



ALABAMA
PUBLIC
HEALTH

ALABAMA STD REPORTS QUARTERLY SURVEILLANCE REPORT DIVISION OF STD, BUREAU OF COMMUNICABLE DISEASE

Division of STD, Bureau of Communicable Disease • Alabama Department of Public Health
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ANNOUNCEMENTS: The Alabama Department of Public (ADPH) Division of STD is alerting county health departments and the medical community about the recent appearance of Lymphogranuloma Venereum (LGV) in Alabama. In the past three months, **Lymphogranuloma venereum** was diagnosed in three male patients in Jefferson County.

Lymphogranuloma venereum (LGV) is a systemic, sexually transmitted disease caused by a variety of the bacterium *Chlamydia trachomatis*. Diagnosis of LGV is primarily clinical. Symptoms include: mucous or purulent anal discharge, rectal bleeding, constipation, inguinal/femoral lymphadenopathy (buboes), genital or rectal ulcer or papule, anal spasms, and tenesmus. It is typically seen in Africa, Southeast Asia, Central and South America, and Caribbean countries.

Given the ulcerative nature of this more invasive chlamydial infection with its presumed higher risk of facilitating HIV transmission, as well as the level of STD co-infection and the associated hepatitis C infection seen in the Netherlands outbreak, we are concerned about the potential adverse health effects. We will work with the Centers for Disease Control and Prevention (CDC) to assist staff and clinicians in recognizing, diagnosing, managing, and reporting suspected cases of LGV. Additional information may be found on the CDC website at: <http://www.cdc.gov/std/treatment/2010/genital-ulcers.htm>

Given what is known, the following are key points for providers:

PATIENT HISTORY

Providers should ask patients about gender of sex partners and assess behavioral risk that may result in sexually transmitted infections. For LGV, based on the epidemiology of the Netherlands outbreak, risk is primarily unprotected anal intercourse and/or other anal penetration such as fisting.

SIGNS/SYMPTOMS

The 2010 STD Treatment Guidelines, page 26, provides an overview of clinical manifestations of LGV.

- 1) In heterosexuals, LGV presents primarily as tender lymphadenopathy in the inguinal or femoral region, and is typically unilateral.
- 2) While recent reports have focused on LGV proctitis, self-limited genital ulcer or papule sometimes occurs in the genital area at the site of inoculation. However, by the time patients seek care, these lesions have often disappeared.
- 3) Proctitis or proctocolitis due to LGV may be the presenting symptom complex in men who have sex with men (MSM) or women with rectal exposure. This can cause mucoid or hemorrhagic rectal discharge, anal pain, tenesmus, and other symptoms.
- 4) In these cases, inguinal or femoral lymphadenopathy and genital lesions may not be present at all.

TESTING

While testing for CT/LGV is important in all suspected cases, providers should exercise clinical judgment in initiating presumptive treatment for LGV. They should consider factors such as: severity of rectal symptoms in proctitis, presence of systemic symptoms that make LGV a more likely diagnosis, travel and exposure in Europe, and likelihood of follow-up.

Diagnosis is based on clinical suspicion, epidemiologic information, and the exclusion of other etiologies for proctocolitis, inguinal lymphadenopathy, or genital or rectal ulcers. *C. trachomatis* testing also should be conducted, if available.

Genital and lymph node specimens (i.e., lesion swab or bubo aspirate) can be tested for *C. trachomatis* by culture, direct immunofluorescence, or nucleic acid detection. NAATs for *C. trachomatis* are not FDA-cleared for testing rectal specimens, although some laboratories have performed the CLIA validation studies that are needed to provide results for clinical management. Additional molecular procedures (e.g., PCR-based genotyping) can be used to differentiate LGV from non-LGV *C. trachomatis*, but these are not widely available.

Chlamydia serology (complement fixation titers >1:64) can support the diagnosis of LGV in the appropriate clinical context. Comparative data between types of serologic tests are lacking, and the diagnostic utility of serologic methods other than complement fixation and some microimmunofluorescence procedures has not been established. Serologic test interpretation for LGV is not standardized, tests have not been validated for clinical proctitis presentations, and *C. trachomatis* serovar-specific serologic tests are not widely available.

DIAGNOSIS AND REPORTING

Suspected cases should be reported to the Public Health by phone at (334)206-5350 or by fax at (334) 206-3794 or online STD/HIV Morbidity at <http://www.adph.org/Extranet/Forms/Form.asp?ss=s&formID=3568> completed.

Providers should report within 24 hours after the patient is seen, if the patient was presumptively treated. Otherwise, providers should report within 24 hours after the test results are available.

Laboratories should report within 24 hours after the test results are available.

Until we have a better understanding of the epidemiology and clinical features of this infection, we are defining a **suspected case** as any MSM with a compatible syndrome (i.e., proctitis or inguinal lymphadenopathy) and a positive lab test suggestive of a LGV infection (a microimmunofluorescence test with a titer of greater than 1:128 or a chlamydial complement fixation test with a titer of greater than or equal to 1:64) and/or a positive tissue culture or a nucleic acid amplification test from a rectal specimen, bubo, or ulcer in the presence of lymphadenopathy.

