



Syphilis Outbreak - Columbus

July 10, 2014

From Columbus Public Health

There is an outbreak of syphilis in the Columbus community. Syphilis is a highly contagious sexually transmitted infection (STI) that is spread through vaginal, anal and/or oral sex. The most current data from the Ohio Department of Health for infectious "Early Syphilis" [ES] cases document an increase of 46% when comparing January- May of 2013 to January- May of 2014. A staggering increase amongst females of 113% has resulted in the treatment of several pregnant women and two confirmed congenital syphilis cases. Columbus Public Health is alerting medical providers to this threat in an effort to stop the spread.

To decrease missed opportunities, we ask that providers:

- Increase syphilis screening amongst at-risk asymptomatic patients (e.g. men who have sex with men (MSM), HIV positive patients, and commercial sex workers among others).
- Increase testing and same day treatment of those who present with symptoms suspicious for ES.

Symptoms of ES, often called the "Great Imitator", are often missed or misdiagnosed and can include:

- Cutaneous lesion(s) - often painless ulcers, on genitals, anus/rectum or in/around the mouth
- Maculopapular rash - genital, body, palms or hands/ soles of feet, scalp, face
- Condylomata lata - usually painful, raised and moist wart-like lesions in groin and perianal area
- Swollen lymph glands and fever
- Meningitis, cranial neuropathies, uveitis/optic neuritis, sensorineural hearing loss and tinnitus.

Due to the increase in ES cases, Columbus Public Health is strongly recommending the following practices which are based on these Centers for Disease Control and Prevention 2010 STD Treatment Guidelines:

- All pregnant women should have a screening RPR or syphilis IgG obtained at **initial intake, at 28 weeks gestation and at delivery**. Any woman who delivers without prenatal care needs to have an RPR or syphilis IgG drawn at delivery. (*see page #8 of 2010 CDC STD Guidelines*).
- Any woman who delivers a stillborn infant after 20 weeks gestation must be screened for syphilis. (*see page #8 of CDC guidelines*)
- All HIV positive patients (whether or not they report sexual activity) should have an annual syphilis screening by obtaining a serum RPR or syphilis IgG. More frequent screening (every 3 to 6 months) is also recommended for those with multiple sex partners, practice unprotected intercourse and engage in illicit drug use. (*for more information <http://AIDSinfo.nih.gov>*)
- All sexually active MSM patients should have an annual syphilis screening by obtaining a serum RPR or syphilis IgG. More frequent screening (every 3–6-months) is indicated for MSM who have multiple or anonymous sex partners, have sex in conjunction with illicit drug use (particularly methamphetamine use) or whose sex partners participate in these activities (*see page #12 and #13 of CDC Guidelines*).
- Any patient presenting with STI-related complaints, is a contact to an STI or is requesting STI screening, should be considered for syphilis screening.

These guidelines along with a useful phone application can be found at <http://www.cdc.gov/std/treatment/default.htm>.

If you have any questions or comments, please contact us directly at 614-645-6444 or call the Sexual Health Clinic at 645-7772.

What is this? [Learn more about this emergency notification system.](#)