



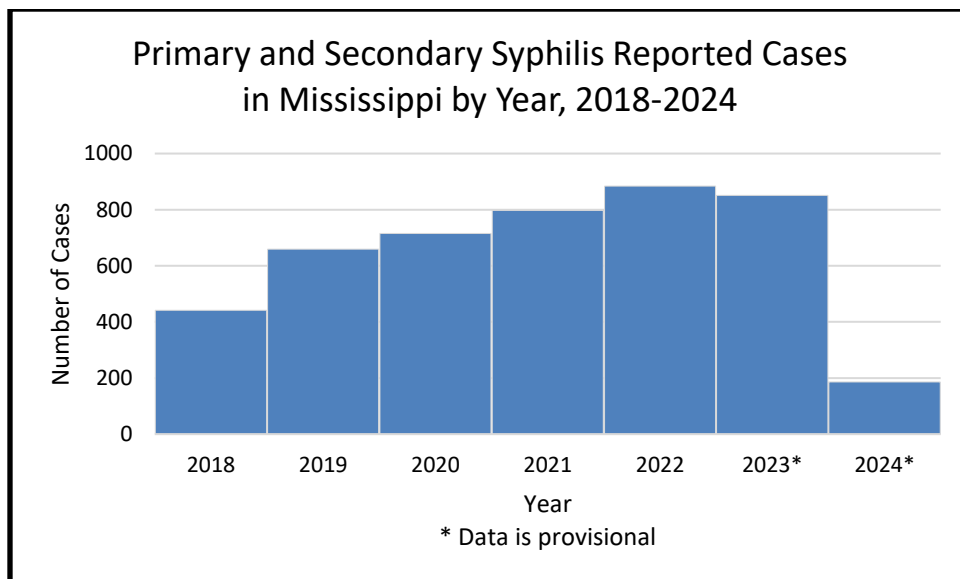
MISSISSIPPI STATE DEPARTMENT OF HEALTH

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

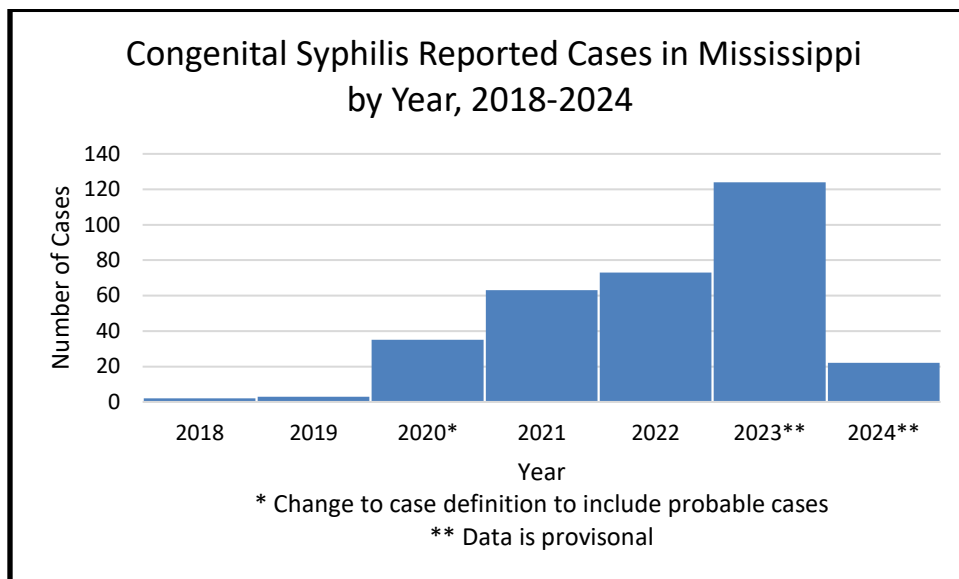
MESSAGE ID: MSHAN – 08082024– 00597 - UPD (Health Update)
RECIPIENTS: All Physicians, Hospitals, ERs, ICPs, NPs, PAs, and
Healthcare Providers – Statewide
Thursday, August 8, 2024
SUBJECT: Syphilis Update

Dear Colleagues,

As many of you are aware, syphilis rates have been increasing significantly over the last several years in Mississippi and across the United States. In 2022, Mississippi ranked 5th in reported rates of primary and secondary syphilis with a rate of 31.1 per 100,000 individuals (the rate was 28.1 per 100,000 individuals in 2021). Mississippi also ranked 6th in reported rates of congenital syphilis with a rate of 207.6 per 100,000 live births (the rate was 182.0 per 100,000 live births in 2021).