TREATMENT

The recommended treatment for LGV is **oral doxycycline 100 mg bid x 21 days**. Patients can also be given erythromycin 500 mg, four times daily for 21 days. This differs from the treatment for Chlamydia, which is azithromycin, 1 g orally in a single dose, or doxycycline 100mg, twice daily for 7 days.

PARTNER FOLLOW UP

Sex partners should be offered appropriate partner management services. Those with sexual contact within 60 days should be clinically evaluated and, if symptomatic, managed as above. If asymptomatic, they should be treated with either oral doxycycline 100 mg bid x 7 days or a single 1-gram oral dose of azithromycin.

OTHER STDS

In patients with suspected LGV, screening is warranted for other STDs, especially urethral or urine NAAT for CT or gonorrhea (GC), rectal and pharyngeal GC, syphilis, and HIV.

QUESTIONS

Please call Anthony Merriweather at (334) 206-2765 or Dr. Ned Hook by e-mail at ehook@uab.edu or by phone at (205) 934-4204, if you have any questions or concerns. Dr. Hook is also happy to discuss issues related to laboratory detection of LGV.

The Alabama STD Report: Vol. 2015, No. 2 represents preliminary statistics and trends of sexually transmitted diseases in Alabama from January 1 through March 30, 2015. All reports are presented by date of diagnosis. This report is intended as a reference document for local health departments, program managers, health care providers, community based organization, state legislators, researchers and others who are concerned with the public health implications of these diseases. The information in this quarterly report is meant to be brief and provide limited data on these diseases throughout the year. More detailed and

complete information will continue to be available in annual publications. This report and our annual publications will be available on our website (<http://adph.org/std>). National data about these diseases is available on the Centers for Disease Control and Prevention's website (<http://cdc.gov>).

CHLAMYDIA SURVEILLANCE DATA

Chlamydia case reports represent persons who have a positive laboratory test for chlamydia. It is important to note that chlamydial infection is often asymptomatic in females and males. Most cases are detected through screening. The disease can cause serious complications in females including pelvic inflammatory disease. Asymptomatic infection is common among both men and women. Annual screening of all sexually active women ≤ 25 years of is recommended, as is screening of older women with risk factors (e.g., those who have a new sex partner or multiple sex partners). Screening programs have been demonstrated to reduce both the prevalence of *C. trachomatis* infection and rates of PID in women. The screening of sexually active young men should be considered in clinical settings with a high prevalence of chlamydia (e.g., adolescent clinics, correctional facilities and STD clinics).

GONORRHEA SURVEILLANCE DATA

Gonorrhea case reports represent persons who have a positive laboratory test for gonorrhea. The majority of urethral infections caused by *N. gonorrhoeae* among men produce symptoms that cause them to seek curative treatment sooner to prevent serious sequelae, but treatment might not be soon enough to prevent transmission to others. Among women, gonococcal infections might not produce recognizable symptoms until complications (e.g.,

PID) have occurred. PID can result in tubal scarring that lead to infertility or ectopic pregnancy.

HIV AND AIDS SURVEILLANCE DATA

HIV case reports represent persons who have a confirmed diagnosis with human immunodeficiency virus (HIV) only. This represents all new diagnosis of HIV in Alabama regardless of the stage of the disease. Most persons are reported with only HIV infection, but some are reported with a concurrent diagnosis of AIDS (acquired immunodeficiency syndrome). AIDS case reports represent persons with HIV infection who have progressed to AIDS. HIV infection and AIDS cases are presented in this report by date of diagnosis.

SYPHILIS SURVEILLANCE DATA

Syphilis reports are reported by stage of infection which is determined through a combination of laboratory testing, patient examination and interviews. Primary and secondary syphilis have specific signs and symptoms associated with them. Early latent syphilis is asymptomatic but can be staged with confirmation that the infection is less than a year old. Primary, secondary and early syphilis cases comprise "early syphilis" cases. Alabama conducts interviews on all early syphilis cases.

TRICHOMONIASIS SURVEILLANCE DATA

Trichomoniasis case reports represent persons who have a laboratory confirmed case of trichomoniasis infection. It is the most curable sexually transmitted disease. Trichomoniasis is often asymptomatic in females and males. The infection is more common in women than in men, and older women are more likely than younger women to be infected. Untreated trichomoniasis infection can increase the risk of HIV infection in men and women.

CENTER FOR DISEASE CONTROL AND PREVENTION TREATMENT GUIDELINES

Chlamydia: Azithromycin 1 g PO in a single dose or Doxyxyline 100 mg PO twice a day for 7 days

Gonorrhea: Ceftriaxone 250 mg IM in a single dose PLUS Azithromycin 1 g PO in a single dose

or

Ceftriaxone 250 mg IM in a single dose PLUS Doxyxyline 100 mg PO twice a day for 7 days

Syphilis: Early Syphilis Cases– Bicillin 2.4 MU IM in a single dose

Late Syphilis Cases – Bicillin 2.4 MU IM weekly for three consecutive weeks

Neuro Syphilis – Aqueous crystalline penicillin G 18-24 MU per day, divided into 3-4 MU IV every 4 hours or continuous infusion for 10-14 days

Trichomoniasis: Metronidazole 2 g PO in a single dose

CDC Treatment Guidelines: <http://www.cdc.gov/std/treatment/2010/std-treatment-2010-rr5912.pdf>

