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Syphilis Knowledge, Attitudes, and Practices Among Clinicians and Men Who Have Sex with Men

Background

The Alaska Section of Epidemiology (SOE) first noted a dramatic increase in early syphilis (primary, secondary, or early non-primary, non-secondary) cases in March 2018.¹ Cases were primarily occurring in gay, bisexual, and other men who have sex with men (MSM). A similar rise in syphilis incidence is also occurring nationally.²

In August 2018, SOE requested assistance from the Centers for Disease Control and Prevention (CDC) to help determine the knowledge, attitudes, and practices of syphilis prevention and control among MSM and clinicians who screen for sexually transmitted diseases (STDs) in Alaska.

Methods

During October–November 2018, a team of SOE and CDC epidemiologists administered knowledge, attitudes, and practices (KAP) surveys to a convenience sample of Alaska MSM residents and clinicians who screen for STDs in Alaska. Hardcopy MSM surveys were distributed in select Anchorage venues and clinics; the web link to the online MSM surveys was distributed on public health messaging cards in venues and advertised through social media and dating apps. The clinician survey was online-based only and distributed via hospital and clinic distribution lists.

Results

Clinician KAP Survey Respondents (N=55)

- 36/55 (65%) reported practicing in Anchorage/Mat-Su.
- 13/46 (28%) reported diagnosing a case of syphilis in 2018.
- 32/42 (76%) reported knowing the syphilis screening guidelines, 37/42 (88%) reported being comfortable with the signs and symptoms of syphilis, and 35/41 (85%) reported being able to interpret syphilis laboratory results.
- 13/39 (33%) reported taking a sexual history on male patients during annual exams and whenever they suspected an STD; 11/39 (28%) reported taking a sexual history only when they suspect an STD or when symptoms/concerns related to the “chief complaint”.
- 19/40 (48%) reported screening at-risk men (e.g., having multiple sex partners) for syphilis at least annually.

MSM KAP Survey Respondents (N=119)

- 48/119 (40%) were aged 25–34 years, 80/111 (72%) were non-Hispanic white, and 90/119 (76%) lived in the Anchorage-Mat-Su region.
- 10/112 (9%) reported a syphilis diagnosis in the past 12 months and 13/109 (12%) reported a prior HIV diagnosis.
- Respondents reported a median of 3 (range: 1–6) sex partners in the past 6 months.
- Reported high-risk behaviors included having condomless anal sex in the past month (40/113, 35%) and participating in group sex in the past 6 months (31/119, 26%).
- 84/119 (71%) reported going online or using dating apps to meet sex partners in the past 6 months.
- 60/116 (52%) reported a recent sex partner living outside of Anchorage and 35/116 (30%) reported a recent sex partner living outside of Alaska.
- Commonly reported substances used included alcohol (81/119, 68%), marijuana (55/119, 46%), and crack or cocaine (10/119, 8%).
- 36/109 (33%) were unaware that condoms do not always prevent syphilis transmission, 21/109 (19%) were unaware that syphilis could be transmitted during oral sex, and 6/109 (6%) were unaware that syphilis could be transmitted during anal sex.

- 22/109 (20%) were unaware that they could get reinfected with syphilis multiple times.
- Of the 90 HIV-negative MSM who participated in the survey, 68 (76%) reported not taking HIV pre-exposure prophylaxis (PrEP) in the past 6 months.
- 43/115 (37%) reported they had not been screened for syphilis in the past 12 months.
- 35/113 (31%) reported that their health care provider does not know they have sex with men.
- Of the 35 respondents who said their health care provider does not know they are MSM, 12 (34%) reported they had been screened for syphilis in the past 12 months.
- Of the 78 respondents who said their health care provider knows they are MSM, 56 (72%) reported they had been screened for syphilis in the past 12 months.

Discussion

The results of the KAP surveys reveal a number of important findings. For example, there appears to be a syphilis knowledge and practice gap among many of the clinicians surveyed. While 76% of clinicians reported appropriate knowledge of CDC’s syphilis screening guidelines, only 33% reported following the CDC guidelines by taking a sexual history on male patients both during the annual exam and if they suspect an STD. In the MSM survey, 31% of respondents said their clinician is unaware that they have sex with men. Moreover, only 48% of the clinicians surveyed reported screening at-risk men for syphilis at least annually, and nearly 40% of the at-risk MSM surveyed reported they had not been screened for syphilis in the past year.

The high proportions of MSM surveyed who reported recently meeting sex partners via online or dating apps, engaging in group sex, engaging in condomless anal sex, and having sex with someone living outside of Anchorage underscores the need for heightened vigilance among clinicians *statewide* in determining each patient’s unique exposure risk and screening in concordance with CDC guidelines. Patient education should focus on modes of syphilis transmission, the possibility of reinfection, the importance of using condoms, the availability of HIV PrEP, and the recommended frequency of repeat screening. The critical role that clinicians play in controlling syphilis outbreaks cannot be overstated. A more comprehensive report of this investigation is available online (see: <http://dhss.alaska.gov/dph/Epi/hivstd/Documents/Alaska%20Syphilis%20Investigation%20Report.pdf>).

Recommendations

1. A comprehensive, culturally competent sexual history should be taken during initial clinical visits and all routine preventive visits, and when patients report STD symptoms or clinicians identify signs of STDs during any visit.
2. Sexually active MSM should be screened for syphilis at least annually and more often (every 3–6 months) if they engage in high-risk sex (e.g., multiple or anonymous sex partners).
3. Patients with syphilis are strongly encouraged to participate in SOE’s confidential partner notification services, which includes notifying partners who were met online, through dating apps, and while traveling away from home.
4. Clinicians should discuss with patients the risk of acquiring STDs while traveling.

References

1. Alaska Public Health Advisory. Syphilis in Alaska. March 14, 2018. http://dhss.alaska.gov/dph/Epi/Documents/phan/AKPHAN_20180314_Syphilis_in_Alaska.pdf
2. CDC. Sexually Transmitted Disease Surveillance 2017. Atlanta: US DHSS, 2018. Available at: <https://www.cdc.gov/std/stats>