

February 2014

**To:** Hospitals, Emergency Rooms, Family Medicine, Infectious Disease, OB/GYN, Community Health Centers, College Health Centers, Local Health Departments, Internal Medicine and Primary Care Providers.

**From:** New York State Department of Health Bureau of STD Prevention and Epidemiology (BSTDPE)

### **HEALTH ADVISORY: SYPHILIS ALERT**

Early infectious syphilis cases increased 30 percent in New York (excluding New York City) in 2013 (N=490) compared to 2012 (N=375). Increases have been noted in nearly every region of the State with cases reported in both urban and rural parts of the State. Men accounted for 92% of cases with 72% of male cases documented to occur among men who have sex with men (MSM).

The classic clinical manifestation of primary syphilis is a transient, painless genital ulcer. Signs of secondary syphilis include a diffuse rash, often involving the palms and soles, white wart-like growths in moist areas (condyloma lata), lymphadenopathy, fever and alopecia. Persons with latent disease have no symptoms and are defined as having early latent syphilis within the first year of infection, and late latent thereafter. Untreated syphilis can result in central nervous system and cardiovascular damage and adverse pregnancy outcomes, including stillbirth, brain injury and skeletal deformities.

#### **What Health Care Providers Can Do to Help Control Syphilis and other STDs**

- **Assess risk:** Conduct a complete sexual risk assessment for patients, particularly MSM. Ask patients about specific behaviors over the last 6 months, such as number of partners, sex of partners, and sexual practices, to guide laboratory testing. Eliciting information on the use of social networking sites and mobile applications to meet sex partners is part of the risk assessment.
- **Examine accordingly:** Carefully inspect any and all exposed sites including mouth, anus, cervix and vagina, as syphilitic lesions in these locations can go unnoticed by patients.
- **Screen** routinely for STDs and HIV in:
  - Sexually active MSM, at least annually;<sup>1</sup>
  - Sexually active persons with HIV, at least annually;<sup>1</sup>
  - All persons with newly-diagnosed HIV;<sup>1</sup>

- Persons diagnosed with other STDs;
  - Sex partners of a known syphilis case (partners who report exposure should receive presumptive treatment regardless of serologic test results);
  - Pregnant women at their first prenatal visit and all newborns at delivery (as mandated by New York State Public Health Law);<sup>2</sup>
- **Test** for syphilis: Maintain a high index of suspicion for syphilis. To test, order both an RPR and a treponemal confirmatory test (FTA-Abs or TP-PA). Please indicate on the laboratory requisition slip that early syphilis is suspected and note clinical symptoms. The confirmatory test is necessary to definitively diagnose early infection quickly, since early in the disease, the RPR may be equivocal. Some laboratories are performing an EIA/CIA treponemal test first followed by testing of reactive sera with a nontreponemal test. Interpretation of discordant results (EIA reactive, RPR non-reactive) can be challenging. The Centers for Disease Control and Prevention (CDC) continues to recommend the traditional screening algorithm using a nontreponemal test with confirmation of reactive nontreponemal tests by treponemal testing.<sup>3</sup>
- **Test persons with syphilis for HIV.**
- **Treat promptly** to interrupt the spread of syphilis and its sequelae. If you suspect syphilis infection or syphilis exposure, treat presumptively at the time of initial assessment.
    - Use single dose intramuscular benzathine penicillin G Bicillin® L-A – 2.4 million units, as first line therapy for primary, secondary and early latent syphilis, as recommended by the CDC.<sup>1</sup>
    - Conduct follow-up clinical and serologic evaluation of patients 6 and 12 months after treatment to assess treatment response; more frequent monitoring is advised if follow up is uncertain.
- **Facilitate partner management:** Encourage your patients to refer their partners to medical care for testing and prophylaxis.
- **Collaborate** with public health personnel on partner notification efforts. Expect the Health Department to contact you and/or your patients for additional information. Trained health department staff investigates every case of early syphilis. In this voluntary confidential and free process, referred to as partner services, public health staff meets with patients to educate them about the disease, assist them in developing future risk reduction plans, and obtain information on sexual partners. Patient names are never divulged when partners are subsequently notified of exposure and referred for medical evaluation and possible treatment. Confidentiality for patients and partners is upheld in the strictest sense.
- **Report** all suspect and confirmed syphilis cases promptly to your local county health department.

- Public health partnership between providers, health departments and the community is integral to interrupting and preventing outbreaks of STDs. Your clinical efforts and collaborations with local public health staff will help to prevent further increases in syphilis as well as control other STDs.

## **ADDITIONAL RESOURCES**

Free and confidential STD and HIV testing is available at local health department STD clinics. For clinic location and hours, please visit:

<http://www.health.ny.gov/diseases/communicable/std/clinics/>

**NYSDOH STD Center for Excellence** at (585) 753-5382 for assistance with the clinical diagnosis and management of syphilis and other STDs.

