

Syphilis Update

2007 Report on Surveillance and Syphilis Elimination Activities



**STD and HIV Section
Minnesota Department of Health**

<http://www.health.state.mn.us/std>

Stages of syphilis

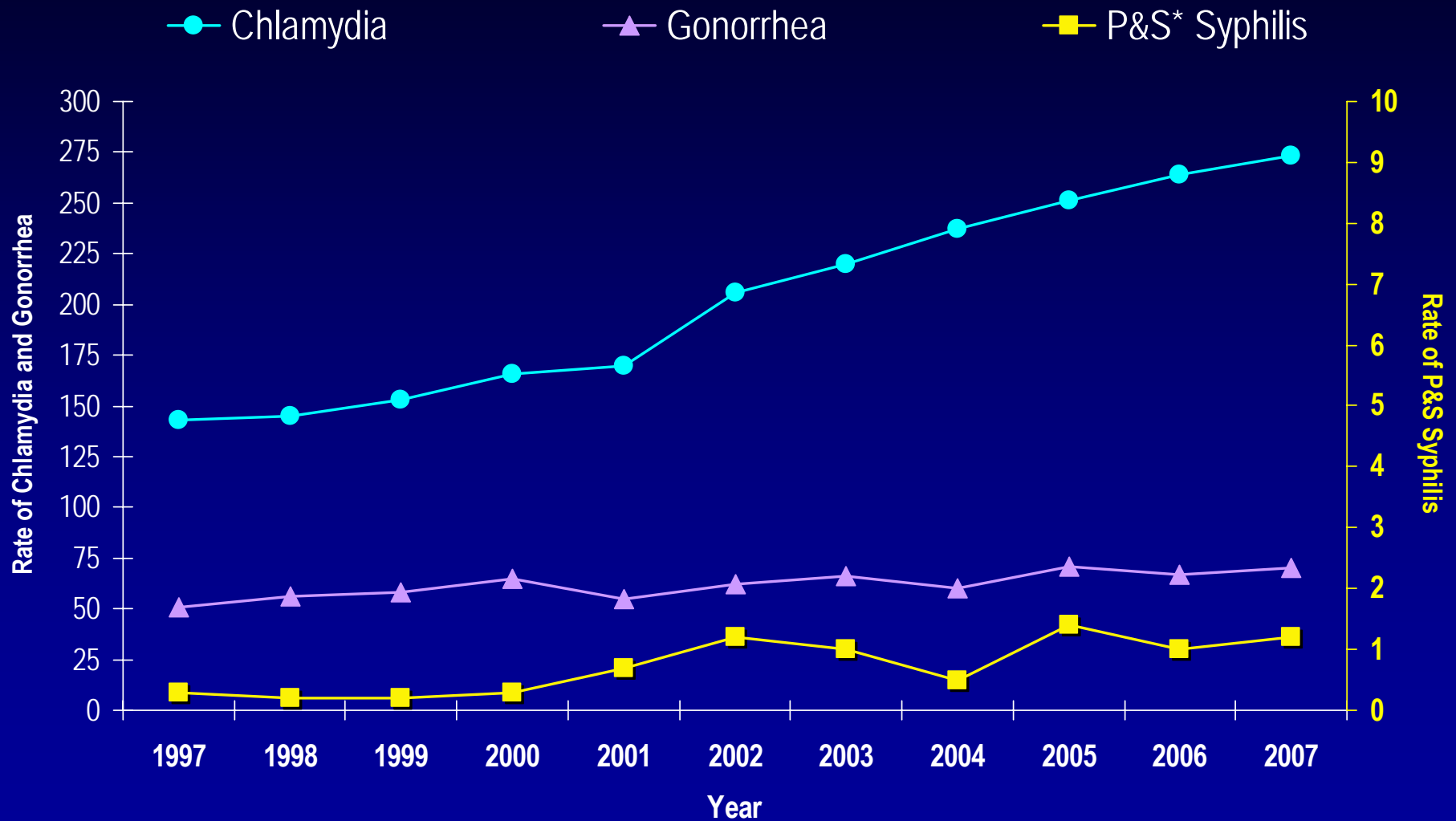
- Primary
 - Secondary
 - Latent
 - ◆ Early latent
 - ◆ Infected <1 year
 - ◆ Late latent
 - ◆ Infected >1 year
 - Congenital syphilis
- Infectious syphilis
- "Early" syphilis
-

Syphilis in Minnesota: 2007

- 186 Syphilis cases were reported to MDH in 2007:
 - ◆ 59 Primary / Secondary
 - ◆ 55 Early Latent
 - ◆ 72 Late Latent
 - ◆ 0 Congenital cases

