

Missouri Department of Health & Senior Services

Health Update:

Update 1: Sustained Increase in Syphilis Cases in Missouri

June 15, 2022

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.health.mo.gov>.

The Missouri Department of Health & Senior Services (DHSS) is now using four types of documents to provide important information to medical and public health professionals, and to other interested persons:

Health Alerts convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies or the public.

Health Advisories provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

Health Guidances contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

Health Updates provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Health Update
June 15, 2022

FROM: PAULA F. NICKELSON
ACTING DHSS DIRECTOR

SUBJECT: **Update 1: Sustained Increase in Syphilis Cases in Missouri**

On February 19, 2019, the Missouri Department of Health and Senior Services (DHSS) released a Health Advisory entitled “Sustained Increase in Syphilis Cases in Missouri.” The purpose of that DHSS Health Advisory was to alert health care providers of the significant increase in rates of syphilis among multiple populations including gay, bisexual, and other men who have sex with men; people who use drugs; and heterosexual men and women. A significant increase has also been observed in the number of reported congenital syphilis cases. This notification is available at: <https://health.mo.gov/emergencies/ert/alertsadvisories/pdf/advisory21919.pdf>.

The Missouri Department of Health and Senior Services (DHSS) continues to observe a sustained increase in the number of syphilis cases reported in the state. The number of early syphilis cases reported in Missouri increased by 259% from 2015 to 2021. The purpose of this DHSS Health Advisory is to alert health care providers of the significant increase in rates of syphilis among multiple populations including gay, bisexual, and other men who have sex with men; people who use drugs; and heterosexual men and women. A significant increase has also been observed in the number of reported congenital syphilis cases.

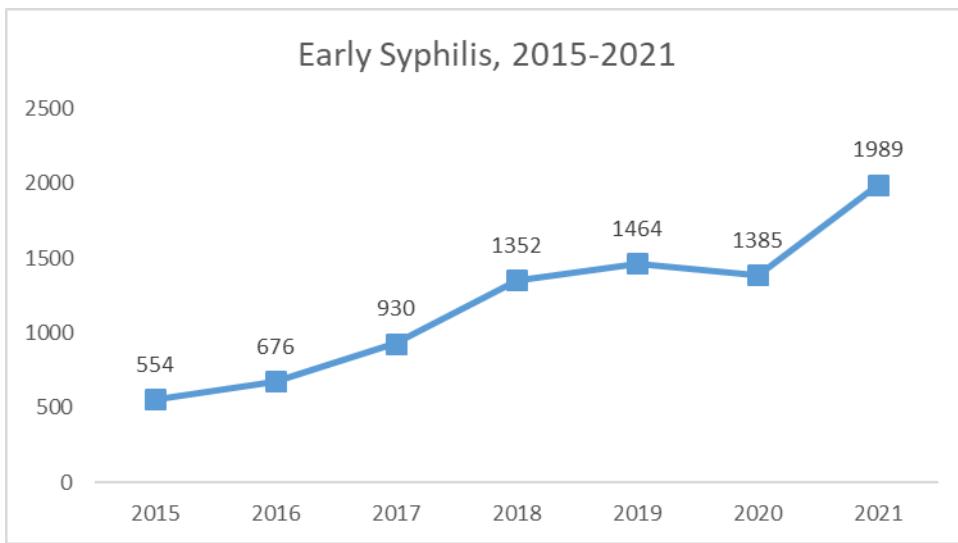
Background

Syphilis is a sexually transmitted disease (STD) that can have very serious complications for adults and newborn babies of infected mothers if left untreated. Initial symptoms of syphilis include a sore and/or rash that goes away after a few weeks without treatment, though serious health issues may emerge later without appropriate treatment. Syphilis can be treated and cured with antibiotics yet many cases go undiagnosed and untreated, leading to increased transmission and future negative health consequences. Congenital syphilis occurs when a mother with untreated syphilis passes the infection on to her baby during pregnancy – causing miscarriages, premature births, stillbirths, or death of newborn babies. Babies born with congenital syphilis can experience serious health complications that may present at delivery or later in life.

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The graph below shows the trend in Missouri syphilis cases over the last seven years, with 2020 likely underestimating the disease burden due to decreased testing that occurred during the COVID-19 pandemic.



Source: Missouri Department of Health and Senior Services, Office of Epidemiology, Missouri Health Surveillance Information System (WebSurv). Based on data as of May 24, 2022.

Missouri's increase in syphilis cases was initially observed among gay, bisexual, and other men who have sex with men, though other groups, including heterosexual women, have also experienced an increase in cases recently. While the initial increase in cases occurred primarily in the Kansas City and St. Louis metropolitan areas, other areas including smaller metropolitan areas and rural counties throughout Missouri are also experiencing a steep increase in cases, particularly among heterosexual women and people who use drugs and their partners. Missouri has also experienced an increase in ocular syphilis, which can cause blurry vision and/or blindness. Syphilis can cause ocular and neurological issues at any stage of infection.

The increasing rates of STDs in Missouri, including syphilis and congenital syphilis, mirror nationwide trends seen in recent years. Ongoing public health efforts to reverse current trends will require a renewed commitment from, and continued partnership with, healthcare providers.

Recommendations

- Providers should assess the sexual health of all patients and discuss STD risks for the patient and partners of the patient.
- Providers should routinely test for syphilis in individuals who have signs or symptoms suggestive of infection. Individuals exposed to syphilis within the past 90 days should receive testing and preventive treatment, even if testing is initially negative.
- Sexually active gay, bisexual, and other men who have sex with men should be tested for syphilis annually or more frequently depending on risk.
- All pregnant women in Missouri should be tested at the first prenatal visit, in the third trimester (28 weeks), and at delivery regardless of perceived risk. Bicillin LA is the only CDC-recommended treatment for pregnant women, including those who are allergic to penicillin. Pregnant women who are allergic to penicillin should be desensitized and treated with Bicillin LA.

- Any woman who has a fetal death after 20 weeks gestation should be tested for syphilis.
- Individuals who are living with HIV who are sexually active should be tested for syphilis annually.
- Patients with diminished visual acuity, blindness, uveitis, panuveitis, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis should be tested for syphilis and referred to an ophthalmology specialist. If ocular syphilis is suspected, the patient should be treated according to the Centers for Disease Control and Prevention's (CDC's) 2021 treatment recommendations (see below under Additional Resources) for neurosyphilis and, if they have other neurological symptoms, should undergo a lumbar puncture with cerebrospinal fluid (CSF) examination.

Questions should be directed to the Missouri Department of Health and Senior Services' Bureau of HIV, STD, and Hepatitis at 573-751-6439, or via email at STD@health.mo.gov.

Additional Resources

1. Complete CDC testing and treatment recommendations: <https://www.cdc.gov/std/treatment-guidelines/default.htm>
2. CDC Syphilis Pocket Guide:
<https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>
3. DHSS Syphilis Overview:
<https://health.mo.gov/living/healthcondiseases/communicable/stds/syphilis.php>
4. National Network of Prevention Training Centers, Clinical Consult Line:
<https://www.stdccn.org>