

Stopping Syphilis: The HHS Summer Seminar Series

Office of Infectious Disease and HIV/AIDS Policy
Office of the Assistant Secretary for Health

June 26, 2024



OASH

Office of the
Assistant Secretary
for Health

Webinar Agenda

Topic
Welcome and Opening Remarks
Overview of the National Syphilis and Congenital Syphilis Syndemic Federal Task Force
Latest Epidemiology on Syphilis and Congenital Syphilis
Clinical Manifestations of Syphilis in All Stages of Infection
Review “Real-Life” Case Studies and Share Resources for Ongoing Learning and Professional Support
Q&A Session
Close

Overview of the National Syphilis and Congenital Syphilis Syndemic (NSCSS) Federal Task Force



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Office of the
Assistant Secretary
for Health

NSCSS Federal Task Force Members

Chaired by ADM Rachel Levine, MD,
Assistant Secretary For Health, HHS

10 HHS agencies

Department of Justice
(Federal Bureau of
Prisons)

Department of Defense
(Defense Health
Agency)

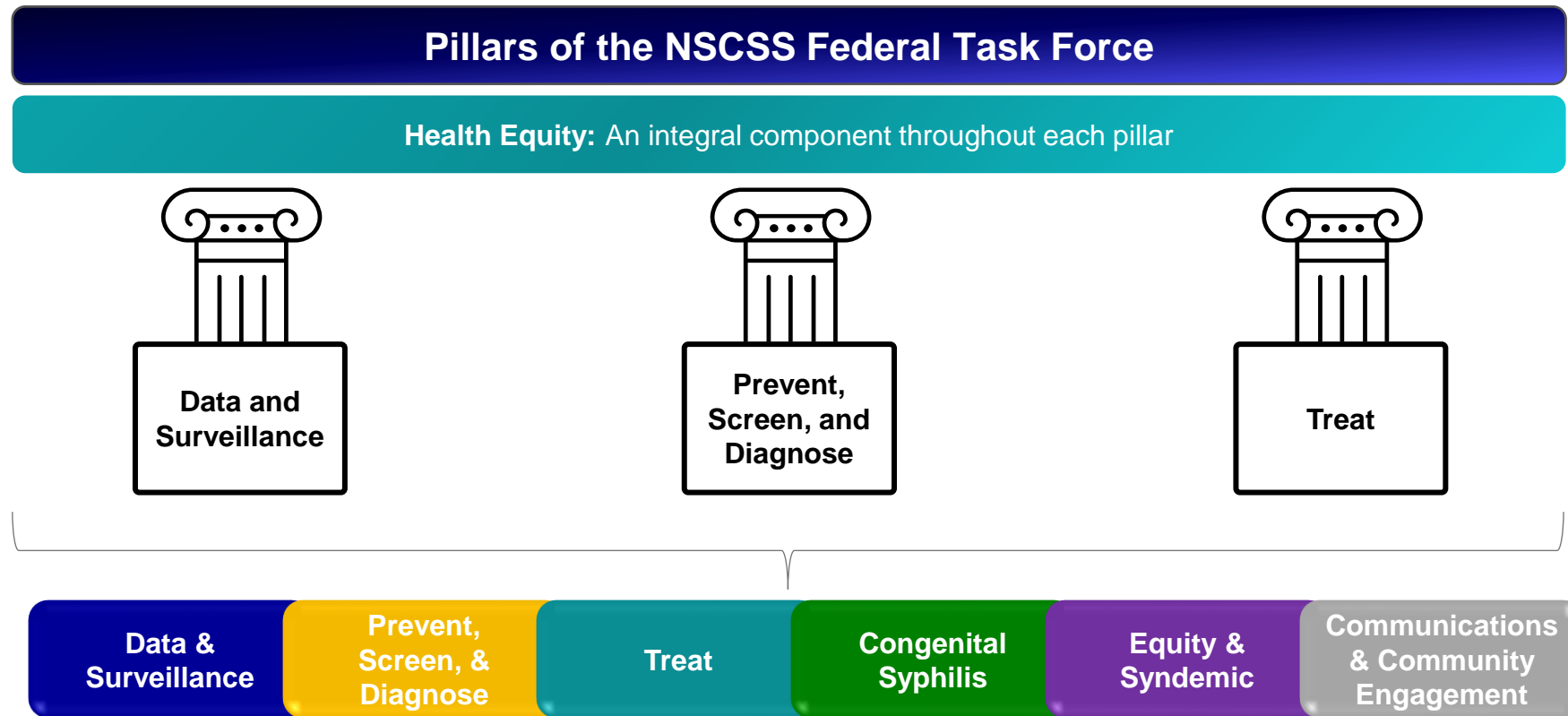
United States
Department of
Agriculture (USDA)

Department of
Veterans Affairs

The White House
(Office of National AIDS
Policy;
Office of National Drug
Control Policy)

Over 200 members
across the federal government

NSCSS Federal Task Force Framework



Six subcommittees that drive the work of the three pillars

NSCSS Federal Task Force Operational Functions

- Convene regular meetings to support information sharing to align strategies, share best practices, and coordinate resources
- Assess opportunities to leverage existing resources to address syphilis and congenital syphilis in identified priority communities
- Identify additional agencies that have a role to play in addressing the syndemic of syphilis and congenital syphilis
- Share progress and updates of NSCSS Federal Task Force at least on a quarterly basis

Clinical Presentations of Syphilis: Taking the Textbook to the Next Level

Kate Miele, MD, MA, FACOG

Shannon Dowler, MD, FAAFP, CPE



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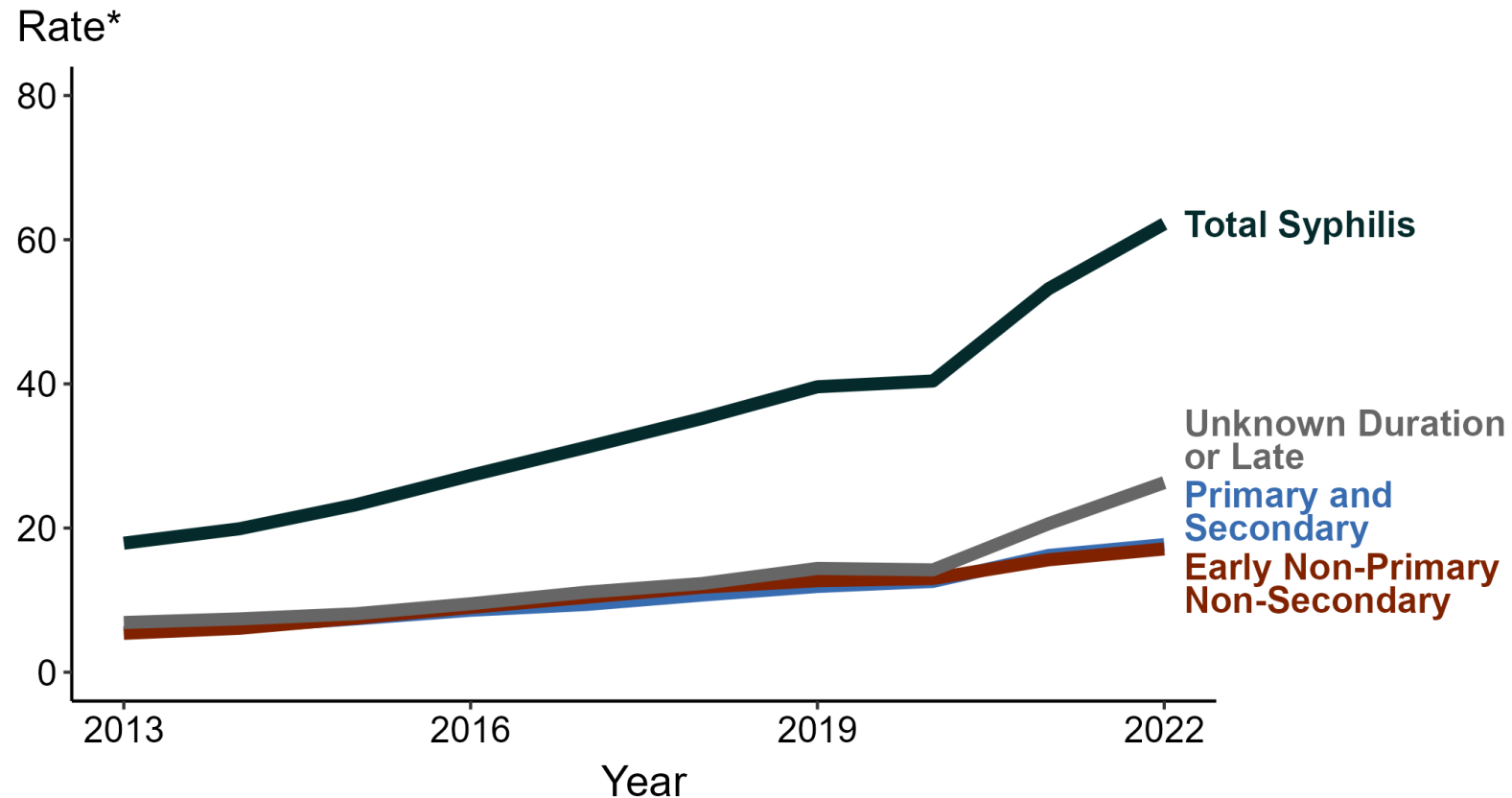
Office of the
Assistant Secretary
for Health