Syphilis in Minnesota

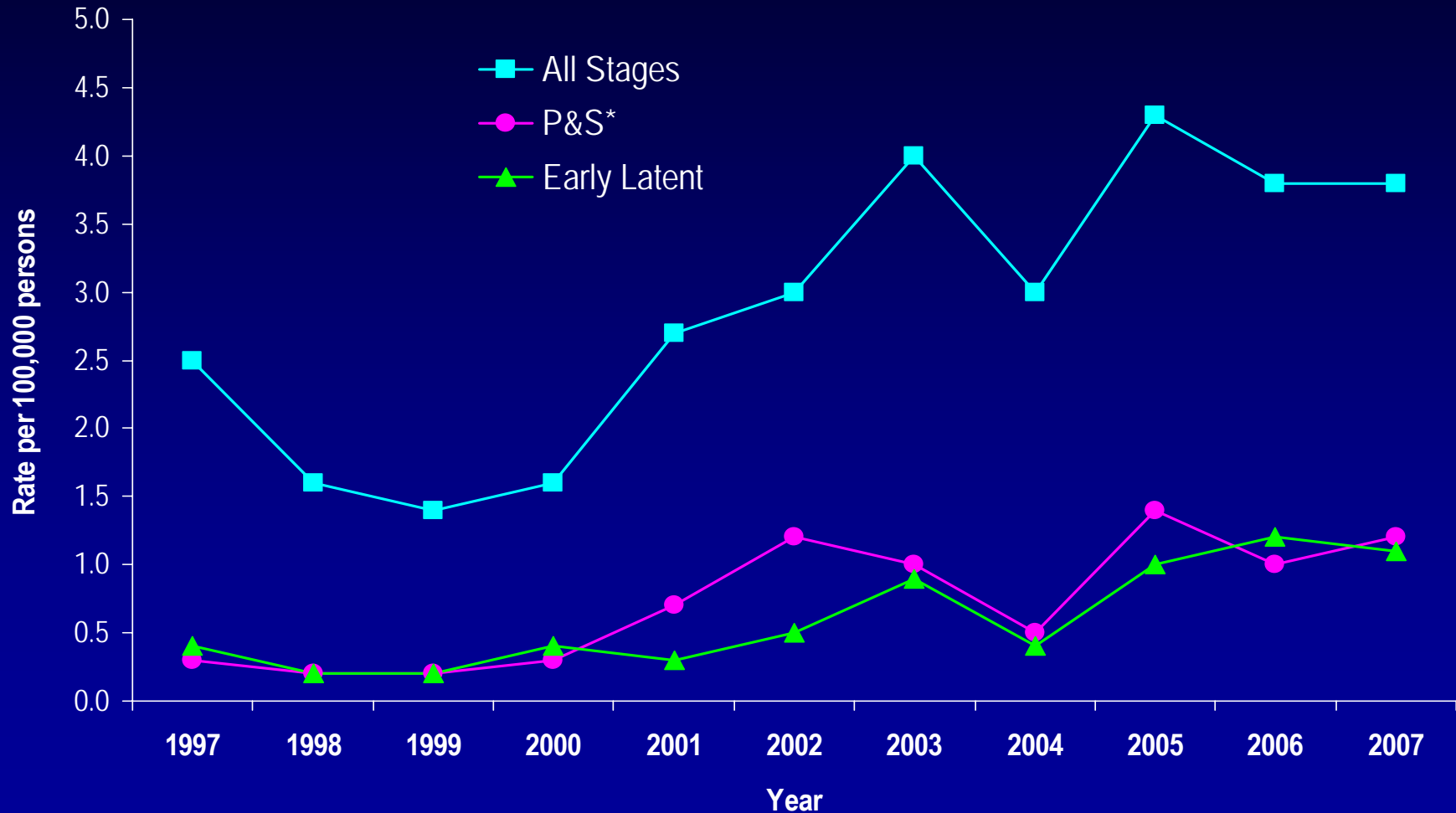
Rate per 100,000 by Year of Diagnosis, 1997-2007



* P&S = Primary and Secondary.

Data Source: *Minnesota STD Surveillance System*

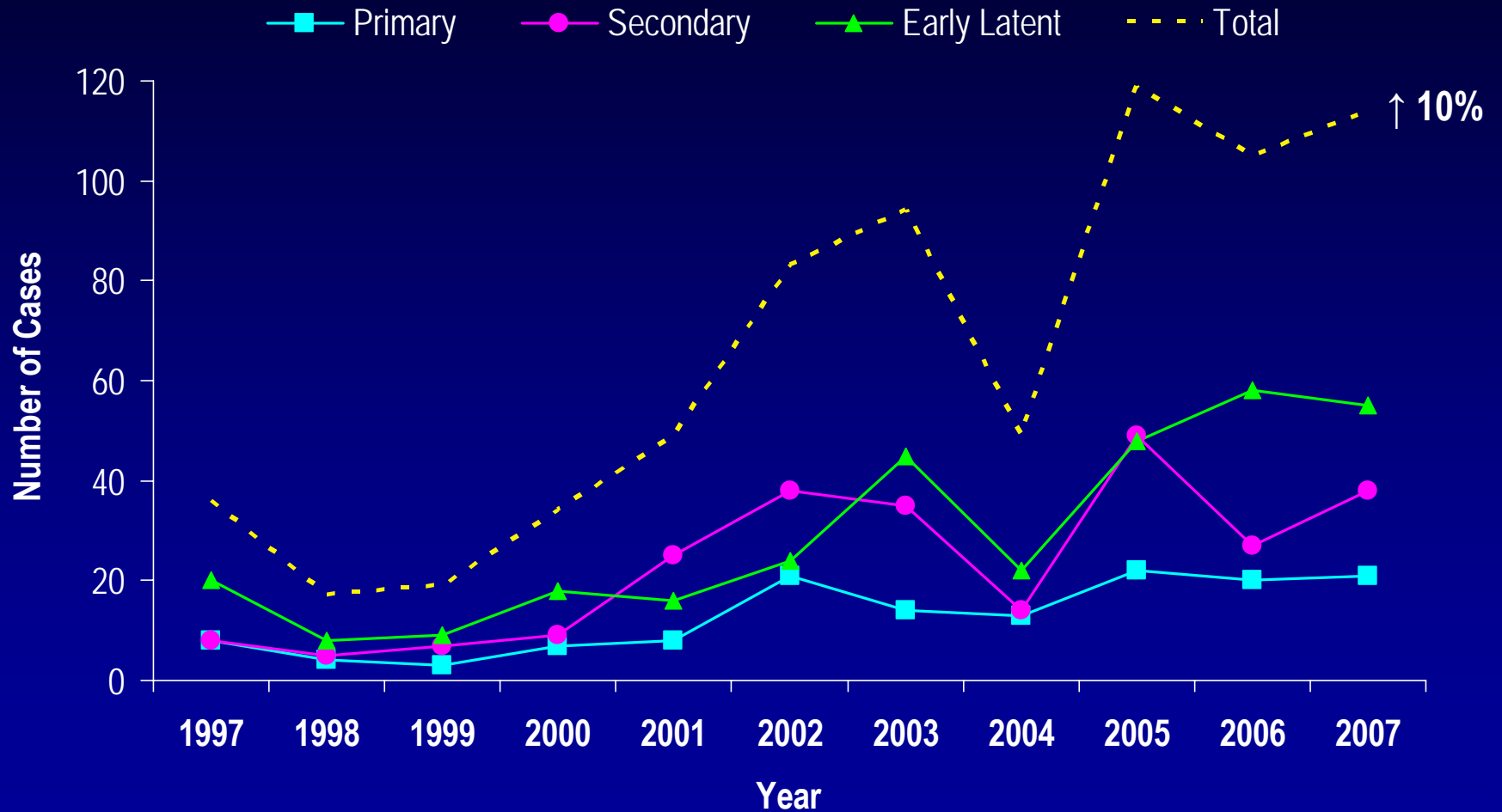
Syphilis Rates by Stage of Diagnosis Minnesota, 1997-2007



