

PROVIDER ALERT:

INCREASING RATES OF SYPHILIS IN MARYLAND

February 1, 2012

SIGNIFICANT STATEWIDE INCREASES DURING 2011

Nearly 400 cases of infectious syphilis have been reported to Maryland health departments in 2011 - the largest number in over ten years. This is a **40% increase** compared to the same time period in 2010. Because syphilis enhances HIV transmission, this new trend also threatens our ability to achieve our HIV prevention goals. We must intensify efforts now to avoid a large syphilis epidemic similar to the one we experienced in Central Maryland in the late 1990's. To reverse this increase in infectious syphilis, we need your assistance in screening high-risk patients, ensuring timely treatment for those infected, and promoting partner notification.

MARYLAND POPULATIONS AFFECTED

Syphilis transmission in our region is primarily occurring among men who have sex with men (MSM) and individuals with mental health and/or substance abuse co-morbidity. Many of these individuals are co-infected with HIV. In some areas, we are now starting to see an increasing number of cases among women. Community-based medical providers have a crucial role in fighting this epidemic. We are asking you to enhance STI prevention services to your patients, particularly to those just described.

SCREENING, PRESUMPTIVE TREATMENT AND PARTNER NOTIFICATION

We strongly encourage integrating these recommendations into your clinical practice:

- Perform syphilis serologic testing on anyone with signs or symptoms of syphilis. These commonly include genital/oral ulceration, and rash involving the palms of the hands or soles of the feet.
- Consider presumptive therapy in any patient presenting to your practice setting with classic features of primary or secondary syphilis. Remember, up to 30% of patients with primary syphilis may have negative serological tests. Treat these patients presumptively.
- Perform syphilis serologic screening on all men who have sex with men **at least yearly** and consider more frequent screening in individuals with high-risk behaviors.
- Perform syphilis serologic screening on anyone requesting an HIV test and anyone being tested/screened for other sexually transmitted infections.
- Screen for syphilis at the first prenatal visit, again at 28 weeks gestation or the first visit thereafter (28-week screen is required in Maryland), and if not screened during the third trimester, screen at labor and delivery for women in Maryland counties. Syphilis screening is required at the time of delivery for all pregnant women in Baltimore City. Adherence to these recommendations is critical as Maryland consistently ranks in the top five states nationally for congenital syphilis.

- Perform an HIV test on any clients with a new syphilis diagnosis when their current HIV status is unknown, including individuals with negative HIV test results received greater than 3 months prior to diagnosis of syphilis.
- Encourage patients with primary, secondary, or early latent syphilis to notify their sex partners and encourage those partners to seek testing and treatment. Local health departments provide free STD testing and treatment for sex partners and can assist health care providers with partner notification.

REPORT INFECTIOUS DISEASES AND TREATMENT

Our health departments employ confidential means to locate partners of all early syphilis cases to prevent transmission to others and prevent community epidemics.

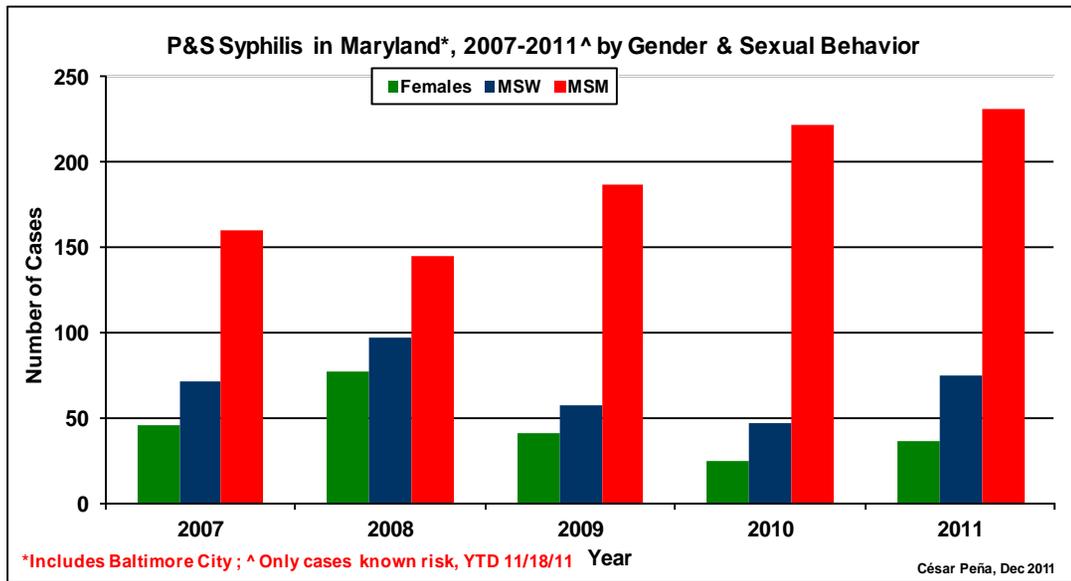
- Timely reporting of new cases by you is critical to the success of our infection control and partner notification efforts and is the law.
- If you make a new diagnosis of primary, secondary, or early latent syphilis, please call or fax your report immediately to your local health department.
- Additional information about disease reporting in Maryland and **downloadable report forms** can be found at <http://ideha.dhmh.maryland.gov/SitePages/what-to-report.aspx>

We commend you for the valuable role that you play in maintaining and promoting the health of our citizens. Thank you for your continued commitment to this effort.

