Early Syphilis Infections in North Carolina, 2016

Syphilis among men stopped increasing in 2016

- In 2016, 1,894 early syphilis (primary, secondary, and early latent) infections were diagnosed in North Carolina, at a rate of 18.7 per 100,000 population. The NC rate is higher than national rate, but similar to many Southeast states (CDC 2017).

- The majority of cases occurred among Black/African American men, ages 15 to 34.

- Women co-infected with syphilis and HIV increased from 2.7% in 2015 to 6.0% in 2016. Men co-infected with syphilis and HIV has remained stable for the past 3 years at 49.0%.

- However, rates among women and infants continue to increase (see below). Syphilis during pregnancy can lead to birth defects and stillbirths if not treated appropriately (18 congenital syphilis cases in 2016, up from 11 in 2015).

- There were 46 ocular (eye) syphilis cases in North Carolina in 2016, which was similar to what was observed in 2015. Untreated ocular syphilis can result in blindness.

Syphilis continued to increase among women

Congenital syphilis also continued to increase

Want More Information?


Centers for Disease Control and Prevention (CDC) Fact Sheet on Syphilis: http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm

Contact Us

North Carolina DHHS Communicable Disease Branch

Phone: (919) 733-3419

Mailing Address: Communicable Disease Branch Epidemiology Section 1902 Mail Service Center Raleigh NC 27699-1902

State of North Carolina • Roy Cooper, Governor

Department of Health and Human Services • Mandy Cohen MD, MPH, Secretary

Division of Public Health • Daniel Staley, Division Director

HIV/STD/Hepatitis Surveillance Unit • Erika Samoff, MPH, PhD

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**Recommendations from the CDC 2015 STD Treatment Guidelines:**

- **Penicillin G** is the preferred drug for treating people in all stages of syphilis.
- If allergic to penicillin, non-pregnant patients can be treated with doxycycline, while pregnant women must be desensitized to and then treated with penicillin.
- Preparation, dose, and length of treatment depend on the stage and clinical manifestations of syphilis.
- People with HIV and primary or secondary syphilis should be evaluated for treatment failure at 3, 6, 9, 12, and 24 months after treatment.

**Data Source:**
North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of May 1, 2017).

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**Syphilis Infections in North Carolina, 2016**

**Most people are treated within 2 weeks of their syphilis diagnosis**

However, only 30-40% of those with symptoms are treated on the day they are seen

- Decreasing time from symptom onset to treatment for people with symptomatic syphilis will decrease transmission.
- People with symptoms of syphilis or exposure to someone with infectious syphilis should be treated empirically, without waiting for laboratory results.
- In 2016, less than half of people with symptomatic syphilis were treated on the same day; 13% waited more than 14 days to receive treatment.

**What CLINICIANS can do**

- If you see patients who are sexually active and have visual changes or complaints, test for syphilis and refer patient for immediate ophthalmologic evaluation.
- Ensure that ALL pregnant women receive full syphilis screening (first prenatal visit, between 28-30 weeks gestation, and at delivery).
  - Many babies with congenital syphilis in 2016 were born to mothers who received some, but not all, of the recommended screening tests.
  - Testing for syphilis during first and third trimesters allows the mother to be treated prior to birth and can prevent congenital syphilis.
  - Testing at delivery ensures that all potential congenital syphilis infections are identified and treated appropriately.
- Screen all syphilis patients for other sexually transmitted diseases including HIV.

**What YOU can do**

- If you are sexually active make sure your care provider is offering you regular screening for all STDs.
- If you have had a change in your vision and are sexually active, mention syphilis to your clinician.
- If you are diagnosed with syphilis, notify your sexual partners of the need to seek testing and treatment.