STD Awareness Month

April is STD awareness month and Jackson County Public Health is dedicating the entire month to syphilis. Once nearing elimination, national and local data show that syphilis is thriving. The number of cases among men who have sex with men (MSM) has continued to increase, but within the last five years, cases among men who have sex with women (MSW) and women have increased substantially as well. The increase in syphilis among women is of particular concern because it has been associated with a striking increase in congenital syphilis.¹

National Data

In 2000, syphilis reached historic lows in the United States. The primary and secondary (P&S) syphilis rate was 2.1 cases per 100,000 population.¹ In 2017, a total of 30,744 cases of P&S were reported in the United States,¹ this yields a rate of 9.5 cases per 100,000 population.¹

Of the total P&S syphilis cases in 2017, men account for a large majority (87.7%) of P&S syphilis cases, with the majority occurring among MSM (57.9%).¹ During 2016–2017, of the total P&S syphilis cases, 15% were among females, this is a 21.1% increase from the prior year.¹

In 2017, there were a total of 918 reported cases of congenital syphilis, including 64 syphilitic stillbirths and 13 infant deaths, and the national rate was 23.3 cases per 100,000 live births.¹ This rate represents a 43.8% increase relative to 2016 (16.2 cases per 100,000 live births) and a 153.3% increase relative to 2013 (9.2 cases per 100,000 live births). As has been observed historically, this increase in the congenital syphilis rate has paralleled increases in P&S syphilis among all women and reproductive aged women during 2013–2017 (155.6% and 142.8% increases, respectively).¹

Jackson County

Jackson County Public Health has continued to see a significant increase in the number of syphilis cases in Jackson County. Preliminary data for 2018 show that there were a total of 74 syphilis cases reported (94% increase from 2017) and 48 of those cases were P&S syphilis (100% increase from 2017). For P&S syphilis, this yields a rate of 22.5 cases per 100,000 population in 2018, more than double than the 2017 national rate.

Jackson County Public Health has traditionally seen more syphilis cases (65-80%) occur in the male population in Jackson County. Preliminary data for 2018 shows a significant shift in syphilis cases with more cases of syphilis among females than males (Figure 1). Between 2017 and 2018, the number of female cases increased 290%, while the number of male cases increased by 21%. During 2018, there were 38 total cases of syphilis.
among females of reproductive age, and over one quarter of these cases occurred were pregnant.

While, to-date, none of the syphilis cases among pregnant women in 2018 have resulted in congenital syphilis cases, this demographic shift heightens concerns about the risk of congenital syphilis. In 2015, Jackson County had two cases of congenital syphilis.

Visit the Jackson County Public Health STD Awareness website for 2018 STD statistics.

**Figure 1. Jackson County Syphilis Cases by Sex by Year**

**Clinicin Guidance**

**Who Should be Screened for Syphilis?**

If a client has never been screened for syphilis and presents with any risk factors: MSM, illicit drug use, people living with HIV, or sexual partners of these different groups, they need to be screened for syphilis.²

MSM should be screened for syphilis every three months if at increased risk. People who are HIV positive, people who use illicit drugs, partners of high-risk individuals, anyone who has had a sexually transmitted disease within the last year, and anyone who exchanges sex for drugs or money should be screened yearly.²

**OB Screening Guidelines:** syphilis screening should be done upon entry into prenatal care, at 28 weeks’ gestation, and at delivery due to the ongoing syphilis epidemic and increases in congenital syphilis in Oregon.²

If a patient tests positive for syphilis or gonorrhea they should also be tested for HIV.
Algorithm for Syphilis Screening

Below are two current methods for syphilis screening. It is important to check with the lab that will be testing the specimen for syphilis to see if they have a preferred method. You can also contact Jackson County Public Health Communicable Disease staff if you have questions about either method.

"Traditional" Syphilis Screening
- Non-treponemal test (e.g. RPR)
  - Reactive: Treponemal test (e.g. FTA-ABS)
    - Reactive: Syphilis
    - Non-reactive: Negative for syphilis
  - Non-reactive: Non-reactive

"Reverse Sequence" Syphilis Screening
- Treponemal test (typically EIA)
  - Reactive: Non-treponemal test (e.g. RPR)
    - Reactive: Syphilis
    - Non-reactive: Negative for syphilis
  - Non-reactive: Second Treponemal test (e.g. FTA-ABS)
    - Reactive: Syphilis
    - Non-reactive: Negative for syphilis

Reporting Syphilis Cases to Jackson County Public Health

Syphilis is a reportable communicable disease and should be reported to Jackson County Public Health within one working day. Below are three options to report to Jackson County Public Health:

1. **Electronic** – This is a web-based confidential reporting system through the Oregon Health Authority. These reports will be automatically routed to Jackson County Public Health. Click on the hyperlink to access this option, **Web-based Confidential Oregon Morbidity Report**.

2. **Call Jackson County Public Health Communicable Disease** – Clinicians can call and make a report 24 hours a day. During business hours call 541-774-8045, and after-hours call 541-618-4651.

3. **Fax** – Clinicians can fax a report to Jackson County Public Health using the **Oregon Confidential Morbidity Form** (please click on the hyperlink to access this form). The form should be faxed 541-774-7954.

Resources
- Screening Recommendations from OHA
- Screening Recommendations from CDC
Seasonal Influenza Update

Jackson County Public Health continues to track hospital emergency departments (ED) visits for Influenza-Like Illness (ILI) and the flu positivity rate this flu season for Jackson County. It has been observed that there have been two flu surges this season in Jackson County. Both influenza A(H1) and influenza A(H3) are circulating this flu season.

ED visits for ILI in Jackson County fell sharply, from 4.0% in week 12 (March 17 –23, 2019) to 2.1% in week 13 (March 24 – March 30, 2019). Oregon overall showed a similar trend but remained higher than Jackson County (3.5%) (Figure 1).

The percent of positive flu test for Jackson & Josephine County decreased sharply in week 13 (20.2%), down from 29.9% in week 12 and a season-high 34.1% in week 11. Positivity rates are slightly lower than the Southern Oregon region as a whole (22%) and the state of Oregon as a whole (22.7%) which also saw sharp declines in influenza test positivity (Figure 2). During week 13, influenza A(H3) was the predominant strain circulating in Region 10 (Oregon, Washington and Idaho).³

Figure 1. Percentage of ED Visits for ILI, Jackson County vs. Oregon 2018-2019
Upcoming Trainings & Conferences

1. **2019 Southern Oregon LGBTQ+ Health and Wellness Summit:**
   - **When:** May 9 and 10, 2019
   - **Where:** Jackson County Health and Human Services, 140 South Holly Street
   - **Registration:** [http://www.solgbtqhealthsummit.org/](http://www.solgbtqhealthsummit.org/)

   
   “The mission of Jackson County Health and Human Services is to plan, coordinate and provide public services that protect and promote the health and well-being of county residents.”

REFERENCES