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

2015 Chlamydia Report		1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr		Year to Date	
Sex	Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	3	0.17	n/a	n/a	n/a	n/a	n/a	n/a	3	0.17
	15-19	366	20.30	n/a	n/a	n/a	n/a	n/a	n/a	366	20.30
	20-24	755	41.87	n/a	n/a	n/a	n/a	n/a	n/a	755	41.87
	25-29	354	19.63	n/a	n/a	n/a	n/a	n/a	n/a	354	19.63
	30-34	161	8.93	n/a	n/a	n/a	n/a	n/a	n/a	161	8.93
	35-39	77	4.27	n/a	n/a	n/a	n/a	n/a	n/a	77	4.27
	40-44	47	2.61	n/a	n/a	n/a	n/a	n/a	n/a	47	2.61
	45-54	27	1.50	n/a	n/a	n/a	n/a	n/a	n/a	27	1.50
	55-64	9	0.50	n/a	n/a	n/a	n/a	n/a	n/a	9	0.50
	65+	4	0.22	n/a	n/a	n/a	n/a	n/a	n/a	4	0.22
Total	1803	100.0	n/a	n/a	n/a	n/a	n/a	n/a	1803	100.0	
Female	0-9	6	0.13	n/a	n/a	n/a	n/a	n/a	n/a	6	0.13
	10-14	50	1.10	n/a	n/a	n/a	n/a	n/a	n/a	50	1.10
	15-19	1503	33.16	n/a	n/a	n/a	n/a	n/a	n/a	1503	33.16
	20-24	1911	42.17	n/a	n/a	n/a	n/a	n/a	n/a	1911	42.17
	25-29	639	14.10	n/a	n/a	n/a	n/a	n/a	n/a	639	14.10
	30-34	278	6.13	n/a	n/a	n/a	n/a	n/a	n/a	278	6.13
	35-39	82	1.81	n/a	n/a	n/a	n/a	n/a	n/a	82	1.81
	40-44	33	0.73	n/a	n/a	n/a	n/a	n/a	n/a	33	0.73
	45-54	20	0.44	n/a	n/a	n/a	n/a	n/a	n/a	20	0.44
	55-64	7	0.15	n/a	n/a	n/a	n/a	n/a	n/a	7	0.15
	65+	3	0.07	n/a	n/a	n/a	n/a	n/a	n/a	3	0.07
Total	4532	100.0	n/a	n/a	n/a	n/a	n/a	n/a	4532	100.0	
Total	0-9	6	0.09	n/a	n/a	n/a	n/a	n/a	n/a	6	0.09
	10-14	54	0.85	n/a	n/a	n/a	n/a	n/a	n/a	54	0.85
	15-19	1883	29.57	n/a	n/a	n/a	n/a	n/a	n/a	1883	29.57
	20-24	2680	42.08	n/a	n/a	n/a	n/a	n/a	n/a	2680	42.08
	25-29	995	15.62	n/a	n/a	n/a	n/a	n/a	n/a	995	15.62
	30-34	441	6.92	n/a	n/a	n/a	n/a	n/a	n/a	441	6.92
	35-39	159	2.50	n/a	n/a	n/a	n/a	n/a	n/a	159	2.50
	40-44	80	1.26	n/a	n/a	n/a	n/a	n/a	n/a	80	1.26
	45-54	48	0.75	n/a	n/a	n/a	n/a	n/a	n/a	48	0.75
	55-64	16	0.25	n/a	n/a	n/a	n/a	n/a	n/a	16	0.25
	65+	7	0.11	n/a	n/a	n/a	n/a	n/a	n/a	7	0.11
Total	6369	100.0	n/a	n/a	n/a	n/a	n/a	n/a	6369	100.0	

