COMMUNICABLE DISEASE UPDATE

COMMUNICABLE DISEASE CONTROL AND PREVENTION SECTION
THURSTON COUNTY PUBLIC HEALTH AND SOCIAL SERVICES DEPARTMENT
412 LILLY RD NE
OLYMPIA, WA, 98506-5132
DISEASE REPORTING: (360)786-5470
WWW.THURSTONCOUNTYWA.GOV/PHSS

THURSTON COUNTY
WASHINGTON

02/12/2024

**NOTICE: This health alert provides written guidance for health care professionals and others who may need to take action to prevent or control a notifiable condition. It is not intended to provide guidance for the general public.*

Thurston County Communicable Disease Update - 2023 Trends for Syphilis, Gonorrhea and Chlamydia:

Syphilis:

Action Requested:

Screening:

- Be aware of the two testing algorithms for Syphilis screening:
  - *Traditional screening algorithm:* Screen with an initial nontreponemal test (e.g., Venereal Disease Research Laboratory [VDRL]or rapid plasma reagin [RPR] test). If positive, confirm with a treponemal antibody detection test (e.g., Treponema pallidum particle agglutination [TP-PA] test).
  - *Reverse sequence algorithm:* Screen with an initial automated treponemal test (e.g., enzyme-linked or chemiluminescence immunoassay). If positive, confirm with a nontreponemal test.
- Be aware of updated syphilis screening recommendations:

WA DOH Updated Syphilis Screening Guidelines

Cis-women and cis-men who have sex with women (including pregnant persons)
Test sexually active patients with any of the following risk factors at least annually and whenever they present for care up to every 3 months: • Persons who inject drugs • Persons who use methamphetamine or nonprescription opioids • Persons living homeless or who are unstably housed • Person engaged in transactional sex • Persons entering correctional facilities or with a history of incarceration in the prior 2 years Persons with a history of syphilis in the prior 2 years
Persons with a sex partner with any of the above risks should test for syphilis at least annually
Pregnant persons should be tested at the following times: • First prenatal care • Time of 3rd trimester laboratory testing - typically done at 24-28 weeks gestation • Time of delivery if any of the above risks are present or the pregnant person

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was diagnosed with a bacterial STI or first-episode of HSV (genital herpes) during pregnancy. • Test pregnant persons not engaged in prenatal care any time that present to a clinical setting (i.e., ERs, jail, substance use treatment facilities, labor and delivery, etc.) • Pregnant persons with fetal demise at ≥20 weeks gestation
Sexually active persons aged 45 and under if they have not tested since January 2021.
Women whose male partners have sex with both men and women should test for syphilis annually
Sexually active HIV positive persons outside of mutually monogamous relationships should test annually
Persons diagnosed with gonorrhea or HIV should be tested for syphilis if not done at the time of their initial gonorrhea/HIV testing
Cis-gender men who have sex with men (MSM) and transgender persons who have sex with men
Test sexually active MSM and transgender patients who have sex with men with any of the following risk factors every 3 months: • History of syphilis, gonorrhea, or chlamydial infection in the prior 2 years • Use methamphetamine and/or opiates and/or injection drug use • ≥10 sex partners in the prior year • Taking HIV pre-exposure prophylaxis (PrEP) • Persons living without HIV who have had condomless anal sex with a man who is HIV positive or of unknown HIV status
Sexually active MSM and transgender persons outside of mutually monogamous, seroconcordant partnerships should be tested for HIV/STI (including syphilis) annually.

Diagnosis and Treatment:

- Stage all patients with positive syphilis serologic tests and a presumptive diagnosis of syphilis and use that information to guide treatment. The disease treatment and follow up is guided based on the diagnosed staging from clinical findings.
- Consider testing for syphilis when you are considering a diagnosis of herpes simplex virus (HSV) in a patient.
- Treat any persons who reports sexual exposure to someone with syphilis, even in the absence of signs or symptoms of infection or a positive test result. Serological testing can be falsely negative early in infection (i.e., “incubating syphilis”). Test these individuals for syphilis but treatment should not be withheld awaiting test results.

