

*SYPHILIS 101 AND THE  
SYPHILIS ELIMINATION  
EFFORT (SEE)*

# *PRESENTERS*

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# *Syphilis*

# Syphilis

- Syphilis is sometimes called “bad blood,” pox, lues, or a “zipper cut”
- Syphilis is caused by a bacteria
- Incubation Period: 10-90 days (average 21 days)
- Can cause infections in men, women, and unborn babies during pregnancy

# Symptoms of Syphilis

## Primary Stage

- A painless sore called a chancre may be located on the genitals, lips, anus, or other area of direct contact
- The chancre will last 1-5 weeks and heal without treatment
- The person can easily pass it on to sex partners



# Primary Syphilis Chancre in a Man

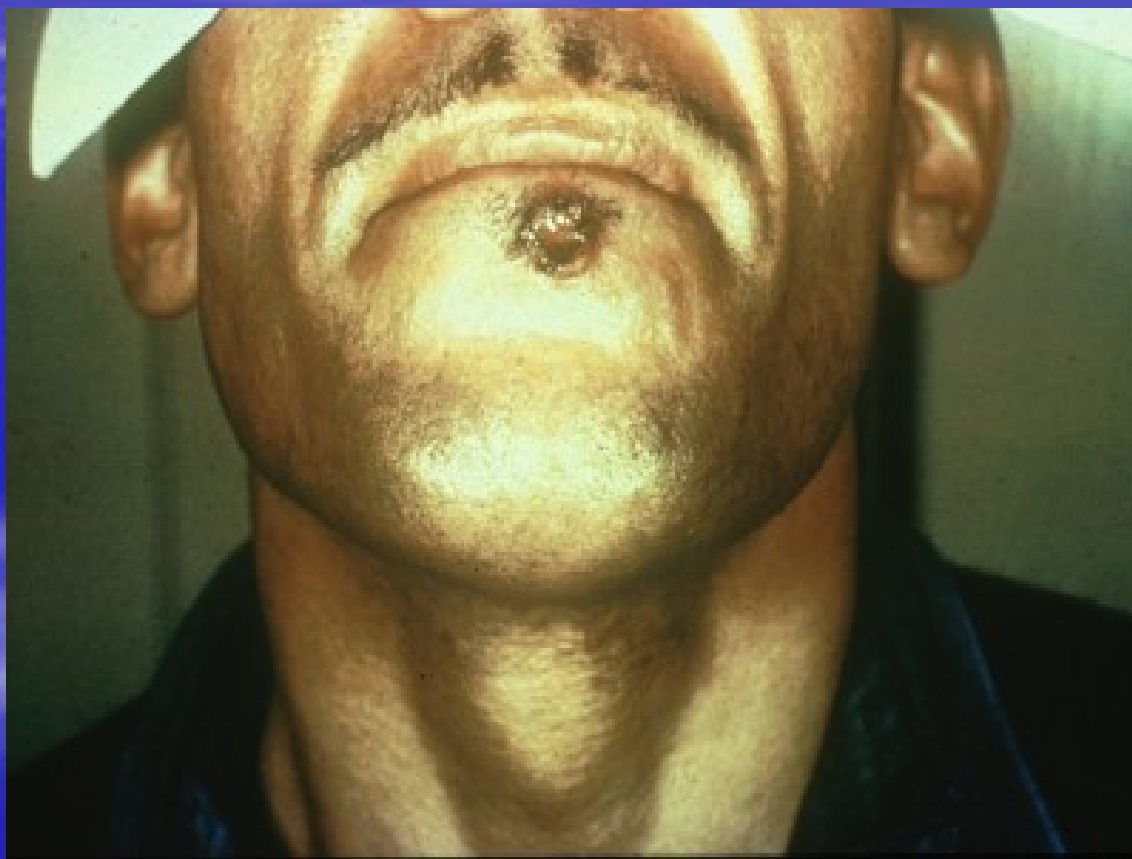


Source: CDC/ NCHSTP/ Division of STD Prevention, STD Clinical Slides

# Primary Syphilis Chancre in a Woman



# Oral Primary Syphilis Chancre



Source: CDC/ NCHSTP/ Division of STD Prevention, STD Clinical Slides



# Symptoms of Syphilis

## Secondary Stage

- Skin rashes lasting 2 – 6 weeks (average of 4 weeks) on the palms of the hands, bottoms of the feet, or any part of the body
- Other symptoms include fever, swollen lymph glands, headache, hair loss, and muscle ache
- Symptoms will go away without treatment
- The person may be able to pass it on to sex partners

