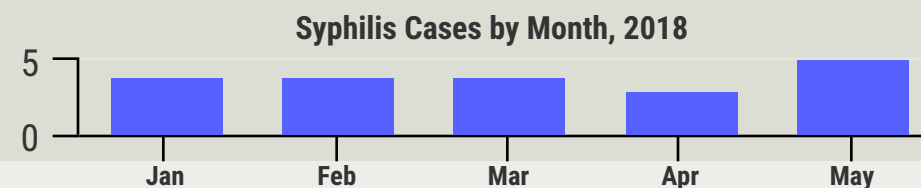


Primary and Secondary Syphilis Cases, Montana, June 7, 2018

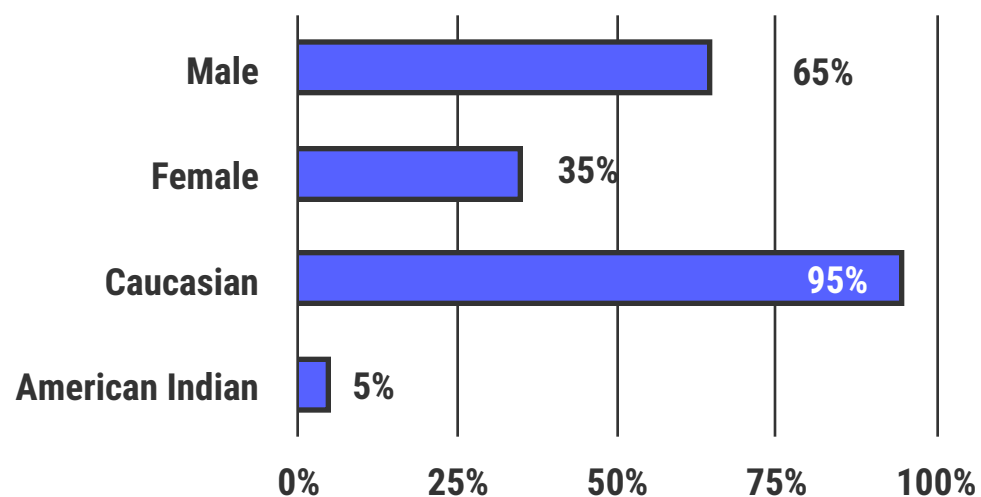
*Darker shading indicate most recent cases.



20
Cases reported in 2018, as of June 7.



Selected Demographics of 2018 cases



Risk Factors of 2018 Syphilis Cases

- 100%** of female cases were women of childbearing age. One case was pregnant.
- SEX** 95% of cases involved high risk sexual activity such as multiple partners and anonymous sex.
- HIV** Two cases were co-infected with HIV.