April is STD (sexually transmitted disease) Prevention Month. It reminds us all how destructive these illnesses can be to our individual and collective health. Nothing can draw our awareness of, and attention to, these illnesses more than the devastating effects some of them can have on our unborn and newborn babies when they are passed to them from an infected mother.

It is critical that each and every one of us know about syphilis and the alarmingly increasing number of infants being born in Fresno County and the southern Central Valley infected with syphilis, which puts them at risk of Congenital Syphilis (CS).

Congenital syphilis can cause miscarriage, stillbirth, or death shortly after birth in up to 40% of babies born to women with untreated syphilis. Babies born with CS can have deformed bones, severe anemia, enlarged liver and spleen, jaundice, meningitis, blindness, deafness, and rashes. Some babies born with CS will have no symptoms at birth, but if untreated, may develop serious problems such as developmental delay and seizures within weeks to years. Extremely important to note is that in pregnant women with syphilis who deliver after 20 weeks gestation, treatment is 98% effective in preventing CS if given at least a month before birth.

Any sexually active person can get syphilis through unprotected anal, vaginal, or oral sex. Having syphilis and being treated does not protect from being re-infected if exposed again. It is most infectious to others when individuals exhibit open skin or mucous membrane lesions and during the first year of infection.

For clinical purposes syphilis is divided into four stages (primary, secondary, latent, and late, or tertiary) based on symptoms. It is called the “great imitator” because the wide variety of possible symptoms often causes health care providers to believe it is another illness.

Primary syphilis presents as a firm, round, painless sore, or sores, at the original site of infection. The sore(s) last 3–6 weeks and heal whether or not treatment is received. The symptoms of secondary
Syphilis include skin rashes, lesions on mucous membranes, fever, swollen lymph glands, patchy hair loss, headache, weight loss, muscle ache, and fatigue. These symptoms will also disappear, even if not treated, but the syphilis organism may remain in the body. This is latent syphilis. If still untreated the serious and irreversible effects of late, or tertiary, syphilis develop in 10–30 years. These include difficulty coordinating muscle movements, paralysis, numbness, blindness, heart problems and deafness.

Complicating all of this is neurosyphilis, infection of the nervous system, which can occur at any stage of syphilis. It can cause an astounding variety of neurological problems, is extremely serious, and requires extensive treatment.

Between 2012 and 2014 the rate of CS increased 38% in the U.S. and the number of cases in 2014 was the highest since 2001. This was driven by a 22% increase in primary and secondary syphilis in women. In Fresno County, since 2012 both the annual number of new cases of primary and secondary syphilis in men and women, and the annual number of cases of infants born to mothers infected with syphilis, has increased 10 fold.

“In the U.S., a case of CS is a sentinel event reflecting numerous missed opportunities for prevention within public health and health care systems. There are two major opportunities to prevent CS: primary prevention of syphilis among women of reproductive age and men who have sex with women, and prevention of mother-to-infant transmission among women already infected with syphilis.”

Over the past several months, the Fresno County Department of Public Health (FCDPH) has responded to this outbreak with a range of interventions, such as:

- Case prioritization by infectiousness and risk to infants
- Intensive training of additional health department staff who investigate cases
- Expanding education and resource outreach to health care providers
- Official designation of Fresno County as an area of high syphilis morbidity and the requirement for additional screening of women for syphilis during pregnancy
- Convening statewide experts on STDs to discuss successes, challenges, best practices, and actionable response

Despite these interventions to address this outbreak, Fresno County Department of Public Health (FCDPH) resources to locate, evaluate, identify contacts of, and treat individuals reported to the department with lab results indicative of syphilis have been exceeded. For this reason temporary assistance from the California Department of Public Health (CDPH) and the Center for Disease Control and Prevention (CDC) has been requested and granted to the department.

All pillars of Public Health can assist in addressing this serious outbreak and in controlling other STDs in our community. These activities have been discussed in previous TYH articles. I urge everyone to re-visit and consider your role in this public health effort.

Of particular importance is that individuals take every precaution to protect themselves and others. Any sexual activity with someone other than a mutually monogamous partner should be protected. Anyone engaging in sexual activity other than this should discuss their risk and possible STD testing with their health care provider.

The bulk of this effort currently, however, falls on our health care providers, who must:
• Screen ALL patients for STDs and test those at high risk
• Treat ALL patients found to have syphilis immediately and according to CDC guidelines. Please contact FCDPH at (559) 600-3434 if any assistance is required
• Treat sexual partners of patients with syphilis immediately and according to CDC guidelines
• Test ALL pregnant women for syphilis three separate times during their pregnancy (at the initial prenatal visit, again at 28 to 32 weeks gestation, and again at delivery)
• Strongly encourage ALL pregnant women to follow through on ALL prenatal care visits. Please offer your patients referral to FCDPH Public Health Nursing Programs or call 559–600–3330 if any assistance is required
• Assist county, state, and federal disease investigator staff in their efforts to obtain necessary information on your patients diagnosed with, or suspected of having syphilis. Remember that information obtained for public health issues such as this are not subject to HIPAA restrictions.

We must bring to an end the scourge of syphilis in Fresno County, and together we can!

Here’s to your health!

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Please join me on Facebook where I will keep the community informed on all Public Health issues and ways to improve personal, family, neighborhood and community health.

Click on the link and like my page below!

Citations

1) http://www.cdc.gov/std/syphilis/stdfact–congenital-syphilis.htm
2) http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm