

Health Advisory:

Sustained Increase in Syphilis Cases in Missouri

February 15, 2019

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Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

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Health Advisory
February 19, 2019

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SUBJECT: Sustained Increase in Syphilis Cases in Missouri

The Missouri Department of Health and Senior Services (DHSS) continues to observe a sustained increase in the number of syphilis cases reported in the state. The number of early syphilis cases reported in Missouri in 2017 (930 cases) increased by 38% over the number of cases in 2016 (676 cases), and has increased 218% since 2012 (292 cases). Provisional data indicate that this upward trend continued in 2018 with the number of reported cases through December 31, 2018, up 40% over the same time period in 2017. The purpose of this DHSS Health Advisory is to alert health care providers of the significant increase in rates of syphilis among multiple populations including gay, bisexual, and other men who have sex with men; people who use drugs; and heterosexual men and women. A significant increase has also been observed in the number of reported congenital syphilis cases.

Background

Syphilis is a sexually transmitted disease (STD) that can have very serious complications for adults and newborns if left untreated. Initial symptoms of syphilis include a sore and/or rash that goes away after a few weeks without treatment, though serious health issues may emerge later without appropriate treatment. Syphilis can be treated and cured with antibiotics yet many cases go undiagnosed and untreated, leading to increased transmission and future negative health consequences. Congenital syphilis occurs when a mother with untreated syphilis passes the infection on to her baby during pregnancy – causing miscarriages, premature births, stillbirths, or death of newborn babies. Babies born with congenital syphilis can experience serious health complications that may present at delivery or later in life.

Missouri's increase in syphilis cases was initially observed among gay, bisexual, and other men who have sex with men, though other groups, including heterosexual women, have also experienced an increase in cases recently. While the initial increase in cases occurred primarily in the Kansas City and St. Louis metropolitan areas, other areas including smaller metropolitan areas and rural counties throughout Missouri are also experiencing a steep increase in cases, particularly among people who use drugs and their partners. With the increase in cases in women, Missouri has seen a corresponding increase in the number of babies born with, or stillborn due to, syphilis. In 2017, 13 congenital syphilis cases were reported in Missouri, representing the highest number of cases reported since 1998. Missouri has also experienced an increase in ocular syphilis, which can cause blurry vision and/or blindness. Syphilis can cause ocular and neurological issues at any stage of infection.

The increasing rates of STDs in Missouri, including syphilis and congenital syphilis, mirror nationwide trends seen in recent years. Ongoing public health efforts to reverse current trends will require a renewed commitment from, and continued partnership with, healthcare providers.

Recommendations

- Providers should assess the sexual health of patients and discuss STD risks for the patient and partners of the patient.
- Providers should routinely test for syphilis in individuals who have signs or symptoms suggestive of infection. Individuals exposed to syphilis within the past 90 days should receive testing and preventive treatment.
- Sexually active gay, bisexual, and other men who have sex with men should be tested for syphilis annually or more frequently depending on risk.
- Pregnant women should be tested at the first prenatal visit, in the third trimester (28-32 weeks), and at delivery regardless of perceived risk. Bicillin LA is the only CDC-recommended treatment for pregnant women, including those who are allergic to penicillin. Pregnant women who are allergic to penicillin should be desensitized and treated with Bicillin LA.
- Any woman who has a fetal death after 20 weeks gestation should be tested for syphilis.
- Individuals who are living with HIV who are sexually active should be tested for syphilis annually.
- Patients with diminished visual acuity, blindness, uveitis, panuveitis, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis should be tested for syphilis and referred to an ophthalmology specialist. If ocular syphilis is suspected, the patient should be treated according to the Centers for Disease Control and Prevention's (CDC's) 2015 treatment recommendations (see below under Additional Resources) for neurosyphilis and undergo a lumbar puncture with cerebrospinal fluid (CSF) examination.

Questions should be directed to DHSS' Bureau of HIV, STD, and Hepatitis at 573-751-6439, or via email at STDinfo@health.mo.gov.

Additional Resources

Complete CDC testing and treatment recommendations:

<https://www.cdc.gov/std/tg2015/default.htm>

CDC Syphilis Pocket Guide:

<https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>

CDC STD Treatment Guide:

A mobile app is available for download from the Apple or Android store (search for STD Tx Guide)

DHSS Syphilis Overview:

<https://health.mo.gov/living/healthcondiseases/communicable/stds/syphilis.php>