



THE CITY OF NEW YORK
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Michael R. Bloomberg
Mayor

Thomas R. Frieden, M.D., M.P.H.
Commissioner

Dear Colleague:

November 2003

The syphilis outbreak continues. From 2001 to 2002, numbers of reported primary and secondary syphilis cases almost doubled, from 282 in 2001 to 436 in 2002. During the first six months of 2003, the New York City Department of Health and Mental Hygiene (NYCDOHMH) has received 231 case reports for primary and secondary and 489 for early latent syphilis. Although the rate of increase of primary and secondary syphilis has slowed, there has been a marked rise in the number of early latent syphilis cases, up from 345 at the six-month point in 2002. Every early latent syphilis case represents a missed opportunity for interrupting disease during the primary and secondary stages. It is critical that we, as a medical community, respond aggressively to prevent a syphilis epidemic like the one we saw in the late 1980s and early 1990s. Because syphilis facilitates HIV transmission, epidemic syphilis can herald dramatic increases in HIV cases¹.

Most Cases Are Among Men Who Have Sex With Men (MSM)

Men have continued to account for over 90% of primary, secondary and early latent syphilis cases. The male to female ratio for primary and secondary syphilis cases in 2002 was 26:1. The Bureau of STD Control routinely interviews case persons reported with primary and secondary syphilis, and among men interviewed most reported sex with other men, and more than half of them acknowledged being HIV-infected. The steepest syphilis increases in New York City in 2002 were among white men and men living in Manhattan. Epicenter neighborhoods include: Chelsea/Clinton, Greenwich Village/Soho and Union Square. The median age of male cases was 35 years. Syphilis outbreaks among men who have sex with men (MSM) are also occurring in other urban areas, including: Los Angeles, San Francisco, Seattle, Miami, Atlanta, and Houston. Among women, approximately 20 cases of primary and secondary syphilis cases have been reported annually for the past ten years, and the number of cases of congenital syphilis has remained small and stable.

Emergency Medicine Staff Can Play a Key Role

Seize every syphilis treatment opportunity! Syphilis is serious, but *curable*. Because the emergency department (ED) is a source of primary care for many New Yorkers, the ED visit is an important opportunity for prompt diagnosis, treatment, and case reporting. We suggest you:

- Consider the diagnosis of syphilis upon noting any of the following physical findings:
 - Any ano/genital lesion, especially indurated and painless ulcers
 - Any unexplained rash or skin eruption
 - Secondary syphilis rashes are easily confused with more common dermatological conditions.
 - Other suggestive findings include: palmar or plantar involvement, fever, and patchy hair loss.
- For any patients with the above clinical findings:
 - Perform serologic screening using RPR or VDRL (stat if available²).
 - Consider presumptive treatment if patient belongs to a high-risk group or if patient follow-up is uncertain.
- Screen for asymptomatic syphilis infections among the following high risk groups:
 - Men who have sex with men, including their partners
 - Sexually active HIV-infected persons and their partners
 - Persons with multiple sex partners, including sex workers and their clients
 - Patients who are evaluated for or diagnosed with any sexually transmitted disease (including HIV)
 - Sex partners of known cases of syphilis
- Provide post-exposure prophylaxis to sex partners of syphilis-infected persons, as the incubation period for syphilis is relatively long: up to 90 days. Serologic testing should be done at the time of prophylactic treatment.
- Use single dose benzathine penicillin (e.g., Bicillin-LA), 2.4 million units IM, as first-line therapy for primary, secondary, early latent syphilis, and post-exposure prophylaxis, as recommended by the Centers for Disease Control and Prevention³.
- Explain the need for follow-up to the patient and how to obtain it. NYC DOHMH is available for clinical follow-up. It maintains ten, free, full-service STD clinics in all five boroughs, four of which are open on Saturdays. NYC DOHMH will also follow-up on reactive syphilis serologies.
- Report all suspected or confirmed cases of primary, secondary, and early latent syphilis *promptly* to the New York City Department of Health by calling the STD Control Program at 212-788-4443.

Reporting of syphilis cases is a provider's legal obligation under city and state public health law. Anyone diagnosed or treated for primary, secondary, or early latent syphilis should be informed by the provider to expect a call or visit from a DOHMH representative for case investigation and partner notification. Providers are not required to report prophylactic treatment of exposed partners who show no evidence of infection on exam or serologic testing.

Resources

Clinicians can call the New York City Department of Health and Mental Hygiene Bureau of STD control at 212-788-4443 or 718-788-4444 Monday-Friday, 8 A.M. to 5 P.M. to report suspected or confirmed syphilis cases* and to access:

- New York City's Syphilis and Serologic Reactor Registry for your patients' serologic and treatment histories
- Free stat darkfield microscopy, or other STD evaluation
- Expert medical consultation on any aspect of the diagnosis, treatment, management, or prevention of sexually transmitted infections
- Partner notification assistance
- Locations of the Department of Health and Mental Hygiene's free and confidential STD clinics and HIV test sites, including anonymous HIV testing.

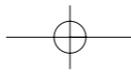
***After 5P.M. and on weekends, leave a voice message. Please identify yourself, your institution, your telephone number and the patient's name, address, date of birth, diagnosis, and treatment if appropriate.**

Visit www.nyc.gov/html/doh/html/std/std.html for treatment guidelines and other STD information and Health Department services.

Sincerely,

Susan Blank, M.D., M.P.H.
Assistant Commissioner
STD Control Program

1. Fleming DT, Wasserheit JN. From epidemiologic synergy to public health policy and practice: the contribution of other sexually transmitted diseases to sexual transmission of HIV infection. *Sexually Transmitted Infections* 1999; 48:773-777.
2. Ernst AA, Farley TA, Martin DH. Screening and Empiric Treatment for Syphilis in an Inner-city Emergency Department. *Acad Emerg Med* 1995; 2:765-772.
3. Centers for Disease Control and Prevention: Sexually transmitted diseases treatment guidelines 2002. *MMWR* 2002; 51(RR-6): 1-78.



IMPORTANT

SYPHILIS ALERT

The New York City Department of Health and Mental Hygiene



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LESIONS OF PRIMARY SYPHILIS

1. Syphilitic chancre of the glans of the penis, 2. Multiple syphilitic chancres on the distal penile shaft, 3. Single syphilitic chancre on the distal penile shaft, 4. Syphilitic chancre of the anus, 5. Syphilitic chancre of the upper lip

LESIONS OF SECONDARY SYPHILIS

6. Papulosquamous lesions of trunk and upper arm, 7. Pityriasis-like papulosquamous eruption of the back, 8. Generalized (urticaria-like) lesions of the back and neck, 9. Papular eruption of arms and trunk, 10. Desquamating palmar eruption, 11. Plantar lesions on the soles of the feet, 12. Papular eruption of the penis and scrotum, 13. Mucous patches of the posterior tongue, 14. Split papules at the angles of the mouth, 15. Annular patches of face with mucosal lesions, 16. Condyloma lata of the inner lower lip, 17. Condyloma lata around the anus and buttocks, 18. Moth-eaten alopecia of scalp

Clinical photographs have been provided by the New York University Department of Dermatology.

