Public Health
Seattle & King County

Washington State Department of Health

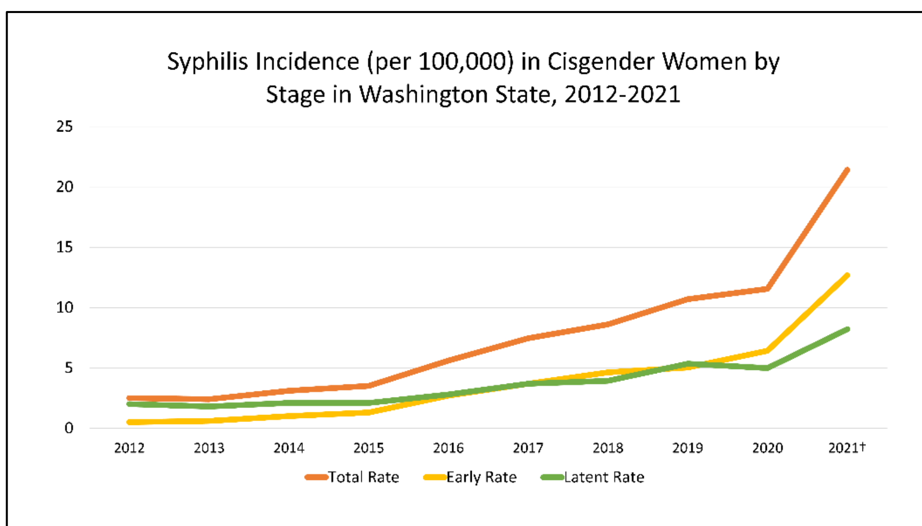
May 12, 2022

Dear Colleagues,

We are writing to alert you to this dramatic and terrible increase in congenital syphilis cases and to ask for your assistance in preventing future cases. The year 2021 was unprecedented for maternal and congenital syphilis in King County and Washington State. A record 51 cases of congenital syphilis were reported in Washington state that year, with 11 in King County alone.

This is a significant increase compared to 2019, when 3 cases of congenital syphilis were diagnosed in King County residents and 17 cases were diagnosed statewide. In 2020, only 10 cases were reported in the state, but this is thought to be underreporting or underdiagnosis due to pandemic restrictions on healthcare availability.

Congenital syphilis is a devastating disease that can result in stillbirth, neonatal death, prematurity, and severe long-term health outcomes. Of the 51 known cases of congenital syphilis in Washington, 4 resulted in fetal demise and at least 31 were born prematurely and/or required prolonged NICU stays. Yet, congenital syphilis is entirely preventable with timely testing and treatment.



Rates of syphilis among cisgender women and among heterosexual men in Washington State have been rising since 2015. However, our state experienced an abrupt and dramatic increase between 2020 and 2021. The 2021 rate of total syphilis among cisgender women in Washington was nearly double that observed in 2020 and more than 8 times higher than in 2012 (Figure 1).

Through 2019, the majority of syphilis in women was staged as latent or unknown duration -- meaning that it was caught through screening. Over the past two years, we have seen a reversal in those trends with the majority of cases reported as having early, symptomatic syphilis (primary or secondary).

Because we believe that most cases in women are not identified during these early stages, the findings suggest that our community may have a growing reservoir of undiagnosed syphilis in women. This reservoir has the potential to foster ongoing transmission, including transmission during pregnancy.

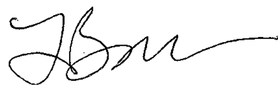
To combat this rising syphilis epidemic, we are updating our syphilis screening recommendations to include routine screening of some cisgender women and men who have sex with women. You will find a summary of the new recommendations attached.

Additionally, we invite you to attend a statewide webinar on Maternal and Congenital Syphilis in Washington State to learn more about the epidemiology, risk factors and prevention measure for this deadly disease. The webinar is open to all providers in Washington State and will take place on June 1, 2022 at noon Pacific Time.

Zoom link: https://washington.zoom.us/j/91033203704

We thank you for your continued partnership in preventing sexually transmitted infections. For questions regarding these screening and treatment recommendations or clinical questions about syphilis in a King County patient, please contact Dr. Lindley Barbee (lindley.barbee@kingcounty.gov), or Dr. Matthew Golden (matthew.golden@kingcounty.gov). For clinical questions about syphilis or other STI outside of King County, use the National Network of Prevention Training Centers Clinical Consult Line. Outside of King County, you can also call your local health jurisdiction, Zandt Bryan 360.890.5816, Katrina Miller 360.236.3425, or Kari Haecker 360.890.6897 for assistance in locating public health staff who can assist you and your patient.