ALABAMA STD REPORT – JANUARY THROUGH MARCH 2015

2015 Gonorrhea Report		1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr		Year to Date	
Sex	Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	133	16.28	n/a	n/a	n/a	n/a	n/a	n/a	133	16.28
	20-24	308	37.70	n/a	n/a	n/a	n/a	n/a	n/a	308	37.70
	25-29	180	22.03	n/a	n/a	n/a	n/a	n/a	n/a	180	22.03
	30-34	87	10.65	n/a	n/a	n/a	n/a	n/a	n/a	87	10.65
	35-39	47	5.75	n/a	n/a	n/a	n/a	n/a	n/a	47	5.75
	40-44	26	3.18	n/a	n/a	n/a	n/a	n/a	n/a	26	3.18
	45-54	22	2.69	n/a	n/a	n/a	n/a	n/a	n/a	22	2.69
	55-64	9	1.10	n/a	n/a	n/a	n/a	n/a	n/a	9	1.10
	65+	5	0.61	n/a	n/a	n/a	n/a	n/a	n/a	5	0.61
Total	817	100.0	n/a	n/a	n/a	n/a	n/a	n/a	817	100.0	
Female	0-9	2	0.22	n/a	n/a	n/a	n/a	n/a	n/a	2	0.22
	10-14	12	1.35	n/a	n/a	n/a	n/a	n/a	n/a	12	1.35
	15-19	237	26.60	n/a	n/a	n/a	n/a	n/a	n/a	237	26.60
	20-24	354	39.73	n/a	n/a	n/a	n/a	n/a	n/a	354	39.73
	25-29	169	18.97	n/a	n/a	n/a	n/a	n/a	n/a	169	18.97
	30-34	67	7.52	n/a	n/a	n/a	n/a	n/a	n/a	67	7.52
	35-39	24	2.69	n/a	n/a	n/a	n/a	n/a	n/a	24	2.69
	40-44	10	1.12	n/a	n/a	n/a	n/a	n/a	n/a	10	1.12
	45-54	9	1.01	n/a	n/a	n/a	n/a	n/a	n/a	9	1.01
	55-64	7	0.79	n/a	n/a	n/a	n/a	n/a	n/a	7	0.79
	65+	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
Total	891	100.0	n/a	n/a	n/a	n/a	n/a	n/a	891	100.0	
Total	0-9	2	0.12	n/a	n/a	n/a	n/a	n/a	n/a	2	0.12
	10-14	12	0.70	n/a	n/a	n/a	n/a	n/a	n/a	12	0.70
	15-19	374	21.79	n/a	n/a	n/a	n/a	n/a	n/a	374	21.79
	20-24	664	38.69	n/a	n/a	n/a	n/a	n/a	n/a	664	38.69
	25-29	350	20.40	n/a	n/a	n/a	n/a	n/a	n/a	350	20.40
	30-34	154	8.97	n/a	n/a	n/a	n/a	n/a	n/a	154	8.97
	35-39	71	4.14	n/a	n/a	n/a	n/a	n/a	n/a	71	4.14
	40-44	36	2.10	n/a	n/a	n/a	n/a	n/a	n/a	36	2.10
	45-54	32	1.86	n/a	n/a	n/a	n/a	n/a	n/a	32	1.86
	55-64	16	0.93	n/a	n/a	n/a	n/a	n/a	n/a	16	0.93
	65+	5	0.29	n/a	n/a	n/a	n/a	n/a	n/a	5	0.29
Total	1716	100.0	n/a	n/a	n/a	n/a	n/a	n/a	1716	100.0	

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

2015 Trichomoniasis Report		1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr		Year to Date	
Sex	Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	15	4.03	n/a	n/a	n/a	n/a	n/a	n/a	15	4.03
	20-24	84	22.58	n/a	n/a	n/a	n/a	n/a	n/a	84	22.58
	25-29	61	16.40	n/a	n/a	n/a	n/a	n/a	n/a	61	16.40
	30-34	51	13.71	n/a	n/a	n/a	n/a	n/a	n/a	51	13.71
	35-39	37	9.95	n/a	n/a	n/a	n/a	n/a	n/a	37	9.95
	40-44	27	7.26	n/a	n/a	n/a	n/a	n/a	n/a	27	7.26
	45-54	53	14.25	n/a	n/a	n/a	n/a	n/a	n/a	53	14.25
	55-64	34	9.14	n/a	n/a	n/a	n/a	n/a	n/a	34	9.14
	65+	10	2.69	n/a	n/a	n/a	n/a	n/a	n/a	10	2.69
	Total		372	100.0	n/a	n/a	n/a	n/a	n/a	n/a	372
Female	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	11	0.41	n/a	n/a	n/a	n/a	n/a	n/a	11	0.41
	15-19	283	10.55	n/a	n/a	n/a	n/a	n/a	n/a	283	10.55
	20-24	750	27.95	n/a	n/a	n/a	n/a	n/a	n/a	750	27.95
	25-29	618	2.03	n/a	n/a	n/a	n/a	n/a	n/a	618	2.03
	30-34	428	15.95	n/a	n/a	n/a	n/a	n/a	n/a	428	15.95
	35-39	232	8.65	n/a	n/a	n/a	n/a	n/a	n/a	232	8.65
	40-44	151	5.63	n/a	n/a	n/a	n/a	n/a	n/a	151	5.63
	45-54	163	6.08	n/a	n/a	n/a	n/a	n/a	n/a	163	6.08
	55-64	45	1.68	n/a	n/a	n/a	n/a	n/a	n/a	45	1.68
	65+	2	0.07	n/a	n/a	n/a	n/a	n/a	n/a	2	0.07
	Total		2683	100.0	n/a	n/a	n/a	n/a	n/a	n/a	2683
Total	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	11	0.36	n/a	n/a	n/a	n/a	n/a	n/a	11	0.36
	15-19	302	9.85	n/a	n/a	n/a	n/a	n/a	n/a	302	9.85
	20-24	837	27.31	n/a	n/a	n/a	n/a	n/a	n/a	837	27.31
	25-29	680	22.19	n/a	n/a	n/a	n/a	n/a	n/a	680	22.19
	30-34	480	15.66	n/a	n/a	n/a	n/a	n/a	n/a	480	15.66
	35-39	269	8.78	n/a	n/a	n/a	n/a	n/a	n/a	269	8.78
	40-44	178	5.81	n/a	n/a	n/a	n/a	n/a	n/a	178	5.81
	45-54	216	7.05	n/a	n/a	n/a	n/a	n/a	n/a	216	7.05
	55-64	80	2.61	n/a	n/a	n/a	n/a	n/a	n/a	80	2.61
	65+	12	0.39	n/a	n/a	n/a	n/a	n/a	n/a	12	0.39
	Total		3065	100.0	n/a	n/a	n/a	n/a	n/a	n/a	3065

