Public Health Notice

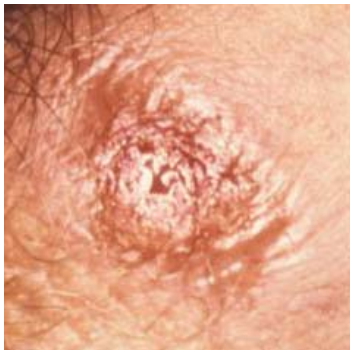
Syphilis Increase in Northwest Indiana
(STD Reporting District 1: Lake, Porter, Jasper, and Newton Counties), 2009

Medical providers in Lake and Porter Counties are asked to increase their suspicion of syphilis among their symptomatic patients and among those with identified risks for syphilis due to an increase of early (infectious, less than one year's duration) syphilis cases reported to the Indiana State Department of Health between January 1 and April 15, 2009. Compared to this time period in 2008 there has been more than a tripling of cases observed, from 6 cases of early syphilis reported in 2008 to 21 cases reported in 2009. Cases have been diagnosed in Lake and Porter counties and are occurring among men who have sex with men as well as heterosexuals.

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. It has often been called "the great imitator" because so many of the signs and symptoms are indistinguishable from those of other diseases.

Syphilis is passed from person to person through direct contact with a syphilis sore. Sores occur mainly on the external genitals, vagina, anus, or in the rectum. Sores also can occur on the lips and in the mouth. Transmission of the organism occurs during unprotected vaginal, anal, or oral sex. Pregnant women with the disease can pass it to the babies they are carrying. Syphilis cannot be spread through contact with toilet seats, door knobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating.

Primary Stage



The primary stage of syphilis is usually marked by the appearance of a single sore (called a chancre), but there may be multiple sores. The time between infection with syphilis and the start of the first symptom averages 21 days. ***The chancre is usually firm, round, small, and painless***. It appears at the spot where *T. pallidum* entered the body. ***The chancre lasts 3 to 6 weeks, and it heals without treatment.*** However, if adequate treatment is not administered, the infection progresses to the secondary stage.

Secondary Stage

Skin rash and mucous membrane lesions characterize the secondary stage of syphilis. This stage typically starts with the development of a rash on one or more areas of the body. The rash usually does not cause itching. Rashes associated with secondary syphilis can appear as the chancre is healing or several weeks after the chancre has healed. ***The characteristic rash of secondary syphilis may appear as rough, red, or reddish brown spots both on the palms of the hands and the bottoms of the feet***. However, rashes with a different appearance may occur on other parts of the body, sometimes resembling rashes caused by other diseases. Sometimes rashes associated with secondary syphilis are so faint that they are not noticed. In addition to rashes, signs of secondary syphilis may include fever, swollen lymph glands, patchy hair loss, mucous patches, or weight loss. Symptoms include muscle aches, headaches, sore

throat, and fatigue. ***The signs and symptoms of secondary syphilis will resolve with or without treatment***, but without treatment, the infection will progress to the latent and possibly irreversible late stages of disease.

A person who has not been treated for syphilis is considered infectious up to one year after initial infection. CDC recommended treatment for early syphilis under one year duration is 2.4 MU bicillin, IM, once.

Syphilis Tests for Accurate Diagnosis (confirmed cases)

A person with syphilis will remain reactive on the confirmatory test for life regardless of whether or not the person was treated.

A series of blood tests must be performed before diagnosing a confirmed case of syphilis. Not all laboratories will perform all tests without a specific order.

Screening (initial) test:
1) RPR, qualitative result
2) If reactive, quantitative test (titer) should be performed

Confirmatory test: Should be performed on any sample reactive by RPR. Tests used include: FTA, MHA-TP, IgG, IgM, and EIA

Who should be tested?

- All HIV positive persons should be tested at least annually for syphilis
- Any man who has sex with a man should be tested twice yearly
- People with symptoms of syphilis
- People who are sex partners to confirmed early syphilis cases
- Pregnant women in 1st and 3rd trimester

Communicable Disease Reporting

Myth: If the laboratory reports a positive test, the doctor doesn't have to.

Fact: In Indiana as in most states, communicable disease reporting is a legal requirement of ***both*** a laboratory and a physician. This is to ensure a report is made to public health and also because each entity has different information needed for case investigation.

For assistance please contact: District 1 STD Program at the Gary Health Department, 219-882-5565, Michael Exom, or ISDH STD Program, 317-233-7426