Webinar Objectives

- Review the latest epidemiology on syphilis and congenital syphilis
- Explore the clinical manifestations of syphilis in all stages of infection
 - **Recognize “atypical” presentations of syphilis**
 - **Considerations for syphilis among people who are pregnant**
- Review “real-life” case studies
- Share resources for ongoing learning and professional support

SYPHILIS CASES, 2013-2022

**Syphilis rates are increasing across the United States.
In 2022, there were 207,255 total cases of syphilis.**

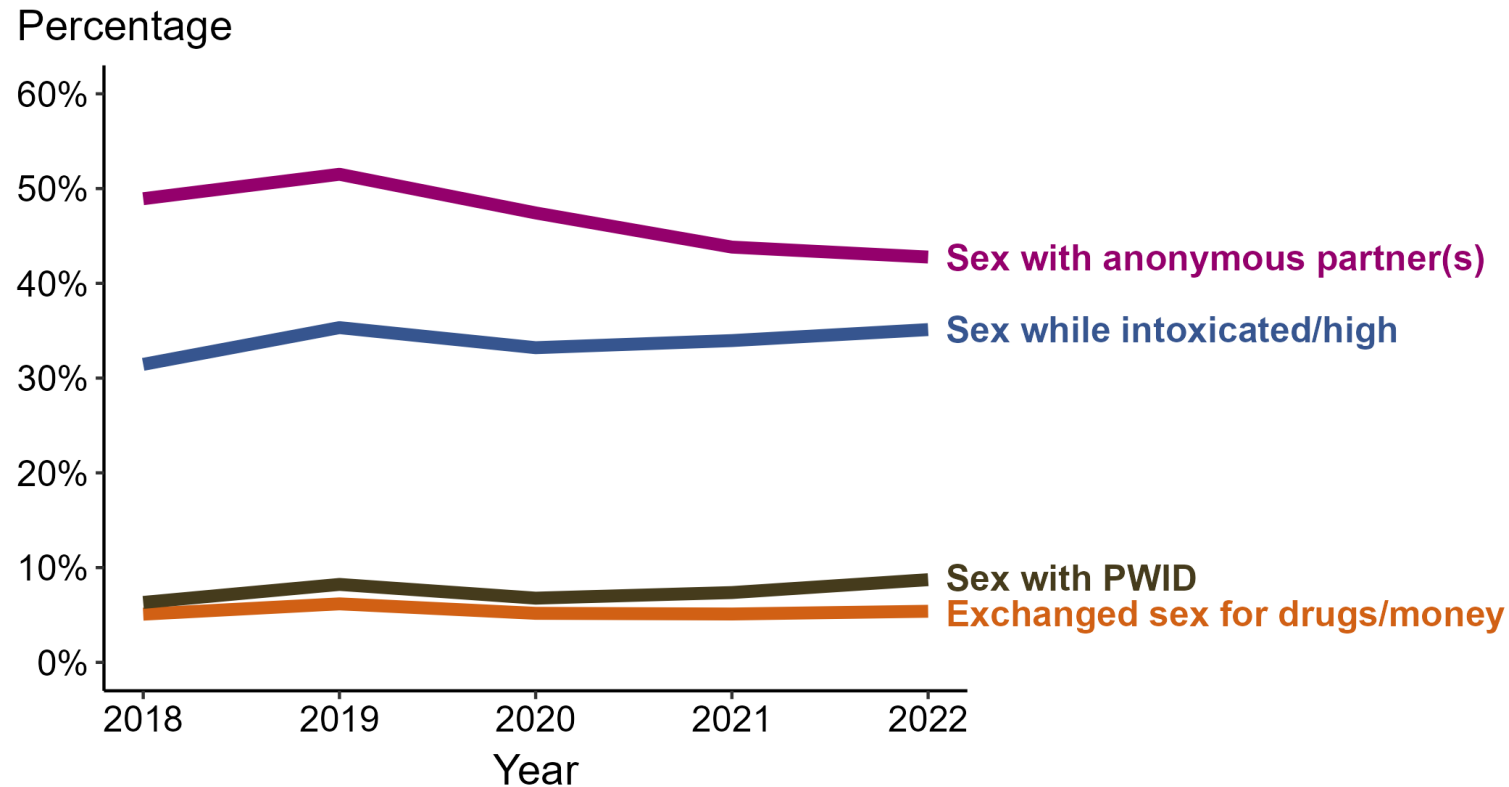


*Per 100,000

NOTE: Includes all stages of syphilis and congenital syphilis

SYPHILIS CASES BY SEXUAL BEHAVIOR, 2018-2022

There are no significant increases in any one sexual behavior driving the increases in syphilis.

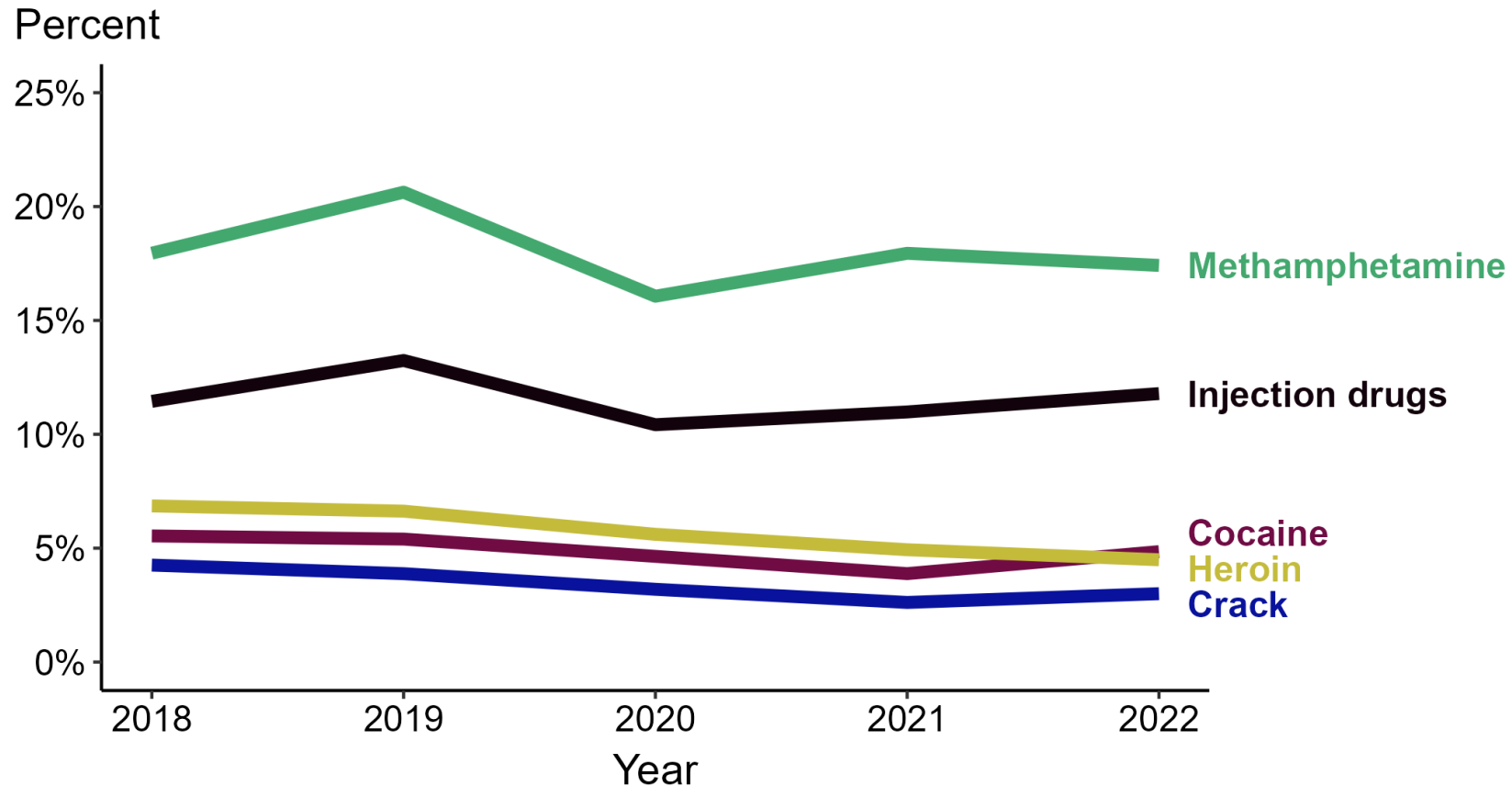


* Proportion reporting sex with PWID, sex with anonymous partners, sex while intoxicated/high on drugs, or exchanging drugs or money for sex within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