* P&S = Primary and Secondary

Data Source: *Minnesota STD Surveillance System*

Early Syphilis[†] Cases by Stage at Diagnosis Minnesota, 2001-2007

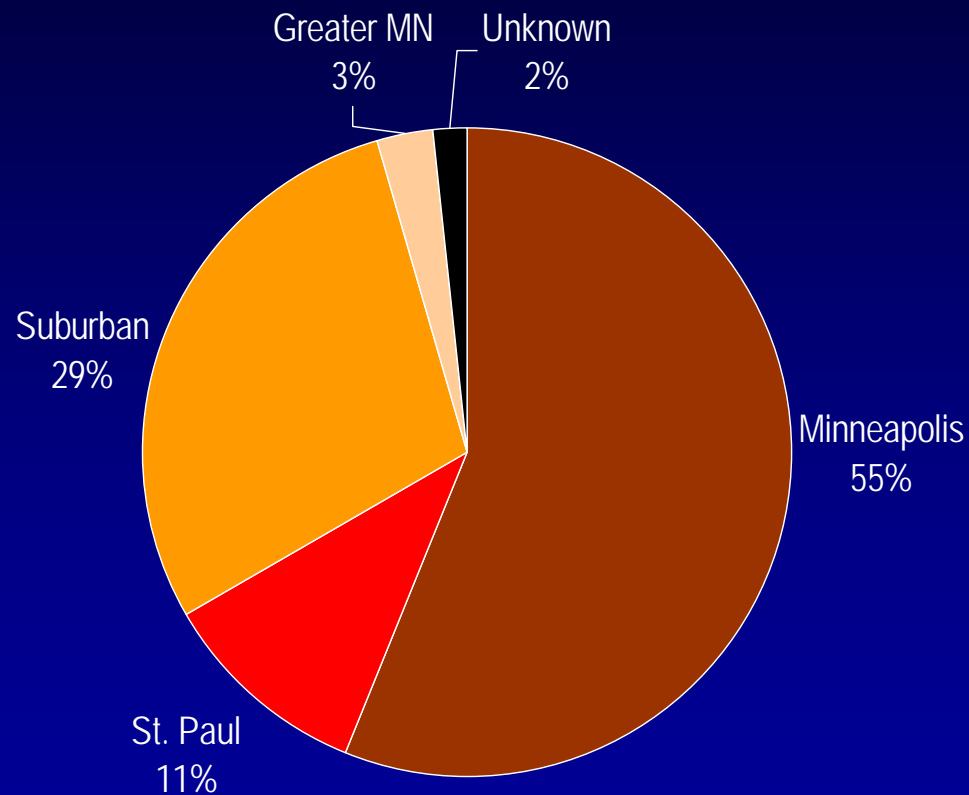


[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

Early Syphilis[†] Infections in Minnesota by Residence at Diagnosis, 2007

Total Number of Cases = 114

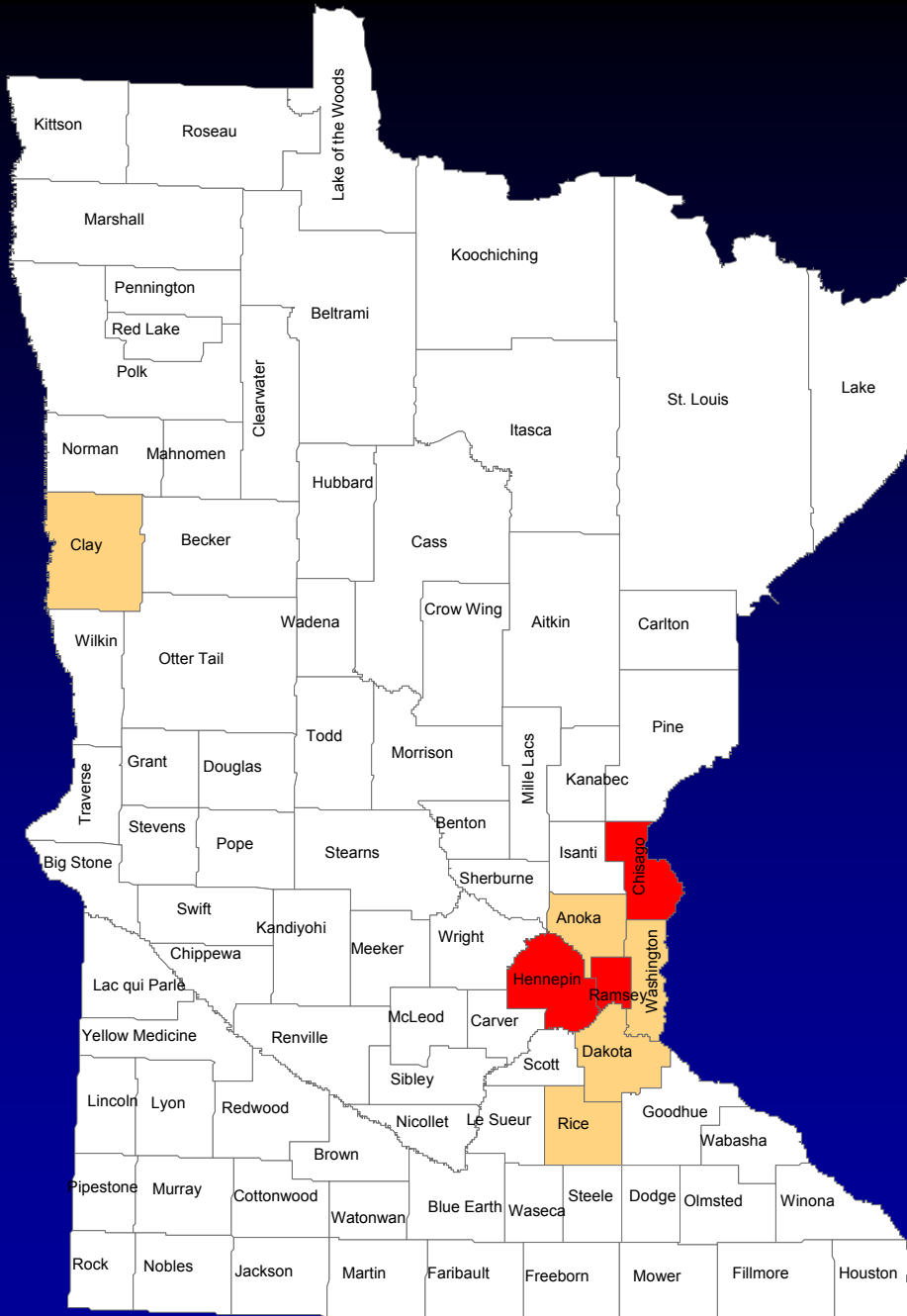


Suburban = Seven-county metro area including Anoka, Carver, Dakota, Hennepin (excluding Minneapolis), Ramsey (excluding St. Paul), Scott, and Washington counties. Greater MN = All other Minnesota counties outside the seven-county metro area.

