

Syphilis in Pima County

8 August 2014



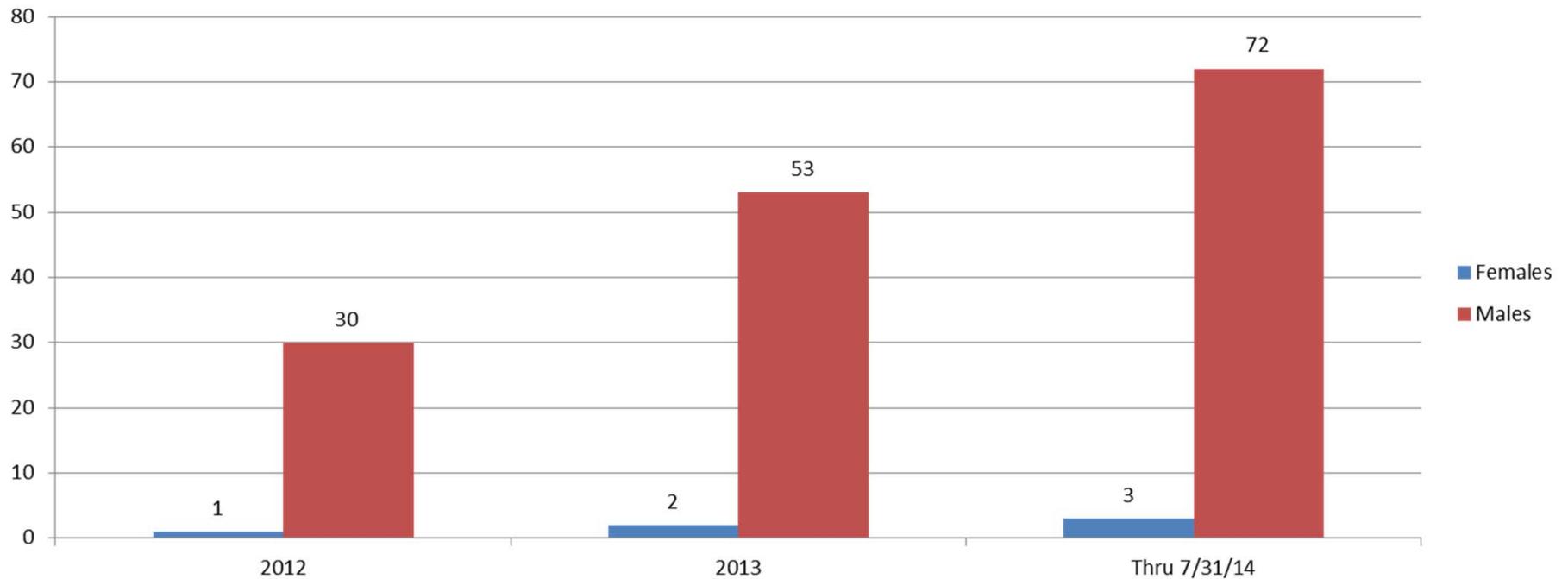
PIMA COUNTY
HEALTH DEPARTMENT

A Healthy Pima County
Every **one**. Every **where**. Every **day**.

Background

- Pima County has seen an increase in the number of reported primary and secondary syphilis cases.
 - 2012, Pima County counted 31 cases
 - As of **July 2014, 78 cases.**
- Sex distribution: 75 male cases & 3 female cases

Pima County Primary & Secondary Syphilis, by Sex (2012 to 7/31/14)



