



Hamilton County Public Health - Epidemiology and Assessment

Syphilis Quarterly Report

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Syphilis Prevalence by Month in Hamilton County, Ohio (Jan 2014 – Dec 2015)

Table 1. Syphilis Cases by Month for Hamilton County Residents

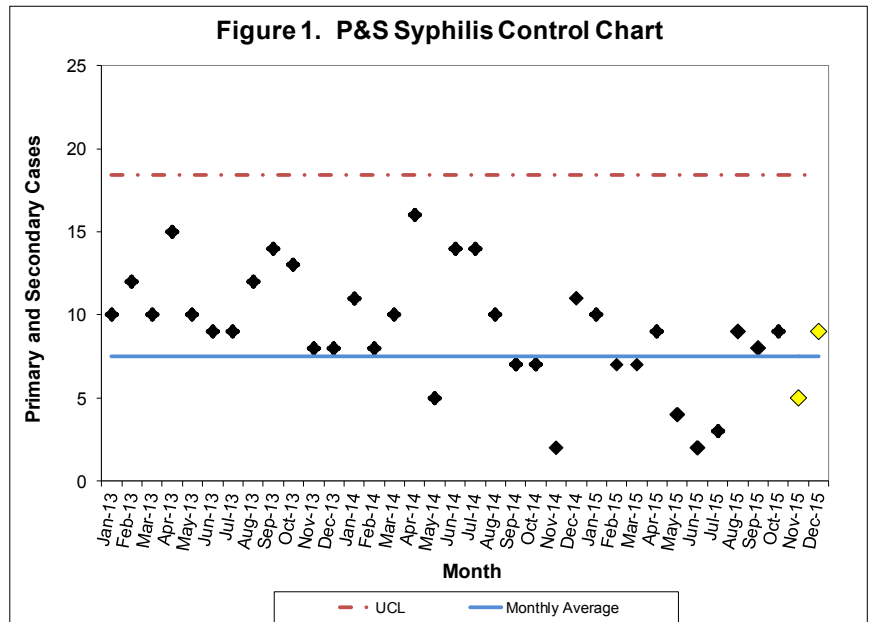
Month	Cases of Syphilis 2014	Cases of Syphilis 2015
January	20	20
February	16	17
March	22	19
April	25	26
May	21	19
June	28	15
July	30	17
August	24	26
September	33	26
October	25	19
November	16	18
December	22	21
Total	282	243

This report was created as a surveillance effort to help prevent new cases of syphilis within Hamilton County. Table 1 displays the breakdown of total syphilis cases for Hamilton County residents from 2014 and 2015 on a monthly basis. These include cases at any stage of disease (i.e. primary, secondary, latent, or congenital). Only syphilis cases that have been reported to the CDC were counted for analysis purposes in this report. In 2014, the highest number of syphilis cases occurred in September (33 cases). In 2015, the highest number of syphilis cases occurred in April, August, and September (26 cases). The average number of syphilis cases per month were 23.5 and 20.3 for the years 2014 and 2015, respectively. In 2015, there were 39 fewer cases of syphilis than in 2014. The most recently reported months' data are the most subject to change in future reports.

Syphilis cases are derived from partner services data in the Ohio Disease Reporting System and represent only those cases reported to the CDC. These data are provisional and subject to change when additional data are reported. Cases' residences were determined by address at diagnosis. Source: Ohio Department of Health (ODH), STD Surveillance. Data reported as of 2/16/2016.

Primary and Secondary Syphilis in Hamilton County, Ohio (Jan 2013 - Dec 2015)

One way to monitor primary and secondary (P&S) syphilis infections within Hamilton County is through the use of surveillance control charts. Factors that this control chart shows are the number of P&S syphilis cases for each month (black diamonds), control limits (red dashed lines), and the average number of cases (solid blue line). Control charts are used to detect unexpected events, such as a single point outside of the control limit, consecutive points above or below the average line, or two to three consecutive points near a control limit. When anomalies such as these occur, it may be beneficial to examine events surrounding the anomalies in order to devise a strategy to reduce the number of cases in subsequent months or to see which strategies already in place are effective. Figure 1 illustrates the control chart for P&S syphilis infections from January 2013 to December 2015. The monthly average number of cases (7.5) was calculated using data from July 2014-June 2015. A downward trend in P&S cases can be seen from 2013 to 2015.



Syphilis cases are derived from partner services data in the Ohio Disease Reporting System and represent only those cases reported to the CDC. These data are provisional and subject to change when additional information is reported. Cases' residences were determined by address at diagnosis. Source: ODH, STD Surveillance. Data reported as of 2/16/2016.

Demographics and Social Factors with High Risk for Syphilis Infection

The number of P&S cases is important to monitor as these are the stages in which a person is most likely to transmit the disease to another person. Table 2 and Figure 2 show the demographics and social factors that make up these P&S cases. Table 2 shows the percentage of P&S syphilis cases from 2014 and 2015 based on race, sex, and risk behavior. Over 60 percent of the P&S syphilis cases from 2014 and 2015 occurred among black Hamilton County residents. Additionally, 3 out of 4 P&S syphilis cases from 2014-2015 were among male Hamilton County residents. Figure 2 displays the shift in age distribution of P&S syphilis cases in Hamilton County. In 2012, the 15-24 year old group was responsible for the most cases of P&S syphilis out of any other group; however in 2013 and 2014 the age distribution shifted towards Hamilton County residents 25-34 years old. In 2015, the 15-24 year olds made up the highest percentage of cases.

