

MEMO



To: Providers serving HIV+ persons in Portland (OR) Metro Area

From: Multnomah County Health Department

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RE: Emerging local syphilis epidemic

This memo is to:

- Inform you about a local surge in syphilis cases in men who have sex with men (MSM), and
- Provide Multnomah County Health Department's recommendations for syphilis diagnosis, screening and prevention.

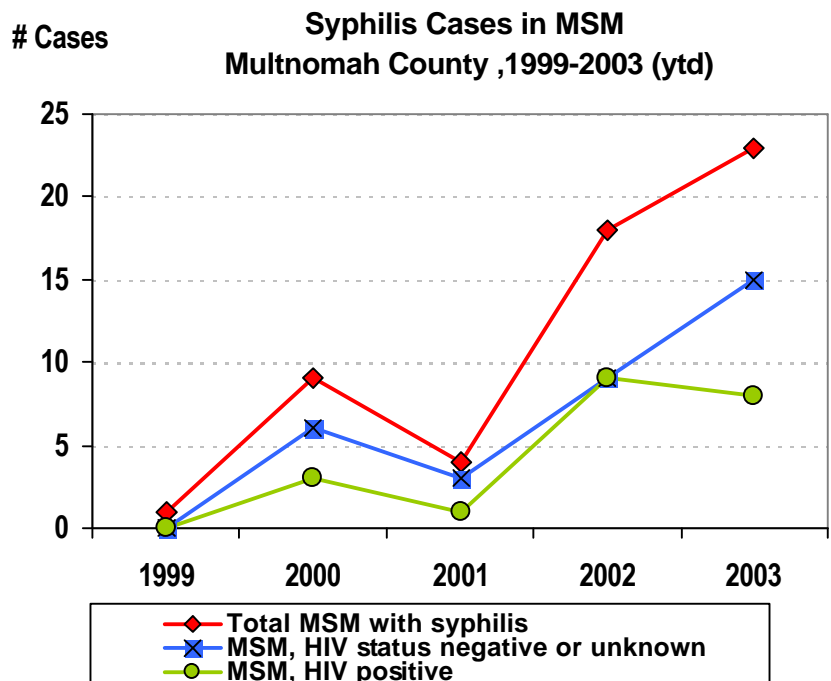
Summary

Syphilis outbreaks in MSM have recently been reported in several West Coast cities including Los Angeles, Palm Springs, San Francisco, Seattle, and Vancouver, BC.

Involved individuals are typically Caucasian men aged 35 and older., A high percentage are already HIV (+). HIV-infected individuals may develop neurosyphilis as a presenting symptom or later complication.

These outbreaks have been associated with commercial sex venues such as bathhouses and bookstores, and with liaisons arranged through internet chat rooms. Traditional sex partner notification and treatment strategies are hampered because affected individuals often do not know how to locate their sex partners.

We are seeing a similar syphilis increase here in Multnomah County. Although the number of cases is low, an effective response now may help to avoid the substantial morbidity seen in other communities.



Recommendations

In order to stem the tide of syphilis and to protect vulnerable individuals from aggressive syphilis, Multnomah County public health officials are recommending the following to health care providers and patients:

“THINK SYPHILIS”

Use appropriate rapid diagnostic methods

- ◆ **1° syphilis (chancre) is easy to think of but hard to confirm.** RPR & FTA (or equivalents) remain the diagnostic mainstay, but false negatives can occur. Dark field by trained microscopists is available without charge at the county STD clinic. Call (503) 988-3702 to arrange referral.
- ◆ **2° syphilis (“the great imitator”) is hard to think of but easy to confirm.** The RPR is close to 100% sensitive.

Increase syphilis screening for HIV-infected individuals and others with risk for acquisition of syphilis

- ◆ We recommend increasing the frequency of screening to as frequently as **every 3 months**. This can detect early syphilis and avoid aggressive syphilis.
- ◆ In the past, the community standard has been yearly screening for syphilis for HIV-infected individuals.

Provide risk reduction counseling to your patients

- ◆ Ask your patients:
 - Are they having sex?
 - How many partners in the last 2-3 months?
 - Are they using barrier protection?
 - Where are they meeting partners? Bathhouses, internet, bars?
 - What type of sex do they have?
- ◆ Help your patients develop a risk reduction plan to avoid acquisition of syphilis.

Additional information is available at the State of Oregon’s Department of Health Service’s web site at: <http://www.dhs.state.or.us/publichealth/std/syphilis.cfm>

