Syphilis in Houston

Summary Report for Jan-May 2003

Houston Department of Health and Human services

June 20, 2003

History of the increase

- Prior to 2000, syphilis in Houston and US had reached the lowest rates in history.
- CDC syphilis elimination effort
- Recent increase reveals significant HIV co-infection rate.

Enhanced Clinical and Laboratory Services

- Proposing Expansion of City Jail Intervention
- Targeting Mobile Unit to Syphilis Hot Spots for testing
- Implementing fast track triage policy in STD clinics
- Encouraging providers to screen

Why increase now

- Recent increase in infectious syphilis cases among gay,bisexual, and other men who have sex with men.
- Drugs/therapy to prolong life in HIV positive individuals.
- Lax in safe sex behavior practices ie:
- anonymous sex
- Internet connections

Early Syphilis P&S and EL Houston/Harris County

- Key Points ---
  - **Jan-May** 2003 City-wide Early Syphilis Up 53 percent from a year ago (145 vs 95)
  - City-wide P&S Up 133% (93 vs 40)
  - Among MSM - Early Syphilis Up 130% (85 in 2003 compared to 37 in 2002)
  - Among MSM P&S Up 214% (66 in 2003 compared to 21 in 2002)

P&S Rate, Citywide Jan-Dec in 2001, 2002

rates per 100,000

	P&S cases	pop	rate
Jan-Dec 2001	97	3,400,578	**2.8**
Jan-Dec 2002	120	3,400,578	**3.3**

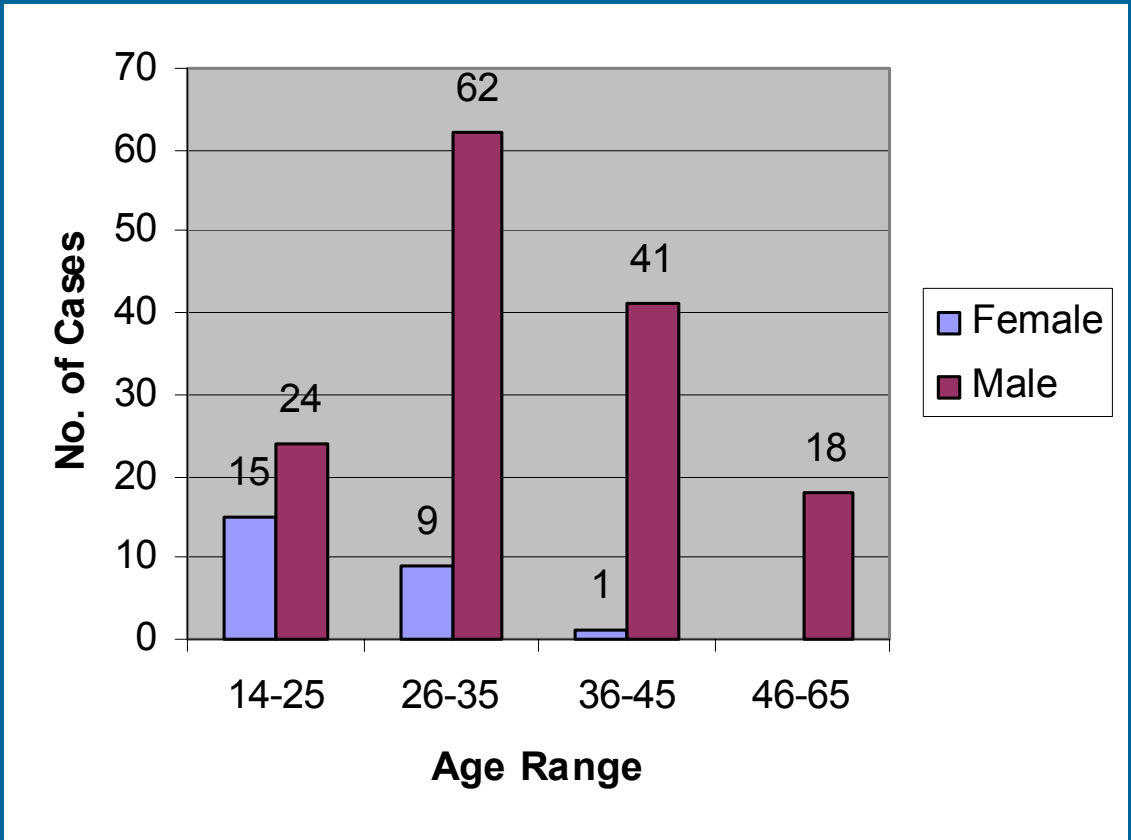
Syphilis in Houston/Harris County

Infectious syphilis (P&S)	Jan-Dec 2002	Jan-Dec 2001	% increase from 2001 to 2002
# cases citywide	120	97	24%
# of MSM cases	77	34	**126%**

