



# Health Advisory

Please deliver a copy of the accompanying alert to each provider in your organization.

**Thank you**

**Questions regarding this alert may be directed to the office of:**

Alan Melnick, MD, MPH  
**Health Officer**

Clark County Public Health

(360) 397-8412  
**Please Distribute**

Categories of Health Alert messages:

**Health Alert:** conveys the highest level of importance; warrants immediate action or attention.

**Health Advisory:** provides important information for specific incident for situation; may not require immediate action.

**Health Update:** provides updated information regarding an incident or situation; no immediate action necessary.



**Public Health**  
Prevent. Promote. Protect.

## HEALTH ADVISORY

06/19/2012

TO: Physicians and other Healthcare Providers  
FROM: Alan Melnick, MD, MPH, CPH, Health Officer  
RE: Syphilis Infection Increases

### **Syphilis in men who have sex with men**

- Syphilis incidence (primary, secondary, and early latent) is increasing in Clark County.
- In 2011, 7 cases were reported to Clark County Public Health. Already in 2012, 14 cases have been reported.
- 85% of cases are in men who have sex with men.

### **Congenital syphilis**

- In 2012, both Multnomah County (1 case) and Seattle-King County (2 cases) have identified cases of congenital syphilis.
- Both women in Seattle King County who gave birth to babies with congenital syphilis tested negative for syphilis during the first trimesters of their pregnancies. They both subsequently developed typical symptoms of syphilis and were evaluated by multiple clinicians, but neither was retested for syphilis when evaluated.
- Providers should be vigilant in screening for syphilis in symptomatic pregnant women even if they test negative during primary screening.

### **Actions requested**

- Consider syphilis in the differential diagnosis when a person presents with genital ulcers or body rashes.
- Screen men who have sex with men regularly for STDs including, HIV, syphilis, GC and CT.
- Screen pregnant women for syphilis in the first trimester of pregnancy and again if they develop symptoms compatible with syphilis.

**Clinical features of syphilis:** Persons with primary syphilis present with a genital, anal or oral papule or ulcer, also known as a chancre. Syphilitic chancres are typically painless and often indurated. Without treatment, chancres heal within 3-6 weeks. Four to ten weeks after the chancre heals, patients develop a systemic illness, with a rash usually the most prominent feature. The rash initially appears as 3-10 mm pink, red or copper colored macules on the torso and extremities. These subsequently evolve into maculopapular or papulosquamous lesions, and involve the palms or soles in 50-80% of cases. Very few other medical illnesses cause a rash on the palms and soles. While the presentation described here is typical, syphilitic rashes can be highly variable and are often mistaken for drug reactions, pityriasis rosea, psoriasis, or tinea versicolor.

**More information about the clinical presentation of syphilis, including pictures of syphilitic rashes, is available at:**

[http://depts.washington.edu/seaptc/course\\_docs/evaluating\\_patients\\_for\\_syphilis\\_chart.html](http://depts.washington.edu/seaptc/course_docs/evaluating_patients_for_syphilis_chart.html)

If you have any questions, please contact Clark County Public Health at (360) 397-8182

Thank you for your partnership.