ACRONYMS: PWID = Person who injects drugs

SYPHILIS CASES BY SUBSTANCE USE, 2018-2022

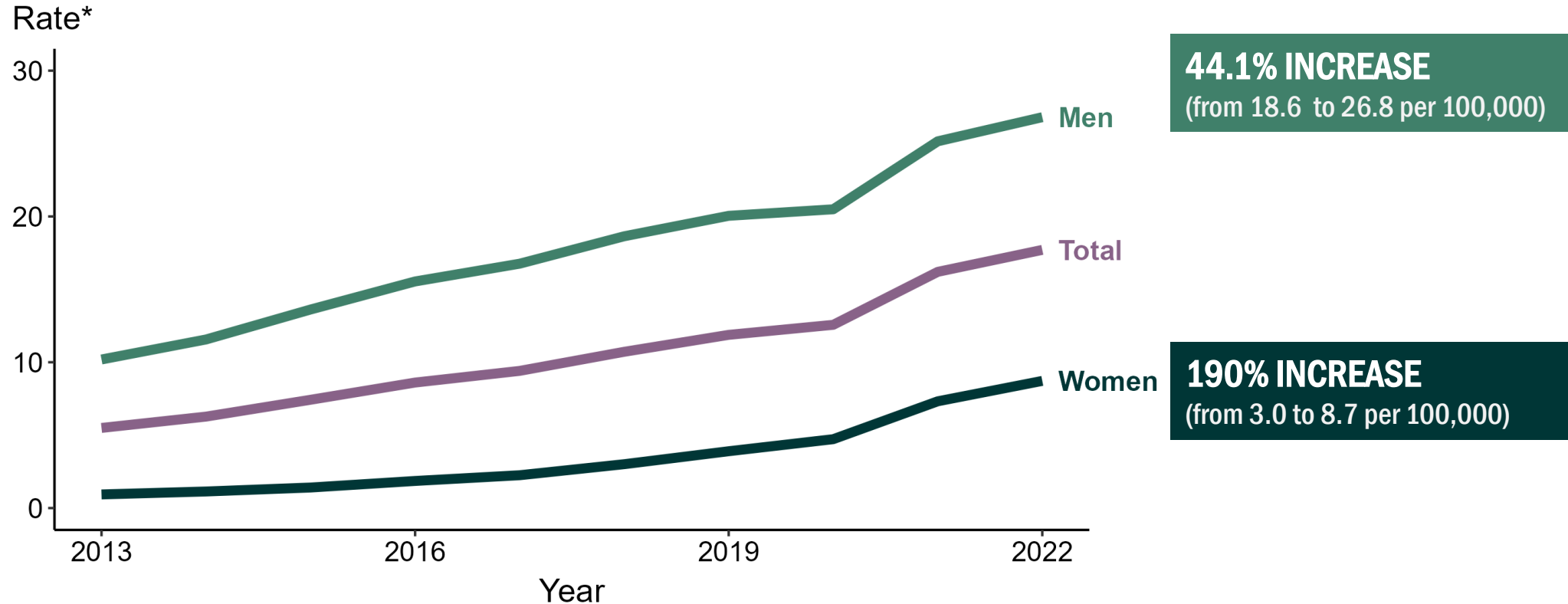
There are no significant increases in any one substance driving the increases in syphilis.



* Proportion reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

SYPHILIS CASES BY SEX

Over one year, the rate of reported primary and secondary syphilis among women increased 3x compared to the rate among men.



Per 100,000

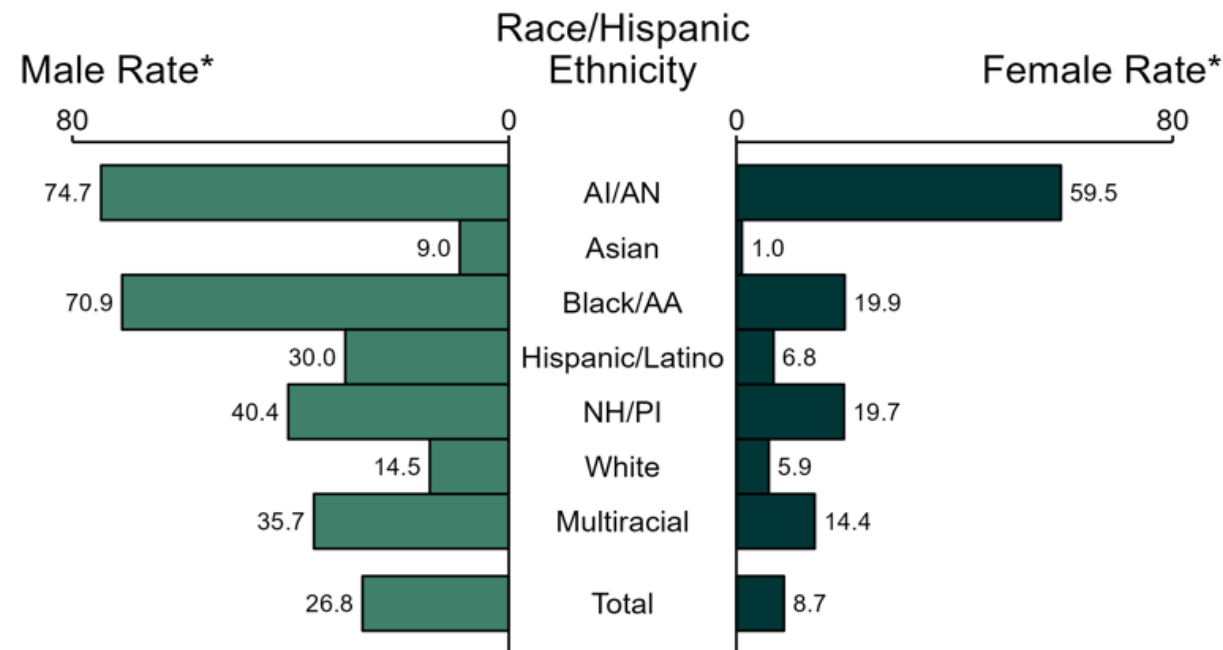
NOTE: Includes all stages of syphilis and congenital syphilis

Primary and Secondary Syphilis —
Rates of Reported Cases by Sex, United States, 2013–2022

SYPHILIS CASES BY SEX AND RACE/ETHNICITY, 2022

There are significant health equity issues in syphilis cases by race and Hispanic ethnicity.

Primary and Secondary Syphilis — Rates of Reported Cases by Race/Hispanic Ethnicity and Sex, United States, 2022



* Per 100,000

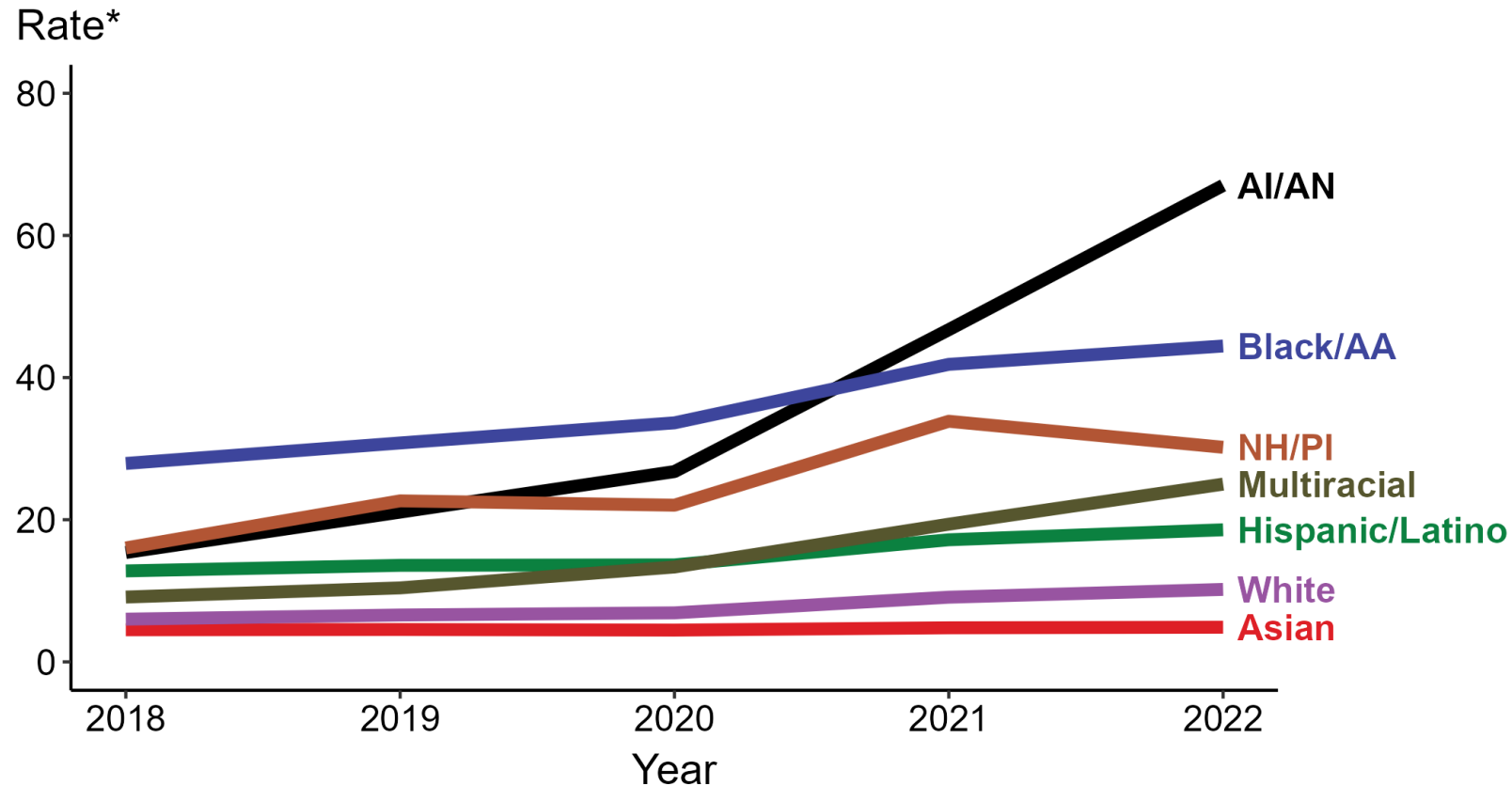
ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

