



MISSISSIPPI STATE DEPARTMENT OF HEALTH

**This is an official
MS Health Alert Network (HAN) Advisory**

MESSAGE ID: MSHAN-20161128-00127-ADV (Health Advisory)
RECIPIENTS: All Physicians, Hospitals, ERs, OB-GYN, Nurse Practitioner, Labs,
and Healthcare providers – Statewide
DATE: Monday, November 28, 2016
SUBJECT: *Increases in Early Syphilis in Mississippi—Screening and Reporting
Recommendations*

Dear Colleagues,

The number of early syphilis cases reported to the Mississippi State Department of Health (MSDH) has dramatically increased since 2013 when 264 cases were reported, compared to 624 cases identified in 2015. Early syphilis, the time when syphilis is most infectious, is defined as the first year of infection and includes primary and secondary syphilis.

- **2016:** The increase in syphilis has continued in 2016, with 619 cases of early syphilis reported through September 2016, compared to 467 reported for this same time in 2015. The increases are being seen statewide.
- **MSM:** Of the 491 cases among males in 2016, 69% (343) are in males who identify as men who have sex with men (MSM). Cases among MSM have been increasing for several years; from 2013 to 2015 the number of early syphilis cases in MSM increased by 155%.
- **HIV co-infection:** A growing number of early syphilis cases have been also been identified in HIV co-infected individuals, with this population accounting for 23% (141) of the total number of cases in 2016 through September.
- **Women/Congenital Syphilis:** Cases among women have also increased, from 75 cases in 2013 to 122 in 2015. Through September 2016, 128 cases have been reported in women. Increased cases in women are often accompanied by increases in congenital syphilis. So far in 2016 there have been two cases of congenital syphilis, compared to one case from 2013 to 2015.

Screening Recommendations:

MSDH recommends syphilis screening for the following groups:

- All patients who identify as MSM should be screened every 6 months;
- All HIV positive individuals should be screened every 3-6 months in conjunction with routine CD4 and viral load testing;
- All pregnant women should be screened at the first prenatal visit, the beginning of the third trimester, and at delivery;
- All persons with the following risk factors should be screened:
 - Illicit/injecting drug use
 - Exchange of sex for money or other commodities
 - Previous history of other sexually transmitted infection

Providers should routinely discuss a sexual history and discuss high risk behaviors with their patients. Many cases of syphilis remain undiagnosed simply because the provider was not aware of the patient's sexual risk behavior. For guidance on taking a sexual history, see the Special HIV Edition of the Journal of the Mississippi State Medical Association, Vol. LVI• No. 12, December 2015, pages 358-362, available at http://msdh.ms.gov/msdhsite/_static/resources/6615.pdf.

Testing:

MSDH recommends the **traditional testing algorithm** for the serologic screening for syphilis, which calls for quantitative rapid plasma regain test (RPR) as the initial screening test followed by a confirmatory treponemal test such as TP-PA and others. Providers should be aware of and familiar with a reverse sequence of this testing algorithm that has been used in some settings (see the CDC report at http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a1.htm?s_cid=mm6005a1_w)

Reporting to the Mississippi State Department of Health:

MSDH actively investigates any reported cases of syphilis and follows up with contacts to assure testing and treatment as indicated. Syphilis is a Class 1B reportable condition in Mississippi requiring a telephone report within one business day of first knowledge or suspicion (after hours reporting is not required for syphilis). Reports may be made to the MSDH STD/HIV Office at 601-576-7723 or the Office of Epidemiology at 601-576-7725.

Regards,
Paul Byers, MD
State Epidemiologist

Alerting Message Specification Settings

Originating Agency:	Mississippi State Department of Health
Alerting Program:	MS Health Alert Network (MS HAN)
Message Identifier:	MSHAN-20161128-00127-ADV
Program (HAN) Type:	Health Advisory
Status (Type):	Actual ()
Message Type:	Alert
Reference:	MSHAN-00127
Severity:	Unknown
Acknowledgement:	No
Sensitive:	Not Sensitive
Message Expiration:	Undetermined
Urgency:	Undetermined
Delivery Time:	600 minutes

Definition of Alerting Vocabulary and Message Specification Settings

Originating Agency:	A unique identifier for the agency originating the alert.
Alerting Program:	The program sending the alert or engaging in alerts and communications using PHIN Communication and Alerting (PCA) as a vehicle for their delivery.
Message Identifier:	A unique alert identifier that is generated upon alert activation (MSHAN-yyymmdd-hhmm-TTT (ALT=Health Alert , ADV=Health Advisory , UPD=Health Update , MSG/INFO=Message/Info Service)).
Program (HAN) Type:	Categories of Health Alert Messages.
Health Alert:	Conveys the highest level of importance; warrants immediate action or attention.
Health Advisory:	Provides important information for a specific incident or situation; may not require immediate action.
Health Update:	Provides updated information regarding an incident or situation; unlikely to require immediate action.
Health Info Service:	Provides Message / Notification of general public health information; unlikely to require immediate action.
Status (Type):	
Actual:	Communication or alert refers to a live event
Exercise:	Designated recipients must respond to the communication or alert
Test:	Communication or alert is related to a technical, system test and should be disregarded
Message Type:	
Alert:	Indicates an original Alert
Update:	Indicates prior alert has been Updated and/or superseded
Cancel:	Indicates prior alert has been cancelled
Error:	Indicates prior alert has been retracted

Reference: For a communication or alert with a Message Type of “Update” or “Cancel”, this attribute contains the unique Message Identifier of the original communication or alert being updated or cancelled. “n/a” = Not Applicable.

Severity:

Extreme:	Extraordinary threat to life or property
Severe:	Significant threat to life or property
Moderate:	Possible threat to life or property
Minor:	Minimal threat to life or property
Unknown:	Unknown threat to life or property

Acknowledgement: Indicates whether an acknowledgement on the part of the recipient is required to confirm that the alert was received, and the timeframe in which a response is required (Yes or No).

Sensitive:

Sensitive:	Indicates the alert contains sensitive content
Not Sensitive:	Indicates non-sensitive content

Message Expiration: Undetermined.

Urgency: Undetermined. Responsive action should be taken immediately.

Delivery Time: Indicates the timeframe for delivery of the alert (15, 60, 1440, 4320 minutes (.25, 1, 24, 72 hours)).