In April of 2023, syphilis testing during pregnancy was made a requirement for pregnant people in their first trimester, third trimester, and at delivery as a part of Mississippi’s efforts to prevent congenital syphilis in infants. MSDH has a Syphilis Task Force focusing on efforts to reduce syphilis in certain areas with higher disease burden. However, in order to have maximum impact on syphilis and congenital syphilis rates in Mississippi, syphilis must be addressed in all ages across the state.



Throughout history syphilis has been known as the “Great Imitator” mainly due to the variety of ways syphilis rashes and symptoms can present. Many patients may not ever report symptoms of syphilis. The initial chancre is often painless and could be located internally (vagina or rectum) limiting ability for detection. Because of these factors and more, identification of syphilis can be difficult.

In order to address the rising syphilis numbers in the state, Mississippi healthcare providers are asked to do the following:

- Continue testing of pregnant individuals as required and report all positives to MSDH at 601-576-7723.
- Take a detailed sexual history as a part of each patient medical and social history when appropriate.
- Conduct routine testing of patients with risk factors for syphilis (multiple partners, infrequent condom use, history of STI in last 6 months, etc) even if they are not showing symptoms.
- Consider syphilis testing in patients presenting with rash of unknown etiology (particularly if it is on the palms or soles).

Syphilis Testing: Syphilis testing is typically a two-step test. If the initial test is positive and the confirmatory test is not automatically reflexed, providers should ensure the follow up testing is completed (often this is a TPPA or VDRL depending on the testing algorithm used).

Syphilis Staging and Treatment: Staging of syphilis to determine treatment can be complex and requires knowledge of lab results and patient history. Healthcare providers planning to treat syphilis patients in their own facilities should review the following guidance. *Note: Additional information regarding syphilis can be found at [Syphilis - STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov/std/treatment-guidelines/)*

- Penicillin G (Bicillin LA) 2.4 million units IM is the preferred treatment for syphilis. It is the only treatment known to prevent congenital syphilis.
 - The number of Bicillin LA doses is determined by the stage of syphilis:
 - Primary, Secondary and Early Latent syphilis is treated with one dose.
 - Late syphilis or syphilis of unknown duration is treated with 3 doses given at one week intervals.
 - Pregnant individuals with a penicillin allergy should be referred to an allergist for desensitization to allow treatment with Bicillin LA.
 - Doxycycline is an alternative treatment for non-pregnant individuals allergic to penicillin.

Syphilis Reporting and Follow-up:

- Syphilis (including congenital syphilis) is a Class 1B reportable disease and is reportable to MSDH within 1 business day. (Reports can be called to the MSDH STD/HIV Office at 601-576-7723.)

- The MSDH STD/HIV Office follows up with each case of syphilis to ensure they complete treatment and to identify, test, and treat contacts when applicable.
- **Healthcare providers who do not have Bicillin LA in stock in their clinics may refer patients with positive (and confirmed) syphilis laboratory testing to MSDH for treatment and follow up.**
 - **Healthcare providers should call the local health department clinic to refer positive patients for follow up appointment and treatment.**
 - **Laboratory testing for referred patients must be provided to the health department clinic to ensure appropriate follow up and treatment. (e.g. faxed to the clinic or a copy sent with the patient).**

Individuals with syphilis are at increased risk of HIV infection, and individuals with HIV are at increased risk of syphilis. The MSDH Ryan White Program reaches out to all individuals with a new diagnosis of HIV to determine eligibility for Ryan White services and refer patients to care. If you identify a patient with new HIV or a patient with a history of HIV who is out of care, please contact the MSDH STD/HIV Office at 601-576-7723.

Regards,

Kathryn Taylor, 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-08082024-00597-**UPD**
Program (HAN) Type: **Health Alert Update**
Status (Type): Actual ()
Message Type: Update
Reference: MSHAN-00597
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



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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)).