
Discussion

We describe an outbreak of syphilis that is primarily affecting MSM in the Anchorage area. Many of the MSM reported having anonymous sexual partners that were obtained through internet sex-seeking websites. The presence of HIV infection in three of the recently-acquired syphilis cases is cause for heightened concern as the presence of syphilis facilitates HIV transmission, and persons co-infected with HIV and syphilis may be at increased risk for neurologic complications.1

Persons who have syphilis may seek treatment for signs or symptoms of primary infection (e.g., a chancre at the infection site) or secondary infection (e.g., manifestations that include but are not limited to skin rash, mucocutaneous lesions, and lymphadenopathy). Treatment depends on the stage and clinical manifestations of the disease. All newly identified cases are offered partner services, and SOE staff are available for consultation on syphilis staging and treatment.

Similar outbreaks reported nationally suggest that an increasing number of MSM are participating in high-risk sexual behavior that put them at increased risk for HIV and syphilis infection.2 Internet sex-seeking sites are a relatively new conduit for high-risk sexual behaviors in Alaska. Due to the largely anonymous nature of these sexual encounters, public health staff are often unable to identify, notify, and test partners exposed to HIV and syphilis infected persons.

Recommendations

1. Health care providers should be alert to risks for and symptoms of syphilis, and test for syphilis in patients who present with a clinically compatible history.

2. Health care providers should perform serological nontreponemal (RPR) and treponemal (FTA or TP-PA) tests on all suspected cases of syphilis.

3. Health care providers should evaluate all syphilis patients for neurosyphilis.

4. All persons who are tested for syphilis should be offered gonorrhea, chlamydia, and HIV testing.

5. All women of childbearing age that are diagnosed with syphilis should be screened for pregnancy.

6. Exposed sexual partners of confirmed early syphilis cases should receive prophylactic treatment along with serological testing and examination.

7. Promptly treat patients with primary, secondary, or early latent syphilis and their sex partners (whose exposure was within the previous 3 months) with Benzathine penicillin G (2.4 million units administered as 3 doses of 2.4 million units each intramuscularly at 1-week intervals).2

8. Patients infected for more than 1 year who do not have neurosyphilis should be treated with Benzathine penicillin G 7.2 million units administered as 3 doses of 2.4 million units each intramuscularly at 1-week intervals.2

9. Providers should report suspected and confirmed cases of syphilis to the Section of Epidemiology immediately via fax at 907-561-4239 or telephone at 907-561-4234 or 800-478-1700.

References


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