Recall: Jan-May 2003, **93** citywide P&S cases

Recall: Jan-May **66** MSM P&S cases

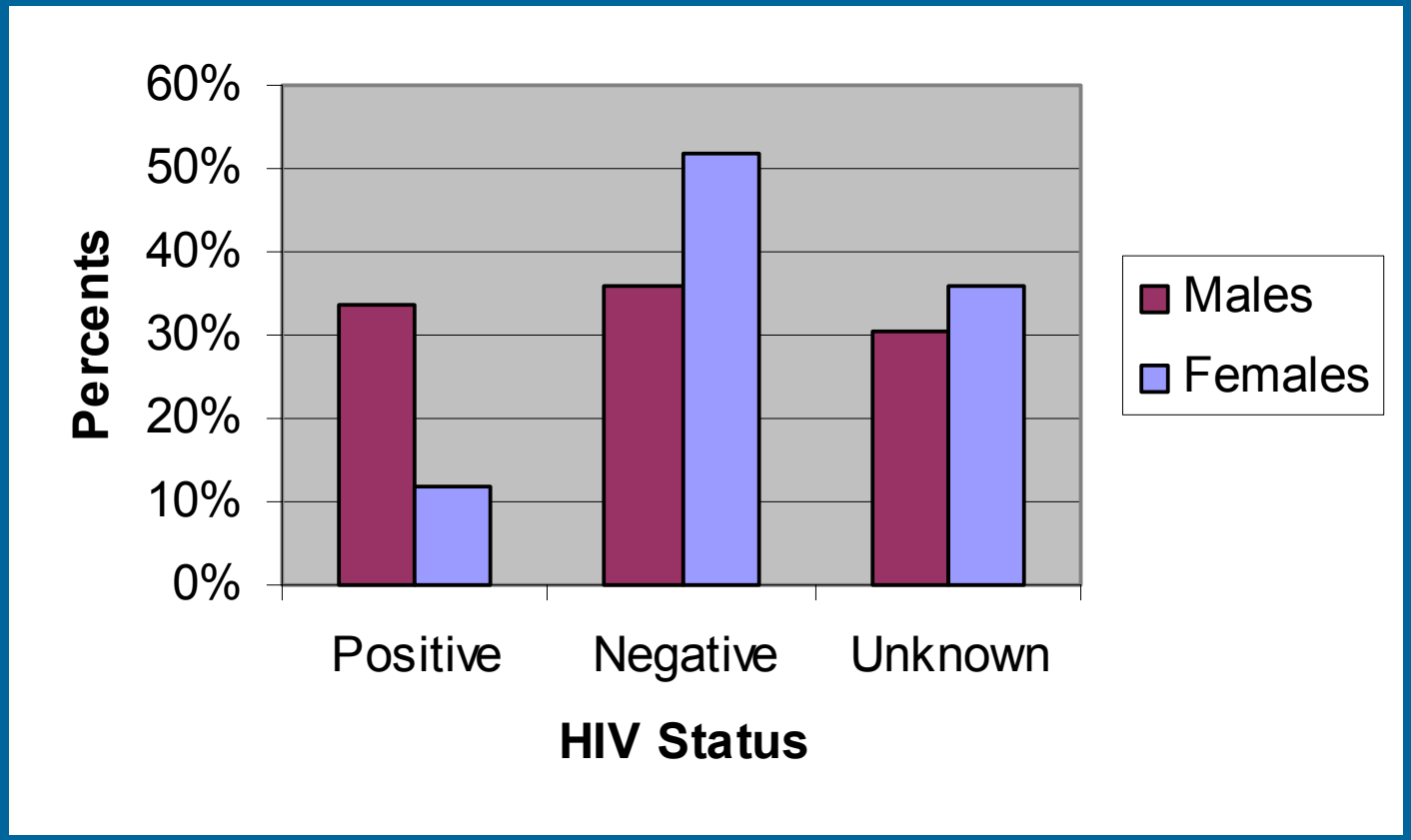
Age Distribution among Syphilis Cases 2003



HIV Co-Infection Rates

- Recent increase reveals significant HIV co-infection rate.