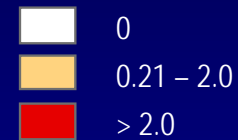
[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

2007 Early Syphilis[†] Rates by County



Rate per 100,000 population



City of Minneapolis	16.7
City of St. Paul	4.2
Suburban [#]	1.7
Greater Minnesota	0.1

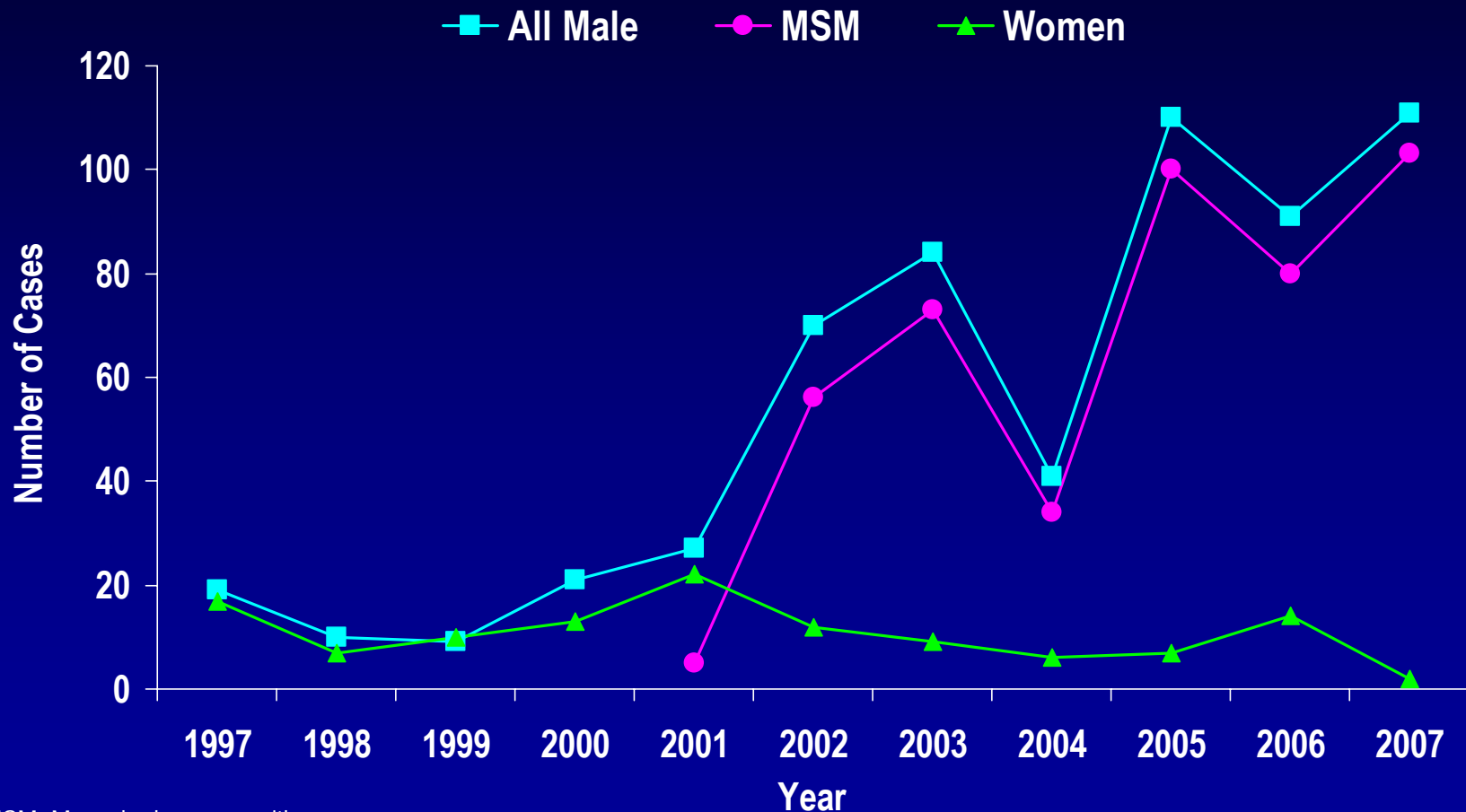
(2 cases missing residence information)

[#] 7-county metro area, excluding the cities of Minneapolis and St. Paul

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

Number of Early Syphilis[†] Cases by Gender Minnesota, 2001-2007



MSM=Men who have sex with men.

Figure does not include cases diagnosed in transgendered persons (1 each in 2004, 2005, and 2007).

