



Philadelphia Department of Public Health
Division of Disease Control

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Health Advisory

Syphilis on the Rise in Young Women

September 23, 2014

In 2014, Philadelphia has experienced a 58% increase in syphilis cases among women compared to last year. From the beginning of the year through mid-September, nineteen cases of infectious syphilis in women have been reported compared to twelve in 2013. This year, six of the reported cases are among women under 20 years of age. Three of the six young women were infected late in pregnancy, and although treatment was initiated during pregnancy, the infants still required treatment for congenital syphilis.

Several of the women presented to various providers with symptoms compatible with syphilis; however, because this disease has been relatively uncommon in young women, the diagnosis was delayed.

All health care providers should have a high index of suspicion for syphilis in patients presenting with consistent lesions or rashes, as these may be indicative of infectious syphilis. The Philadelphia Department of Public Health (PDPH) urges that clinicians perform serologic testing using RPR, VDRL or EIA on any patient with:

- Chancre (genital, anal or oral ulcer) – often painless, but may be painful if secondarily infected.
- Condyloma lata – white wart-like growths in moist areas
- Unexplained rash or skin eruption – including but not limited to
 - palmar-plantar rash
 - patchy hair loss
 - rash resembling pityriasis

Serologic testing for syphilis (e.g., RPR/EIA) should be routinely performed on all patients presenting with symptoms of any sexually transmitted disease (STD) including gonorrhea and Chlamydia, as well as for those individuals who have a known exposure to an individual recently diagnosed with an STD, a history of multiple partners, or other behaviors that place them at increased risk for STD. In addition, the Commonwealth of Pennsylvania mandates that pregnant women be screened for syphilis at ALL of the following times:

- First prenatal encounter
- During the third trimester of pregnancy
- At delivery
- At delivery of a stillborn child

Patients with syphilis and all of their sex partners should be treated with benzathine penicillin 2.4 million units IM for primary, secondary and early latent syphilis. Patients with late latent syphilis or syphilis of unknown duration should be treated with benzathine penicillin 2.4 million units IM weekly for 3 weeks. Clinicians should strongly consider presumptive treatment, prior to availability of laboratory results, if a patient presents with suggestive signs or symptoms, especially if the patient is a member of a high risk group, such as sex workers or those who exchange sex for drugs.

Additional information regarding the diagnosis and treatment of syphilis is available at www.cdc.gov/std/treatment or by calling the PDPH at 215-685-6741.

All patients with syphilis should be reported immediately to PDPH at 215-685-6737.

Message #: PDPH-HAN-00204V-09-23-14
Philadelphia Department of Public Health

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