NOTE: Total includes all cases including those with unknown race/Hispanic ethnicity.



SYPHILIS CASES BY RACE/ETHNICITY, 2018-2022

There are significant health equity issues in syphilis cases by race and Hispanic ethnicity.

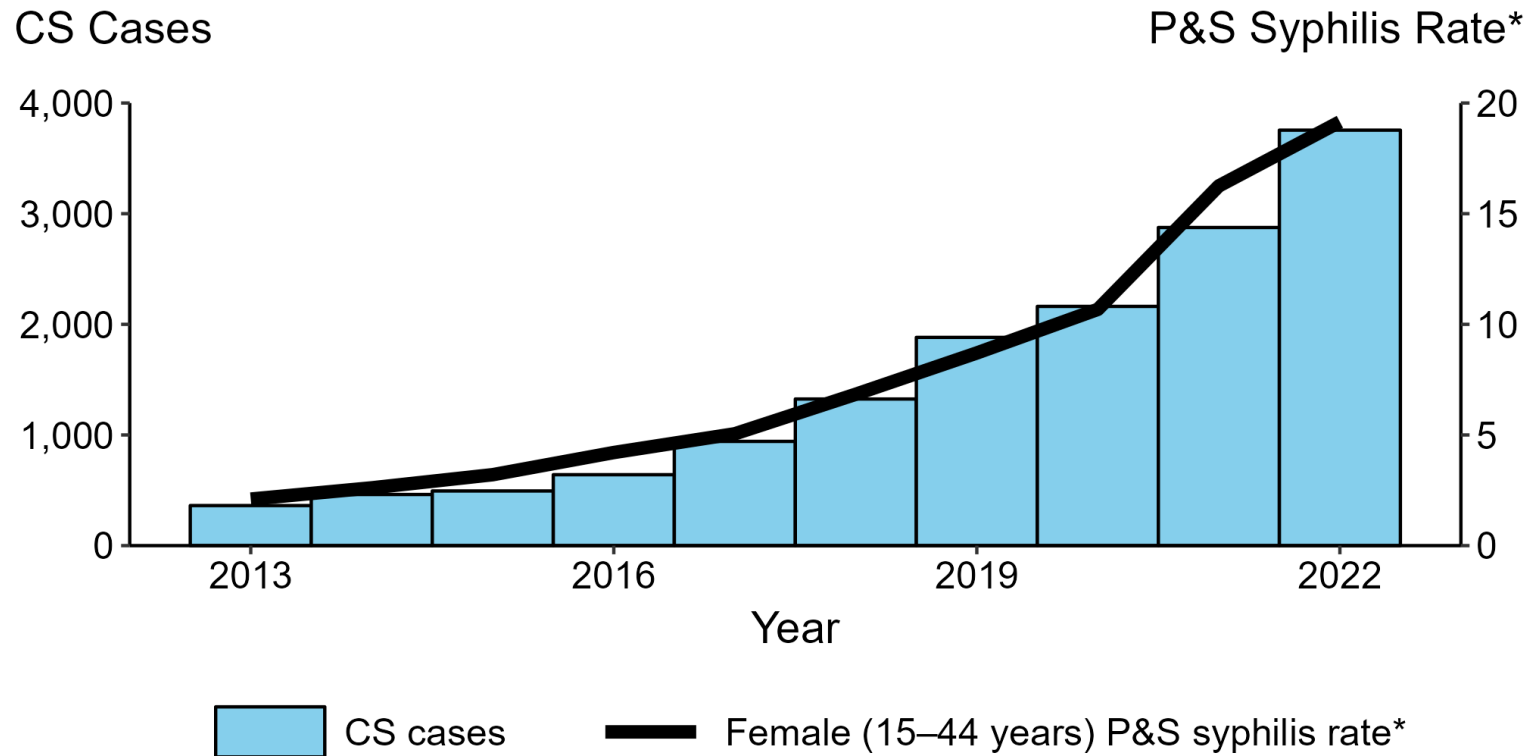


* Per 100,000

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

CONGENITAL SYPHILIS CASES, 2013-2022

Congenital syphilis cases have increased over the last decade alongside syphilis cases among females.



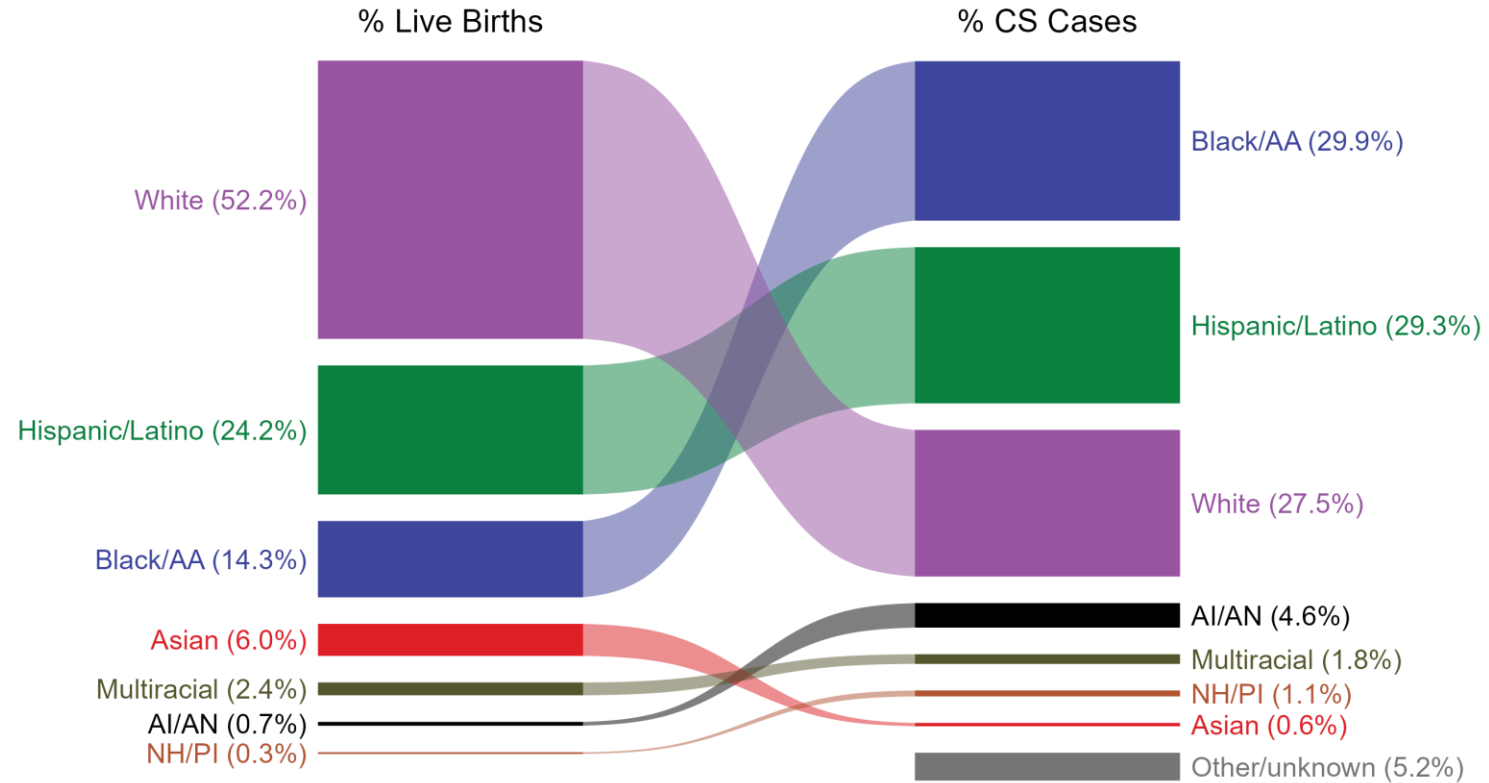
* Per 100,000

ACRONYMS: CS = Congenital syphilis; P&S Syphilis = Primary and secondary syphilis