HIV Status in Syphilis Cases



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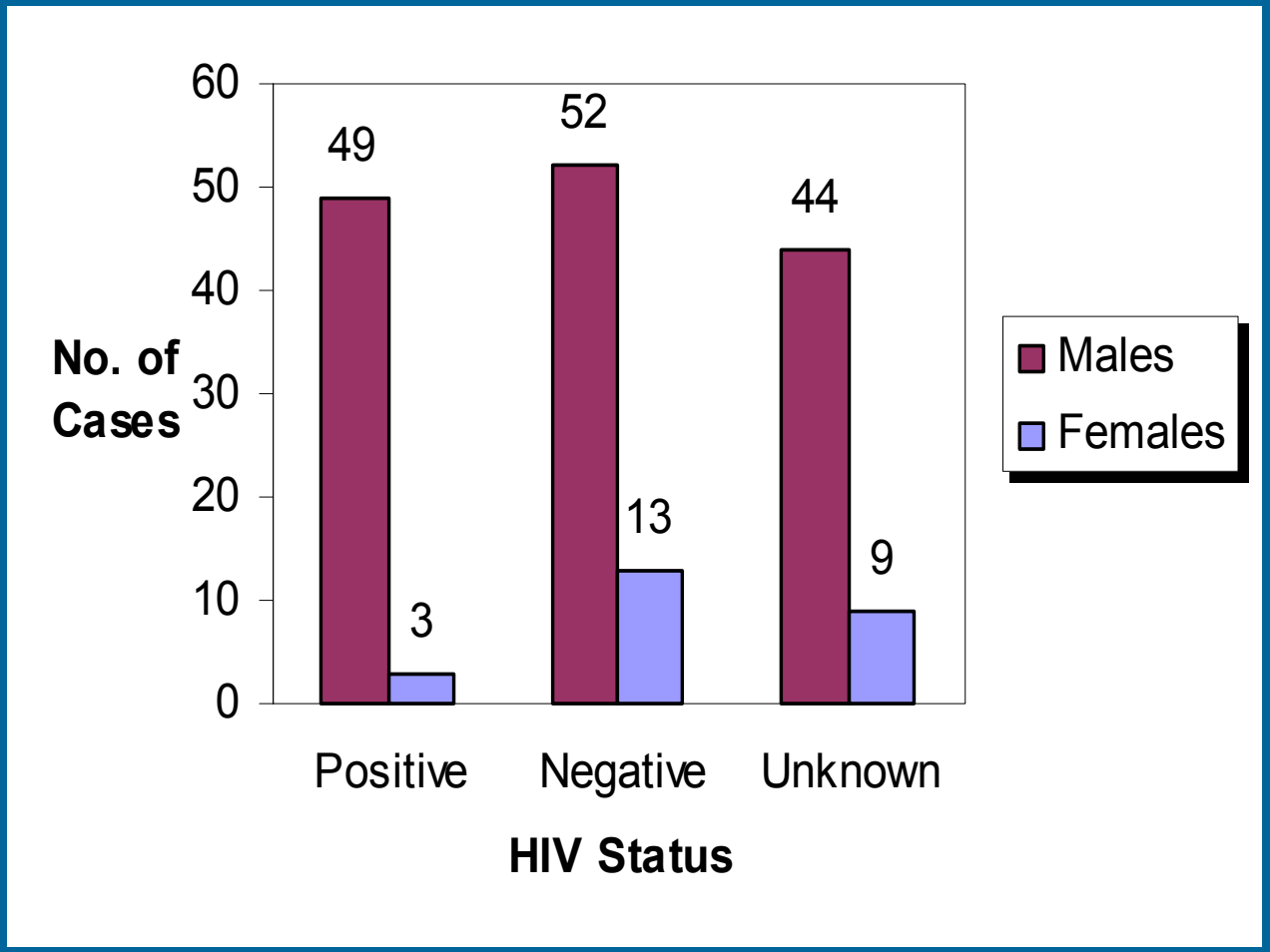

Risks Distribution in Heterosexual Cases

	Female No.	Male No.
Drug/Alcohol	0	3
Oral Sex	0	1
Sex 4 $ and Drug	2	6
Sex w/ HIV+	1	1
Sex w/ Female	0	24
Sex W/Male	17	0
Bisex/ Bisex Drug	3	0
Total	23	35

Risks Distribution among MSM

	Male No.
MSM Unspecified	30
MSM Anonymous Sex	37
MSM Anonymous Sex Drug/Alcohol	14
MSM Anonymous Sex 4 $ & Drug	1
MSM Bisex	15
MSM Sex w/HIV	1
Total	98

How are we responding?

- Houston Department of Health and Human Services, in collaboration with Community Based Organizations and other health care providers, are increasing outreach education to Men having sex with Men (MSM) about the increase risk of HIV Infection associated with syphilis.

