

Syphilis in Vermont

Increase in Vermont Reflecting National Trend

The Vermont Department of Health (VDH) is promoting awareness of syphilis following a large increase in the number of cases of this disease. Nine cases were reported in 2007. This compares to three cases in 2006 and an average of 0-1 cases in prior years. Almost all cases have occurred among men who have sex with men (MSM). This increase among MSM reflects a national trend. Despite dramatic declines in the number of cases throughout the 1990s, the number of cases of syphilis has increased over the last several years. Much of this can be attributed to increases among MSM.

Signs and Symptoms

Patients who have syphilis might seek treatment for signs or symptoms of **primary infection** (i.e., ulcer or chancre at the infection site such as the genitals, anus or in the rectum or mouth), **secondary infection** (i.e., manifestations that include, but are not limited to, skin rash, mucocutaneous lesions, and lymphadenopathy), or **tertiary infection** (i.e., cardiac or ophthalmic manifestations, auditory abnormalities, or gummatous lesions). Patients may also have **latent infections**. Syphilis can be passed on to others during oral, anal or vaginal sex. Transmission often occurs from persons who are not aware they are infected.

Testing

As many patients with syphilis lack evidence of infection, persons at risk should be periodically tested, even in the absence of symptoms. Among MSM, the Centers for Disease Control and Prevention (CDC) recommends an annual syphilis test for all sexually active MSM, in addition to routine screening for other STDs and HIV. Two types of serological tests are available: 1) nontreponemal tests (e.g., Venereal Disease Research Laboratory [VDRL] and RPR); and 2) treponemal tests (e.g., fluorescent treponemal antibody absorbed [FTA-ABS] and *T. pallidum* particle agglutination [TP-PA]). The use of only one type of serologic test is insufficient for diagnosis because false-positive nontreponemal test results are sometimes associated with various medical conditions unrelated to syphilis. Determining which test(s) to use as well as the interpretation of their results may present some challenges. Providers with questions are urged to consult with the Vermont Department of Health's STD Program.

Treatment

A single dose of benzathine penicillin G 2.4 million units IM is generally indicated for treatment of persons with primary, secondary or early latent syphilis. However, as management of persons with syphilis presents many challenges, providers are urged to consult with the Vermont Department of Health's STD Program.

For additional information on syphilis and other STDs please call the VDH STD Program at (802)863-7245 or 1(800)244-7639 (within Vermont), or visit our website at www.healthvermont.gov

The Infectious Disease Bulletin can be viewed at:

<http://healthvermont.gov/pubs/IDB/index.aspx>

For questions & comments, please contact Mary Spayne at (802)863-7240

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