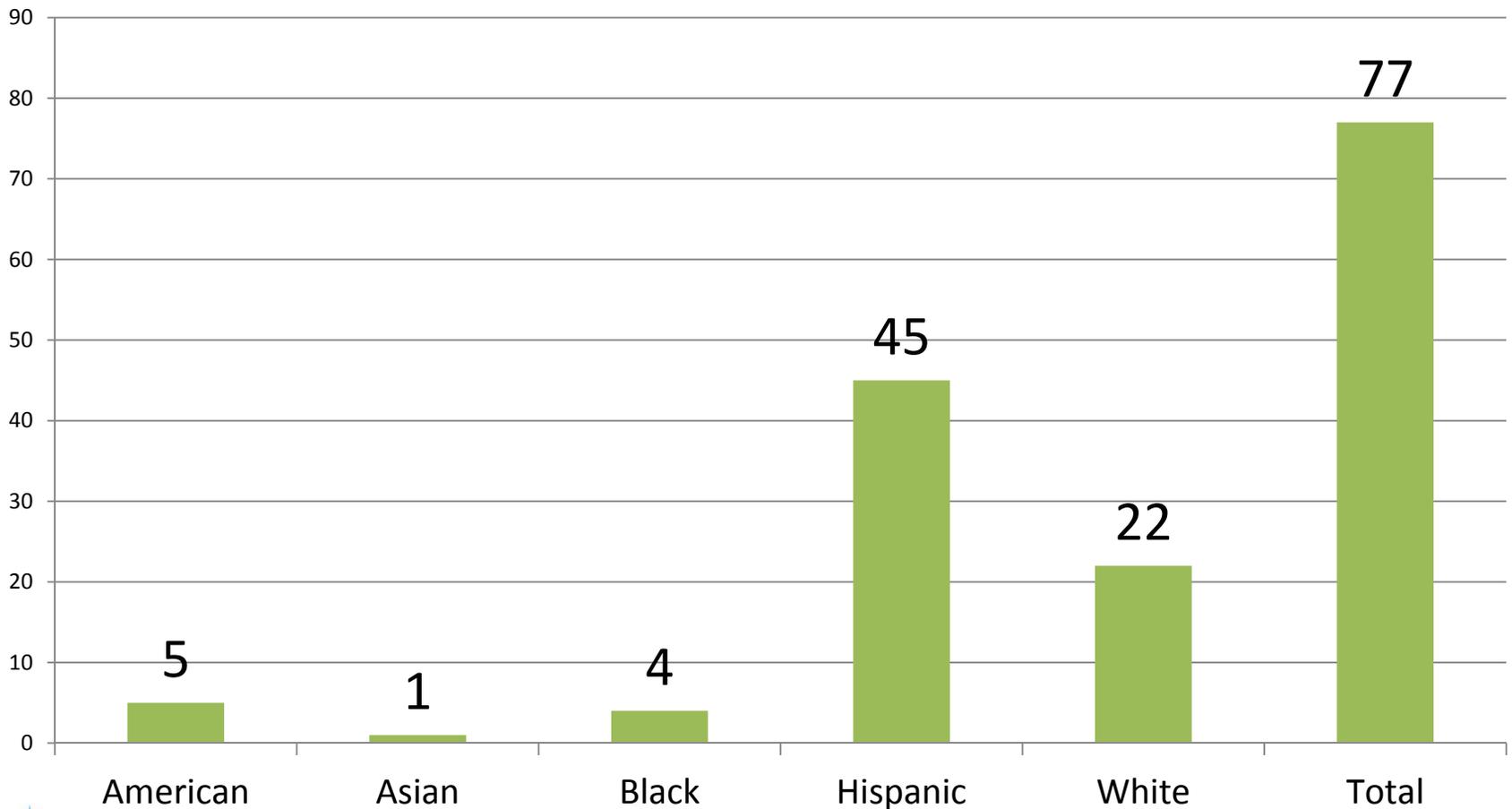
Syphilis Cases by Stage at Diagnosis, Pima County 2012– 7/31/14

	Primary	Secondary	Early Latent	Latent Unk Duration	Late Latent	Total
2012	11	20	17	5	50	103
2013	21	34	38	6	68	167
2014 (7/31)	27	48	23	0	49	147

As of July 31st 2014

- Primary & Secondary cases in 2014 (75) surpassed the total cases for all of 2013 (55)

