

Health Advisory

Syphilis: Don't Miss It! June 11, 2006

The Philadelphia Department of Public Health continues to see an increase in infectious syphilis cases among Men who have sex with Men (MSM). Reported Primary and Secondary (P&S) syphilis cases increased 88%, from 25 cases reported during the first 22 weeks of 2005 to 47 cases in the first 20 weeks of 2006. All of the cases reported in 2006 to date are males. Infectious syphilis reports are also increasing among MSM nationwide. The PDPH has been working with community-based organizations to educate, inform and screen the at-risk community.

Primary care physicians, HIV care providers, dermatologists and emergency medicine staff can play a key role in controlling the spread of syphilis citywide through the rapid diagnosis, treatment and reporting of syphilis cases. The key to diagnosis is to have a high index of suspicion for this disease.

The diagnosis of primary or secondary syphilis should be considered in a patient with any of the following physical findings:

Ano/genital lesion – very often painless, but may be painful if secondarily infected.

Oral lesions - especially on tongue or soft palate, mucous patches seen on the tongue.

Unexplained rash or skin eruption – including but not limited to

- palmar-plantar rash
- patchy hair loss
- rash resembling pityriasis

Fever, malaise and lymphadenopathy may accompany the above symptoms

Perform serologic testing using RPR or VDRL on any patient with the above symptoms. If the patient belongs to a high-risk group (see below), consider presumptive treatment before the results of the RPR or VDRL are known. Confirmatory testing with a specific treponemal test (TPPA, MHA-TP, FTA etc.) should be performed for all patients with a positive RPR or VDRL.

Screen for asymptomatic syphilis infections on a quarterly basis among the following high-risk groups:

- Men who have sex with men, including all partners
- Sexually active HIV-infected persons and their partners
- Persons with multiple sex partners, including sex workers and their clients
- Patients who are evaluated for or diagnosed with any sexually transmitted disease (including HIV)
- Sex partners of known cases of syphilis

Provide post-exposure prophylaxis to sex partners of syphilis-infected persons within 90 days of exposure. Prophylactic treatment should be given at the time of the initial visit, regardless of whether the patient has signs or symptoms of infection, because the incubation period can be long (≤ 90 days). Serologic testing should also be done at the time of prophylactic treatment. Partner treatment is a critical intervention that can prevent the spread of disease.

Single dose benzathine penicillin (Bicillin LA) 2.4 million units IM is the first-line therapy for P&S and early latent syphilis as well as for post-exposure prophylaxis.

All cases of syphilis should be reported to the STD Control Program of the Philadelphia Department of Public Health at 215-685-6737. The PDPH Syphilis and Serologic Reactor Registry may be contacted at this telephone number to obtain your patients' serologic and treatment histories.

The STD Control Program can provide the following services: Free STD evaluation, follow up for treatment and case management, confidential partner notification services, and replacement benzathine penicillin for the treatment of indigent patients.