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**An ongoing syphilis outbreak associated with men who have sex with men (MSM)**

SJC Public Health Services (PHS) identified an outbreak of syphilis predominantly among MSM in 2009. By 2012, the rate of primary and secondary (P&S) syphilis in SJC (10.6 per 100,000 population) was the second highest among 58 California counties. The number of P&S syphilis cases reported to SJCPHS during the first quarter of 2014 (22) puts it on track to surpass the unusually high number of cases reported in 2012 (74) and 2013 (72).

MSM accounted for 100% of P&S cases reported in 2009 and continue to be disproportionately affected by the outbreak, representing about 70% of cases reported in 2013. MSM are at increased risk of HIV co-transmission; 88% of HIV co-infected P&S cases in 2013 were MSM. HIV co-infection increases the risk of developing neurosyphilis, a sequela that may result in severe, long-term symptoms including blindness and dementia. Twelve cases of neurosyphilis have been associated with the outbreak, five of which occurred among cases reported in 2013.

Despite the high proportion of MSM cases, providers should maintain a high index of suspicion for syphilis when evaluating patients regardless of sexual orientation, age, race or other characteristics. Not all MSM self-identify as homosexual and some individuals may not be forthcoming about their sexual practices. Persons ranging in age from 15-64 from various racial/ethnic groups are represented among cases. Heterosexuals (~30% of 2013 cases) and females (~11% of 2013 cases) are increasingly affected by the outbreak.

Preventing syphilis transmission among women of childbearing age and pregnant women is especially important. Untreated syphilis during pregnancy can lead to stillbirth, or complications including infant deafness, neurologic impairment, and bone deformities. Twelve congenital cases have been linked to the ongoing outbreak.

Although there is some local clustering of cases in Stockton (~74% of total cases), several individuals are using social media websites and phone applications to seek sex partners in wider geographic areas. In 2013, 56% of MSM and 33% of heterosexual P&S syphilis cases in SJC reported using at least one social media platform to find new sex partners or arrange for anonymous sexual encounters. This practice puts individuals at increased risk for sexual violence and sexually transmitted infections including HIV. The free online gay dating site/app Adam4Adam (A4A) is the most commonly reported social media platform used to find sex partners among MSM, while Facebook is the most commonly reported among heterosexuals in SJC.

For syphilis treatment guidelines, please see:  
<http://www.cdc.gov/std/treatment/2010/default.htm>

*Table: STD Cases Reported to San Joaquin County Public Health Services, 2013 and 2014*

	2013		2014	
	1st Qtr	YTD	1st Qtr	YTD
<b>Chlamydia (CT)*</b>	811	811	866	866
Female	567	567	637	637
Male	244	244	227	227
Unknown	0	0	2	2
<b>Gonorrhea (GC)*</b>	167	167	237	237
Female	77	77	121	121
Male	90	90	116	116
Unknown	0	0	0	0
<b>Pelvic Inflammatory Disease (PID)*</b>	2	2	1	1
<b>Syphilis (SY)^</b>	12	12	25	25
Primary	1	1	5	5
Secondary	7	7	17	17
Early Latent	4	4	3	3
Congenital	0	0	0	0
<i>Neurosyphilis</i>	1	1	1	1
Human Immunodeficiency Virus (HIV) only*	7	7	13	13
HIV & AIDS simultaneous*	6	6	1	1
Acquired Immunodeficiency Syndrome (AIDS) only*	5	5	6	6

\*CT, GC & PID data reflect cases entered into the CalREDIE reporting system as of 4/8/2014. CT, GC & PID counts include confirmed, probable & suspect cases.  
 ^SY data from 4/9/2014 STD Program internal line list. SY total includes primary, secondary & early latent stages & congenital cases. Neurosyphilis is a sequela of syphilis and can occur at any stage of syphilis. Counts for SY stages & congenital cases include confirmed cases only; neurosyphilis counts include confirmed & probable cases.  
 \*HIV/AIDS data from SJCPHS HIV/AIDS Program morbidity data, 2014 Q1 DUA file.  
 Note: All disease counts include SJC residents at time of diagnosis only.

By law, medical providers and labs must report CT, GC, and PID cases within 7 days of identification and SY cases within 1 day of identification to PHS using a Confidential Morbidity Report Form (CMR). HIV & AIDS cases must be reported by traceable mail or person-to-person transfer within 7 days of identification. For disease reporting procedures and requirements, please see the "For Providers" section of the PHS website:  
[http://www.sjcphs.org/disease/disease\\_control\\_reporting.aspx](http://www.sjcphs.org/disease/disease_control_reporting.aspx).