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- Treat all patients with signs or symptoms consistent with primary or secondary syphilis when they present for care. Clinicians should perform serological tests on patients with signs or symptoms of syphilis but should not wait for the results of such tests to provide treatment, particularly among pregnant women, persons who are living homeless, and other persons for whom medical follow-up is difficult to ensure.
- Whenever possible initiate treatment within 14 days of diagnosis
- Be aware that there is currently an ongoing Bicillin L-A shortage, please follow the Washington State Department of Health guidance for prioritization. Bicillin L-A® is the only acceptable treatment for pregnant people and infants with congenital syphilis. The following groups should also be prioritized for Bicillin L-A® if possible:
    - Sexual partners of pregnant people
    - Pregnancy capable people of childbearing age without consistent birth control
    - People with an allergy to doxycycline
    - People with early syphilis (primary, secondary, early latent)
    - People living with HIV
    - People for whom doxycycline adherence or follow-up testing and care might be an issue
    - People who have already initiated a 3-week course of Bicillin L-A® to treat syphilis
- Be aware that the Food and Drug Administration (FDA) has announced that Extencilline (benzathine benzylpenicillin injection, powder, for suspension) is temporarily available to mitigate the effects of the Bicillin L-A® shortage. Extencilline has been determined to be equivalent to Bicillin L-A® and is currently authorized and marketed in other countries. Please note that the preparation and administration of Extencilline, as well as the contraindications for prescribing, differ from those for Bicillin-LA®. The FDA announcement can be found here: https://www.cdc.gov/nchhstp/dear_colleague/2024/dcl-01122024-fda-bicillin.html
- Please contact Thurston County Public Health and Social Services at 360-867-2610 if you need assistance with obtaining Bicillin L-A®. More information on the Bicillin L-A® can be found here: 150223-WADOHBicillinPrioritizationGuidance and Clinical Reminders during Bicillin L-A Shortage

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Stage of Infection	Diagnostic Criteria	Treatment
Incubating Infection	Exposure to an active case of syphilis in the past 90 days and no physical or serologic findings	Benzathine penicillin G 2.4 million units as a single intramuscular injection Alternatives Regimens (for nonpregnant patients) • Oral doxycycline 100mg twice daily for 14 days OR • Oral tetracycline 500mg 4 times each day for 14 days
Primary	Exam findings consistent with primary syphilis including a syphilitic chancre or presence of multiple or atypical anogenital primary lesions with or without serologic evidence of infection (or reinfection)	Benzathine penicillin G 2.4 million units as a single intramuscular injection Alternatives Regimens (for nonpregnant patients) • Oral doxycycline 100mg twice daily for 14 days OR • Oral tetracycline 500mg 4 times each day for 14 days
Secondary	Laboratory evidence of syphilis infection or reinfection and exam findings consistent with secondary syphilis at the time of treatment including mucocutaneous eruptions including palmar and plantar rashes, condyloma lata, mucous patches, patchy alopecia or generalized lymphadenopathy, malaise, fever, or other nonspecific constitutional symptoms	Benzathine penicillin G 2.4 million units as a single intramuscular injection Alternatives Regimens (for nonpregnant patients) • Oral doxycycline 100mg twice daily for 14 days OR • Oral tetracycline 500mg 4 times each day for 14 days

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Early Latent	Current laboratory serology, with negative serology and/or documented symptoms within the last 12 months	Benzathine penicillin G 2.4 million units as a single intramuscular injection Alternatives Regimens (for nonpregnant patients) • Oral doxycycline 100mg twice daily for 14 days OR • Oral tetracycline 500mg 4 times each day for 14 days
Late Latent or Latent of Unknown Duration	Laboratory evidence of syphilis infection, no signs or symptoms and infection occurred more than 12 months ago (late latent) or there is not enough information to determine when infection occurred (latent of unknown duration)	Benzathine penicillin G 7.2 million units total, administered as 3 separate doses of 2.4 million units intramuscularly, each at 1-week intervals Alternative Regimens (for nonpregnant patients with a documented penicillin allergy) **Note:** Close serologic follow-up is critical, especially in patients living with HIV • Oral doxycycline 100mg twice daily for 28 days OR • Oral tetracycline 500mg 4 times daily for 28 days
Neurosyphilis or Ocular/Otic Syphilis	Neurologic, ocular, and otic syphilis can occur at any stage of syphilis. Neurologic syphilis: Laboratory evidence of syphilis infection, CSF evidence of syphilis infection and neurologic exam finding consistent with syphilis. Ocular syphilis: Laboratory evidence of syphilis and slit lamp ophthalmologic exam consistent with syphilis	Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units intravenously every 4 hours, or by continuous infusion, for 10–14 days Alternative Regimen • Procaine penicillin G 2.4 million units intramuscularly once daily for 10–14 days PLUS

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	infection. Otic Syphilis: Laboratory evidence of syphilis and otolaryngologist/audiologist exam consistent with syphilis infection.	• Probenecid 500mg orally 4 times daily for 10–14 days
Tertiary	Laboratory evidence of infection by serologic, CSF, or direct pathology testing and cardiovascular disease (e.g., aortitis, coronary vessel disease), gummatous disease of the skin or other organs, late neurologic complications (e.g., tabes dorsalis or general paresis)	Tertiary syphilis should be managed in consultation with an infectious disease specialist. Testing for HIV infection and CSF examination should be performed before therapy is initiated.

