

## **Health Advisory**

### **Rising Rates of Syphilis Among Women**

July 7, 2021

Over the past several years, there has been an upward trend in the number of syphilis cases among women in Philadelphia. By 2020, primary and secondary (P&S) syphilis cases in women had more than doubled when compared to 2015.

This year to date, we have seen a substantial rapid increase in early latent (EL) syphilis cases among women. In the first 23 weeks of 2021, EL syphilis cases in women have increased 131% when compared with 2020 (74 cases in 2021, compared to 32 cases in 2020). The disruption of essential health services during the COVID-19 pandemic may have contributed in part to this rise. The increase is most significant among women of color: Black and Latina women comprise 85% of P&S syphilis and 63% of EL cases. The vast majority of these cases are among women of childbearing age, and therefore pose continued concern for an increase in congenital syphilis in Philadelphia.

Health care providers should have a high index of suspicion for infectious syphilis in patients presenting with lesions or rashes. However, patients with EL syphilis typically have no symptoms, so screening is key to diagnosis. Currently, patients may be re-engaging with health care providers for the first time in over a year. These patients may not have been appropriately screened for syphilis during the pandemic.

The STD Control Program of the Philadelphia Department of Public Health (PDPH) is urging clinicians to increase syphilis screening among people who are or could become pregnant in order to ensure the detection, timely treatment, and prevention of congenital syphilis.

PDPH urges that clinicians strongly recommend serologic testing using RPR or EIA to:

- All patients presenting with symptoms of any sexually transmitted infection (STI) including gonorrhea and chlamydia;
- Any patient with a known exposure to a sex partner recently diagnosed with an STI; and
- All patients with a history of multiple partners or other behaviors that place them at increased risk for STI.

In addition, the Commonwealth of Pennsylvania mandates that pregnant women be screened for syphilis at ALL 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 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. If a patient presents with suggestive signs or symptoms, clinicians should strongly consider presumptive treatment prior to availability of laboratory results, especially if the patient is at higher risk of infection, such as sex workers or those who exchange sex for drugs.

Patients with syphilis and other STIs should be evaluated for pre-exposure prophylaxis (PrEP) for HIV.

All patients with syphilis should be reported immediately to PDPH at 215-685-6737. The PDPH STD Control Program is available for consultation and able to provide previously reported histories of diagnosis and treatment, interpretation of laboratory results, and contact tracing for Partner Services.

### **SUMMARY POINTS**

- Syphilis cases have increased in women.
- Syphilis is often asymptomatic; screen with RPR or EIA.
- Report all cases of syphilis to the STD Control Program at 215-685-6737.