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

2015 P&S Syphilis Report		1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr		Year to Date	
Sex	Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	4	7.69	n/a	n/a	n/a	n/a	n/a	n/a	4	7.69
	20-24	10	19.23	n/a	n/a	n/a	n/a	n/a	n/a	10	19.23
	25-29	22	42.31	n/a	n/a	n/a	n/a	n/a	n/a	22	42.31
	30-34	7	13.46	n/a	n/a	n/a	n/a	n/a	n/a	7	13.46
	35-39	4	7.69	n/a	n/a	n/a	n/a	n/a	n/a	4	7.69
	40-44	2	3.85	n/a	n/a	n/a	n/a	n/a	n/a	2	3.85
	45-54	3	5.77	n/a	n/a	n/a	n/a	n/a	n/a	3	5.77
	55-64	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	65+	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
Total	52	100.0	n/a	n/a	n/a	n/a	n/a	n/a	52	100.0	
Female	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	20-24	1	20.00	n/a	n/a	n/a	n/a	n/a	n/a	1	20.00
	25-29	2	40.00	n/a	n/a	n/a	n/a	n/a	n/a	2	40.00
	30-34	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	35-39	1	20.00	n/a	n/a	n/a	n/a	n/a	n/a	1	20.00
	40-44	1	20.00	n/a	n/a	n/a	n/a	n/a	n/a	1	20.00
	45-54	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	55-64	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	65+	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
Total	5	100.0	n/a	n/a	n/a	n/a	n/a	n/a	5	100.0	
Total	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	4	7.02	n/a	n/a	n/a	n/a	n/a	n/a	4	7.02
	20-24	11	19.30	n/a	n/a	n/a	n/a	n/a	n/a	11	19.30
	25-29	24	42.11	n/a	n/a	n/a	n/a	n/a	n/a	24	42.11
	30-34	7	12.28	n/a	n/a	n/a	n/a	n/a	n/a	7	12.28
	35-39	5	8.77	n/a	n/a	n/a	n/a	n/a	n/a	5	8.77
	40-44	3	5.26	n/a	n/a	n/a	n/a	n/a	n/a	3	5.26
	45-54	3	5.26	n/a	n/a	n/a	n/a	n/a	n/a	3	5.26
	55-64	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	65+	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
Total	57	100.0	n/a	n/a	n/a	n/a	n/a	n/a	57	100.0	

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

2015 Early Latent Syphilis Report		1 st Qtr		2 nd Qtr		3 rd Qtr		4 th Qtr		Year to Date	
Sex	Age Group	Cases	%	Cases	%	Cases	%	Cases	%	Cases	%
Male	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	1	2.70	n/a	n/a	n/a	n/a	n/a	n/a	1	2.70
	20-24	8	21.62	n/a	n/a	n/a	n/a	n/a	n/a	8	21.62
	25-29	11	29.73	n/a	n/a	n/a	n/a	n/a	n/a	11	29.73
	30-34	6	16.22	n/a	n/a	n/a	n/a	n/a	n/a	6	16.22
	35-39	5	13.51	n/a	n/a	n/a	n/a	n/a	n/a	5	13.51
	40-44	2	5.41	n/a	n/a	n/a	n/a	n/a	n/a	2	5.41
	45-54	4	10.81	n/a	n/a	n/a	n/a	n/a	n/a	4	10.81
	55-64	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	65+	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	Total		37	100.0	n/a	n/a	n/a	n/a	n/a	n/a	37
Female	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	2	25.00	n/a	n/a	n/a	n/a	n/a	n/a	2	25.00
	20-24	3	37.50	n/a	n/a	n/a	n/a	n/a	n/a	3	37.50
	25-29	2	25.00	n/a	n/a	n/a	n/a	n/a	n/a	2	25.00
	30-34	1	12.50	n/a	n/a	n/a	n/a	n/a	n/a	1	12.50
	35-39	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	40-44	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	45-54	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	55-64	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	65+	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	Total		8	100.0	n/a	n/a	n/a	n/a	n/a	n/a	8
Total	0-9	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	10-14	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	15-19	3	6.67	n/a	n/a	n/a	n/a	n/a	n/a	3	6.67
	20-24	11	24.44	n/a	n/a	n/a	n/a	n/a	n/a	11	24.44
	25-29	13	28.89	n/a	n/a	n/a	n/a	n/a	n/a	13	28.89
	30-34	7	15.56	n/a	n/a	n/a	n/a	n/a	n/a	7	15.56
	35-39	5	11.11	n/a	n/a	n/a	n/a	n/a	n/a	5	11.11
	40-44	2	4.44	n/a	n/a	n/a	n/a	n/a	n/a	2	4.44
	45-54	4	8.89	n/a	n/a	n/a	n/a	n/a	n/a	4	8.89
	55-64	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	65+	0	0.00	n/a	n/a	n/a	n/a	n/a	n/a	0	0.00
	Total		45	100.0	n/a	n/a	n/a	n/a	n/a	n/a	45

