Syphilis Increases

Over the last few years, we have seen a resurgence of syphilis in the United States. We are experiencing national sustained increases in infectious syphilis morbidity rates and in recent months, our community has felt this rise in incidence. According to the Centers for Disease Control and Prevention (CDC), national syphilis rates have risen almost every year, since 2001 and in 2014, they were the highest they have been in 20 years. We are seeing a shift in syphilis to a largely heterosexual population. The CDC states that there has been a 37% increase in congenital syphilis from 2012 to 2014.

Syphilis requires a nontreponemal and treponemal test. Discordant results do not indicate an infection. The Florida Department of Health in Alachua County tests using a Rapid Plasma Reagent (RPR) with confirmatory if the RPR is reactive. Syphilis is a reportable disease and once the health department has received positive or possible positive results, disease intervention is started. The Florida Department of Health Disease Intervention Specialists (DIS) assist with disease notification, education, treatment verification, and partner elicitation and notification. You are vital to combating infectious syphilis. If you suspect your patient may have syphilis or may have been exposed to syphilis, please test and treat. Expedited treatment will lessen the severity of disease and prevent exposure to sex partners.

Syphilis Testing in Pregnant Women

With increasing congenital syphilis, testing is imperative during pregnancy. The CDC recommends testing for syphilis during the first prenatal visit and during the third trimester and delivery for high risk mothers (and in areas with increased incidence). Untreated syphilis in pregnancy may result in still birth, miscarriage, or infant death. According to the CDC this has happened up to 40% of the time. Pregnant women with syphilis should be treated immediately. Treatment is needed at least 30 days prior to the date of delivery to prevent congenital syphilis.

The only CDC recommended treatment for syphilis in pregnancy is Benzathine Penicillin G (Bicillin-LA). If patient is allergic to penicillin, desensitization is advised.

If you have any questions or concerns, please don't hesitate to call 352-334-7900 X 3434 or e-mail Larissa.Cantlin-Plemons@flhealth.gov

For additional information regarding syphilis and the 2015 treatment guidelines, please refer to http://www.cdc.gov/std/syphilis/default.htm.
What is syphilis?

Syphilis is a treatable bacterial infection.

Signs + Symptoms

(Often has no symptoms)
- Painless bump/lesion
- Body rash
- Rash on palms of the hands and/or bottoms of feet
- Hair loss
- During pregnancy:
  - Miscarriage
  - Stillbirth
  - Death shortly after birth

Who’s at risk?

ANYONE sexually active, (oral, anal, vaginal, digital)
- ANYONE needle sharing, (drugs or tattoos)
- Babies of infected mother

The Facts

In 2014 there were 20,000 cases in the U.S. and growing.

Unlike other STDs, syphilis moves throughout the body within hours.

Up to 40% of babies born to women with untreated syphilis may be stillborn, or die from the infection as a newborn.

1/3 of people who have sex one time with someone with primary or secondary stage syphilis will acquire syphilis.

Where to get tested or treated?

Contact your local health provider or the Alachua County Health Department Main Site
224 SE 24th Street
Gainesville, FL 32641
8am - 4pm, M-F
(352) 334-7900

For other Alachua County Health Department locations call (352) 334-7900 or visit Alachua.FloridaHealth.gov
Penicillin G, administered parenterally, is the preferred drug for treating persons in all stages of syphilis. Selection of the appropriate penicillin preparation is important, because *T. pallidum* can reside in sequestered sites (e.g., the CNS and aqueous humor) that are poorly accessed by some forms of penicillin. Reports have indicated that practitioners have inadvertently prescribed combination benzathine-procaine penicillin (Bicillin C-R) instead of the standard benzathine penicillin product (Bicillin L-A) widely used in the United States. Practitioners, pharmacists, and purchasing agents should be aware of the similar names of these two products to avoid using the inappropriate combination therapy agent for treating syphilis. It is also important to know if any patent has a penicillin allergy to avoid urticaria, angioedema, or anaphylaxis (i.e., upper airway obstruction, bronchospasm, or hypotension) and even death.

Information directly excerpted from the following references:
http://www.cdc.gov/std/syphilis/treatment.htm

### Stage of Syphilis

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<th>Stage of Syphilis</th>
<th>Treatment Recommendations</th>
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<td>Primary and Secondary Syphilis</td>
<td>Benzathine penicillin G 2.4 million units IM in a single dose</td>
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<tr>
<td><strong>Tertiary Syphilis with Normal CSF Examination</strong></td>
<td>Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals</td>
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<tr>
<td>Early Latent Syphilis Adults*</td>
<td>Benzathine penicillin G 2.4 million units IM in a single dose</td>
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<td>Benzathine penicillin G 7.2 million units total administered as 3 doses of 2.4 million units IM each at 1-week intervals</td>
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<tr>
<td>Primary and Secondary Syphilis among Persons with HIV Infection</td>
<td>Benzathine penicillin G, 2.4 million units IM in a single dose</td>
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<tr>
<td>Early Latent Syphilis Children*</td>
<td>Benzathine penicillin G 50,000 units/kg IM, up to the adult dose of 2.4 million units in a single dose</td>
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<tr>
<td>Late Latent Syphilis Children *</td>
<td>Benzathine penicillin G 50,000 units/kg IM, up to the adult dose of 2.4 million units, administered as 3 doses at 1-week intervals (total 150,000 units/kg up to the adult total dose of 7.2 million units)</td>
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Zika Testing in Pregnant Women

Providers should use their clinical judgment, informed by DOH and CDC guidance, to obtain Zika testing for their pregnant patients through commercial laboratories without approval by the county health department. Pregnant women who meet the criteria for testing but who are uninsured, underinsured, or otherwise cannot obtain testing through a commercial laboratory should be directed to a county health department for testing. Pregnant women who do not meet the DOH and CDC criteria for testing but desire testing nonetheless, should be counseled on the risks and benefits of testing (e.g., false positives and false negatives) and be directed to the county health department for testing. Please contact 352-225-4181 for more information.

Additional Healthcare Resources:

