

2/3/2021

** NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

Increase in Syphilis Cases among Heterosexuals experiencing Houselessness & Identification of Congenital Syphilis in King County and Washington State

Actions Requested:

Increase your index of suspicion for syphilis. Symptoms include:

- Primary syphilis: A syphilitic chancre, usually a firm painless ulcer at the site of inoculation that may be associated with localized lymphadenopathy.
- Secondary syphilis: Rash is the most common symptom and may present as a generalized maculopapular rash on the torso with or without palmar and plantar lesions, the rash may also be pustular; other symptoms include generalized malaise, lymphadenopathy, sore throat and arthralgias.

Test individuals for syphilis presenting for care who are:

- Sexually active and are experiencing houselessness, exchanging money or drugs for sex, or using methamphetamine, heroin or cocaine
- Reporting sexual exposure to someone with syphilis, even in the absence of signs or symptoms. Do not withhold treatment pending test results. Serological testing can be falsely negative early in infection.
- PREGNANT at their first prenatal visit and AGAIN with routine 3rd trimester labs, typically at 24-28 weeks gestation.
- Pregnant and present late for prenatal care or have fragmented care. Test for syphilis and HIV, HBsAg, and other sexually transmitted illnesses whenever they present for care (e.g. emergency departments, jail, urgent care and labor and delivery).
- Refer childbearing age women potentially diagnosed with syphilis, who are not using a contraceptive method, for contraception if the diagnosed woman does not desire pregnancy.
- Non-pregnant individuals without signs or symptoms of syphilis, or a known exposure to syphilis do not require testing more than every 90 days

Treatment:

- Treat **all** patients with signs or symptoms consistent with primary or secondary syphilis when presenting for care. Perform serological tests for those with signs or symptoms of syphilis, do not wait for the results to treat, particularly for pregnant women, persons who are living houseless and others for whom medical follow-up is difficult to ensure.
- Treat early syphilis (primary, secondary and early latent) with one injection of benzathine penicillin (bicillin) 2.4 million units intramuscularly.
- Treat late latent syphilis or syphilis of unknown duration with three injections of benzathine penicillin (bicillin) 2.4 million units intramuscularly spaced one week apart.

Report all cases of syphilis to the Thurston County Disease Control and Prevention Program 24-hour reporting line at 360-786-5470 or fax the report to 360-867-2601.



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Background:

In 2019, 2000 cases of syphilis were diagnosed statewide with 45 cases in Thurston County. STD testing has decreased in the face of the COVID pandemic, possibly leading to an increase in undiagnosed infections. The syphilis epidemic in Washington state over the past 20 years has predominantly affected men who have sex with men (MSM). In recent years the number of cases among heterosexuals has increased. Cases among heterosexuals have are highest in King County, the Spokane area, Yakima Valley/Tri-Cities region, and in southwest Washington. Recently, the number of cases occurring in individuals who are experiencing houselessness has risen substantially with a large proportion of cases of syphilis in heterosexuals diagnosed in individuals with unstable housing. Many individuals initially presented to emergency departments where their clinical diagnosis was missed, or they were inappropriately treated. The rise in syphilis cases among heterosexuals has resulted in an increase in congenital syphilis. Congenital syphilis can result in miscarriage, neonatal death, preterm delivery and long-term health problems in the affected child, the most devastating consequence of syphilis. The congenital syphilis rate in the US more than doubled between 2016 to 2018. Although Thurston County has not seen cases of congenital syphilis, in 2019 the state of Washington reached a historic high of 17 cases. Nationally, congenital syphilis most frequently occurs in women who have not had prenatal care or who enter prenatal care very late. Of concern are cases that occurred in King County in women engaged in prenatal care who tested negative for syphilis at their first prenatal appointment in the first trimester and acquired syphilis sometime later during pregnancy. With the increases in syphilis and congenital syphilis in Washington State the Washington State Department of Health recommends testing all pregnant women for syphilis in the early third trimester with other routine labs, approximately 24- 28 weeks gestation.

Resources:

National Network of Prevention Training Centers Clinical Consult Line <https://www.stdccn.org/>

CDC 2015 STD Treatment Guidelines: <http://www.cdc.gov/std/tg2015/>

WA DOH STD Program:

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease>

THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting non-immediately reportable conditions (24 hours a day)	Phone: 360-786-5470 Fax: 360-867-2601
Day time immediately reportable conditions – Call detailed information to the 24-hour Notifiable Condition Reporting Line at 360-786-5470. Messages are picked up hourly. If a call back can't wait call 360-867-2500 and ask staff to locate a Communicable Disease staff.	Phone: 360-786-5470
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is immediately notifiable	1-877-539-4344

Communicable Disease Updates are posted online at: <http://bit.ly/CDUpdatePHSS>