Race/Ethnicity of Syphilis Cases YTD 2014

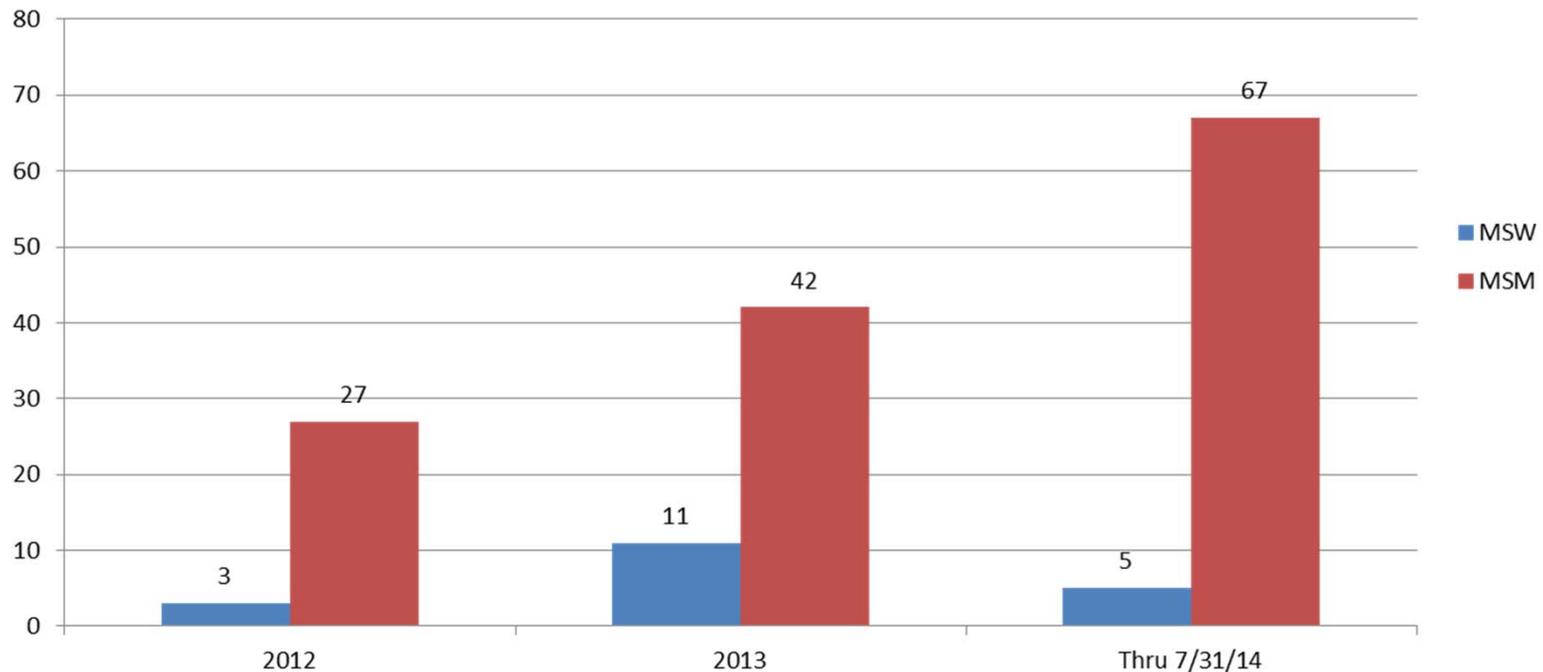


Syphilis cases in men

- 90% males report having sex with a male partner
- 84% of MSM cases are White or Hispanic
- 72% of MSM cases are under 40 years of age
- 1/3 of MSM cases are co-infected with HIV
- 63% of MSM cases use websites/mobile apps to meet partners

*MSM=Men who have sex with men

Primary & Secondary Syphilis Among MSW & MSM, Pima County (2012 -7/31/14)



- 2013 79% identified as MSM
- July 31st 2014 92% identify as MSM

* MSW= men who have sex with women

Primary & Secondary Syphilis among MSM by Age Group, Pima County (2013–7/31/14)

Age Group	2013	1- 7/31/14
15-19	3	6
20-24	13	15
25-29	9	15
30-39	6	12
40-49	7	12
50-59	3	7
60+	1	0
Total	42	67
% < 25	38.1	31.3
% < 30	59.5	53.7
% < 40	73.8	71.6



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Think SYPHILIS!

