

SFMS Action News

Special Edition: Public Health Update

Editor: Amanda Denz • adenz@sfms.org • 415-561-0850 x261

Syphilis in San Francisco

Return of an Epidemic

When syphilis was first called “the great imitator,” by Jonathan Hutchinson in 1879, the diseases that syphilis imitated included smallpox, measles, psoriasis, lupus vulgaris, iritis, and epilepsy. But syphilis also imitates the topology of the City. The number of new cases of syphilis seems to mimic the inclines and declines of our beloved streets. Unfortunately, after a nice downhill period during the past 3 years, syphilis is headed back uphill.

From January 1, 2008, through November 24, 2008, 480 cases of early syphilis — a term that includes primary, secondary, and latent syphilis <1 year in duration — among San Francisco residents have been reported to the San Francisco Department of Public Health (SFDPH). This represents a >50% increase compared with the same period in 2007, during which 309 cases were reported. If this trend continues, >500 cases of early syphilis will be reported to SFDPH in 2008, approaching the recent peak of 552 cases in 2004. In summary, the syphilis epidemic appears to have returned.

Characteristics of San Francisco residents in whom syphilis was diagnosed through November 24, 2008, are similar to those during 2003–2007. The median age is 40 years, ranging from 18 to 79 years. Additional characteristics include the following:

96% men, 3% women, and 1% male-to-female transgender;

94% men who have sex with men (MSM);

62% HIV-infected;

59% white, 18% Hispanic, 14% black, 7% Asian, and 2% other racial or ethnic groups;

17% having experienced a previous syphilis infection within 3 years of diagnosis; and

20% reporting having used methamphetamine within 1 year of diagnosis.

Of the 480 early syphilis cases reported to date in 2008, the majority of patients were symptomatic, including 23% experiencing primary syphilis and 38% experiencing secondary syphilis. An additional 39% of patients were asymptomatic, experiencing latent disease of <1 year in duration.

As SFDPH reported in a health advisory sent to San Francisco clinicians on October 27, 2008, SFDPH has also noted increased numbers of syphilis cases in 2008 among residents of The Tenderloin, an impoverished neighborhood; crack cocaine users; persons currently or recently incarcerated; and black women.

In response to this syphilis epidemic, we have adopted a three-pronged approach to syphilis prevention and control. Those three prongs, each dependent on collaboration with San Francisco clinicians, include the following:

Surveillance and epidemiology. We use data reported by clinicians to determine which San Francisco residents are at highest risk for syphilis and target interventions to those groups. That is why we depend on clinicians to promptly report syphilis cases. Reporting can be done by calling 415-487-5555, or by faxing 415-431-4628.

Screening and testing. We are conducting additional syphilis screening in The Tenderloin and visiting clinicians throughout the city to remind them of rises in cases of syphilis in San Francisco. We rely on clinicians to collect sexual histories (SFDPH recommends that MSM be screened every 3–6 months and HIV-infected MSM also be screened with every CD4 count or viral load ordered); to order tests for syphilis, when indicated; and to consult with experts at the San Francisco City Clinic (SFCC), the city’s municipal STD clinic, when necessary. SFCC’s provider hotline, 415-487-5595, is staffed during working hours.

Prompt treatment of patients experiencing syphilis and their sex partners. SFCC can also provide free treatment for syphilis patients. Clinicians who need access to penicillin G benzathine, the recommended treatment

for early syphilis, should call SFCC or refer patients to SFCC for same-day free treatment. Clinicians should also inform patients in whom primary or secondary syphilis is diagnosed that SFDPH will be calling them and that patients should work with SFDPH to ensure that their partners are tested. We interview patients to ensure treatment has been adequate and to assist with partner notification. Working together, SFDPH and San Francisco clinicians can help ensure that syphilis rates start declining again.

More information regarding syphilis for clinicians is available at <http://www.sfcityclinic.org/providers/#Syphilis>. The SFDPH Health Advisory concerning syphilis, released on October 27, 2008, is available at <http://www.sfcityclinic.org/providers/SyphAlert.2008.10.pdf>. More information regarding reporting syphilis cases and contacting SFCC is available at <http://www.sfcityclinic.org/providers/#Contact>. The confidential morbidity reporting form, used to report cases of syphilis and other reportable diseases, is available at http://www.sfcityclinic.org/providers/CMR_FINAL_200508xxsecure.pdf.

This report was written by Kenneth A. Katz, MD, MSc, MSCE and Jeffrey D. Klausner, MD, MPH, both of whom work for the STD Prevention and Control Services at the San Francisco Department of Public Health, San Francisco, California. Katz also works for Epidemic Intelligence Service, Centers for Disease Control and Prevention, Atlanta, Georgia Conflict of interest disclosure: Dr. Klausner received a grant from CSI Medical, Inc., in the past 12 months to conduct syphilis education programs.

Note: The findings and conclusions in this report are those of the authors and do not necessarily represent the views of the Centers for Disease Control and Prevention.

New Hep B-Focused Fellowship Program

Deadline Extended to March 8th!

As you may know, chronic hepatitis B is a life-threatening liver disease that affects one in 10 Asian Americans and Pacific Islanders. Although the disease is preventable and treatable, many in the community are unaware of their infection – which means they are not getting the treatment needed to help slow the disease's

progression, and they may be unintentionally exposing others to the virus.

This one-year program will be awarded to a medical, public health or policy professional. The primary focus of the program will be two-fold: To facilitate collaboration among various stakeholders to advance policy and practices to screen, treat and prevent transmission of hepatitis B in the Asian-American and Pacific Islander community; To inform efforts by the Congressional Asian Pacific American Caucus (CAPAC) and other Congressional members to adopt a policy platform and legislative agenda that effectively reduces the prevalence of hepatitis B and increases treatment in heavily impacted communities.

The program will be based in Washington, D.C. Along with a stipend and health benefits, a portion of relocation and transportation costs may be covered.

Completed applications must be submitted by March 8. For more details, or to request a program application, contact Eileen Maramba at hepBfellow@aapcho.org or 510.272.9536 x103.

Upcoming Event:

B a Hero

Chinese Banquet Dinner and Karaoke Contest for Hep B Free San Francisco

Thursday, March 5, 2009

6:00 PM to 9:00 PM

South Sea Food Village

1420 Irving Street, San Francisco (between 15th and 16th

Ave) Sponsored by the Asian Week Foundation

RSVP by 2/26/09 to twong@awfoundation.com or by

phone at 415-321-5865. \$50 suggested donation.

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