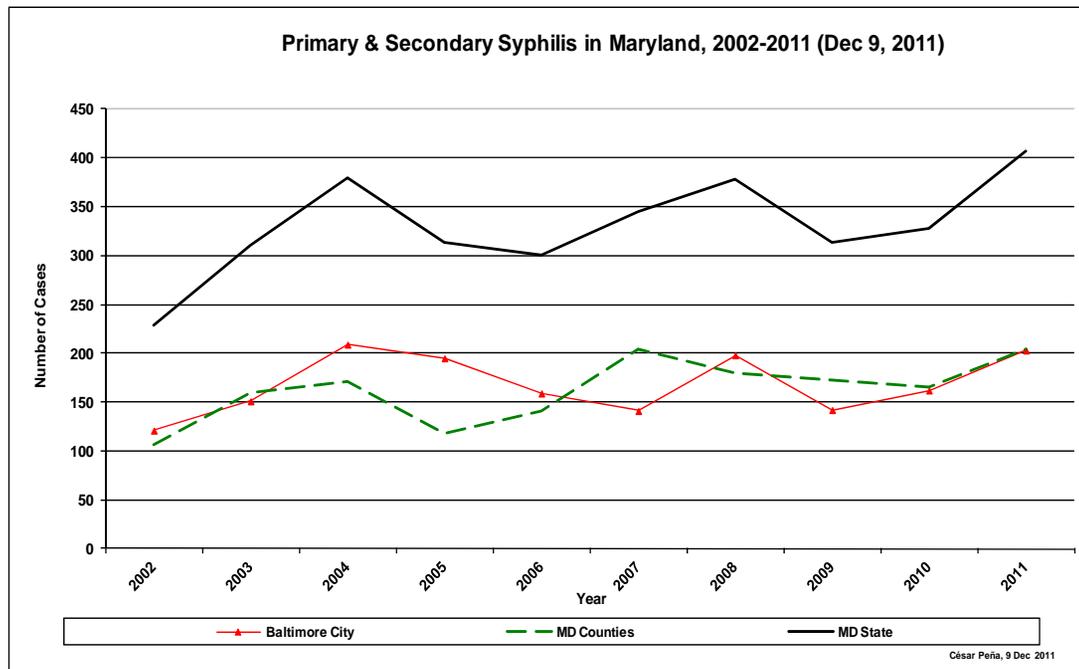
RESOURCES:

1. For downloadable or on-line brochures with clinical features of primary and secondary syphilis, and; evaluation, treatment and management guidelines, go to the California STD/HIV Prevention Training Center: http://www.stdhivtraining.org/clinical_resources.html
2. 2010 CDC STD Treatment Guidelines: <http://www.cdc.gov/std/treatment/default.htm>
3. Two-page summary of the 2010 CDC STD Treatment Guidelines: <http://ideha.dhmh.maryland.gov/OIDPCS/CSTIP>
4. Maryland 2010 statistics and other information: <http://ideha.dhmh.maryland.gov/OIDPCS/CSTIP>

Data Attachment for Provider Alert: Increasing Rates of Syphilis in Maryland



Note MSW: Men-Having-Sex-With-Women; MSM: Men-Having-Sex-With-Men



Primary & Secondary Syphilis Year to Date as December 19, 2011 Comparison of Number of Cases vs. Same Period in 2010			
Jurisdiction	2010	2011	Change
Allegany	0	2	N/A
Anne Arundel	13	22	69.2%
Baltimore County	27	36	33.3%
Calvert	0	3	N/A
Caroline	0	0	N/A
Carroll	0	2	N/A
Cecil	0	0	N/A
Charles	6	5	-16.7%
Dorchester	1	2	100.0%
Frederick	2	3	50.0%
Garrett	0	0	N/A
Harford	4	8	100.0%
Howard	5	4	-20.0%
Kent	0	1	N/A
Montgomery	17	22	29.4%
Prince George's	77	94	22.1%
Queen Anne's	0	1	N/A
Saint Mary's	0	2	N/A
Somerset	0	3	N/A
Talbot	0	0	N/A
Washington	1	0	-100.0%
Wicomico	0	2	N/A
Worcester	0	0	N/A
Total Counties	153	212	38.6%
Baltimore City	154	209	35.7%
Maryland State	307	421	37.1%

NOTE: Data for 2011 are preliminary. Final 2011 data will not be available until May 2012.