**BSTDPE** at (518) 474-3598 for information and assistance regarding reporting.

**NYSDOH Partner Services Contacts:** see attachment A for local and regional contacts for STD/HIV Partner Services.

Partner Services information for Providers can be found at:

[http://www.health.ny.gov/diseases/communicable/std/partner\\_services/info\\_for\\_providers.htm](http://www.health.ny.gov/diseases/communicable/std/partner_services/info_for_providers.htm)

Partner Services information for Patients can be found at:

[http://www.health.ny.gov/diseases/communicable/std/partner\\_services/index.htm](http://www.health.ny.gov/diseases/communicable/std/partner_services/index.htm)

**Syphilis and other sexually transmitted disease and treatment information can be found at:**

<http://www.cdc.gov/std/treatment/2010/default.htm>

Order form for free educational brochures, booklets and posters can be found at:

[http://www.health.ny.gov/forms/order\\_forms/std\\_materials.htm](http://www.health.ny.gov/forms/order_forms/std_materials.htm)

<sup>1</sup>CDC. Sexually Transmitted Diseases Treatment Guidelines 2010. MMWR 2010; 59 (No. RR-12).

<sup>2</sup>New York State Public Health Law §2308 and 10NYCRR § 69-2.

<sup>3</sup>CDC. *Discordant Results from Reverse Sequence Syphilis Screening – Five Laboratories, Untied States,*

*Providers are the key to Patients**Patients are the key to Partners**Partners are the key to Prevention*

The Partner Services Program provides an immediate link between health care providers, persons diagnosed with HIV, *Chlamydia*, gonorrhea or syphilis, and their sexual and/or needle-sharing partners. The Partner Services Program can facilitate partner notification and early testing while maintaining confidentiality of all individuals involved. Partner Services staff work with patients to develop a plan to notify their partners. Based on the patient's needs, staff can notify potentially exposed partners anonymously, as well as help patients who want to tell their partners on their own.

#### Local Health Department and NYSDOH Regional Contacts for *Partner Services for STD/HIV*

County Contacts	Contact Phone Number
<b>Albany County</b> [HIV Partner Services Only; for STD, contact the Capital District Regional Office]	(518) 447-4609
<b>Dutchess County</b>	(845) 486-3452
<b>Erie County</b> [HIV Partner Services Only; for STD, contact the Buffalo Regional Office]	(716) 858-7683
<b>Monroe County</b>	(585) 753-5391
<b>Nassau County</b>	(516) 227-9439
<b>Onondaga County</b>	(315) 435-3240
<b>Orange County</b>	(845) 568-5333
<b>Rockland County</b>	(845) 364-2992
<b>Schenectady County</b> [HIV Partner Services Only; for STD, contact the Capital District Regional Office]	(518) 386-2824
<b>Suffolk County</b>	(631) 854-0364
<b>Westchester County</b>	(914) 813-5220

Regional Office (Counties covered in region)	Contact Phone Number
<b>Buffalo Regional Office</b> (Allegany, Cattaraugus, Chautauqua, Erie [STD only], Genesee, Niagara, Orleans, Wyoming)	(716) 855-7074 or 1-800-962-5064
<b>Capital District Field Office</b> (Albany [STD only], Clinton, Columbia, Delaware, Essex, Franklin, Fulton, Greene, Hamilton, Montgomery, Otsego, Rensselaer, Saratoga, Schenectady [STD only], Schoharie, Warren, Washington)	(518) 402-7411 or 1-800-962-5065
<b>Central New York Regional Office</b> (Broome, Cayuga, Chenango, Cortland, Herkimer, Jefferson, Lewis, Madison, Oneida, Oswego, St. Lawrence, Tioga, Tompkins)	(315) 477-8116 or 1-800-562-9423
<b>Metropolitan Area Regional Office</b> (Putnam, Sullivan, Ulster)	(914) 654-7187 or 1-800-828-0064
<b>New York City (including CNAP)</b>	HIV: (212) 693-1419 STD: (212) 442-6577
<b>Rochester Regional Office</b> (Chemung, Livingston, Ontario, Schuyler, Seneca, Steuben, Wayne, Yates)	(585) 423-8103 or 1-800-962-5063

Partner Services can serve as a medical provider's proxy in identifying partners, conducting domestic violence screening and the notification plan, and will assist in completing the Partner/Contact Information on the DOH-4189 (Medical Provider HIV/AIDS and Partner/Contact Form).

For more information on Partner Services, visit [www.health.ny.us/diseases/communicable/std/partner\\_services](http://www.health.ny.us/diseases/communicable/std/partner_services).

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