Syphilis Update — Alaska, 2014

Background
In 2010, the Section of Epidemiology (SOE) first described a syphilis outbreak in Alaska that was primarily associated with men who have sex with men (MSM) residing in the Anchorage area. Since 2010, the annual incidence of syphilis in Alaska has continued to increase.1,2 The purpose of this Bulletin is to provide an update on the status of the outbreak.

Methods
Syphilis case data were obtained from the SOE reportable conditions database and the Sexually Transmitted Disease-Management Information System.

2014 Summary Results
A total of 40 new confirmed cases of syphilis were reported to SOE in 2014, including three primary, 12 secondary, and 25 early latent syphilis cases. These cases represent a 25% increase over the 32 cases reported in 2013, and an eightfold increase since 2009 (Figure).

Figure. Primary, Secondary, Early Latent, and Congenital Syphilis, Alaska 2008–2014

Table 1. Age Range and Median Age of Syphilis Cases — Alaska, 2010–2014

Table 2. Primary and Secondary Syphilis: Signs/Symptoms

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Discussion
This ongoing syphilis outbreak continues to be fueled in part by persons engaging in anonymous sex, often with partners found through the internet and mobile phone apps. The demographic characteristics, geographic locations, and risk factors associated with the outbreak have been relatively consistent over time, with one notable exception—the cases are occurring in younger persons. While the vast majority of cases continue to be in males (especially MSM), in 2014, three cases were in females and 13 women were identified as sexual contacts to cases. One of the women identified as a sexual contact to a case was pregnant; fortunately, this woman tested negative for syphilis. Since 2012, two cases of congenital syphilis have been associated with this outbreak, one of which resulted in a syphilitic stillbirth.2,3

As of April 7, only two Alaska cases of syphilis have been reported in 2015. A brief review of the signs and symptoms of primary and secondary syphilis is provided below (Table 2).

Table 2. Primary and Secondary Syphilis: Signs/Symptoms

Recommendations
1. Immediately report to SOE all confirmed and suspected syphilis cases, and pregnancy in females with syphilis, via fax (561-4239) or telephone (561-4234 or 800-478-1700).
2. Obtain a complete sexual history on all STD patients, including the number and gender of sexual partners, anonymous sexual encounters, and the use of sex-seeking websites and mobile phone apps.
3. Perform non-treponemal (RPR) and treponemal (FTA or TP-PA) tests on anyone suspected of having syphilis.
4. Screen all pregnant women during the first trimester; retest on its own after which begins a latent period of 4 weeks.
5. Offer HIV, gonorrhea, and chlamydia testing to all patients.
6. Contact SOE staff for consultation regarding interpretation of syphilis serology, staging, and partner management of syphilis cases (call 907-269-8000 Mon–Fri 8AM–5PM).

References

(Coproduced by Donna Cecere, BA, Section of Epidemiology.)