

# THIS IS AN OFFICIAL NH DHHS HEALTH ALERT

Distributed by the NH Health Alert Network  
[Health.Alert@dhhs.nh.gov](mailto:Health.Alert@dhhs.nh.gov)  
June 22, 2017 0800 EDT (8:00 AM EDT)  
NH-HAN 20170622



## Syphilis Outbreak in New Hampshire

### Key Points and Recommendations:

- 42 cases of infectious syphilis were identified in New Hampshire from January through May of 2017. Over the last five years on average only 20 cases were reported during this same time frame.
- Consistent with national trends, this increase in syphilis is primarily in males who are under 40 years of age, and in men who have sex with men (MSM). Approximately 60% of cases have been from Hillsborough and Rockingham Counties.
- Individuals with sexual risk factors should be tested for syphilis, including MSM and anybody who is diagnosed with another sexually transmitted disease (e.g. gonorrhea); see below for more details on screening.
- Routine screening of pregnant women is necessary to prevent congenital syphilis – all pregnant women need to be tested for syphilis at the first prenatal visit, and women at high risk for syphilis should be tested again early in the third trimester and at delivery. NH has not had a case of congenital syphilis since 2013.
- Sex partners of patients diagnosed with syphilis need to be connected with medical care for testing and treatment. The Manchester and Nashua Health Departments offer free testing and treatment for sex partners of patients diagnosed with syphilis and other sexually transmitted diseases (STDs). Information on accessing these resources can be found here: <https://www.dhhs.nh.gov/dphs/bchs/std/documents/testingsites.pdf>.
- Please report all cases of syphilis to the NH Division of Public Health Services at 603-271-4496 (after hours 603-271-5300).

### Background:

The number of syphilis cases reached historic lows in the United States in 2000 with fewer than 6,000 cases reported nationally to the Centers for Disease Control and Prevention (CDC). Since then rates of primary and secondary syphilis have been increasing almost every year, and in 2015 more than 23,800 cases of primary and secondary syphilis were reported nationally, which represents a 19% increase from 2014 and a 67% increase from 2011. Much of this increase in the U.S. has been in men in their 20's, specifically in men who have sex with men (MSM). In the last few years, however, rates have increased in women as well leading to increases in the rates of congenital syphilis.

### Signs and Symptoms:

Pregnant women with syphilis can pass the infection to their baby during pregnancy (congenital syphilis). Congenital syphilis causes stillbirth or newborn death in up to 40% of babies born to women with untreated syphilis. More information about congenital syphilis can be found here: <https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>.

Syphilis is divided into stages (primary, secondary, latent, and tertiary), with different signs and symptoms associated with each stage. A person with **primary syphilis** generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of **secondary syphilis** include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the **latent stage**, there are no signs or symptoms. **Tertiary syphilis** is associated with severe medical problems. It can affect the heart, brain, and other organs of the body. More detailed information about syphilis can be found here: <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>.

Neurosyphilis and ocular syphilis can occur at any stage causing neurologic and ocular manifestations. Recently there have also been reports of increasing ocular syphilis among MSM (<https://www.cdc.gov/mmwr/volumes/65/wr/mm6543a2.htm>).

### **Screening for Syphilis:**

Any person with signs or symptoms of syphilis should be tested. Some patients should be routinely tested for syphilis even without symptoms, including:

- All pregnant women
- Sexually active MSM
- Sexually active individuals with HIV
- Individuals taking PrEP for HIV prevention
- Individuals with a sex partner diagnosed with syphilis
- Individuals engaging in high-risk sexual activity, such as those with multiple sex partners or persons who exchange sex for drugs or money
- Individuals diagnosed with another STD (e.g. gonorrhea)

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. More information about testing and treatment of syphilis can be found here: <https://www.cdc.gov/std/tq2015/syphilis.htm>.

For any questions regarding the contents of this message, please contact NH DHHS, DPHS, Bureau of Infectious Disease Control at 603-271-4496 (after hours 603-271-5300).

To change your contact information in the NH Health Alert Network, contact Thom Flynn at 603-271-7499 or email [Thomas.Flynn@dhhs.nh.gov](mailto:Thomas.Flynn@dhhs.nh.gov).

Status: Actual  
Message Type: Alert  
Severity: Moderate  
Sensitivity: Not Sensitive  
Message Identifier: NH-HAN 20170622  
Delivery Time: 6 hours  
Acknowledgement: No  
Distribution Method: Email, Fax  
Distributed to: Physicians, Physician Assistants, Practice Managers, Infection Control Practitioners, Infectious Disease Specialists, Community Health Centers, Hospital CEOs, Hospital Emergency Departments, Nurses, NHHA, Pharmacists, Laboratory Response Network, Manchester Health Department, Nashua Health Department, Public Health Network, DHHS Outbreak Team, DPHS Investigation Team, DPHS Management Team, Northeast State Epidemiologists  
From: Benjamin Chan, MD, MPH – State Epidemiologist  
Originating Agency: NH Department of Health and Human Services, Division of Public Health Services

**Attachments:** None

**Follow us on Twitter @NHIDWatch**