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

Early Syphilis[†] by Gender and Sexual Behavior Minnesota, 2001-2007

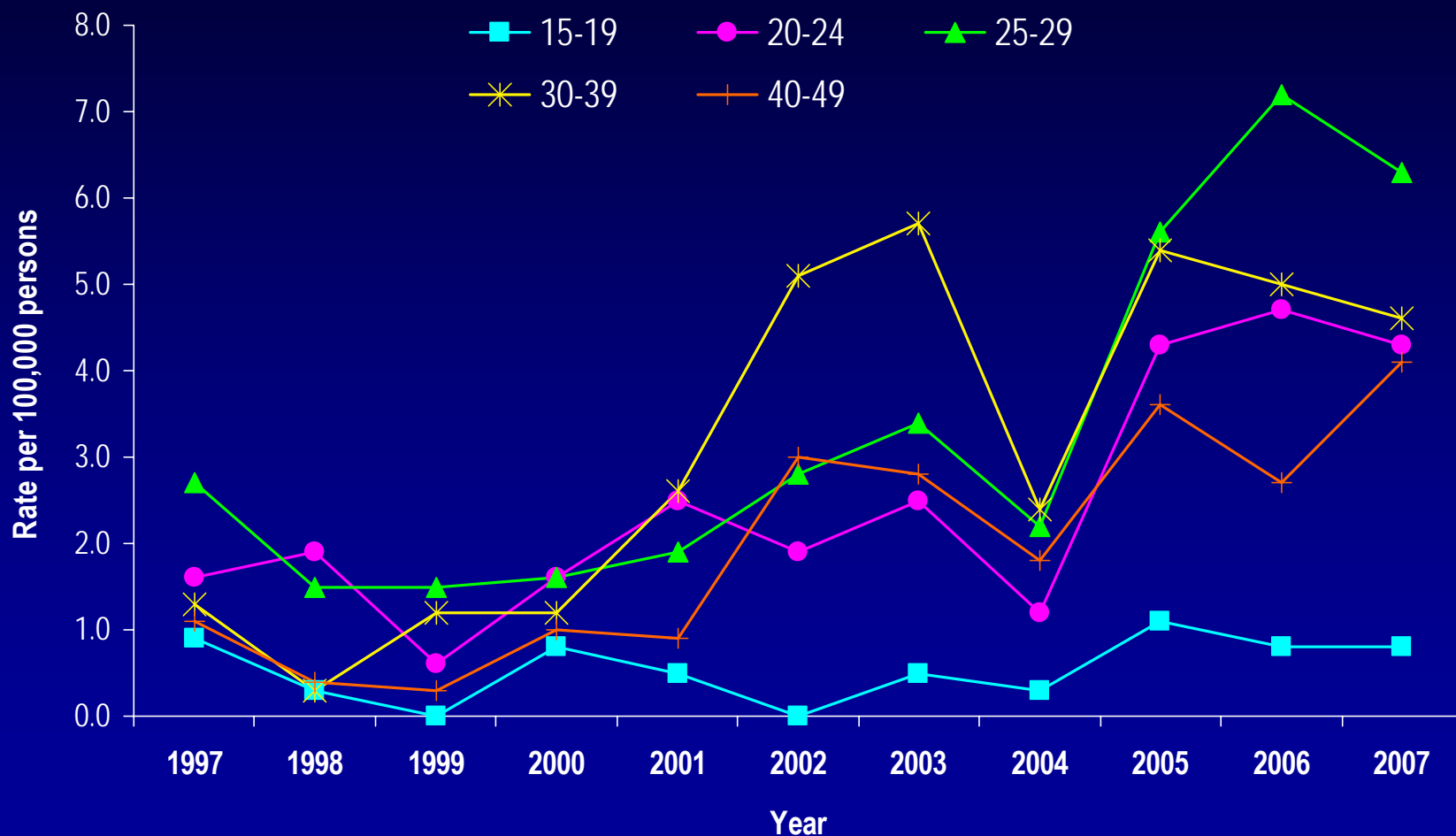
Year	Early Syphilis Cases	Male Cases (%)	MSM Cases (% of males)
2001	49	27 (55)	5 (18)
2002	82	70 (85)	56 (80)
2003	93	84 (90)	73 (87)
2004	48	41 (85)	34 (83)
2005	116	109 (94)	100 (92)
2006	104	90 (88)	80 (89)
2007	114	111 (97)	103 (93)

