



# HEALTH UPDATE

Missouri Department of Health and Senior Services

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February 27, 2024

## Update on Syphilis in Missouri

The Missouri Department of Health & Senior Services (DHSS) uses four types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

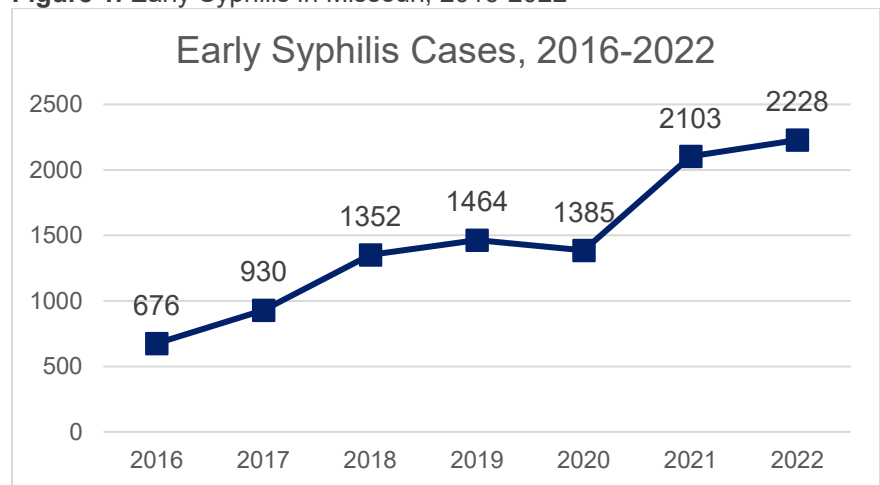
**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

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### Summary

The Missouri Department of Health and Senior Services (DHSS) continues to observe a sustained increase in the number of syphilis cases reported in the state. The number of early syphilis cases reported in Missouri increased by 230% from 2016 to 2022 (Figure 1.) (Reported case numbers in 2020 were likely an underestimation of the disease burden due to decreased testing that occurred during the COVID-19 pandemic.) The purpose of this DHSS Health Update is to alert health care providers of the significant continued increase in rates of syphilis among multiple populations including heterosexual men and women; gay, bisexual, and other men who have sex with men; and people who use drugs. A significant increase has also been observed in the number of reported congenital syphilis cases.

Figure 1. Early Syphilis in Missouri, 2016-2022



Source: Missouri Department of Health and Senior Services, Office of Epidemiology, Missouri Health Surveillance Information System (WebSurv). Based on data as of September 13, 2023.

## ***Syphilis Background***

Syphilis is a sexually transmitted disease (STD) that can have very serious complications for adults and newborns if left untreated. Initial symptoms of syphilis include a sore and/or rash that goes away after a few weeks without treatment, though serious health issues may emerge later without appropriate treatment. Syphilis can be treated and cured with antibiotics, yet many cases go undiagnosed and untreated, leading to increased transmission and future negative health consequences. Congenital syphilis occurs when a mother with untreated syphilis passes the infection on to her baby during pregnancy – causing miscarriages, premature births, stillbirths, or death of newborn babies. Infants with congenital syphilis can experience multiorgan system damage that may present at delivery or later in life.

Missouri's increase in syphilis cases was initially observed among gay, bisexual, and other men who have sex with men. However, other groups, including heterosexual men and women, have also experienced an increase in cases in recent years. Smaller metropolitan areas and rural counties throughout Missouri are experiencing a similar increase in cases, particularly among people who use drugs and their partners.

The continued high rates of STDs in Missouri, including syphilis and congenital syphilis, mirror nationwide trends seen in recent years. Ongoing public health efforts to reverse current trends will require a renewed commitment from, and continued partnership with healthcare providers.

## ***Missouri DHSS Recommendations***

- Providers should assess the sexual health of patients and discuss STD risks for the patient and partners of the patient.
- Providers should routinely test for syphilis in individuals who have signs or symptoms suggestive of infection. Individuals exposed to syphilis within the past 90 days should receive testing and preventive treatment.
- Sexually active gay, bisexual, and other men who have sex with men should be tested for syphilis annually or more frequently depending on risk.
- Pregnant women should be tested three times regardless of perceived risk: (1) at the first prenatal visit, (2) in the third trimester (28-32 weeks), and (3) at delivery. Bicillin LA is the only CDC-recommended treatment for pregnant women, including those who are allergic to penicillin. Pregnant women who are allergic to penicillin should be desensitized via consultation with an allergist and treated with Bicillin LA.
- Any woman who has a fetal death after 20 weeks gestation should be tested for syphilis.
- Individuals who are living with HIV who are sexually active should be tested for syphilis annually.
- Patients with diminished visual acuity, blindness, uveitis, panuveitis, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis should be tested for syphilis and referred to an ophthalmology specialist. If ocular syphilis is suspected, the patient should be treated according to the Centers for Disease Control and Prevention's (CDC's) 2021 treatment recommendations (see below under Additional Resources) for neurosyphilis and undergo a lumbar puncture with cerebrospinal fluid (CSF) examination.

Questions should be directed to the DHSS Bureau of HIV, STD, and Hepatitis at 573-751-6439 or via email at [STD@health.mo.gov](mailto:STD@health.mo.gov).

## Resources

- Complete CDC testing and treatment recommendations: <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- CDC Syphilis Pocket Guide: <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>
- DHSS Syphilis Overview: <https://health.mo.gov/living/healthcondiseases/communicable/stds/syphilis.php>

## Target Audience

Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Control Preventionists, Health Care Providers, Long Term Care Facilities, and Laboratories

## Author

DHSS Bureau of HIV, STD, and Hepatitis, the State Chief Medical Officer, the State Chief Epidemiologist, and the Division of Community and Public Health.

This information is current as of February 7, 2024 but may be modified in the future. We may continue to post updated information regarding the most common questions about this subject.