

Health Advisory: Syphilis on the Rise, Outbreak in Drug Users

Minnesota Department of Health Feb 27, 2017 10:00 CST

Action Steps:

Local and tribal health departments: Please forward to hospitals and clinics in your jurisdiction.

Hospital and clinics: Please distribute to primary care providers, emergency/urgent care, OB/GYN, nurse-midwives, and dermatologists.

Health care providers:

- Obtain a complete sexual risk history of all patients to determine if they should be tested for syphilis.
- Test for syphilis in patients presenting with anogenital or oral lesions or rash without clear etiology.
- Test and treat sex partners of patients who test positive for syphilis or other STDs.
- Test injection drug users for HIV and Hepatitis C.
- Report cases within 24 hours to MDH at 651-201-5414 or 1-877-676-5414.

Background

Reported cases of infectious and latent syphilis cases are on the rise across Minnesota. In addition, there is a current outbreak among drug users, both male and female.

Syphilis is a sexually transmitted disease divided into stages. If left untreated, syphilis can be harmful. Untreated syphilis can cause serious long-term health problems, including blindness, damage to the heart and other internal organs, mental illness and even death. Another possible consequence of untreated syphilis among pregnant women is congenital syphilis. Preferred treatment for all stages of syphilis is Penicillin G.

Cases of primary and secondary syphilis are often misdiagnosed. Syphilis chancres, non-painful ulcerations which often occur in the genital area or oral cavity, can easily be confused with herpes. Secondary syphilitic rashes can be mistaken for other dermatologic conditions. In the primary stage of the infection, syphilis can be transmitted to sexual partners through direct contact with a syphilis chancre during vaginal, anal, or oral sex. Transmission may also occur during the secondary stage when mucous membrane lesions are present. A non-itchy skin rash is common during the secondary stage.

A complete sexual risk assessment includes the discussion of risk factors such as drug use, number of sex partners, history of or current infections with other STDs, and prior syphilis infection. Drug use may increase high risk sexual behaviors such as unprotected sex and sex with multiple partners. If a patient tests positive for syphilis, it is important to test and treat the patient's sex partners. Providers should obtain sexual partner information from patients, including but not limited to partner name, contact information, residence location, and physical description. Providers should encourage the patient to work with the MDH Partner Services Program to help control the further spread of syphilis. More information regarding taking a sexual risk history can be found at <https://www.cdc.gov/std/treatment/sexualhistory.pdf>

Also, continue to follow previous MDH recommendations to screen all pregnant women at first prenatal visit, 28 weeks gestational age (at minimum between 28–36 weeks gestational age) and delivery.

For more information

Visit the MDH web page for more detailed treatment guidelines, to learn more about syphilis and the Partner Services Program <http://www.health.state.mn.us/divs/idepc/diseases/syphilis/index.html> . For questions please call 651-201-5414.

A copy of this HAN is available at www.health.state.mn.us/han/.

The content of this message is intended for public health and health care personnel and response partners who have a need to know the information to perform their duties.