MSM=Men who have sex with men

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

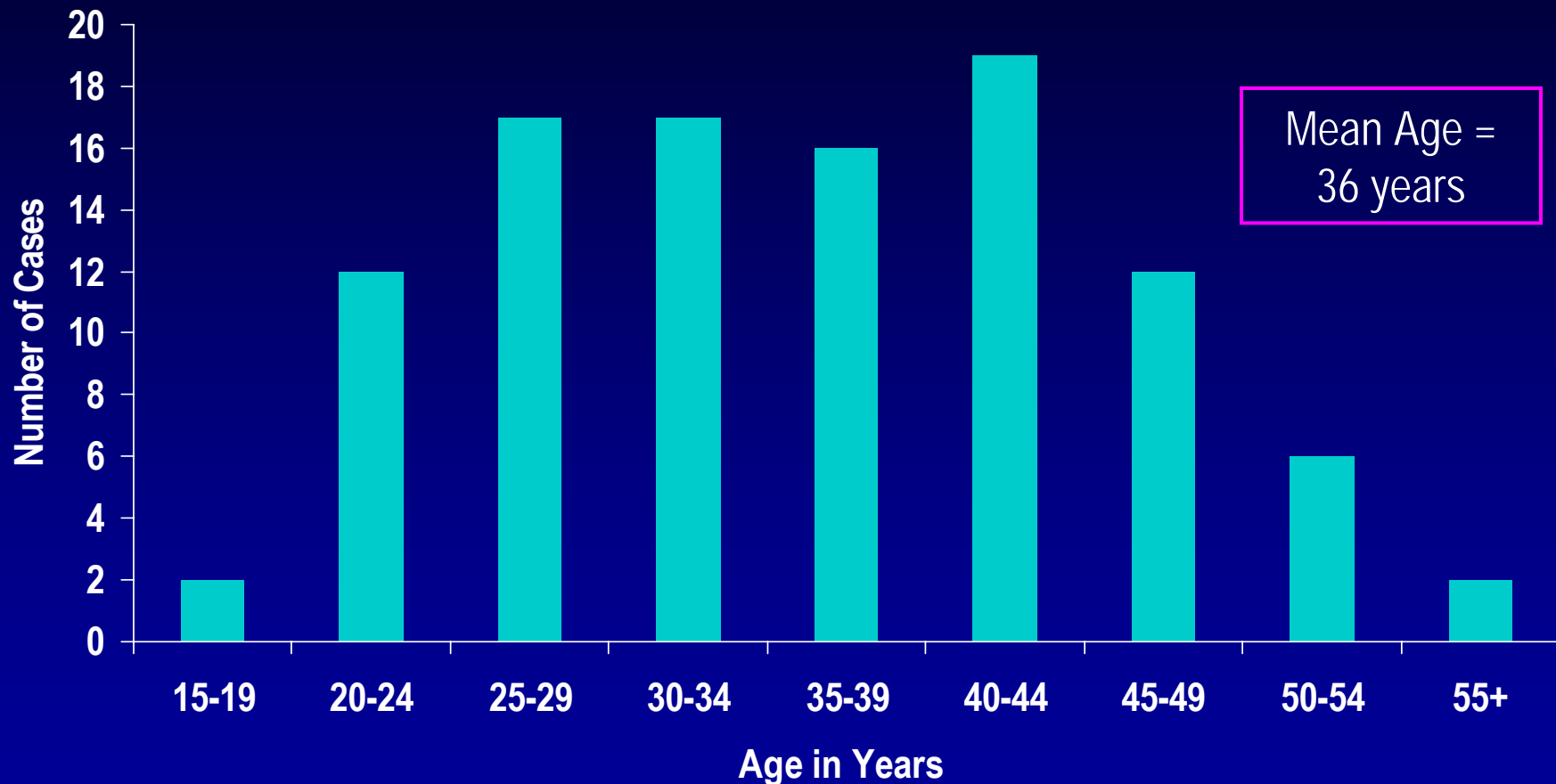
Early Syphilis[†] Rates by Age Minnesota, 1997-2007



[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

Early Syphilis[†] Cases Among MSM by Age Minnesota, 2007 (n=103)