Congenital Syphilis Rates and Rates of Reported Cases by Sex, United States, 2013-2022

CONGENITAL SYPHILIS CASES, 2022

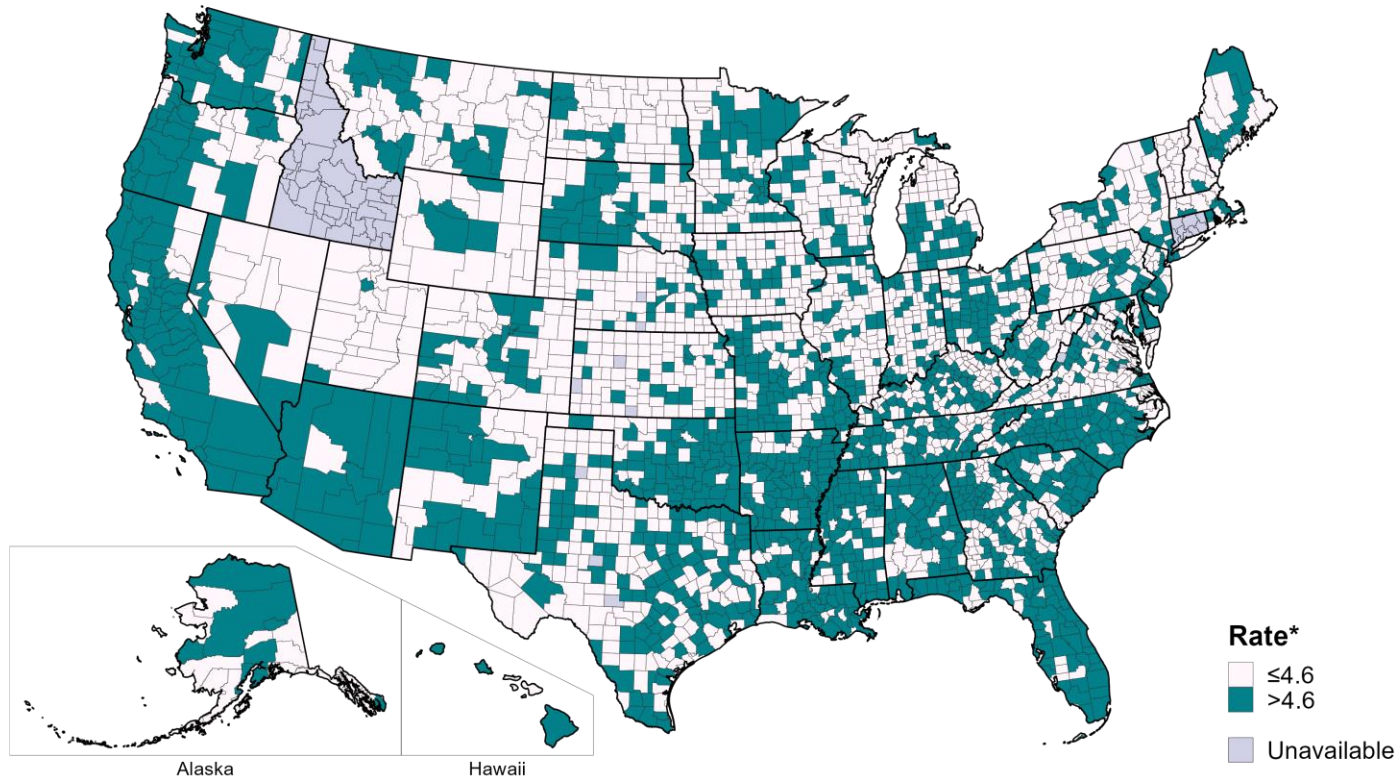
There are significant health equity issues in congenital syphilis cases by race and Hispanic ethnicity.



NOTE: In 2022, a total of 197 congenital syphilis cases (5.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the "other/unknown" category.

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

WHAT'S YOUR COUNTY RATE?

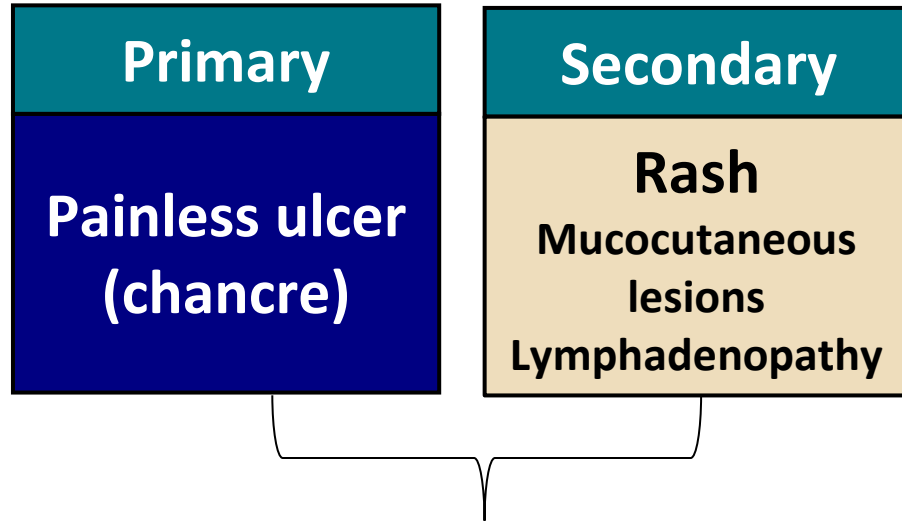


Scan the QR Code Below to find out your county rate

*Per 100,000

NOTE: The Healthy People 2030 target for the rate of primary and secondary syphilis in women aged 15–44 years is 4.6 per 100,000.

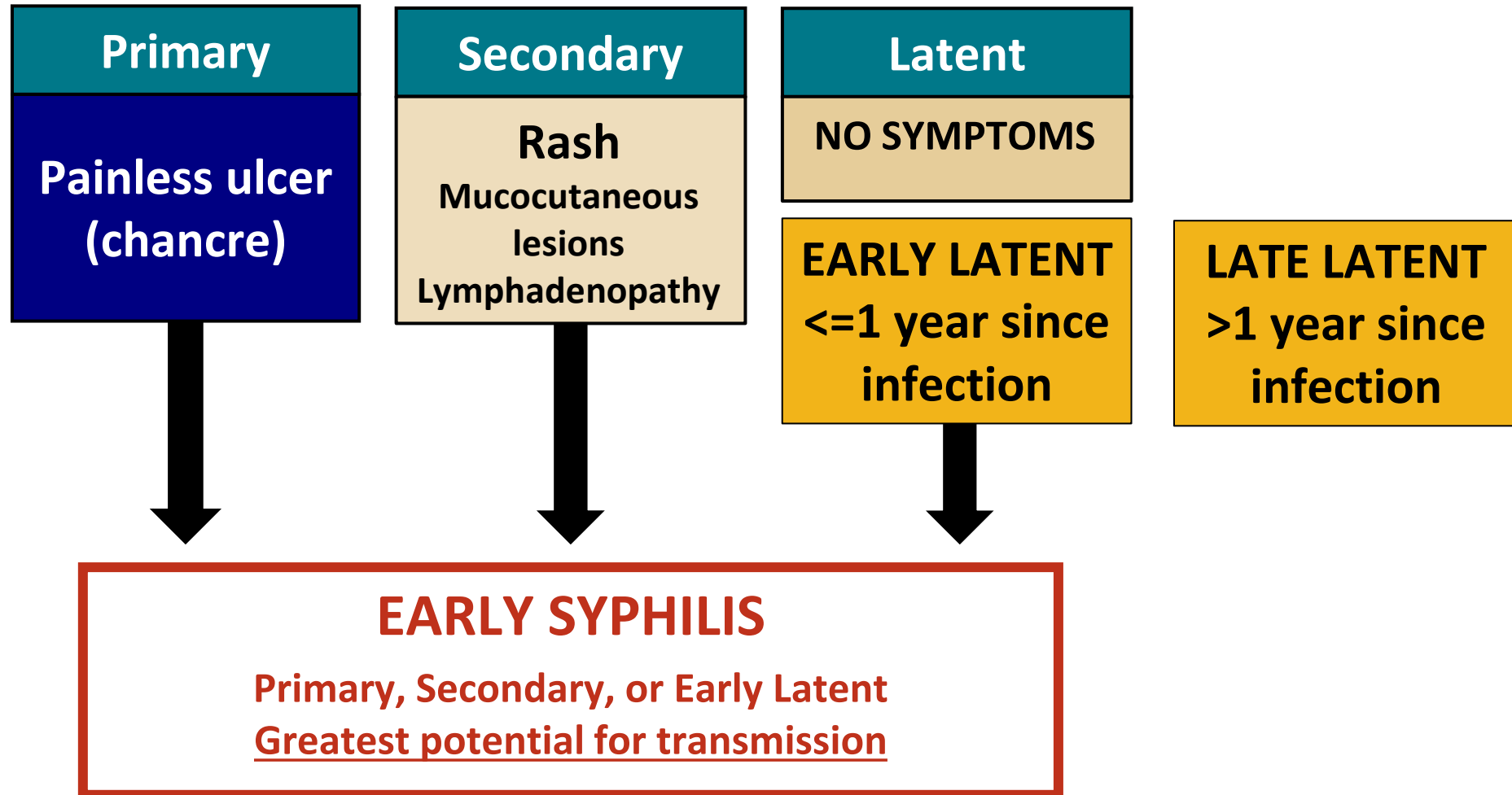
Clinical Stages



P&S Syphilis

Most infectious stages
Recent acquisition (incidence)
Leading edge of syphilis epidemic