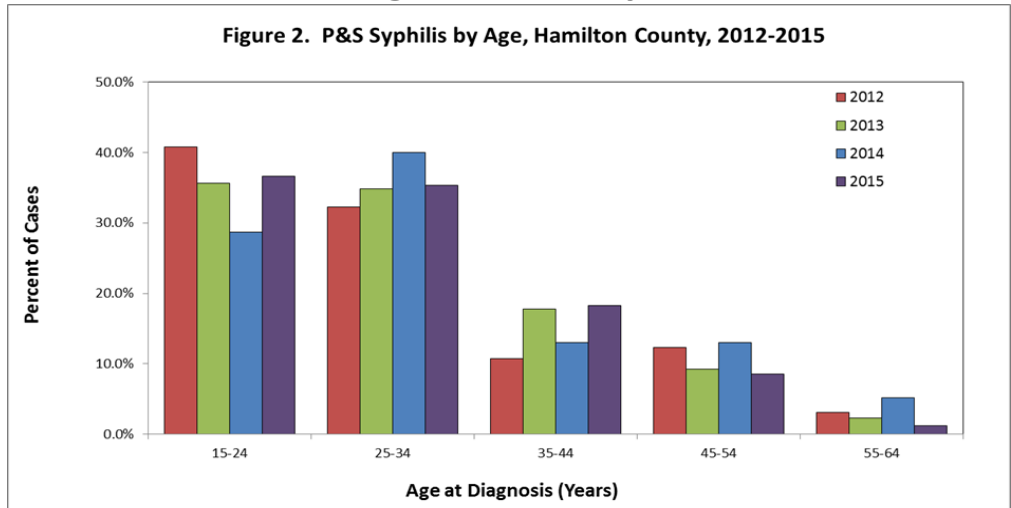
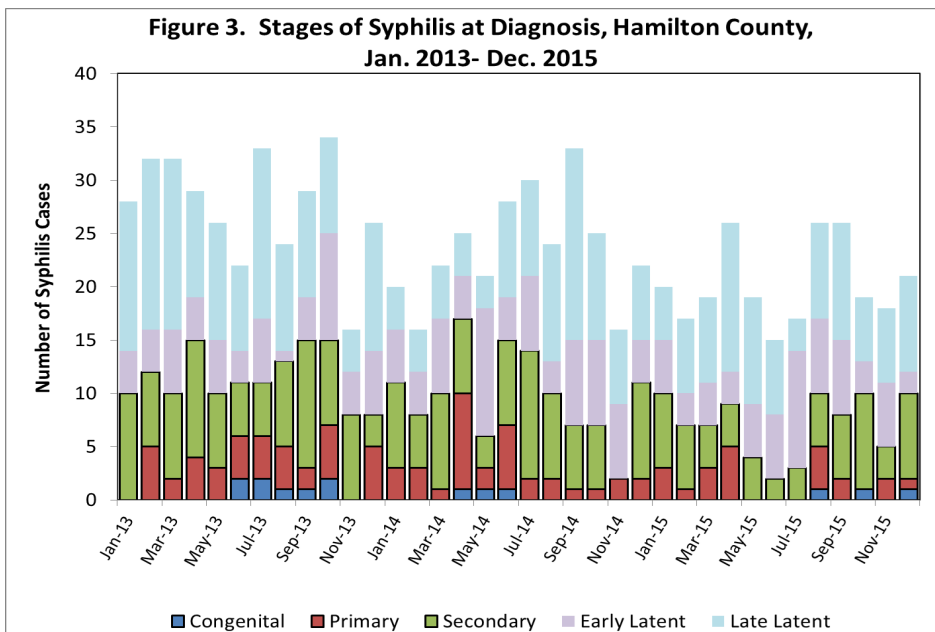


Table 2. Demographics of P&S Syphilis Cases

	Jan. - Dec. 2014		Jan. - Dec. 2015	
	#	%	#	%
Race				
Black	71	61.7	64	78.0
White	38	33.0	16	19.5
Other	6	5.2	2	2.4
Sex				
Male	89	77.4	63	76.8
Female	26	22.6	19	23.2
Behavior*				
MSM	42 of 88	47.7	25 of 63	39.7
HRHF	16 of 26	61.5	12 of 19	63.2

These data are provisional and subject to change when additional data are reported. Cases' residences were determined by address at diagnosis. Source: ODH, STD Surveillance. Data reported as of 2/16/2016. Percentages may not total to 100 percent due to rounding. *One case was missing information from fields used to determine risk behaviors. Percentages for behavior are sex-specific and based only on cases that had valid information within the required fields. High risk heterosexual females (HRHF) are women who self-identified as participating in sex with men who have sex with men (MSM), HIV+, intravenous drug user (IDU), or anonymous person. HRHF status is also determined from factors such as having sex while intoxicated, exchanging sex for drugs, or having previous STIs.

Stages of Syphilis Infection: Hamilton County



Syphilis infections are organized into different stages based on the clinical presentation of disease and duration of infection. Congenital syphilis cases are cases of syphilis in which the infection is transferred from mother to infant during pregnancy or delivery. Congenital syphilis cases serve as key indicators of community health as this stage of infection is easily preventable when proper healthcare is present. Transmission of syphilis is possible during primary, secondary, and early latent stages of disease. In particular, primary and secondary infections are considered highly infectious stages. During late latent syphilis, the patient may no longer be infectious and have no symptoms; however if the patient does not receive treatment the disease can develop into neurological problems, possibly leading to death.