Sincerely,



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2022 PHSKC and WA DOH Updated Syphilis Screening Guidelines+

Cis-women and cis-men who have sex with women (including pregnant persons)
Test sexually active* patients with any of the following risk factors at least annually and whenever they present for care up to every 3 months: Persons who inject drugs Persons who use methamphetamine or nonprescription opioids Persons living homeless or who are unstably housed Person engaged in transactional sex Persons entering correctional facilities or with a history of incarceration in the prior 2 years Persons with a history of syphilis in the prior 2 years
Persons with a sex partner with any of the above risks should test for syphilis at least annually
Pregnant persons should be tested at the following times: First prenatal care Time of 3rd trimester laboratory testing - typically done at 24-28 weeks gestation Time of delivery if any of the above risks are present or the pregnant person was diagnosed with a bacterial STI or first-episode of HSV (genital herpes) during pregnancy++. Test pregnant persons not engaged in prenatal care any time that present to a clinical setting (i.e., ERs, jail, substance use treatment facilities, labor and delivery, etc.) Pregnant persons with fetal demise at ≥20 weeks gestation
Sexually active persons aged 45 and under if they have not tested since January 2021.
Women whose male partners have sex with both men and women should test for syphilis annually
Sexually active HIV positive persons outside of mutually monogamous relationships should test annually
Persons diagnosed with gonorrhea or HIV should be tested for syphilis if not done at the time of their initial gonorrhea/HIV testing
Cis-gender men who have sex with men (MSM) and transgender persons who have sex with men**
Test sexually active MSM and transgender patients who have sex with men with any of the following risk factors every 3 months: History of syphilis, gonorrhea, or chlamydial infection in the prior 2 years Use methamphetamine and/or opiates and/or injection drug use ≥10 sex partners in the prior year Taking HIV pre-exposure prophylaxis (PrEP) Persons living without HIV who have had condomless anal sex with a man who is HIV positive or of unknown HIV status
Sexually active MSM and transgender persons outside of mutually monogamous, seroconcordant partnerships should be tested for HIV/STI (including syphilis) annually.

+ Medical providers should be especially vigilant in following these guidelines when caring for Black, Hispanic/Latina/o/x and Native/indigenous patients since syphilis in WA State has disproportionately affected these minority communities.

* Sexually active= any oral, anal, or vaginal sex in the last year or since last syphilis test

++ Clinicians and healthcare organizations should test all women at time of delivery if it is not possible to consistently ascertain patient risk factors for syphilis.

** Syphilis testing among MSM and transgender persons who have sex with men should be done as part of comprehensive HIV/STI testing that includes testing for HIV (if not HIV positive) and for gonorrhea and chlamydial infection at all exposed anatomical sites (urethra/vagina/cervix, rectum, pharynx).

Additional Syphilis Management Reminders:

- Treat any persons who reports sexual exposure to someone with syphilis, even in the absence of signs or symptoms of infection or a positive test result. Serological testing can be falsely negative early in infection (i.e., "incubating syphilis"). Test these individuals for syphilis but treatment should not be withheld awaiting test results.
- Treat all patients with signs or symptoms consistent with primary or secondary syphilis when they present for care. Clinicians should perform serological tests on patients with signs or symptoms of syphilis but should not wait for the results of such tests to provide treatment, particularly among pregnant women, persons who are living homeless, and other persons for whom medical follow-up is difficult to ensure.
- Know the symptoms of primary syphilis: A syphilitic chancre is usually a firm ulcer at the site of inoculation; it is usually painless and may be associated with localized lymphadenopathy.
- Know the many symptoms of secondary syphilis: Rash is the most common symptom and may present as a generalized maculopapular rash on the torso with or without palmar and plantar lesions, though the rash may also be pustular; other presentations of rash include condyloma lata, mucous patches, alopecia. Other symptoms include generalized malaise, lymphadenopathy, sore throat and arthralgias.
- Know the treatment of early syphilis (primary, secondary and early latent): benzathine penicillin (bicillin) 2.4 million units intramuscularly once. Patients with late latent syphilis or syphilis of unknown duration require three injections spaced one week apart.
- Report all cases of syphilis to your local health jurisdiction:
    - In King County, please use: http://www.kingcounty.gov/healthservices/health/communicable/providers/~/media/health/publichealth/documents/communicable/STDFaxCaseReportForm-Fillable.ashx.
    - Report cases of syphilis outside of King County to your local public health jurisdiction using case report forms available on the Washington DOH website.

Resources:

PHSKC STD Program**:** http://www.kingcounty.gov/healthservices/health/communicable/hiv.aspx

WA DOH STD Program:
https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease

CDC 2021 STD Treatment Guidelines: https://www.cdc.gov/std/treatment-guidelines/default.htm

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