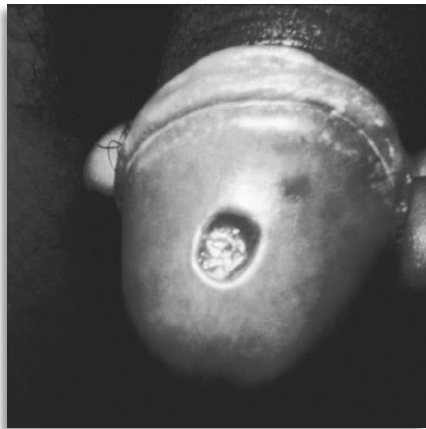
Clinical Stages



Clinical Stages

Primary

**Painless ulcer
(chancre)**



Secondary

Rash
Mucocutaneous
lesions
Lymphadenopathy



Latent

NO SYMPTOMS

**No signs
or
symptoms**

Tertiary

Cardiovascular
Gummatous lesions
(skeletal, mucosal,
ophthalmic)
Dementia/Psychosis



Neurosyphilis, ocular syphilis, and otosyphilis can occur at any stage.

Primary Syphilis Clinical Presentations

The presentation of primary syphilis can be varied. While historical descriptions included the feature of a single, painless chancre, primary syphilis can present with multiple and/or painful lesions, especially if there is co-infection with HSV. Multiple lesions might occur from autoinoculation or where the tissue folds onto itself. Any person presenting with a genital ulceration should have a syphilis test performed.



Photo Credit: Orange County Healthcare Agency



Photo Credit: NC STD Division



Photo Credit: NC STD Division

Primary Syphilis Clinical Presentations

Primary syphilis lesions might also be very subtle, especially if they are non-painful. Patients might think they are a pimple or an ingrown hair and they might occur in places people can't see, including the vagina, cervix, and oral cavity. It is important to be very intentional with a review of systems and physical exams.



Don't forget extragenital locations!

Like many STIs, presentations can occur outside the genitalia, such as on the lips, tongue, mouth, and throat. Perianal lesions are also common. Be alert to painful and painless lesions in these locations and remember to do syphilis testing. Like in the genital locations, these lesions are self-resolving and patients might not ever present for care.



Photo Credit: CDC Library

Secondary Syphilis Clinical Presentations

If only there were a "classic" rash that could be described to capture secondary syphilis! While not typically bothersome, some people might complain of itching, irritation, or burning. Many people have already seen several providers and tried over-the-counter cures and often present after failing antihistamines, antifungals, antibiotics, and/or steroids, all of which can alter the rash presentation. Additionally, different skin tone might lead to different presentations and difficulty fully appreciating skin changes. ANY RASH should result in a syphilis test in a sexually active person. Additionally, among people who are pregnant, it is important not to miss a secondary rash by attributing it to "a pregnancy thing."



Photo Cred Orange County Healthcare Agency

The rash of secondary syphilis is extremely varied.

Stay vigilant for unusual presentations especially among people living with HIV, even if they are virally suppressed.



Photo Credit: Shannon Dowler



Photo Credit: Orange County Healthcare Agency



Photo Credit: Shannon Dowler

Nickel and Dime Lesions

The “classic” nickel and dime lesions are not as frequently encountered, but should be on your differential.



Photo Credit: CDC Library



Photo Credit: NC STD Division

No one escapes a foot or hand exam!



Photo Credit: NC STD Division

It's crucial to examine the palms of the hands and the soles of the feet in anyone presenting with a rash and/or potential exposure to STIs. Patients often overlook this, but it's critical for staging and determining the treatment regimen. Noting these details during your clinical examination could potentially spare your patients from additional injections.



Photo Credit: Shannon Dowler



Photo Cred: CDC Library

Mucous patches



Photo Credit: Orange County Healthcare Agency



Photo Credit: Shannon Dowler



Photo Credit: Orange County Healthcare Agency

Mucous patches often presenting subtly. A thorough oral examination can uncover lesions that guide treatment duration. Always inspect the mouth carefully when evaluating people who are sexually active.

Don't forget the bottoms!



Photo Credit: Shannon Dowler

Alopecia is commonly missed!



Photo Credit: NC STD Division

Photo Cred: CDC Library



Perianal lesions are frequently overlooked and can occur in patients who do not report anal sex. Hair loss is commonly overlooked and often attributed to other causes such as genetics ('My dad lost his hair early'), stress ('I'm under a lot of stress'), or postpartum changes ('I just had a baby'). Any instance of hair loss should prompt a syphilis test in sexually active people.

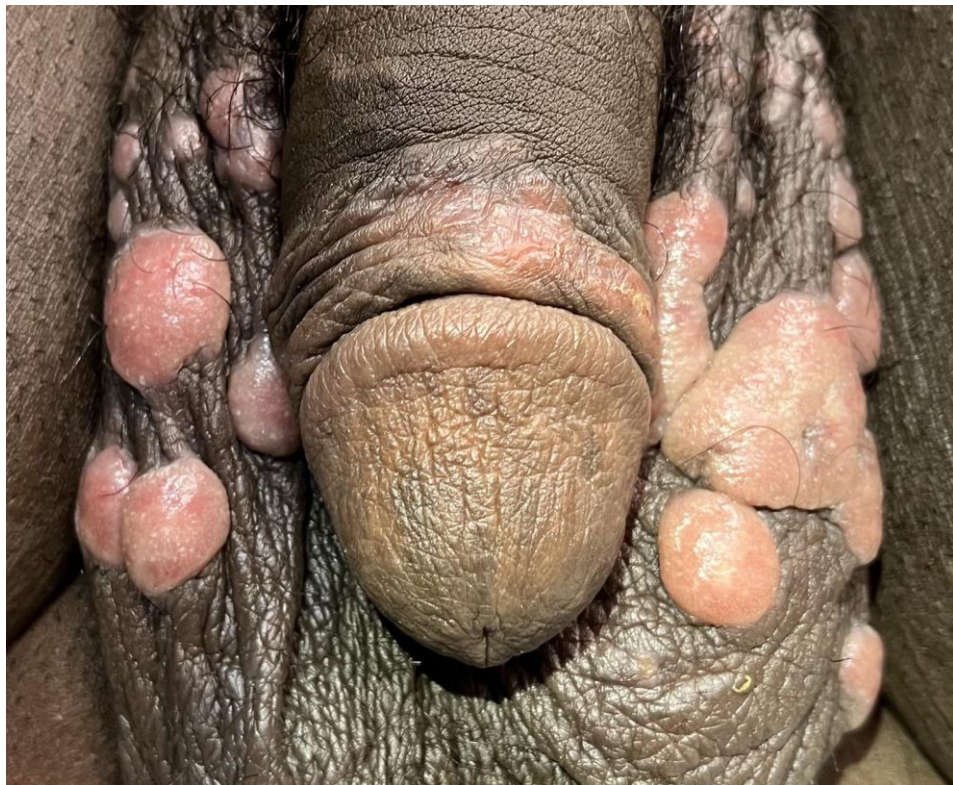
Condylomata Lata

Condylomata lata are usually moister and flatter than HPV-associated genital lesions. They typically resolve with treatment for syphilis. However, persistent lesions despite treatment or lesions with negative syphilis serology should be evaluated with a biopsy to rule out malignancy.



Photo Credit: CDC Library

27-year-old transgender woman with a painful scrotal rash and untreated syphilis



This person presented with three different secondary exam findings. While some patients may present with only one type of lesion, it's not uncommon for multiple types to be present after a careful exam. The patient was aware of her diagnosis but couldn't attend the local clinic during available hours. Offering home treatment and flexible clinic hours is crucial to meeting our patients' needs.



Photo Credit: Shannon Dowler

22-year-old asymptomatic man who is a contact to someone with syphilis

This young man, fearing deportation, avoided healthcare and denied any symptoms or risk factors. Upon finally agreeing to an examination, he was found to have multiple simultaneous infections, including syphilis with mucous patches that he dismissed as being due to 'stress and heavy smoking.'

