



Department of Health

ANDREW M. CUOMO
Governor

**HOWARD A. ZUCKER, M.D.,
J.D.**
Acting Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy
Commissioner

April 22, 2015

Dear Provider:

In recent years New York State has seen a significant increase in syphilis cases. Between 2010 and 2014, the number of people newly infected with syphilis has increased by more than 160%. Most cases (70%) are among men who have sex with men (MSM). While new infections increased statewide, larger increases between 2012 and 2013 cases were seen in the Capital District (Albany/Schenectady/Troy), which increased 55%; Central New York (Syracuse) increased 111%; and Western New York (Rochester) increased 85%. The data for newly identified syphilis cases is alarming.

We are asking all AIDS Institute providers to integrate STD prevention into all aspects of HIV work, both with clients diagnosed with HIV and those at risk. All front line staff, such as care coordinators, case managers, educators, treatment counselors, and care navigators, must talk with their clients/patients about syphilis, risk reduction, and the importance of screening and treatment. It is also critical that AIDS Institute funded contractors directly provide or navigate clients to syphilis screening. The CDC recommends syphilis screening at least once a year for all sexually active gay, bisexual, and other MSM. MSM who have multiple or anonymous partners should be screened more frequently (i.e., at 3-to-6 month intervals).

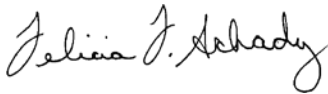
High risk HIV negative clients/patients who are diagnosed with a new syphilis infection should receive risk reduction and STD education and be referred for pre-exposure prophylaxis (PrEP). PrEP prevents HIV infection. PrEP does not protect against syphilis and other STDs and therefore requires consistent condom use. High risk clients/patients can benefit from linkage to prevention services, routine medical care, access to condoms and ongoing HIV and STD screening.

We have attached an easy-to-use fact sheet on syphilis along with talking points to assist staff in initiating discussions on syphilis. It is imperative that this prevention and treatment message be given to all high risk clients/patients, such as those with multiple sexual partners, those who do not consistently use condoms, and MSM.

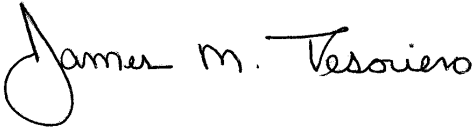
Syphilis screening indicators are being incorporated into the work plans of AI funded contractors. Syphilis screening among MSM clients or patients will be a focal point of AIDS Institute Report System (AIRS) data reports in 2015. AIDS Institute contract managers will be working with you to assess progress in implementing syphilis screening and to identify additional opportunities for integration of STD prevention in your programs. If you have any questions please feel free to contact your contract manager.

STD prevention is HIV prevention. Thank you for your assistance in addressing this important public health issue.

Sincerely,

A handwritten signature in cursive script, reading "Felicia J. Schady".

Felicia Schady
Director, Division of HIV and Hepatitis Health Care
AIDS Institute
NYS Department of Health

A handwritten signature in cursive script, reading "James M. Tesoriero".

James Tesoriero, PhD
Director, Division of HIV/STD and Hepatitis C Prevention
AIDS Institute
NYS Department of Health

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Syphilis Fact Sheet for Non-Clinical Providers

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| What is Syphilis? | <p>Syphilis is a sexually transmitted disease caused by bacteria. It is passed by contact with an area of infected skin or mucous membrane.</p> <p>Syphilis goes through several stages: primary, secondary, latent and late (or tertiary). Each stage has its own signs and symptoms.</p> |
| How do People get Syphilis? | <p>Syphilis is passed through oral, anal or vaginal sex with an infected person. Syphilis sores are usually found on the surface of the genitals and the anus, and inside the vagina and rectum. Sores can also be seen in and around the mouth. Sores are very infectious.</p> <p>During pregnancy, syphilis can be transmitted from mother to unborn child. Pregnant women should be tested for syphilis during prenatal care, as is required in NYS.</p> <p>Syphilis is <i>NOT</i> spread by contact with toilets, towels, eating utensils, tubs/hot tubs/pools.</p> |
| Syphilis in NYS | <p>Between 2010 and 2014, the number of New Yorkers newly infected with syphilis has increased by more than 160%. Approximately 70% are among gay men and men who have sex with men (MSM). While new infections have increased statewide between 2012 and 2013, larger regional increases were seen including: Capital District, +55%; Central New York, +111%; and Rochester/Finger Lakes area, +85%.</p> |
| What are the Signs and Symptoms? | <p>There are different stages of syphilis, each with different signs and symptoms. Although rare in early infection, serious organ damage can occur at any stage.</p> <ul style="list-style-type: none"> Primary syphilis is marked by a painless open sore that usually develops 10-90 days after exposure. The sore appears at the infection site, typically on the penis, anus, or inside the vagina, rectum or mouth. <p>Sores are <u>highly infectious</u> and last 3-6 weeks. They will go away on their own without treatment. Even after the sores clear up, the person still has syphilis and can infect others. Without treatment, the infection will progress to the secondary stage.</p> Secondary syphilis symptoms include a rough reddish-brown rash or spots on the skin. The rash is typically on the palms of the hands or soles of the feet, but can appear on other body parts, like the neck or chest. In addition to rashes, other symptoms (swollen glands, headaches, fevers, patchy hair loss and a general sense of not feeling well) are possible. People with secondary syphilis are <u>still infectious</u>. Without treatment, the infection will progress to the latent stage. The latent stage occurs when the infected person's secondary symptoms go away without treatment. Persons are <u>still infectious</u> for the first year or so, even when they have <u>no symptoms</u>. Latent syphilis can last for many years. Late (or tertiary) syphilis typically occurs 10 or more years after an untreated person first became infected. At this stage, the infection can damage organs, including the brain, nervous system and heart. Organ damage will eventually lead to symptoms which include blindness, deafness, paralysis, and decreased mental functions. |