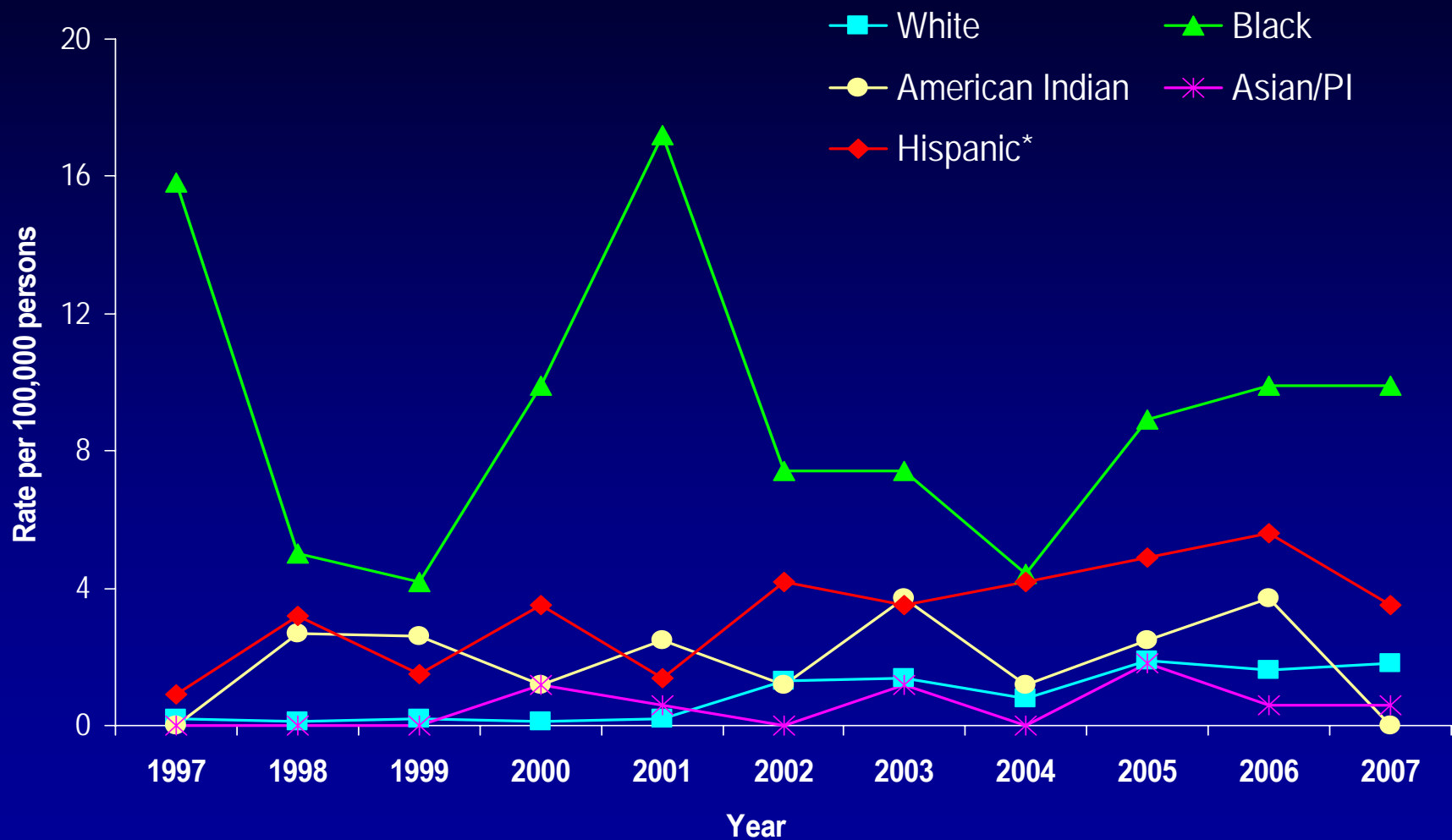


MSM=Men who have sex with men

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

Early Syphilis[†] Rates by Race/Ethnicity Minnesota, 1997-2007



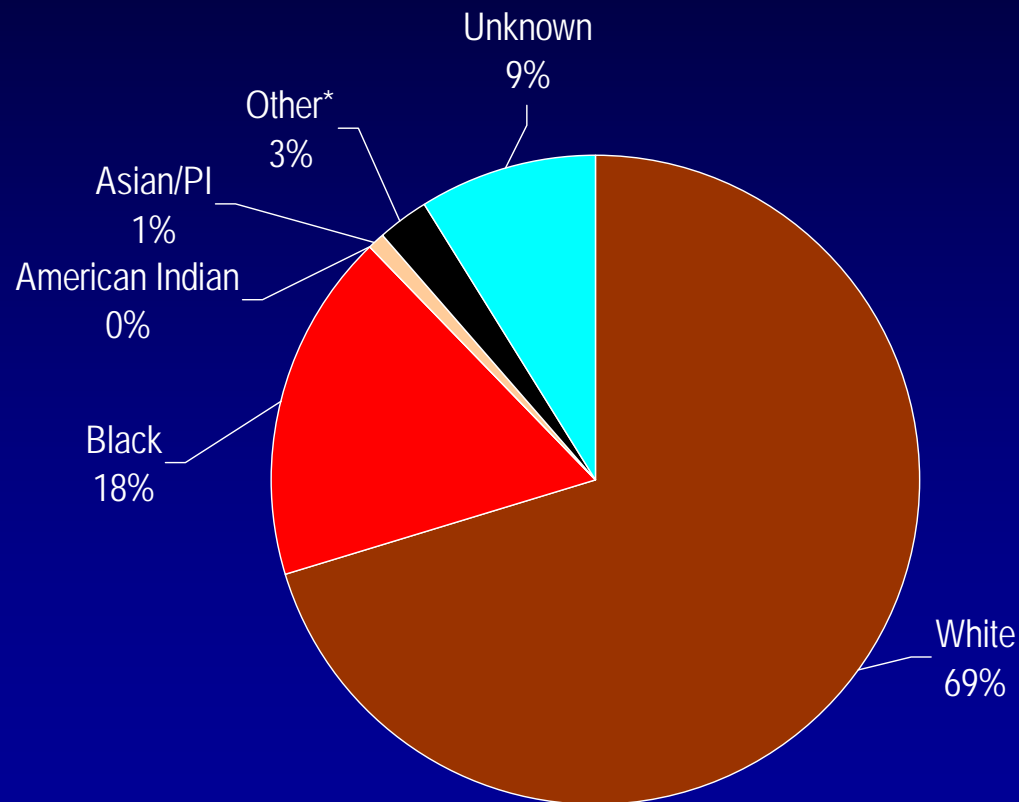
* Persons of Hispanic ethnicity can be of any race.

† Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

Early Syphilis[†] Cases by Race Minnesota, 2007

Total Number of Cases = 114



*Includes persons reported with more than one race

[†] Early Syphilis includes primary, secondary, and early latent stages of syphilis.

Data Source: *Minnesota STD Surveillance System*

Characteristics of Early Syphilis[†] Cases Among MSM, Minnesota, 2007

- MSM account for 93% of cases among men.
- 74% of cases among MSM are White, but a disproportionate number (15%) are African American.
- 71% of cases live in Hennepin County, and 56% in the City of Minneapolis.
- 44% of cases are also infected with HIV.
- Among cases interviewed by the MDH Partner Services Program:
 - ◆ Commonly reported risk factors were meeting partners on the internet, anonymous sex, and no condom use.

MSM=Men who have sex with men

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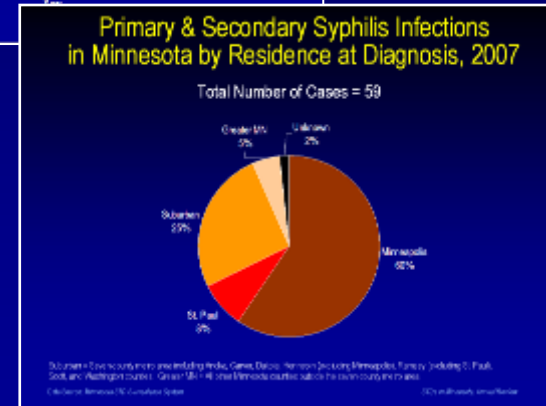
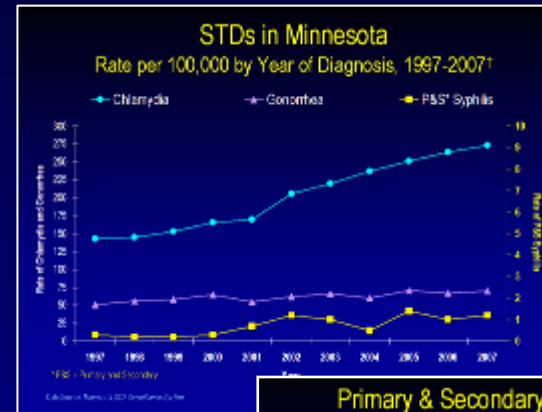
What are we doing about syphilis?

- MDH core services
- Technical assistance for health care providers
- Work in the community
- The *Healthcare for Men Who Have Sex with Men: Challenges and Opportunities* program

What are we doing about syphilis?

MDH core services:

- Epidemiology
 - ◆ Gather and interpret data
 - ◆ Monitor the spread of disease in the community
 - ◆ Outbreak response
- Partner Services
 - ◆ Partner tracing
 - ◆ Contact patients to ensure treatment follow through
 - ◆ Gather data



What are we doing about syphilis?