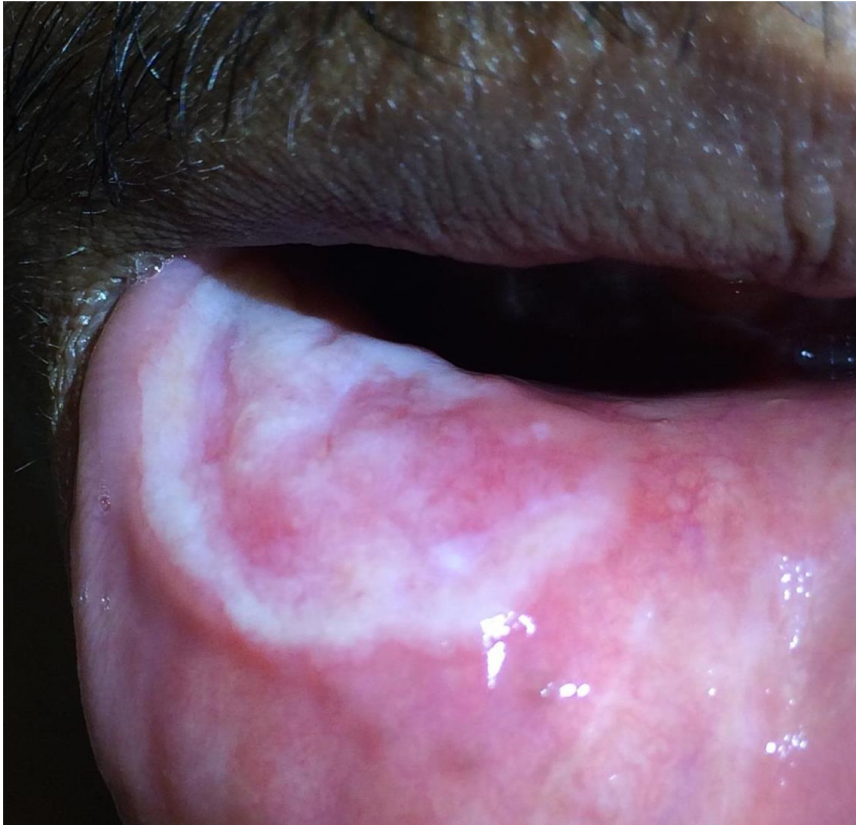


Photo Credit: Shannon Dowler

67-year-old male with hot tub folliculitis after a cruise

This patient had visited an emergency room, urgent care, and their primary care physician's office before being informed that he was a contact for syphilis from a one-time partner on a cruise. His treatment varied widely, but it wasn't until he received benzathine penicillin G that his rash finally resolved. None of the healthcare providers recognized the classic palmar rash or suspected syphilis. Ageism is a real issue! It's crucial to take a sexual history from all patients.



Photo Credit: Shannon Dowler



56-year-old asymptomatic woman who screened positive for syphilis

This patient denied experiencing any symptoms and presented after testing positive during screening upon arrival at a substance use disorder (SUD) facility. Upon presentation, she exhibited two rashes. She was unaware of the asymptomatic vulvar lesion on the right and attributed the rash to her recovery and stress.



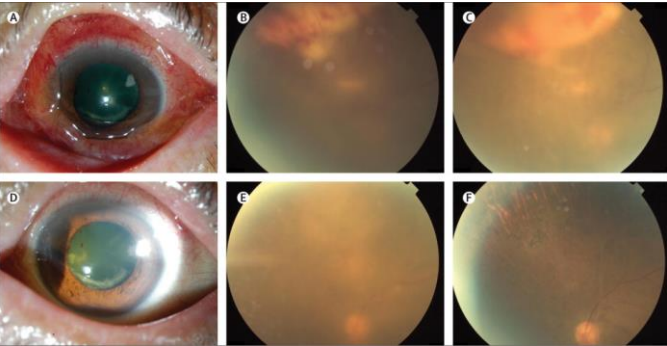
Photo Credit: Shannon Dowler



Keep an eye out for neuro, ocular, and otic syphilis!

It's crucial to question patients about symptoms that could indicate neuro, ocular, and otic syphilis because intramuscular injections alone might not adequately penetrate and treat these infection. This places them at risk of debilitating, irreversible, lifelong problems. People with symptoms of neuro, ocular, and otic syphilis should have their care escalated for further evaluation immediately. These symptoms can manifest at any stage of syphilis infection and can occur in anyone.



Neurosyphilis	Ocular syphilis	Otic syphilis
<p>Infection of the central nervous system with <i>T. pallidum</i>, as evidenced by manifestations including:</p> <ol style="list-style-type: none"> 1. Syphilitic meningitis, meningovascular syphilis, 2. General paresis, 3. Dementia, 4. Tabes dorsalis  <p>https://www.thelancet.com/journals/laninf/article/PIIS1473-3099(13)70198-1/fulltext</p>	<p>Infection of any eye structure with <i>T. pallidum</i>. Manifestations can involve any structure in the anterior and posterior segment of the eye including:</p> <ol style="list-style-type: none"> 1. Conjunctivitis 2. Anterior uveitis 3. Posterior uveitis 4. Panuveitis 5. Posterior interstitial keratitis 6. Optic neuropathy 7. Retinal vasculitis <p>Ocular syphilis may lead to decreased visual acuity including permanent blindness.</p>	<p>Infection of the cochleovestibular system with <i>T. pallidum</i>, as evidenced by manifestations including sensorineural hearing loss, tinnitus, and vertigo.</p> <p>Typically presents with cochleo-vestibular symptoms including</p> <ol style="list-style-type: none"> 1. Tinnitus 2. Vertigo 3. Sensorineural hearing loss 4. Unilateral/Bilateral 5. Have a sudden onset 6. Progress Rapidly <p>Otic syphilis can result in permanent hearing loss</p>

Tertiary Syphilis

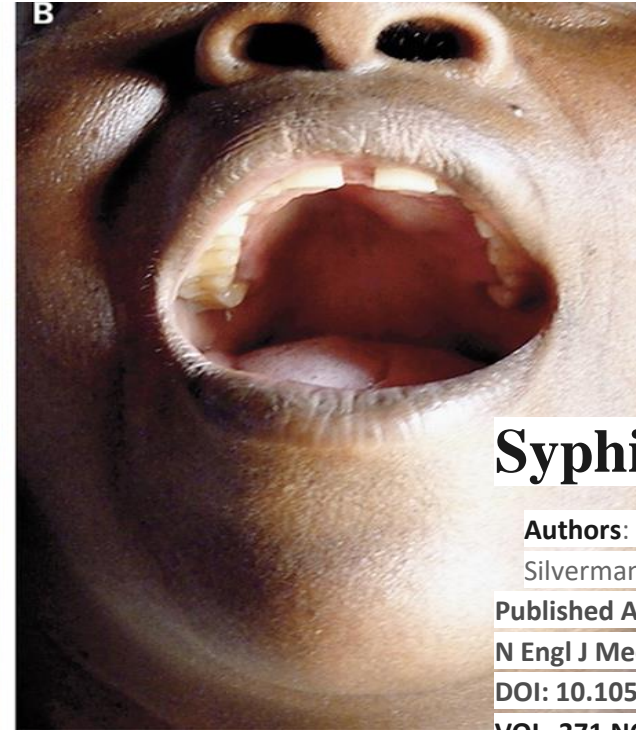
Fortunately, this is not a common occurrence in developed countries. However, it's crucial to acknowledge that untreated syphilis can lead to severe consequences.



Photo Cred: CDC Library

The beauty of syphilis is how treatable it is!

This case serves as a compelling visual example of the effectiveness of our current treatments for syphilis. Although the benzathine penicillin G shortage is resolving, it's important to report any ongoing difficulties in accessing this important medication.



Syphilitic Gumma

Authors: William Cherniak, M.D., and Michael Silverman, M.D.

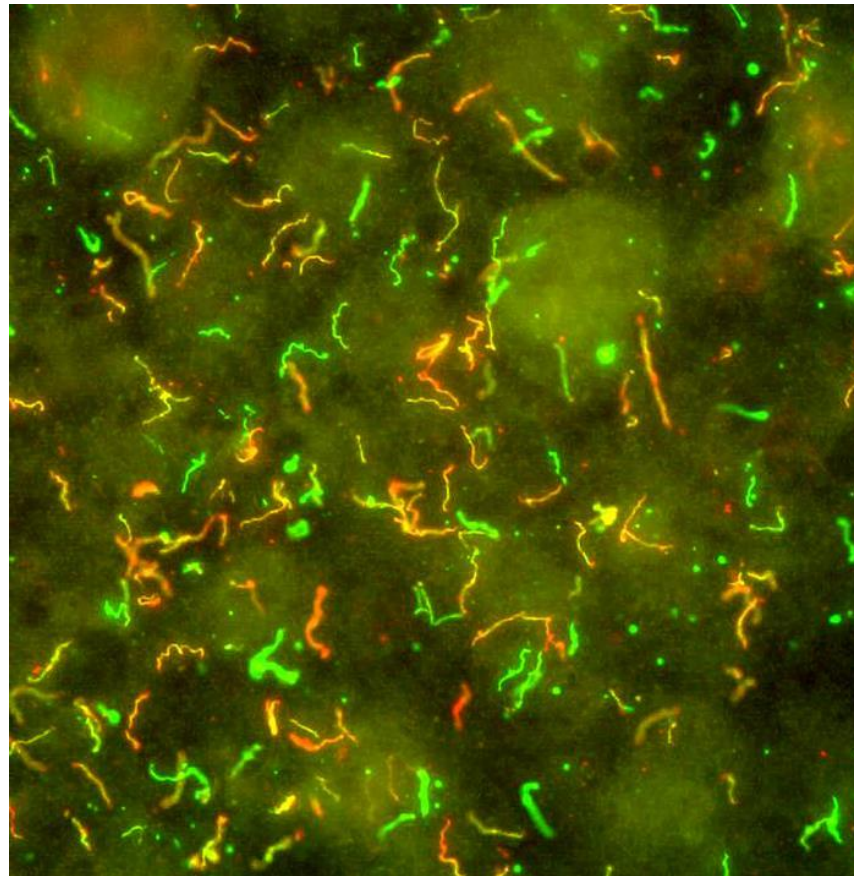
Published August 14, 2014

N Engl J Med 2014;371:667

DOI: 10.1056/NEJMicm1313142

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Resources for clinicians are as abundant as spirochetes!

