

PENNSYLVANIA DEPARTMENT OF HEALTH

2022 – PAHAN – 625 – 2-14-ADV

Increases in Reported Early Syphilis



DATE:	2/14/2022
TO:	Health Alert Network
FROM:	Keara Klinepeter, Acting Secretary of Health
SUBJECT:	Increases in Reported Early Syphilis
DISTRIBUTION:	Statewide
LOCATION:	n/a
STREET ADDRESS:	n/a
COUNTY:	n/a
MUNICIPALITY:	n/a
ZIP CODE:	n/a

This transmission is a “Health Advisory”: provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; **EMS COUNCILS:** PLEASE DISTRIBUTE AS APPROPRIATE; **FQHCs:** PLEASE DISTRIBUTE AS APPROPRIATE **LOCAL HEALTH JURISDICTIONS:** PLEASE DISTRIBUTE AS APPROPRIATE; **PROFESSIONAL ORGANIZATIONS:** PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; **LONG-TERM CARE FACILITIES:** PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF

Summary

- During Calendar Year (CY) 2021, Pennsylvania (exclusive of Philadelphia) reported a 28% increase in Early Syphilis from the 1,105 cases reported CY 2020 to 1,418 cases reported in CY 2021.
- The reported 1,418 cases in CY 2021 represents the highest number of Early Syphilis cases in more than 30 years.
- Additionally, during CY 2021, Pennsylvania (exclusive of Philadelphia) reported a 36% increase in Early Syphilis cases in females from 165 cases reported in CY 2020 to 228 cases of Early Syphilis reported in CY 2021.
- Of the reported Early Syphilis cases reported in females, **90%** were child-bearing age (ages 15 to 44).
- Medical providers treating individuals for gonorrhea or chlamydia need to assure that these individuals are also concurrently tested for syphilis and HIV.
- Due to the increase in Early Syphilis in individuals of child-bearing age, all pregnant patients need to be offered a test for syphilis at the following intervals:
 - At the first prenatal visit
 - At the third trimester of pregnancy
 - At the delivery of a child, or
 - At the delivery of a stillborn child

Testing Recommendations

In response to the recent increase in Early Syphilis especially in individuals of child-bearing age, the PADOH is recommending that all pregnant patients be offered a test for syphilis at the following intervals:

- At the first prenatal visit
- At the third trimester of pregnancy
- At the delivery of a child, or
- At the delivery of a stillborn child

This notice is in addition to the statewide requirement for syphilis testing contained in 28 Pa Code § 27.89 (a)(1)(i) that directs a physician who attends, treats, or examines a pregnant patient for conditions relating to pregnancy to offer the patient a test for syphilis at the time of first examination.

If a pregnant patient does not object, the test shall be performed in accordance with 28 Pa Code §27.89. If a pregnant patient objects, the regulation requires the person attending the patient to explain to the patient the need for the test. With respect to the patient who has given birth, information relating to the test or the objection to the test is to be recorded in both the patient's medical record and in the record of the newborn, as regulation states.

In addition, all patients presenting with any of the following symptoms or conditions should be tested for syphilis:

- A macular and/or papular rash on the palms of the hands or on the soles of the feet
- A generalized rash that may be macular, papular, or papulosquamous on the back, chest, or stomach
- A lesion in the genital, rectal, or oral area
- Moist papules in the anogenital region or the mouth
- Sudden "Moth-eaten" scalp alopecia with a typical onset at the back of the head
- Loss of eyelashes and the lateral third of the eyebrows
- Generalized lymphadenopathy
- Malaise
- A recent positive test for another sexually transmitted disease such as gonorrhea or chlamydia

Treatment Recommendations

1. Primary, secondary, and early latent adults (including pregnant and those with HIV infection) benzathine penicillin G 2.4 million units IM in a single dose.
2. Late latent adults (including pregnant and those with HIV infection) benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals.
3. Neurosyphilis, ocular syphilis, and otosyphilis aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days procaine penicillin G 2.4 million units IM 1x/day PLUS probenecid 500 mg orally 4x/day, both for 10–14 days.
4. Parenteral Benzathine penicillin **G** is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant patients with syphilis in any stage who report penicillin allergy should be desensitized and treated with Benzathine penicillin **G**.
5. Due to the recent changes in health care delivery and a nationwide shortage of the drug, some providers have not been able to obtain cost-effective access to Benzathine penicillin **G** for their at-risk pregnant clients. In these situations, providers are strongly encouraged to contact PADOH for treatment assistance.
6. For children or congenital syphilis See Sexually Transmitted Infections Treatment Guidelines, 2021 at: www.cdc.gov/std/treatment

Management of Sex Partners

Effective clinical management of patients with treatable STIs requires treatment of the patient's recent sex partners to prevent reinfection and curtail further transmission. Patients should be instructed to refer their sex partners for evaluation and treatment.

1. Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis <90 days before the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative or unknown.
2. Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis >90 days before the diagnosis should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and syphilis stage.
3. Long-term sex partners of persons who have late latent syphilis should be evaluated clinically and serologically for syphilis and treated based on the findings.

Offering At-risk Clients Pre-exposure prophylaxis (PrEP) for HIV

Providers are encouraged to discuss the benefits of PrEP to all at-risk clients who test negative for HIV, and report any of the following risk factors:

1. If the client has had anal or vaginal sex in the past 6 months and reports having a sexual partner with HIV (especially if the partner has an unknown or detectable viral load).
2. The client has not consistently used a condom and reports having sex with multiple partners.
3. The client has been diagnosed with an STI in the past 6 months.
4. The client has reported having an injection partner with HIV, share needles, syringes, or other equipment to inject drugs.

Additional Information

Physicians needing additional information are asked to call the following number:

Pennsylvania Department of Health
Bureau of Communicable Diseases
Division of TB/STD
STD Program
(717) 787-3981

8:00 A.M. – 5:00 P.M

Additional Web Links

Additional information on syphilis testing and treatment for pregnant patients can be found online at:

www.cdc.gov/std/treatment

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.

This information is current as of February 14, 2022 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.