

Alabama Department of Public Health (ADPH)
Health Alert Network (HAN)
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Syphilis is Back and It's Bad in Alabama

Key Message

Alabama continues to experience record high increase in syphilis and congenital syphilis cases. The Alabama Department of Public Health reported 1,251 cases of syphilis in 2018; however, the number of cases increased to 1630 cases in 2019; 2124 cases in 2021; 3046 cases in 2022; and 3,341 cases in 2023*. This represents a 167.1 percent increase in cases since 2018, with a syphilis case rate of 65.8 per 100,000 population.

Nearly 41 percent of cases reported in 2023 (incomplete data) had signs and symptoms indicative of syphilitic infection. Males accounted for 63.4 percent (2,118 cases) of the syphilis cases reported in 2023 (incomplete data). The high number of males diagnosed with syphilis has a direct impact on the number of females and congenital syphilis cases diagnosed in Alabama over the past six years. Females who identified as heterosexual comprised 954 syphilis cases reported in 2023* compared to 858 males who identified as heterosexual and 844 males who identified as MSM or bisexual.

Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Syphilis spreads from person-to-person by direct contact with a syphilitic sore, known as a chancre. Chancres can occur in, on, or around the penis, vagina, anus, rectum, and lips or mouth. Syphilis can spread during vaginal, anal, or oral sex. Pregnant women with syphilis also can transmit the infection to their unborn child.

Key Facts

- Men who identify as gay, bisexual, and other men who have sex with men have a high rate of syphilis.
- Individuals that have sex for drugs and/or money are at an increase for acquiring syphilis.
- Increase syphilis rate among men has a direct impact on the number of women and infants diagnosed with syphilis.
- Women are at the same risk of acquiring a new STD, such as syphilis, whether or not they are pregnant.
- Untreated syphilis can affect multiple organ systems (brain, nerves, eyes, heart, blood vessels, liver, bones, muscles, and joints).
- Untreated syphilis during pregnancy can cause miscarriage, stillbirth, prematurity, low birth weight, hydrops fetalis, or infant death shortly after birth.

Recommended Syphilis Testing

- Test all patients, including pregnant women, who do not have a documented/verified negative test result on file within the past 30 days.

- Syphilis serologic testing is necessary to determine the status of individuals with reactive tests, including untreated syphilis, partially treated syphilis, or insufficient serologic response to previous recommended therapy.
- Implement routine quarterly syphilis testing for persons who
 - Identify as gay, bisexual, or MSM
 - Engage in sex for drugs and/or money
 - Identify as injection and/or non-injection drug users
- **Prenatal STD Testing**
 - **First/Initial Prenatal Visit:** Screen for Chlamydia, Gonorrhea, Syphilis, HBV, HCV, and HIV infection (unless already confirmed to have HIV infection).
 - **Early Third Trimester (between 28-32 weeks gestation) Regardless of Risk Factors:** Screen for Syphilis and HIV. If already known to be HIV positive, the person does not need to be re-screened for HIV infection.
 - **Labor and Delivery:** Test all pregnant women at the time of labor and delivery for Syphilis, HIV infection (If already known to be HIV positive, the person does not need to be re-screened for HIV infection.) and HBV (if no prior HBV testing) or the patient has signs and symptoms of hepatitis.

Syphilis Treatment

- **Primary, Secondary, Early Latent and Sex Partners:**
Benzathine penicillin G 2.4 million units IM in a single dose.
- **Late latent Syphilis:**
Benzathine penicillin G 2.4 million units IM x 3 weeks (7-9 days interval between the 1st, 2nd, and 3rd doses. Restart if the patient returns after 9 days).

Syphilis Treatment in Pregnant Women:

Due to missed opportunities resulting in a significant number of cases of congenital syphilis in Alabama, ADPH is recommending the following treatment regimens, including retreatment of women who were previously treated syphilis before pregnancy.

All pregnant women with signs and symptoms and/or a positive syphilis test result must be treated, as detailed below, **at least 30 days before delivery** to prevent congenital syphilis:

- **Primary Syphilis, Secondary Syphilis, or Early Non-Primary and Non-Secondary Syphilis:** Benzathine penicillin 2.4 million units IM every week for two weeks at 5-7 day interval.

- **Syphilis Unknown Duration, Late Syphilis, or Previously Treated Positive before Pregnancy:** Benzathine penicillin 2.4 million units IM every week for three weeks at 5-7 days interval.

Patient Partner Referral: For treatment to prevent reinfection of the pregnant woman.
Learn more: <https://www.alabamapublichealth.gov/std/syphilis-prevention.html>

ADPH Support

ADPH offers free syphilis testing and treatment for pregnant women and their partners.
For more information, visit
<https://www.alabamapublichealth.gov/std/prenatal-std-testing.html>

Reporting

Report syphilis and congenital syphilis cases immediately online at
<https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD> or call ADPH STD Division at
334-206-5350

2023* incomplete information