



## HEALTH ADVISORY

October 27, 2008 (revised October 29, 2008)

## SYPHILIS IN SAN FRANCISCO

**Syphilis in San Francisco has increased 54% in 2008 compared to 2007.** From Jan. 1, 2008 through Oct. 20, 2008, 419 syphilis cases were reported in San Francisco, compared to 272 in the same period in 2007. The increase in syphilis in 2008 is occurring after three consecutive years of declining numbers of syphilis cases in San Francisco.

As in previous years, most syphilis cases (92%) in 2008 continue to occur among men who have sex with men (MSM). However, in 2008 clusters of syphilis cases have also occurred among women and non-MSM in San Francisco, involving:

- Tenderloin neighborhood residents
- Crack cocaine users
- Individuals currently or recently incarcerated
- African American women

**Health-care providers should be vigilant for syphilis throughout San Francisco, particularly if they care for MSM or people who have one or more of the factors listed above.** They should also be aware that the San Francisco City Clinic, the city's municipal STD clinic, offers free syphilis screening, testing, and treatment for patients and free clinical consultation for health-care providers (415-487-5595).

The San Francisco Department of Public Health (SFDPH) syphilis prevention and control approach includes the following:

- Screening and testing of high risk patients
- Rapid treatment of patients with syphilis or who have been exposed to syphilis
- Partner notification, testing, and treatment

Success of this strategy depends on cooperation by and partnership with health-care providers.

This Health Alert informs health-care providers in San Francisco of the increase in syphilis cases, recommends steps they should take to help prevent and control syphilis in San Francisco, summarizes the epidemiology of syphilis in San Francisco, and describes clinical aspects of syphilis. It is posted on the SFDPH website at <http://www.sfdcph.org/healthalerts>.

**ACTIONS REQUESTED OF ALL CLINICIANS**

1. Screen asymptomatic MSM patients for syphilis, as follows:
  - HIV-infected MSM: every three to six months **AND** with every CD4 count or HIV viral load.
  - HIV-uninfected MSM: every three to six months.
2. Inspect the oral cavity, genitals, and perianal areas to detect chancres, particularly among MSM.
3. Consider syphilis in the differential diagnosis of any patients with signs or symptoms consistent with syphilis (e.g., genital sores, rash, swollen glands) and order appropriate diagnostic tests.
4. Report all cases of syphilis to the SFDPH STD Prevention and Control Services at 415-487-5555.
5. Inform newly diagnosed patients with syphilis that health department staff will be call them to assist with ensuring prompt testing and treatment of sex partners. Encourage patients to work with SFDPH staff.
6. Call the San Francisco City Clinic Provider Line at (415) 487-5595 with any questions about syphilis .diagnosis or treatment or to refer a patient to San Francisco City Clinic.

**Categories of urgency levels**

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**Health Alert:** conveys the highest level of importance; warrants immediate action or attention

**Health Advisory:** provides important information for a specific incident or situation; may not require immediate action

**Health Update:** provides updated information regarding an incident or situation; unlikely to require immediate action

## Epidemiology of Syphilis in San Francisco

**Characteristics of syphilis patients in 2008 are generally similar to those in previous years:**

- 96% male, of whom 96% are MSM
- 61% HIV-infected
- 59% white, 20% Hispanic, 13% black, 7% Asian, <1% Native American, Pacific Islander, other groups
- 20% report using methamphetamines
- 72% are 30 to 49 years old
- 20% residents of ZIP 94114 (which includes Castro)
- 17% had a prior syphilis infection within 3 years

**Clusters of cases in 2008 have been associated with the following:**

- Residence in ZIP 94102, which includes the Tenderloin (n=48, compared to 34 in 2007)
- Crack use (n=10, compared to 4 in 2007)
- Incarceration (n=9, compared to 0 in 2007)
- Female sex (n=12, compared to 5 in 2007)
- African-American women (n=11, compared to 2 in 2007)

## Syphilis Diagnosis and Management

### Diagnosis

Most reported cases of syphilis have been symptomatic. Patients have presented with ulcers (genital, oral, and anal), flu-like symptoms, adenopathy, and/or body rash. Any patient suspected to have syphilis should be tested with a serum RPR or VDRL and treated immediately. All patients with syphilis should be assessed with a thorough clinical neurological evaluation to rule out neurosyphilis. Patients in whom neurological signs or symptoms are present should have a CSF examination.

### Treatment and Follow-up

The recommended treatment for early syphilis in adult patients is penicillin G benzathine, 2.4 million units IM x one dose. Alternative regimens include doxycycline 100 mg po bid x 2 weeks OR tetracycline 500 mg qid x 2 weeks OR ceftriaxone 1.0 gram IM x 8-10 days. New and suspect cases should be immediately reported to the STD Reporting Hotline at (415) 487-5555. Persons treated for syphilis should be re-evaluated by clinical exam and serology every 3 months for up to 12 months following treatment. HIV-infected persons diagnosed with syphilis should be reevaluated every three months for up to 24 months after initial syphilis diagnosis.

### Post-Exposure Prophylaxis

Post-exposure prophylaxis for syphilis is recommended for asymptomatic persons exposed or possibly exposed to syphilis. The recommended treatment regimen for post-exposure prophylaxis for syphilis in adults is penicillin G benzathine, 2.4 million units IM x 1 dose. Doxycycline 100 mg po bid x 2 weeks is an alternative. All persons who report exposure should be prophylactically treated regardless of serologic test results.

### Partner management

It is critical that sex partners of patients with syphilis get evaluated and treated. Treating sex partners can help reduce the risk of reinfection and is a vital to preventing further transmission. Treating providers are responsible for assuring appropriate management of recent partners. Providers and laboratories must report syphilis cases to SFDPH, which verifies treatment and interviews select cases to obtain epidemiologic information and elicit contacts for partner notification. Patients should also be referred to InSPOT.org, a website where patients can anonymously or confidentially inform recent sex partners about possible exposures.

## Additional Information about Syphilis

Provider consultation line at San Francisco City Clinic: (415) 487-5595 (staffed during clinic hours).

Provider STD Reporting: (415) 487-5555, fax: (415) 431-4628.

More information on syphilis is also available at <http://sfcityclinic.org/providers>.