

MAINE PUBLIC HEALTH ALERT NETWORK SYSTEM



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****ADVISORY – Important Information****

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TO: Hospitals, Emergency Department, Infection Control Practitioners, Public Health Nurses, Maine Primary Care

FROM: Dora Anne Mills, M.D., M.P.H., Public Health Director

SUBJECT: Syphilis in Maine, 2007

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Syphilis in Maine, 2007

Since January 1, 2007 health care providers in Maine have diagnosed 9 cases of syphilis all among males, ages 22-63, in Androscoggin, Cumberland, Oxford, and York Counties. Three cases were primary syphilis, two cases were secondary syphilis and four cases were early latent syphilis. Eight of the 9 cases were among men who have sex with men (MSM). Two of the 8 individuals are known to be HIV positive.

During the last ten years, the annual average number of reported syphilis cases was two, except for 2003, and 2006 when Maine experienced a syphilis outbreak of 15 and 16 cases respectively. Because syphilis is not often reported in Maine, the nine reported cases so far this year are cause for concern.

In order to ensure appropriate diagnosis and treatment of cases and to prevent further transmission, the Maine Center for Disease Control & Prevention recommends:

- Clinicians consider syphilis during evaluations for possible STD. Syphilis has many signs and symptoms that are indistinguishable from those of other diseases. Syphilis is passed most commonly in the infectious primary stage from person to person through direct contact with a primary syphilis sore. The secondary stage of the disease can also be highly infectious.
- Clinicians are aware of the primary stage of syphilis and its symptoms. Primary syphilis is usually marked by the appearance of a single sore (chancre), but there may be multiple sores. The primary sore is usually an eroded papule that is firm, the surface may be crusted or ulcerated, and the border surrounding the lesion is frequently raised and firm. The sore is most often painless. Lymph nodes draining the involved area are frequently enlarged and hard. Primary lesions are not confined to, but most often on the penis or in the vagina, rectum, or mouth.
- Secondary symptoms include alopecia, skin and mucous membrane lesions (lesions are bilaterally symmetrical). More specifically, moist papules (condylomata lata) in anogenital region or mouth, lesions of the mouth, throat and cervix (mucous patches), palmer/planter rash (macular or papular), and nickel/dime lesions (typically on the face) are the most common signs of secondary syphilis.
- Clinicians ensure that diagnostic specimens for syphilis are obtained during screening. Screening usually consists of an RPR test. Reactive specimens should be confirmed through additional testing.
- Clinicians refer all suspect syphilis cases to the Maine Center for Disease Control & Prevention for partner tracing and follow-through.
- Clinicians follow the most recent CDC recommendations for syphilis evaluation and treatment, available at <http://www.cdc.gov/std/default.htm>.

For more information, please contact Jennah Godo, 287-3916.