



Health Alert Network

Tri-County Health Department

Serving Adams, Arapahoe and Douglas Counties

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John M. Douglas, Jr., M.D. Executive Director

The pages that follow contain information critical to protecting the health of your patients and the citizens of Colorado.

HAN ADVISORY

Number of pages including cover: 4

Subject: **Advisory - Sharp rise in STI's in Colorado continues, includes congenital syphilis**

Message ID: 12/12/2018 3:45:00 PM

Recipients: HAN Community Members.

From: TRI-COUNTY HEALTH DEPARTMENT

Adams, Arapahoe and Douglas County, Colorado

Recipient Instructions: **Tri-County Health Department is forwarding you the attached HAN. You may have already received this broadcast if you are on the CDPHE distribution list, however, we wanted to ensure you did not miss this important information. No response is required.**

You have received this message based upon the information contained within our Health Alert Network Notification System. If you have a different or additional e-mail or fax address that you would like us to use, or if you have additional questions, call 720-200-1477.

Categories of Health Alert Network 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.

Info Service/Public Health Brief: Provides general information that is not necessarily considered to be of an emergent nature.

You may download a copy of this HAN from the TCHD website at
<http://www.tchd.org/259/Health-Alert-Network>



COLORADO
Department of Public
Health & Environment

Dedicated to protecting and improving the health and environment of the people of Colorado

HEALTH ALERT NETWORK BROADCAST

MESSAGE ID: 12122018 10:30

FROM: CO-CDPHE

SUBJECT: HAN Advisory - Sharp rise in STIs in Colorado continues, includes congenital syphilis

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - Please forward to health care providers

HEALTH ADVISORY | Sharp rise in STI's in Colorado continues, includes congenital syphilis

Dec. 12, 2018

Health care providers: Please distribute widely in your office

Key points

- From 2016 to 2017, there has been a 4 percent increase in the rate of chlamydia; a 40 percent increase in the rate of gonorrhea; a 15 percent increase in the rate of primary and secondary syphilis (male and female); and a 31 percent increase in the rate of syphilis (all stages) in women of childbearing age (15-44 years).
- The increase in syphilis has contributed to an increase in congenital syphilis (CS) cases in Colorado. There has been a 30 percent increase in CS cases from 2016-2017. To date for 2018, there have been six CS cases in Colorado. All of these cases occurred outside the Denver metro area in 2018.
- CDPHE recommends health care providers review their practice to ensure syphilis screening for all pregnant women at their first prenatal visit, rescreening in the third trimester and at delivery for women at risk (history of syphilis infection, incarceration, drug use, multiple or concurrent partners, and those who live in areas with high rates of syphilis), and immediately treat identified cases.
- Men who have sex with men should be screened at least annually for syphilis, gonorrhea, and chlamydia.
- Non-pregnant women should be screened at least annually for gonorrhea and chlamydia until age 25, with more frequent screening and screening for older women if risk factors are present. Increased risk for gonorrhea or chlamydia includes having new or more than one sexual partner(s). Women with gonorrhea or chlamydia should be treated according to CDC guidelines and retested three months after treatment.
- Join The Denver Prevention Training Center and CDPHE for a webinar from noon to 1 p.m. Jan. 10 entitled "Colorado Call to Action: Syphilis, Women and Babies." Register at http://denverptc.org/class_information.html?id=1256

Background information

In 2017, Colorado broke another record for reported cases of chlamydia, syphilis, and gonorrhea. Cases have been increasing since 2013. Chlamydia remains the most commonly reported STI in Colorado. In 2017, there were 26,995 cases diagnosed and reported, for a statewide rate of 481.3 per 100,000. This is an all-time high for number and rate of reported chlamydia cases in Colorado. The rate of chlamydia increased 23 percent from 2013 to 2017. The majority of chlamydia cases were among women (63.9 percent), and 67 percent were among women between 15 and 24 years of age.

