



Philadelphia Department of Public Health  
**Division of Disease Control**

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## **Health Notification**

### **Increase in Infectious Syphilis Occurring Exclusively Among Men, 2012 January 15, 2014**

On January 8, 2014, the Centers for Disease Control and Prevention (CDC) released the results from its 2012 STD Surveillance report. In 2012, Philadelphia ranked #14 among cities and independent counties in rate of primary and secondary (P&S) syphilis (17.5 cases per 100,000 persons). This is a substantial increase from Philadelphia's 2011 rate of 13.6 per 100,000 and ranking of #18. Nationally and locally, the increase in P&S syphilis occurred exclusively in men; counts in Philadelphia rose from 185 cases in 2011 to 247 cases in 2012. Men who have sex with men (MSM) continue to be disproportionately affected by syphilis. Moreover, local data indicate that 72% of males diagnosed with P&S syphilis self-identified as MSM, and 67% of these were co-infected with HIV. Increasing syphilis rates, particularly in men, have continued through 2013 (estimated 281 cases). Syphilis increases the risk of acquiring or transmitting HIV by approximately 2-5 times, and can increase the viral load of persons living with HIV. Symptoms of syphilis can also be more severe in those with HIV infection.

Rates for gonorrhea (GC) and chlamydia (CT) also continued to rise. Among cities and independent counties in 2012, Philadelphia ranked #1 in rate of CT (1,354 cases per 100,000 persons) and #4 in rate of GC (475 per 100,000). Local CT and GC rates continued to be highest in 15-19 year old females. Females with CT or GC can go on to develop serious sequelae, such as pelvic inflammatory disease and infertility.

Though many cases of STD are asymptomatic, PDPH recommends that patients presenting with symptoms of CT/GC (dysuria, genital discomfort or discharge) or P&S syphilis (painless genital, oral, or rectal ulcer; palmar/plantar rash) be treated empirically, while awaiting results of appropriate diagnostic tests. The sex partners of anyone diagnosed with these STDs must also be appropriately tested and presumptively treated. PDPH can assist with locating and bringing to treatment the sex partners of patients diagnosed with syphilis and HIV.

First-line treatment is as follows:

- CT: azithromycin 1000 mg orally once OR doxycycline 100 mg orally twice per day for 7 days.
- GC: ceftriaxone 250 mg IM PLUS azithromycin 1000 mg orally once OR doxycycline 100 mg orally twice per day for 7 days.
- P&S syphilis: 2.4 million units benzathine penicillin IM once.

In addition, PDPH recommends the following screening guidelines:

- Sexually active MSM should be screened at least annually for HIV, syphilis, and CT/GC at all exposure sites (urethral, pharyngeal, rectal). MSM with multiple or anonymous partners should be screened for the above every 3-6 months.
- Women aged  $\leq 25$  years should be screened at least annually for CT.
- Sexually active men and women aged  $\leq 25$  years, with new or multiple partners, with a history of STD, who use condoms inconsistently, and/or have a history of sex work or drug use should be screened at least annually for CT/GC at all exposure sites (urethral, pharyngeal, rectal).
- Pregnant women MUST by law be screened for syphilis at first prenatal visit, third trimester, and at baby's birth.

*For more information on STDs and PDPH initiatives, please contact the STD Control Program at 215-685-6461.*

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Philadelphia Department of Public Health

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