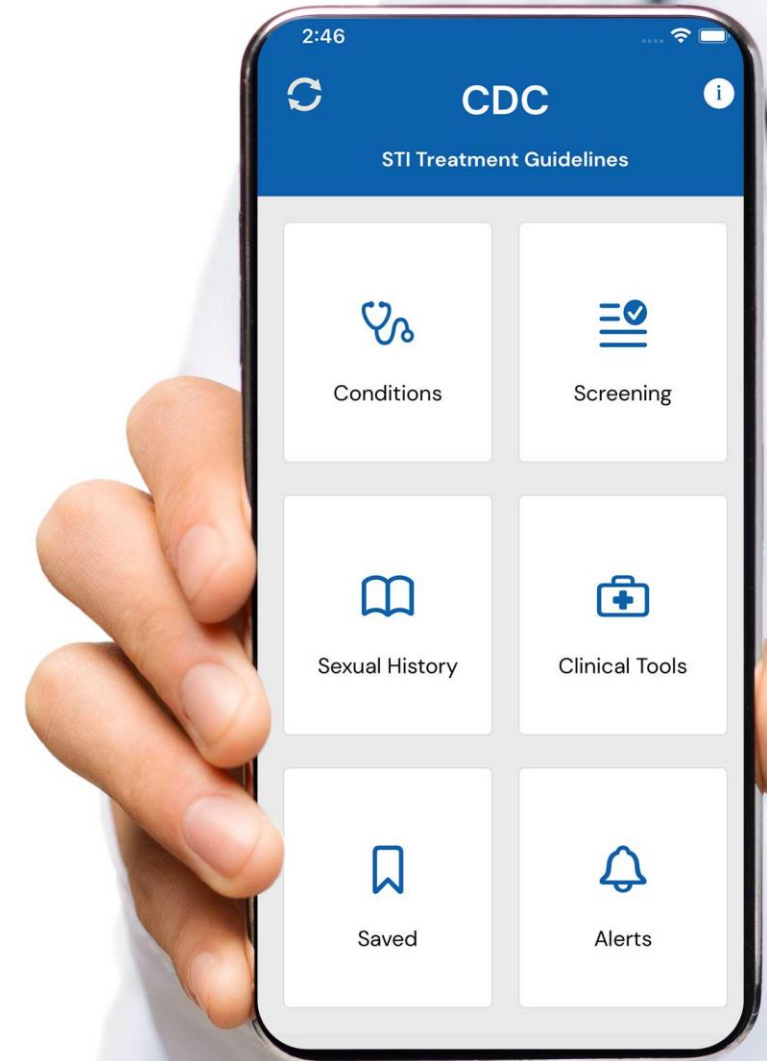


The Updated 2021 STI Treatment Guidelines App Is Now Available

- Get treatment regimens *FAST*

Download CDC's free app for iPhone and Android devices

www.cdc.gov/std





National Network of
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A Project of the Division of STD Prevention
Massachusetts Department of Public Health
Funded by the CDC



St. Louis
STI/HIV Prevention
Training Center

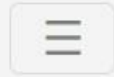


UNIVERSITY OF WASHINGTON
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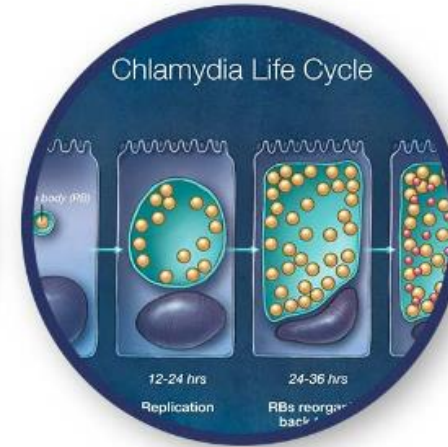


National STD Curriculum

THE MOST RECENT CDC STD
TREATMENT GUIDELINES INTEGRATED
INTO A FREE, UP-TO-DATE,
EDUCATIONAL WEBSITE. **FREE CE.**



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INDIAN COUNTRY ECHO SYPHILIS RESOURCE HUB



Syphilis Resource Hub geared towards addressing congenital syphilis among American Indian and Alaska Native People.

<https://www.indiancountryecho.org/resource-hubs/syphilis-resources/>

New HHS Syphilis Point-of-Care Testing Resources

**Considerations for the
Implementation of Point of
Care (POC) Tests for Syphilis**

<https://www.hhs.gov/about/news/2024/06/12/statement-assistant-secretary-health-levine-point-care-testing-syphilis.html>

Resource Handout



SYPHILIS AND CONGENITAL SYPHILIS RESOURCES

Syphilis rates are increasing nationwide, leading to an alarming rise in congenital syphilis cases. Below, you'll find links to essential resources to learn more about syphilis and congenital syphilis, raise awareness, and take action to help decrease rates.

GET UP TO SPEED ON SYPHILIS & CONGENITAL SYPHILIS

- [National Syphilis and Congenital Syphilis Syndemic \(NSCSS\) Federal Task Force Press Release](#)
- [CDC's STI Data and Statistics](#)
- [Vital Signs: Missed Opportunities for Preventing Congenital Syphilis](#)
- [American College of Obstetricians and Gynecologists \(ACOG\) Labor of Love Podcast | Season 3, Episode 2: Syphilis Surge: A Rising Concern in Pregnancy](#)
- [CDC Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the U.S.](#)
- [Council of State and Territorial Epidemiologists – Syphilis and Congenital Syphilis Surveillance Training](#)
- [University of Washington's National STD Curriculum](#)

SCREENING & TREATMENT RESOURCES

- [CDC Syphilis Screening Recommendations](#)
- [ACOG's Updated Recommendation on Syphilis Testing During Pregnancy](#)
- [County-level Syphilis Rates to Help Direct Screening Efforts](#)
- [CDC Syphilis and Congenital Syphilis Treatment Guidelines](#)
- [State Statutory and Regulatory Language Regarding Prenatal Syphilis Screenings in the United States](#)
- [National Commission on Correctional Health Care - Screening for Syphilis in Jails](#)

COMMUNICATION RESOURCES

- [CDC Congenital Syphilis Fact Sheet](#)
- [CDC Syphilis Fact Sheet](#)
- [CDC Syphilis Prenatal Screening \(Protect Your Baby\) Brochure](#)
- [CDC Syphilis Brochure](#)
- [CDC State STI Profiles](#)
- [CDC STI Social Media Resources](#)
- [OASH Office on Women's Health - Protect Against Syphilis and Congenital Syphilis Two-Pager](#)
- [Greater Than HIV - STI Digital Library on STI Prevention, Screening & Treatment](#)
- [Greater Than HIV - Ask Me Anything about STIs Video Series](#)
- [Indian Country ECHO - Syphilis Resource Hub - Indian Country ECHO](#)
- [March Of Dimes - Congenital Syphilis Infographic](#)
- [National Coalition of STD Directors - Collection of Congenital Syphilis Campaigns](#)

APPROACHES TO ADDRESSING CONGENITAL SYPHILIS

- [Title V MOH Dear Colleagues Letter](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Syphilis Dear Colleague Letter](#)
- [Association of State and Territorial Health Officials \(ASTHO\) – Effective Public Health Approaches to Reducing Congenital Syphilis](#)
- [American Medical Association Toolkit to Increase Screenings for STIs and HIV in Community Health Centers and Emergency Departments](#)
- [Health Alert Template for Congenital Syphilis](#)

**A Catchy Little Tune for the Public Health Minded
“Syphilis: It’s Sticky!”**



Thank You and Contact Information

For more information, or if you have any questions or feedback, contact the HHS Sexually Transmitted Infections Inbox at STI@hhs.gov

Notify CDC's DSTDP (stdshortages@cdc.gov) of any shortage or low inventories of STI treatments in your jurisdiction so CDC can continue monitoring treatment availability.

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