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| How is Syphilis Tested? | <p>Syphilis is most often diagnosed with blood tests. If late-stage syphilis is suspected, doctors may test fluid from the brain and spine.</p> <p>There are two types of syphilis <u>blood tests</u>. One detects antibodies specific to syphilis. The other detects a more general reaction of the body to syphilis. Both types of tests are needed to make decisions about treatment. Once a person has been infected with syphilis, the antibodies remain in the blood even after the infection is treated.</p> <p>A <u>rapid syphilis test</u> was FDA-approved in December 2014 for use outside of labs for point-of-contact testing. This test uses a small sample of blood (fingerstick) to detect antibodies. It is a screening test and it does not detect primary syphilis as well as standard blood tests. It cannot distinguish a new infection from a previous, treated infection. Positive rapid tests must be followed by additional standard blood tests to confirm diagnosis.</p> |
| How is Syphilis Treated? | <p>Syphilis is <u>easily cured</u> with an injectable form of penicillin (an antibiotic). If a syphilis infection is not treated early and lasts for a year or longer, the person will need more than one injection.</p> <ul style="list-style-type: none"> • Treatment kills the bacteria and prevents additional complications. It doesn't reverse organ damage that has already occurred. • Clients who are allergic to penicillin and not pregnant may be treated with other antibiotics. • Anyone treated for syphilis should <u>not have sex</u> for at least <u>seven days</u> after all sores or rashes have healed, and at least seven days after treatment. • Having syphilis once does not prevent someone from getting re-infected. |
| HIV and Syphilis | <p>Syphilis causes open sores. This <u>increases the risk of an HIV infection</u> if exposed. Likewise, someone with both HIV and syphilis is more likely to transmit HIV to sex partners. Anyone diagnosed with syphilis should also be tested for HIV. Anyone diagnosed with HIV who is sexually active should be tested for syphilis at least annually, but more frequently based on their sexual practices.</p> |
| Syphilis and PrEP | <p>High risk HIV negative clients diagnosed with a new syphilis infection should receive <u>education and referral for PrEP</u>. All high risk clients can benefit from linkage to prevention services, routine medical care, access to condoms and ongoing screenings.</p> <p>Though PrEP is used to prevent HIV, it does not protect against syphilis and other STDs. In addition to routine STD screening, PrEP users at risk of syphilis/STD infection should use condoms to reduce their risk.</p> |
| Reducing Risk | <p>Steps can be taken to reduce the risk of getting syphilis or other STDs.</p> <ul style="list-style-type: none"> • Use condoms or other latex barriers (dental dam, female condom) consistently and correctly to reduce the risk of acquiring STDs and HIV. A barrier should be put on before any oral or genital contact takes place. • Have sex with only one uninfected partner (who only has sex with you). • Get tested for syphilis and other STDs before having sex with a new partner. <ul style="list-style-type: none"> ○ HIV negative MSM should get tested at least annually. HIV negative PrEP users and HIV+ persons should get tested at least every 6 months. |

STD Testing: www.findSTDtest.org.

NYS Condom Program: <http://on.ny.gov/1DnhgWr>. NYC Condom Program: <http://nyc.gov/condoms>

Talking with Clients about Syphilis

Syphilis awareness, knowledge and understanding is low in many communities, especially compared to HIV/AIDS. It is important for providers to approach the topic in ways that will ultimately encourage all clients to (a) get tested for syphilis and other STDs and (b) take actions to reduce their risk of getting syphilis. Below are several discussion prompts that you may want to use or modify to fit the needs of your clients.

Knowledge and Understanding Risks and Transmission

- Did you know that in New York State, syphilis is increasing among gay men and MSM, including HIV positive men?
- How much do you know about the signs and symptoms of syphilis?
- Can you describe some of the signs and symptoms of syphilis?
- How at risk do you think you are for getting syphilis?
- Do you know how you can get syphilis?
- Did you know that syphilis is very easy to treat and cure? It may not feel great, but it's better for your health to treat it than to ignore it.
- What makes you not concerned/worried about getting an STD like syphilis?

Syphilis and HIV

- Did you know that having syphilis makes it easier for you to get HIV if you're exposed?
- Did you know that many HIV-positive gay men and MSM have had syphilis?

Asking for Testing

- Did you know that some health care providers don't always test for syphilis and other STDs when you get an HIV test?
- Have you talked with your health care provider about your sexual practices, and asked them to order tests for syphilis and other STDs?
- Did you know that when you pee in a cup for a gonorrhea/chlamydia test, it won't find syphilis or STDs in the throat/mouth or rectum? If you've had condomless oral or anal sex, you may need to ask your doctor to test these sites as well.
- Can I help you get set up with a syphilis test?
- **(For agencies that offer rapid syphilis testing)** Has a health care provider told you that you have syphilis? You may also have been treated – it's an injection in the butt that can be painful. If you've had syphilis before, you should get a regular blood test, because the rapid test won't tell you if you have a new infection.

PrEP and Syphilis

- Being on PrEP allows people at high risk for HIV infection to have sexual experiences without worrying as much about HIV transmission. Did you know that by having condomless/bareback sex, you're still at risk of getting syphilis and other STDs?

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