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Health Notification

Syphilis On The Rise In Young Women May 26th 2009

In 2009, there have been seven cases of infectious syphilis (1^o and 2^o) reported to date among women 16–28 years of age, compared with one case during the comparable time period for 2008. Five of these cases were reported during the first two weeks in May. Six of the seven cases were diagnosed with secondary syphilis; two of the seven women were in their second trimester of pregnancy. In addition, we have seen an increase of 25% in early latent syphilis cases in women compared to the same period last year.

Serologic testing for syphilis (e.g., RPR) should be routinely performed on all patients presenting with symptoms of any sexually transmitted disease including gonorrhea or chlamydia, as well as on those individuals who have a known exposure to any STD, a history of multiple sex partners, or other behaviors that place them at increased risk for an STD. In addition, all pregnant women in Philadelphia must be screened for syphilis at each of the following times:

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

Healthcare providers should have a high index of suspicion for syphilis in any patient presenting with an unexplained lesion or rash, as these may be indicative of infectious syphilis. Clinicians are urged to perform serologic testing (RPR or VDRL) on any patient with:

- Chancre – a genital, anal or oral ulcer that is often painless, but may be painful if secondarily infected
- Condyloma lata – white wart-like growths in moist areas
- Unexplained rash or skin eruption, especially palmar/plantar rash, patchy hair loss, or rash resembling pyoriasis

Fever, malaise and lymphadenopathy may accompany these cutaneous signs. Clinicians should strongly consider presumptive treatment if a patient presents with any of the above signs or symptoms or if the patient is a member of a high-risk group, such as sex workers or those who exchange sex for drugs.

Patients with syphilis and 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. Additional information regarding the diagnosis and treatment of syphilis is available at www.cdc.gov/std/treatment or by calling PDPH at 215-685-6740.

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