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

Year to Date	CHLAMYDIA			GONORRHEA			TRICHOMONIASIS		
	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar
Autuaga	55	49	49	10	10	13	9	17	12
Baldwin	133	149	180	35	41	35	7	16	16
Barbour	39	52	33	9	18	8	5	36	29
Bibb	15	19	14	8	7	6	7	11	9
Blount	27	24	12	3	3	1	0	5	7
Bullock	26	18	24	5	6	15	2	10	8
Butler	33	40	55	12	10	13	6	16	33
Calhoun	180	213	171	38	47	49	18	85	104
Chambers	80	68	61	21	16	8	12	33	38
Cherokee	10	15	6	0	3	9	2	11	7
Chilton	39	26	26	3	8	5	3	11	14
Choctaw	25	21	11	2	4	4	1	10	9
Clarke	34	46	51	3	11	6	9	24	37
Clay	14	10	10	0	2	6	1	6	9
Cleburne	11	7	11	0	1	1	1	7	3
Coffee	85	64	66	23	13	22	10	33	31
Colbert	73	70	56	16	9	18	5	43	35
Conecuh	18	18	22	2	0	0	2	18	11
Coosa	13	12	12	3	0	3	5	4	2
Covington	30	40	47	10	4	2	5	21	27
Crenshaw	24	27	18	3	3	8	2	11	11
Cullman	62	61	58	3	4	8	6	9	13
Dale	77	75	76	18	13	21	9	42	34
Dallas	167	87	107	17	10	21	29	61	80
DeKalb	33	39	43	5	10	6	3	9	10
Elmore	91	96	69	22	20	15	10	36	32
Escambia	47	43	48	10	16	14	8	26	28
Etowah	156	165	105	32	46	34	24	88	51
Fayette	18	23	17	0	0	5	5	10	13
Franklin	32	23	22	0	2	1	2	18	14
Geneva	34	41	20	10	11	8	6	18	15
Greene	22	33	19	4	10	6	3	21	22
Hale	37	59	40	10	9	8	10	31	23

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

Henry	28	14	19	5	6	2	5	15	15
Houston	190	210	162	69	56	39	33	165	139
Jackson	39	34	33	2	3	2	0	10	12
Jefferson	1297	1219	1116	525	361	400	189	573	607
Lamar	17	14	9	3	3	2	1	6	3
Lauderdale	92	104	108	16	11	17	19	53	42
Lawrence	33	31	13	2	1	2	4	18	20
Lee	187	189	212	40	32	64	13	71	52
Limestone	63	63	43	13	24	17	5	40	37
Lowndes	44	28	35	15	10	3	2	14	8
Macon	80	73	51	14	14	8	13	22	14
Madison	476	473	455	144	176	150	43	110	134
Marengo	34	44	36	6	5	10	3	15	18
Marion	13	20	16	2	2	4	1	7	14
Marshall	58	51	37	4	6	13	11	16	14
Mobile	890	756	717	259	174	143	72	343	312
Monroe	40	35	18	7	6	5	6	21	19
Montgomery	777	706	646	337	274	182	81	237	227
Morgan	131	100	84	40	17	18	24	71	54
Perry	31	21	22	6	3	1	7	14	19
Pickens	30	33	33	13	7	3	4	18	23
Pike	91	83	67	27	30	18	12	39	40
Randolph	33	21	25	5	3	1	4	19	14
Russell	120	98	83	31	24	29	7	50	39
Shelby	106	84	103	25	18	24	6	24	41
St Clair	39	46	37	6	15	22	13	25	26
Sumter	32	43	33	7	5	4	10	28	21
Talladega	137	125	108	27	38	36	19	79	80
Tallapoosa	57	49	45	3	9	12	11	44	29
Tuscaloosa	376	360	320	82	62	78	35	151	128
Walker	71	78	60	1	10	20	12	32	32
Washington	22	14	20	3	6	5	0	10	9
Wilcox	38	26	24	3	3	2	6	17	25
Winston	14	16	14	1	0	0	1	6	5
Total	7433	7002	6369	2082	1787	1716	905	3162	3065

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

Year to Date	P&S SYPHILIS			EARLY LATENT SYPHILIS			OTHER SYPHILIS		
	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar
Autuaga	1	0	0	1	0	1	0	0	0
Baldwin	1	2	2	0	0	1	2	0	2
Barbour	0	1	0	0	0	0	0	1	0
Bibb	0	0	0	0	0	0	0	0	0
Blount	0	0	0	0	0	0	0	0	0
Bullock	0	0	0	0	0	0	0	0	0
Butler	0	0	0	0	0	0	0	0	0
Calhoun	0	1	0	0	0	3	0	1	2
Chambers	0	0	0	0	0	0	0	1	0
Cherokee	0	0	0	0	0	0	0	0	0
Chilton	1	0	0	0	0	0	0	0	1
Choctaw	0	0	0	0	0	0	1	0	0
Clarke	0	0	1	0	0	0	0	0	0
Clay	0	0	0	0	0	0	0	0	0
Cleburne	0	0	0	0	1	0	0	0	0
Coffee	0	0	1	0	0	0	0	0	0
Colbert	0	1	1	0	1	1	0	1	0
Conecuh	0	0	0	0	0	0	0	1	0
Coosa	0	0	0	0	0	1	0	0	0
Covington	0	0	0	0	0	0	0	1	0
Crenshaw	0	0	0	0	0	0	0	0	0
Cullman	0	0	0	0	0	0	0	0	0
Dale	0	1	2	0	0	0	0	0	1
Dallas	1	0	1	1	0	0	1	0	1
DeKalb	0	0	0	0	0	0	0	0	0
Elmore	0	0	0	0	1	0	1	1	0
Escambia	0	0	0	3	0	0	0	1	1
Etowah	0	2	0	3	1	0	0	0	1
Fayette	0	0	0	1	1	0	0	0	0
Franklin	0	0	0	0	0	0	0	0	1
Geneva	0	1	0	0	0	0	0	0	0
Greene	0	0	0	0	0	0	0	0	2
Hale	0	0	0	1	0	0	1	1	0