Rapid Outbreak Response

Mobile Unit at the Ready

CBOs can and do work hot spots

Collaborative Outreach

Press Release/Interviews (Radio/Television)

Rapid Outbreak Response

Provider Alerts

Physician available to treat in outreach setting if needed

Targeted Media Campaign – posters, ads, etc

Enhanced Community Response

- Monthly coalition meetings
- Collaborations with CBOs i.e. Montrose and DRW – CPG
- Contract with BOL
- Semi-Annual Community Updates

Rapid Response: Enhanced Health Promotion

- Targeted Media
- Mini Media – Posters, Ads
- Hotline Referrals
- Outreach
- CBO Contract for HERR/Syphilis emphasis

Healthcare Providers' Role in Syphilis Control

We need medical providers' assistance to conduct:

- Risk Assessment
- Screening
- Diagnosis
- Treatment
- Partner Management
- Client-Centered Risk Reduction Counseling
- Reporting

Risk Assessment

- Gender and number of their patient's sexual partners.
- Whether their patient is in a sexually monogamous relationship.
- Whether their patient is having sex with a partner of unknown or different HIV status.

Sample Script for discussing risk behavior

- We have talked a lot about your physical health but it is equally important to talk about your sexually health.
- I'm going to ask you a series of questions about your sexual behavior.
- I ask these questions of all my patients to help me make the best decisions about any possible test we may need to perform.

Important Questions to Ask

- Have you been sexually active since your last visit?
- Do you have sex with men, women or both?
- How many sexual partners have you had since your last visit?
- Do you know the HIV status of your partner/partners?
- Since your last visit, have you had oral, vaginal or anal sex?
- For these activities, did you use condoms?

Screening

- **<u>Non-Treponemal Tests</u>**
- Rapid Plasma Reagin **(RPR)**
- Venereal Disease Research Laboratory **(VDRL).**

<u>Treponemal Tests</u>

- Fluorescent Treponemal Antibody Absorption- **(FTA-ABS)**
- Treponemal Pallidum Particle Agglutination **–(TP-PA)**

Screening

- MSM not in a monogamous relationship every 6 months.
- Individuals who are at higher risk should be routinely tested every 3 months.
  - ✓MSM who have sex in conjunction with methamphetamine use or use of other drugs.
  - ✓MSM with many partners, especially those who frequent commercial and anonymous sex venues or the internet

Diagnosis of Primary Syphilis

- All patients who present themselves with a new onset genital (or oral) lesion need to be evaluated for primary syphilis.
- A RPR or VDRL should be obtained.
- In the RPR, VDRL –negative individual, the test should be repeated 2 to 4 weeks later.

Diagnosis of Primary Syphilis

- **If suspicion for syphilis is high:**
  - A lesion in a high risk individual
  - A classic syphilitic chancre-painless, clean-based, indurated ulcer.
- **Patients should be empirically treated at the time of the visit, before laboratory results are available.**

Diagnosis of Secondary Syphilis

- Patients with any kind of new rash or wart-like lesion need to be evaluated for secondary syphilis.
- Secondary syphilis can be misdiagnosed as other dermatologic conditions.
- Or attributed to reactions to antiretroviral medications.

Treatment

- Recommended treatment for primary, secondary, and early syphilis of less that one year's duration is:

Benzathine Penicillin G 2.4 million units.

Evaluation of Syphilis after treatment

- A four-fold (2 dilution) decrease of titer in comparison with the titer obtained on the day of treatment, to detect treatment failures, and to identify re-infection , four fold or (2 dilution) increase in titer.

- Example: 1:8 to 1:32

Clinical evaluation

- To ensure rapid resolution of signs and symptoms, evaluation should be done at 1 week and 2 to 4 weeks after treatment; and
- Serologic follow-up at 3,6,9,12, and 24 months to ensure adequate response to treatment.

Partner Management

- Is to identify and treat as many partners as possible in a voluntary and non judgmental manner.

Partner management

- Health Department may contact them to ensure adequate follow-up and partner management.
- Remind them that this will be done with complete respect for their partners' confidentiality.

Partner Management

- Examine the patient for signs and symptoms.
- Obtain a serologic test for syphilis.
- Treat incubating syphilis (exposure within the last three months).

Client-Centered Risk Reduction Counseling

- Client- centered risk reduction counseling is an effective strategy in preventing transmission of HIV and other STD's and needs to be integrated into HIV care settings.
- If necessary, contact HDHHS for referral services.

Reporting

- All cases of suspected or confirmed syphilis should be reported within one working day by phone or fax to the local health jurisdiction where the patient resides.
- That if their test result is positive, the provider must, by TEXAS law, confidentially report the patient to the local health department.
- HOUSTON/HARRIS Co. (713)-794-9252 or fax to (713) 798-0825.