Working with health care providers:

- SEP web site
<http://www.health.state.mn.us/sep>
- Syphilis Tool Kit
- Clinic resources
 - ◆ Pocket card
 - ◆ Sample protocol
 - ◆ "Aid to diagnosis"
- Trainings
- Brownbags
- Online syphilis training

Clinician's Guide To Syphilis Diagnosis And Treatment

SEXUAL HISTORY, RISK ASSESSMENT and PHYSICAL EXAM

Sexual History, Risk Assessment (past year):

- gender of partners
- number of partners (new, anonymous, serodiscordant HIV status, exchange of sex for drugs or money)
- types of sexual exposure
- recent STDs; HIV serostatus
- substance abuse
- condom use

History of syphilis

- prior syphilis (last serologic test and last treatment)

Physical Exam

- oral cavity
- lymph nodes
- skin
- palms and soles
- neurologic
- genitalia/pelvic
- perianal

SYPHILIS IN MINNESOTA

Number of early stage cases in 1999: 19.

Number of early stage cases in 2005: 116.

Of these:

- 85 (73%) were in Hennepin County;
- 109 (94%) were males;
- 100 cases were in men who have sex with men;
- 38 were HIV positive.

Three basic questions to easily identify patients for STD screening :

1. Do you have, or have you ever had, an STD, HIV and/or hepatitis?
2. Have you had unprotected anal/vaginal/oral sex with more than one partner in the last year?
3. Have you ever injected drugs or anything else such as hormones, steroids or non-prescription medication?



IDEPC Division, STD & HIV Section, Syphilis Elimination Project

What are we doing about syphilis?

Working in the community:

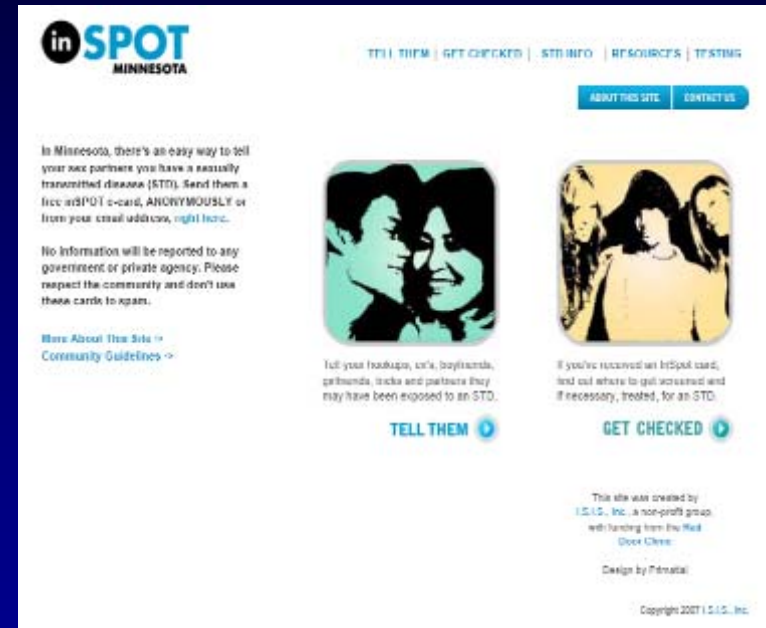
- Syphilis brochure
- <http://www.syphilismn.org>
 - ◆ Syphilis quiz
 - ◆ Education on signs and symptoms
 - ◆ Targets MSM
- Targeted advertising
 - ◆ Manhunt
 - ◆ Lavender Magazine



What are we doing about syphilis?

Working in the community:

- Grantee: HIM Program of the Red Door Clinic
 - ◆ Outreach testing
 - ◆ Testing events
 - ◆ Treatment center testing
 - ◆ On-line outreach
 - ◆ Web site:
<http://www.stopsyphilisnow.org>
 - ◆ On-line partner self-referral
<http://www.inspot.org/minnesota>

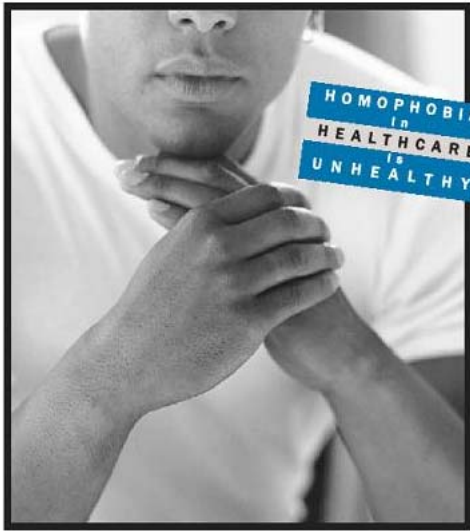


What are we doing about syphilis?

The *Healthcare for Men Who Have Sex with Men: Challenges and Opportunities* program:

- Clinic resources and materials
- Clinic brownbags
- Trainings
- Consumer forums
- Needs assessment (coming soon)
- Consumer tool kit (coming soon)

We care about your needs,
whomever
these hands caress.



THIS MESSAGE IS ENDORSED BY
THE STAFF AT THIS OFFICE
AND THE STD AND HIV SECTION OF THE MINNESOTA DEPARTMENT OF HEALTH
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What can you do?

Clinics:

- Screen MSM annually, more often as needed
- Screen MSM who are HIV+ more often
- Have a clinical protocol
- Take a good sexual health risk assessment

What can you do?

Clinics (cont.):

- When you have a positive syphilis:
 - ◆ Tell patient they will be contacted by partner services
 - ◆ Explain importance of partners being tested
 - ◆ It is OK to ask about partners
 - ◆ Use partner cards and Inspot as appropriate

What can you do?

Health care consumers:

- Know your risk
- Reduce your number of partners and practice safer sex
- Get tested as needed: for MSM at high risk, every 3-6 months
- Learn about syphilis signs and symptoms
- If needed, familiarize yourself with programs that may be of help

What can you do?

Health care consumers (cont.):

- If you become infected:
 - ◆ Get treated
 - ◆ Follow your health care provider's instructions for follow-up appointments
 - ◆ Talk to your partners so they can get the care they need
 - ◆ When contacted, assist Partner Services