ALABAMA STD REPORTS – JANUARY THROUGH MARCH 2015

Henry	0	0	0	0	0	0	0	0	0
Houston	1	1	2	1	3	0	8	3	1
Jackson	0	0	0	0	0	0	0	1	0
Jefferson	9	6	17	28	4	17	18	12	21
Lamar	0	0	0	0	0	0	0	0	0
Lauderdale	0	1	0	0	0	0	2	1	0
Lawrence	0	0	0	0	0	0	1	0	0
Lee	1	0	3	2	0	1	1	0	1
Limestone	0	0	0	0	0	0	0	0	0
Lowndes	0	0	0	2	0	0	0	0	0
Macon	0	0	0	1	0	0	0	0	0
Madison	1	6	4	2	3	5	5	4	3
Marengo	1	1	0	0	0	0	0	0	0
Marion	0	0	0	0	0	0	0	0	0
Marshall	0	0	0	0	0	0	0	0	0
Mobile	6	3	1	1	3	0	14	11	6
Monroe	2	0	0	0	1	0	0	0	0
Montgomery	4	4	13	5	4	6	12	5	3
Morgan	0	1	0	1	0	0	0	0	0
Perry	0	0	0	0	0	0	1	0	0
Pickens	0	0	0	0	0	0	0	1	0
Pike	0	0	2	0	0	0	0	0	1
Randolph	0	0	0	0	1	0	0	0	0
Russell	0	0	0	0	0	0	1	1	0
Shelby	3	1	0	1	3	2	2	0	0
St Clair	0	0	0	0	0	0	0	2	1
Sumter	0	0	2	0	0	0	0	0	0
Talladega	0	1	1	0	1	1	1	1	1
Tallapoosa	1	0	0	0	1	3	0	0	0
Tuscaloosa	1	1	0	3	4	1	2	2	2
Walker	2	0	0	0	0	0	1	0	0
Washington	0	0	0	0	0	0	0	0	0
Wilcox	0	0	0	0	0	0	1	0	2
Winston	0	0	0	0	0	1	0	1	0
Total	36	35	57	57	33	45	76	55	54

ALABAMA STD REPORTS – JANUARY THROUGH DECEMBER 2014

Year to Date	HIV			AIDS		
	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar	2013 Jan-Mar	2014 Jan-Mar	2015 Jan-Mar
Autauga	0	0	0	—	0	0
Baldwin	—	7	0	—	0	0
Barbour	0	0	0	—	0	0
Bibb	0	0	0	0	0	0
Blount	0	0	0	0	0	0
Bullock	0	—	—	—	—	0
Butler	0	0	0	—	0	0
Calhoun	—	0	—	0	—	0
Chambers	—	—	—	—	0	0
Cherokee	0	0	0	0	0	0
Chilton	—	0	0	—	0	0
Choctaw	—	0	0	0	0	0
Clarke	0	0	0	0	0	0
Clay	0	0	0	0	0	0
Cleburne	0	0	0	0	0	0
Coffee	—	0	0	0	0	0
Colbert	0	—	0	0	0	0
Conecuh	—	0	—	—	0	0
Coosa	0	0	0	0	—	0
Covington	0	0	0	0	0	0
Crenshaw	0	0	—	0	—	0
Cullman	—	0	0	0	0	0
Dale	—	9	—	—	—	0
Dallas	6	—	—	—	0	0
DeKalb	—	—	0	0	—	0
Elmore	5	—	—	—	0	0
Escambia	0	0	0	0	0	0
Etowah	0	—	0	—	0	0
Fayette	0	0	0	0	0	0
Franklin	0	0	0	0	0	0
Geneva	0	0	0	0	0	0
Greene	0	—	0	—	0	0
Hale	0	—	0	0	0	0

ALABAMA STD REPORTS – JANUARY THROUGH DECEMBER 2014

Henry	0	0	0	0	0	0
Houston	0	0	0	0	0	0
Jackson	0	0	0	0	0	0
Jefferson	27	22	0	20	12	—
Lamar	0	0	0	0	0	0
Lauderdale	0	—	0	—	0	0
Lawrence	0	—	0	0	0	0
Lee	—	0	—	—	0	0
Limestone	0	0	0	—	0	0
Lowndes	0	0	0	—	0	0
Macon	—	0	0	0	0	0
Madison	—	9	0	—	—	0
Marengo	—	0	0	—	0	0
Marion	0	0	0	0	0	0
Marshall	—	—	0	0	0	0
Mobile	15	19	5	10	—	0
Monroe	0	0	0	0	0	0
Montgomery	17	19	7	8	7	—
Morgan	0	—	0	0	—	0
Perry	—	0	0	0	0	0
Pickens	0	—	0	—	0	0
Pike	0	0	0	—	0	0
Randolph	0	0	0	0	0	0
Russell	—	—	0	—	—	0
Shelby	—	0	0	0	0	0
St Clair	—	—	0	0	0	0
Sumter	0	0	—	0	0	0
Talladega	—	0	—	0	0	0
Tallapoosa	—	0	0	—	—	0
Tuscaloosa	—	5	0	—	—	0
Walker	0	—	0	0	—	0
Washington	0	0	0	0	0	0
Wilcox	0	0	—	0	0	0
Winston	0	0	0	0	0	0
Total	115	115	26	71	39	4

CLINICAL ADVISORY: OCULAR SYPHILIS IN THE UNITED STATES

Since December 2014, at least 15 cases of ocular syphilis from California and Washington have been reported to the U.S. Centers for Disease Control and Prevention. At least five other states have suspect cases under investigation. The majority of cases have been among MSM with HIV; and a few cases have occurred among HIV-uninfected persons including heterosexual men and women. Several of the cases have resulted in significant sequelae including blindness.