Gonorrhea remains the second most commonly reported STI in Colorado with 8,478 cases reported in 2017, yielding a rate of 151.1 per 100,000. This rate is 182.3 percent higher than the rate in 2013 (53.5 per 100,000). Like chlamydia, this is also a historic high for Colorado. Males represent a higher proportion of gonorrhea cases when compared to females (59.1 percent), and 48.7 percent of cases were among those 20-29 years of age.

There were 14.6 cases of syphilis (all stages) per 100,000 in 2017, a 61.5 percent increase since 2013. Males accounted for 88 percent of cases. However, the proportion of women diagnosed with syphilis has been increasing for the past several years (from 5.9 percent in 2013 to 12 percent in 2017).

Syphilis in women of childbearing age (15-44 years) has also yielded record-breaking increases. In 2016, the number of cases more than doubled compared to the previous year (27 cases in 2015 to 64 cases in 2016). For 2017, 85 cases of syphilis in women of childbearing age were diagnosed and reported to CDPHE, producing a rate of 7.4 per 100,000.

The increase in syphilis in women of childbearing age has led to an increase in CS cases. There were five cases of CS reported in Colorado in 2017, a rate of 7.8 per 100,000 live births. So far in 2018, there have been six cases of CS reported in Colorado.

CS occurs when a mother who has syphilis transmits it to the infant during pregnancy. CS can be prevented and treated, but serious health consequences can occur when left untreated. Those include deformed bones, severe anemia, enlarged liver and spleen, jaundice, meningitis, skin rashes, blindness, and deafness. Infants infected with syphilis during pregnancy may have developmental delays or other poor health outcomes. CS also can cause fetal death and stillbirth.

Recommendations / guidance for women of childbearing age

- Health care providers have three major opportunities to prevent CS: By preventing syphilis among women aged 15 to 44 years, preventing syphilis among men who have sex with women, and by preventing mother-to-infant transmission among pregnant women already infected with syphilis.
- Screen all pregnant women for syphilis at their first prenatal visit. Asymptomatic women can transmit the infection to their unborn infants.

- Rescreen women who are high risk early in their third trimester and again at delivery. Women who are high risk include those with a history of syphilis infection, incarceration, drug use, multiple or concurrent partners, and those who live in areas with high rates of syphilis.
- Treat pregnant women diagnosed with syphilis with penicillin immediately. Treatment administered at least 30 days prior to delivery prevents CS.
- Before discharging any infant from the hospital, health care providers should make sure the mother was tested for syphilis at least once during her pregnancy or at delivery. If the mother tested positive, ensure she and the baby are evaluated and treated if necessary.
- Test women who deliver stillborn infants for syphilis.
- Report all cases of syphilis and CS cases within one business day of identification.
 - Contact Adrianna Hervey, CDPHE Syphilis Coordinator, 303-692-2694 or adrianna.hervey@state.co.us or
 - Fax a confidential morbidity report (CMR) to CDPHE Laboratory Surveillance at 303-782-5393. The CMR is available at <https://www.colorado.gov/pacific/cdphe/sti-hiv-reporting-and-data>.
- Work with your local health department, prenatal care providers, and other local organizations to address barriers to obtaining early and adequate prenatal care for the most vulnerable pregnant women in your community. Women who are uninsured or underinsured, and women with substance use issues, have been found to be at increased risk of receiving inadequate or no prenatal care, placing their unborn infants at risk for CS.

For more information

- CDPHE Disease Reporting Line: 303-692-2700 or 303-370-9395 (after hours)
- CDPHE 2017 STI report <https://www.colorado.gov/pacific/cdphe/sti-and-hiv-aids-epidemiology-reports>
- CDC STD Facts: Syphilis <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>
- CDC STDs: Syphilis Treatment and Care <https://www.cdc.gov/std/syphilis/treatment.htm>
- CDC STDs: Syphilis: What Health Care Providers Can Do <https://www.cdc.gov/std/syphilis/CTAproviders.htm>
- CDPHE data requests: cdphe_stihivdatarequest@state.co.us

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 John W. Hickenlooper, Governor | Karin McGowan, Interim Executive Director