# Secondary Syphilis Body Rash



Source: CDC/ NCHSTP/ Division of STD Prevention, STD Clinical Slides

# Secondary Syphilis Rash





# Secondary Syphilis Palm Rash



Source: CDC/ NCHSTP/ Division of STD Prevention, STD Clinical Slides

*PRIMARY & SECONDARY  
SYPHILIS STATS FOR  
NEW JERSEY*



# Surveillance and Reporting

- Program efforts to monitor the incidence and prevalence of disease through laboratory and provider reporting
- Program efforts to develop and maintain a system that can absorb and or interface with other providers of care
- Program efforts to provide data to the community and other providers of care for collaborations

# Partner Elicitation and Referral

- Confidentiality Issues
- Challenge to work within a short time frame
- Accessing other agencies for service
- Resources
- Transportation
- Out of jurisdiction issues

# Field Investigation

- Safety Issues
- Timely investigations
- Cultural barriers
- Gender barriers
- Confidentiality Issues
- Education, Prevention and Intervention

# Special Populations

- Senior Community
- Internet Community
- MSM Community
- Incarcerated Community
- Youth Community
- Women/Children Community
- Diversified Language Community

# *SYPHILIS ELIMINATION EFFORT (SEE)*

The Syphilis Elimination Effort (SEE) is a national initiative that brings together health care providers, policy makers, community leaders and state and local public health agencies, to reduce syphilis rates in the United States.

Working together, we have a unique opportunity to control this devastating disease, reduce the transmission of HIV, and protect unborn infants.



# *The National Plan to Eliminate Syphilis from the United States*

In October 1999, the Centers for Disease Control and Prevention (CDC), in collaboration with federal, state, local, and non-governmental partners, launched the *National Plan to Eliminate Syphilis*.

CDC identified key strategies needed for successful elimination of syphilis from the United States:

- expanded surveillance and outbreak response activities
- expanded laboratory services
- strengthened community involvement and agency partnerships
- enhanced health promotion

After reaching an all-time low in 2001, diagnoses of primary and secondary syphilis are again on the increase. Today, more than 60% of new infections are diagnosed in men who have sex with men (MSM).

The evolving epidemiology, changing risk groups, and social environments present challenges for elimination and STD program activities. Syphilis is now increasingly diagnosed in the private sector, raising concerns about the effectiveness of the identification and management in this setting.

Public health services face increasing pressures from rising demand and decreasing financial resources. The social contexts of poverty, racism, homophobia, and socio-economic discrimination continue to drive the concentration of the disease in those with high-risk sexual behaviors, poor access to care, or both.

By 2010, interim elimination targets will be to reduce rates of primary and secondary syphilis in the United States to:

- less than 2.2 per 100,000 population;
- congenital syphilis to fewer than 3.9 per 100,000 live births;
- and Black: White racial disparities to a ratio of less than 3:1.

In order to achieve this, CDC will focus syphilis elimination activities in achieving three strategic goals:

- Investment in and enhancement of public health services
- prioritization of evidence-based
- culturally competent interventions
- creating accountable services and interventions

The plan provides guidance that helps local, state, and national partners to effectively focus on the problem in order to get the most important things done in the most cost-effective, ethical, and acceptable ways possible.

Further details on the strategies and recommended activities are contained in an accompanying Syphilis Elimination Technical Appendix (SETA).



QUESTIONS?





[www.cdc.gov/StopSyphilis](http://www.cdc.gov/StopSyphilis)

[www2a.cdc.gov/stdtraining/selfstudy/syphilis/syphilis18.asp](http://www2a.cdc.gov/stdtraining/selfstudy/syphilis/syphilis18.asp)

[cdc.gov/std/syphilis](http://cdc.gov/std/syphilis)

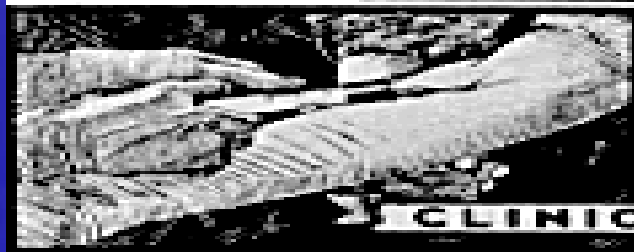




REPORTING



LABORATORY



CLINICS



FOLLOW-UP



EDUCATION

# The DUTIES OF THE HEALTH DEPARTMENT IN SYPHILIS CONTROL



Your State and local health departments, in cooperation with voluntary agencies and the physician in private practice, are responsible for the control of syphilis. . . .

*You* SHOULD SUPPORT THEM

*THANKS FOR LISTENING*