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Sexually
Transmitted Diseases
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HIV/AIDS
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(630) 221-7522

School Health
(630) 221-7300

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(630) 407-2800

Please contact
Communicable Disease
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(630) 221-7553
with suggestions
or to be added to the
distribution list.

The purpose of this two-page surveillance update is to promote the control and prevention of communicable disease (CD) by providing clinically relevant information and resources to healthcare professionals in DuPage County.



Under the Microscope Syphilis

For questions or to report a suspect or known case of syphilis, please call the DuPage County Health Department at (630) 221-7553. Patients may be referred for STD screening, diagnosis, treatment, and counseling to the DCHD STD Clinic (for an appointment, please call 630-682-7400).

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Syphilis is associated with significant complications if left untreated and can facilitate the transmission and acquisition of HIV infection. As observed locally and nationally, men account for the most cases of syphilis, disproportionately impacting men who have sex with men (MSM).^{1,2} Of growing concern are increasing syphilis case counts among women in recent years, with increases in syphilis among reproductive-aged women subsequently increasing risk and incidence of congenital syphilis nationally, even in previously unaffected areas.³

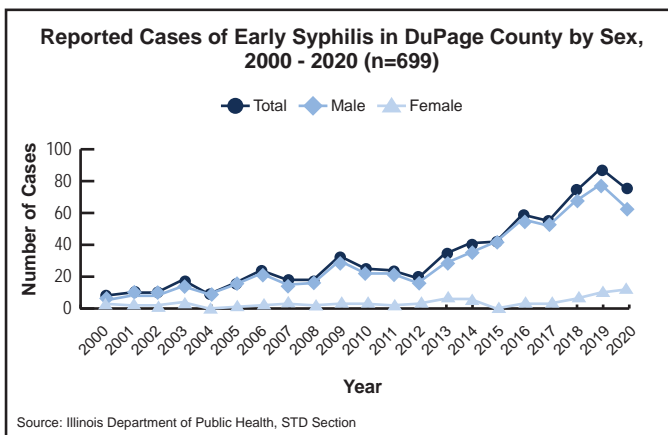
Congenital syphilis, a life-threatening infection caused by the transmission of *T. pallidum* from a woman to her fetus during pregnancy, can result in miscarriage, stillbirth, preterm birth, low birth weight, and infant death. Whereas many infants with congenital syphilis are asymptomatic at birth, classic signs can appear in the first two years of life, including rash, copious nasal discharge ("snuffles"), hepatosplenomegaly, jaundice related to syphilitic hepatitis, bone deformities, and neurologic involvement. Although these sequelae can be prevented when maternal syphilis is diagnosed and treated 30 days or more before delivery, the incidence of congenital syphilis in the U.S. is increasing.^{3,4,5}

After being on the verge of elimination in 2000 in the U.S., syphilis cases have rebounded.^{1,2} Rates of early syphilis have continued to rise overall in recent years, nationally and locally. DuPage County has been experiencing a sustained increase in reported syphilis cases since 2013.

Epidemiology: The DuPage County 2020 case count of early syphilis (includes primary, secondary, and early non-primary non-secondary syphilis; less than one year's duration of infection) is 75, compared to 42 cases reported in 2015 (reflecting a 78% increase over five years). Over half (63%) of reported cases in 2020 were 30 years or older (unlike the younger age distribution of chlamydia and gonorrhea cases). Consistent with previous years, 2020 cases have occurred primarily in men, with a reported risk of being MSM (men who have sex with men; includes MSM only or bisexual).

Recommendations: The DuPage County Health Department (DCHD) is requesting the assistance of clinicians to counteract this ongoing increase in early syphilis cases. To assist in rapid identification and prompt intervention, the Illinois Department of Public Health (IDPH) recommends the following:

- Perform syphilis serologic testing for anyone with signs or symptoms of syphilis (genital/oral/anal ulceration or a generalized rash, often involving both the palms and soles).
- Perform serologic testing for syphilis and empirically treat, without waiting for test results, any patient who presents with classic features primary or secondary syphilis OR who has had a sexual exposure to an early syphilis case in the past 90 days.
- Perform syphilis serologic screening for all MSM and HIV-positive patients at least once annually, and every three months for individuals with ongoing high-risk behaviors. High-risk behaviors include having multiple or anonymous sexual partners, engaging in unprotected intercourse, or having sex in conjunction with illicit drug use.
- Illinois Administrative Code requires syphilis serologic screening to be performed on all pregnant women at the first prenatal visit and during the third trimester of pregnancy (410 ILCS 320/ Prenatal Syphilis Act).
- Assess for signs of ocular or other neurologic involvement in ALL patients with a syphilis diagnosis as neurologic involvement may occur during any stage of syphilis.
- Perform HIV serologic screening for ALL patients with a new syphilis diagnosis unless they are already known to be HIV-positive.
- Encourage all patients with early syphilis to notify their sexual partners of the need to seek testing and treatment; Partner Services is a very important strategy to stop the spread of early syphilis.
- As syphilis is a reportable disease, the health department will confidentially contact all cases to provide disease counseling and to elicit partner information.
- Counseling skills, characterized by respect, compassion, and non-judgment, are essential to obtaining a thorough sexual history and to delivering prevention messages effectively. Suggested resource: CDC's *A Guide to Taking a Sexual Health History* at www.cdc.gov/std/treatment/SexualHistory.pdf.
- Offer PrEP (pre-exposure prophylaxis), a PrEP referral, or PrEP educational materials to patients who are NOT currently infected with HIV but have a syphilis infection. Illinois PrEP resource page: <https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/pre-exposure-prophylaxis-prep.html>.⁶



Clinical Prevention Guidance: Prevention and control of sexually transmitted infections (STIs) are based on the following five major strategies:

1. Accurate risk assessment and education and counseling of persons at risk regarding ways to avoid STIs through changes in sexual behaviors and use of recommended prevention services;
2. Pre-exposure vaccination for vaccine preventable STIs;
3. Identification of asymptotically infected persons and persons with symptoms associated with STIs;
4. Effective diagnosis, treatment, counseling, and follow-up of infected persons; and
5. Evaluation, treatment, and counseling of sex partners of persons who are infected with an STI.⁷

References:

1. www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm
2. www.cdc.gov/std/statistics/2020/overview.htm#Syphilis
3. www.nejm.org/doi/full/10.1056/NEJMc2111103
4. www.cdc.gov/ncbddd/birthdefects/surveillancemanual/quick-reference-handbook/congenital-syphilis.html
5. www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm
6. <https://dph.illinois.gov/content/dam/soi/en/web/dph/files/publications/publicationsohpsyphilis-data-screening-and-reporting-2018.pdf>
7. www.cdc.gov/std/treatment-guidelines/syphilis.htm

