



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

March 2, 2020

Dear Colleague:

The Maryland Department of Health (MDH) is providing you with the following alert in response to **ongoing significant increases in syphilis and congenital syphilis in Maryland** in 2018, the latest year for which data are final. Preliminary 2019 surveillance data indicate ongoing increases.

The ongoing syphilis outbreak in many parts of Maryland continues to disproportionately affect individuals who report exchanging sex for drugs and/or money, many of whom also report injection or other drug use. Of particular concern are increases among women of reproductive age, increasing the potential for **congenital syphilis** which can cause fetal or infant mortality, or devastating lifelong sequelae for infants.

To address these ongoing increases, we need you to:

- Test patients at high risk of exposure, including patients who disclose substance use (Table 2)
- Ensure timely patient treatment (Table 3)
- Help ensure partners are tested and treated (Table 1)
- Report syphilis infections and treatment to the health department within one working day (Table 4)

Syphilis in Maryland:

- From 2014 to 2018, rates of primary and secondary syphilis rose 63%.
- Preliminary 2019 data show a 40% increase of reported female cases of primary and secondary syphilis compared to 2018.
- From 2014 to 2018, rates of congenital syphilis rose 84%. In 2018, 29 cases of congenital syphilis were reported, a 45% increase over 2017. Maryland ranked ninth among states nationally for congenital syphilis in 2018.

The following pages contain recommendations for testing, treatment and management, and a list of ways in which the state and local health departments can assist you. Thank you for the valuable role you play in protecting the health of our residents and thank you for your continued commitment to eliminating syphilis in Maryland.

Sincerely,

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ATTACHMENT

TABLE 1. Assistance Available from the Health Departments**Call your Local Health Department for assistance with:**

- Obtaining prior testing and treatment information for your patients and their partners
- Interviewing your patient to identify partners and assure risk-reduction counseling, testing, and treatment as performed by our Disease Investigation Specialists who provide Partner Services
 - A DIS may call you for testing and treatment information on your patient, or to obtain information on named partners
- Requests to obtain bicillin to treat your patients
- Completing mandatory disease reporting requirements
- Linkage to care coordination for pregnant women with syphilis
- Linkage to substance use services

Call or email the Maryland Department of Health, Center for STI Prevention (410-767-6690 or mdh.sticlinicalconsult@maryland) for assistance with:

- Serodiagnosis and clinical questions about treatment, management and complications
- Obtaining prior testing and treatment information for your patients and their partners

TABLE 2. TESTING

- A diagnosis of syphilis requires use of two tests: a nontreponemal test (with titer) and a treponemal test. Use of only one type of serologic test is insufficient for diagnosis and can result in false-negative or false-positive results. For more information, go to: <https://www.cdc.gov/std/tg2015/syphilis.htm>
- Test patients at high risk of exposure (new, anonymous or multiple partners; partners with other sex partners; prior STI; substance use; exchanging sex for money or drugs; inconsistent or no condom use).
- Routinely test:
 - Sexually active men who have sex with men (MSM) at least yearly
 - Any patient living with HIV who is sexually active
 - Any patient taking Pre-Exposure Prophylaxis (PrEP) for HIV prevention
- **All pregnant women (COMAR 10.06 .01.17):**
 - At the first prenatal visit
 - Again at 28 weeks gestation, or the first visit thereafter
 - At the time of delivery - required for women at high risk or in high prevalence communities (**NOTE: Maryland is considered a high-prevalence state**)
 - Required for all pregnant women delivering in Baltimore City hospitals per Baltimore City Health Commissioner's Order
 - Congenital syphilis should be considered in all stillbirths after 20 weeks, and in infants of mothers with evidence of syphilis infection during pregnancy, especially if syphilis is newly acquired during pregnancy

- **Ocular/Otic/Neurosyphilis:**
 - Screen all patients with confirmed or suspected syphilis for symptoms of ocular, otic or neurosyphilis, *which can occur during any stage of syphilis*
 - A simple screening tool included in a prior syphilis clinical alert (2015) can be found here: <https://bit.ly/2K1ami0>
 - Refer any patient who screens positive to an emergency department for immediate evaluation
- More information about testing and treatment of syphilis can be found here: <https://www.cdc.gov/std/tg2015/syphilis.htm>.

TABLE 3. RECOMMENDED TREATMENT BY STAGE OF INFECTION FOR ADULTS

Presumptively treat patients who have clinical signs or symptoms consistent with primary syphilis, even if serologic test results are negative. Up to 30% of patients with primary syphilis may have negative serological tests.

Presumptively treat partners (2.4 million units of IM Benzathine penicillin G) to prevent reinfection during pregnancy. Ideally, partners should be evaluated for syphilis and staged and treated appropriately.

STAGE	TREATMENT*
Primary (one or more non-tender ulcerative lesions)	Benzathine penicillin G 2.4 million units IM in a single dose, Alternative regimen/Penicillin allergic: see CDC STD Treatment Guidelines*
Secondary (rash, palmar or plantar rash, alopecia, mucocutaneous lesions, condyloma lata)	
Early latent (no symptoms, initial infection occurred within the previous 12 months)	
Late Latent (no symptoms, initial infection occurred greater than 12 months previously)	Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

TREATMENT DURING PREGNANCY

Penicillin is the only therapy proven effective in pregnancy. Treatment at least 30 days before delivery is 98% effective at preventing congenital syphilis. Desensitization of pregnant women with true penicillin allergy should be performed in a hospital setting.

TREATMENT FOR NEUROSYPHILIS AND OCULAR SYPHILIS

Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days

* CDC STD Treatment Guidelines, available here: <https://www.cdc.gov/std/tg2015/syphilis.htm>

TABLE 4. REPORT INFECTIOUS DISEASES AND TREATMENT – INCLUDING SYPHILIS

- Maryland law requires both health care providers and laboratories to report notifiable diseases and conditions including syphilis (COMAR 10.06.01.04).
- Reporting instructions for Maryland’s notifiable diseases and conditions can be found at: <https://phpa.health.maryland.gov/Pages/what-to-report.aspx>
- The Maryland Confidential Morbidity Report form for providers, a fillable PDF, can be found at: https://phpa.health.maryland.gov/Documents/DHMH-1140_MorbidityReport.pdf

TABLE 5. ADDITIONAL RESOURCES

- 2015 CDC STD Treatment Guidelines: <https://www.cdc.gov/std/tg2015/default.htm>
- For on-line brochures with clinical features of primary and secondary syphilis, and evaluation, treatment and management guidelines: <https://californiaptc.com/wp-content/uploads/2018/09/primary-syphilis-algorithm-9-14-18.pdf> and <https://californiaptc.com/wp-content/uploads/2018/09/primary-syphilis-algorithm-9-14-18.pdf>
- Maryland STI data and information: <https://phpa.health.maryland.gov/OIDPCS/CSTIP>
- Fee CME/CNE National STD Curriculum: <https://www.std.uw.edu/>
- CDC Syphilis Pocket Guide for Providers: <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>
- CDC’s Guide to Taking a Sexual History: <https://www.cdc.gov/std/treatment/sexualhistory.pdf>
- For a locator map of substance use/addiction and mental health treatment facilities go to: <https://findtreatment.samhsa.gov/>
- Questions can be directed to the Maryland Department of Health, Center for STI Prevention, at 410-767-6690, or mdh.STIclinicalconsult@maryland.gov