Neurosyphilis can occur during any stage of syphilis including primary and secondary syphilis. Ocular syphilis, a clinical manifestation of neurosyphilis, can involve almost any eye structure, but posterior uveitis and panuveitis are the most common. Additional manifestations may include anterior uveitis, optic neuropathy, retinal vasculitis and interstitial keratitis. Ocular syphilis may lead to decreased visual acuity including permanent blindness. While previous research supports evidence of neuropathogenic strains of syphilis, it remains unknown if some *Treponema pallidum* strains have a greater likelihood of causing ocular infections.

- **Clinicians should be aware of ocular syphilis and screen for visual complaints in any patient at risk for syphilis.** This includes MSM, HIV-infected persons, persons with risk factors, and persons with multiple or anonymous partners.
- **All patients with syphilis should receive an HIV test if status is unknown or previously HIV-negative.**
- **Patients with positive syphilis serology and early syphilis without ocular symptoms should receive a careful neurologic exam, including all cranial nerves.**
- **Patients with syphilis and ocular complaints should receive immediate ophthalmologic evaluation.**
- **A lumbar puncture with cerebrospinal fluid (CSF) examination should be performed in patients with syphilis and ocular complaints.**
- **Ocular syphilis should be managed according to treatment recommendations for neurosyphilis.** Aqueous crystalline penicillin G IV or Procaine penicillin IM with Probenecid for 10-14 days. See The [2010 STD Treatment Guidelines](#) for more information.
- **Cases of ocular syphilis should be reported to your local health department within one business day.** The case definition for an ocular syphilis case is as follows: a person with clinical symptoms or signs consistent with ocular disease (i.e. uveitis, panuveitis, diminished visual acuity, blindness, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis) with syphilis of any stage.
 - o Please report any cases of ocular syphilis diagnosed since December 1, 2014 to Dr. Robyn Neblett Fanfair at (404) 639-6044 or iyo5@cdc.gov in CDC's Division of STD Prevention.
- **If possible pre-antibiotic clinical samples (whole blood, primary lesions and moist secondary lesions, CSF or ocular fluid) should be saved and stored at -80°C for molecular typing.**

To report cases, receive consultation regarding clinical management of ocular syphilis, or assistance with shipment of clinical samples for molecular typing please contact Dr. Robyn Neblett Fanfair at (404) 639-6044 or iyo5@cdc.gov.

General information about syphilis can be found online at www.cdc.gov/std/syphilis; updates to this clinical advisory will be posted on the [Syphilis: Treatment and Care](#) section of the website.

As always, thanks for your commitment to STD Prevention.

Best Regards,

Gail Bolan, M.D.
Director, Division of STD Prevention

HELP PREVENT CONGENITAL SYPHILIS



Test at first prenatal visit



Assess sexual risk behavior during pregnancy



Retest according to sexual risk behavior assessment



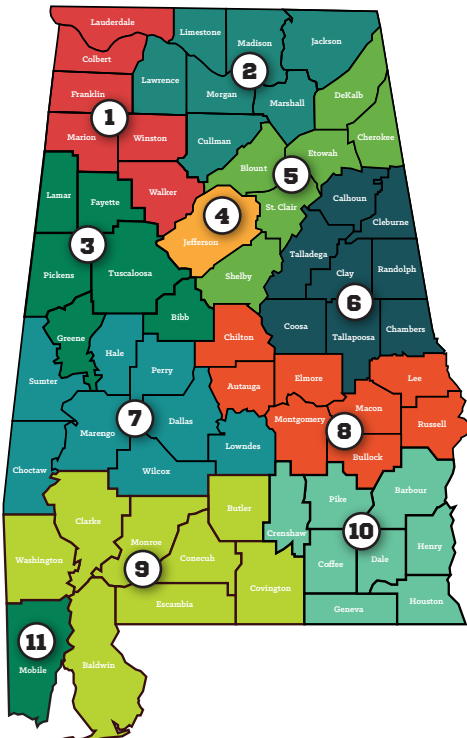
Treat pregnant females in accordance with CDC treatment guidelines



If you have any questions, contact the Alabama Department of Public Health, Division of Sexually Transmitted Disease at (334) 206-5350.

Note: Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with CDC treatment guidelines, appropriate for stage of infection, initiated 30 or more days before delivery.

For pregnant women who have history of syphilis or tested positive for syphilis during pregnancy, follow up serologic titer must be monitored closely during the third trimester and repeat treatment 30 days or more before delivery.



STD PROGRAM MANAGERS BY HEALTH AREA

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