- **Primary syphilis** occurs typically **10-90 days post exposure**. Lesions are single, painless ulcers, BUT may present as multiple lesions, painful, with secondary infection. Lesions may be oral, genital, anal, or digital, and may not always be visible to the patient.
- **Secondary syphilis** usually identified 3-6 weeks post chancre. Rash may present on palms and soles or elsewhere on the body. Generalized lymphadenopathy, fevers, body aches, and sore throat may also be identified.
- **Latent syphilis** identified by careful history and through screening serology. Refer patients you suspect may have latent disease to the Health Department or infectious disease specialist.

Screen Aggressively

Diagnosis is essential for appropriate and timely treatment.

- No prior diagnosis of syphilis?
 - Draw **RPR** or **VDRL** serology
 - Follow-up all positives with a Treponemal specific antibody test
- Prior syphilis diagnosis?
 - Re-draw the serology (**RPR** or **VDRL**) that was the basis for the original diagnosis

Treat Presumptively

- Patients with lesions or rashes suggestive of syphilis
- Patients with no symptoms who report recent sexual contact with infected partners
- Use benzathine penicillin G 2.4 million units IM once
- For PCN allergic individuals, follow CDC recommendations <http://www.cdc.gov/std/treatment/2010/>
- Refer patient to the Health Department for partner services

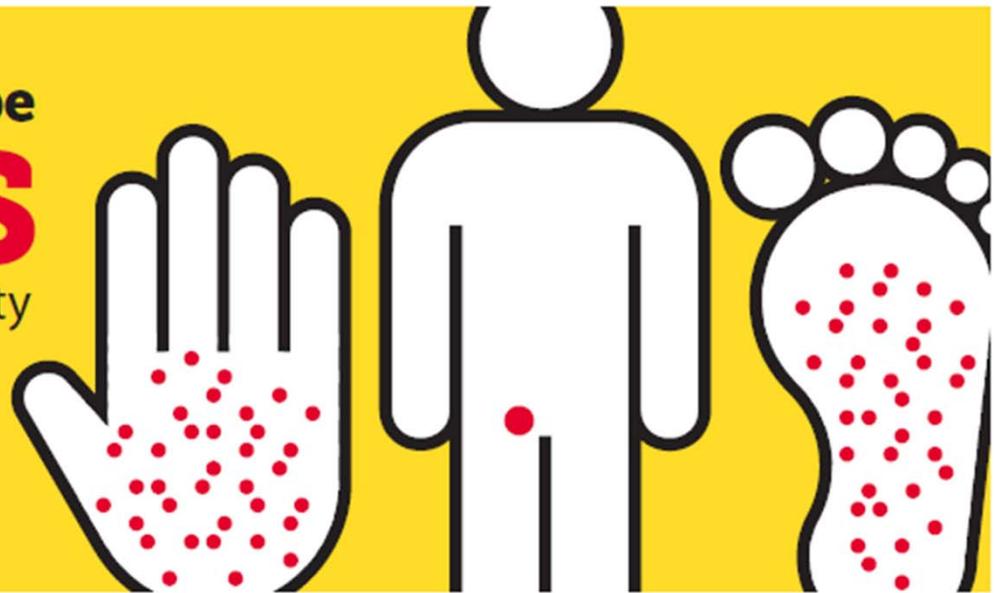
Report Promptly

- Upon presumptive diagnosis or positive test result complete a communicable disease report form (at www.azdhs.gov/phs/oids/investigations/forms.htm) and **fax to (520) 770-4242.**
- For assistance with partner services call **(520) 724-3947**

That rash or sore might be

SYPHILIS

Syphilis is on the rise in Pima County



**GET
FACTS.
GET
TESTED.
GET
CURED.**

Francisco García, MD, MPH
Director & Chief Medical Officer



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