Reporting:

- Report cases with completed case reports within 3 days of the lab confirmation
- Ensure the case report is complete including:
  - Treatment provided
  - Pregnancy Status
  - HIV Status

Prevention:

- Educate all patients on safe sex practices including:
  - Abstinence
  - Having fewer partners
  - Talking to partners about STD's and staying safe before having sex
  - Using condoms
  - Getting vaccinated for HPV
  - Getting tested for STDs and getting proper treatment if they test positive
- Discuss pre-exposure prophylaxis for HIV with individuals at high-risk of contracting the disease who would benefit from PReP. The Centers for Disease Control and Prevention (CDC) has information that can be found here.

Syphilis Trends in Thurston County:

Syphilis cases in Thurston County continue to increase. From 31 cases in 2018 to over 100 last year, preliminary 2023 does not show signs of a decline in cases in the near future. A key item in slowing the spread is correct treatment and to do that we look at accurate staging. Last year close to 70% of the cases were staged as early syphilis, with the remaining 30% staged as late, or of an unknown duration. When looking at trends in the recent past and our preliminary data for this calendar year, we see this continued trend of marked increases in cases in the

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following areas: females, heterosexual populations, individuals who use substances (especially methamphetamine), and those experiencing homelessness. To put this into perspective, males comprised around 90% of syphilis cases in 2018, and that dropped to 61% last year.

When looking at risk, non-MSM cases were close to 40% of all cases in 2018 but jumped to 75% of all cases last year. It is important to stress that we are not seeing a significant reduction in overall cases and continue to have a shift in the profile of individuals who are presenting with syphilis. We are not seeing a major shift in the age range for syphilis cases, however, with most identified in the 25-34 age range, closely followed by those in the 35-44 age range.
To Note: Last year's trends are closely mirrored in 2023 preliminary data.

Chlamydia and Gonorrhea:

Action Requested:

Screening:
Please follow CDC recommended screening guidance for chlamydia and gonorrhea shown below and include screening for HIV and Syphilis when screening for sexually transmitted diseases.

Recommended Screening for Chlamydia and Gonorrhea
Cis-women
Screen sexually active women under 25 years old, sexually active women over 25 years old if at increased risk, retest approximately 3 months after treatment, and rectal chlamydial testing should be considered based on reported sexual behaviors and exposure.
Pregnant People
Screen all pregnant women under 25 years old, pregnant women over 25 years old if at increased risk, retest during third trimester for women under 25 years old or at risk, complete a test of cure at 4 weeks after treatment and retest in 3 months.
Men Who Have Sex with Men
Screen at least annually for sexually active individuals at sites of contact regardless of condom use, every 3-6 months if at increased risk.
Transgender and gender diverse persons
Screening recommendations should be adapted based on anatomy, (i.e., annual, routine screening for chlamydia in cisgender women < 25 years old should be extended to all transgender men and gender diverse people with a cervix. If over 25 years old, persons with a cervix should be screened if at increased risk.) Consider screening at the rectal site based on reported sexual behaviors and exposure.
Persons with HIV
For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter, more frequent screening might be appropriate depending on individual risk behaviors.

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Treatment:

- Consider empiric treatment for patients with signs or symptoms consistent with gonorrhea or chlamydia when they present for care especially for persons who are living homeless, and other persons for whom medical follow-up is difficult to ensure.
- Initiate treatment within 14 days of diagnosis

Chlamydial Infections
Adults and Adolescents
Recommended Regimen: doxycycline 100 mg orally 2x/day for 7 days Alternate Regimen: azithromycin 1gm orally in a single dose OR levofloxacin 500mg orally 1x/day for 7 days
Pregnant People
Recommended Regimen: azithromycin 1gm orally in a single dose Alternate Regimen: amoxicillin 500mg orally 3x/day for 7 days

Gonorrhea Infections
Uncomplicated infections of the cervix, urethra, and rectum: adults and adolescents <150kg
Recommended Regimen: Ceftriaxone 500 mg IM in a single dose Alternative Regimen: If cephalosporin allergy: gentamicin 240 mg IM in a single dose PLUS azithromycin 2 gm orally in a single dose If Ceftriaxone administration is not available or not feasible: cefixime 800 mg orally in a single dose
Uncomplicated infection of the pharynx adults and adolescents <150 kg
ceftriaxone 500 mg IM in a single dose
Pregnancy
ceftriaxone 500 mg IM in a single dose
Conjunctivitis
ceftriaxone 1g IM in a single dose

Follow up testing and test of cure:

- Test of cure is needed for:
  - Pharyngeal gonorrhea patients 7-14 days following treatment.
  - Pregnant people who test positive for chlamydia 4 weeks after treatment.
- Follow up testing 3 months after treatment is recommended for all other people who test positive for gonorrhea or chlamydia. If retesting at 3 months is not possible, clinicians should retest whenever persons next seek medical care <12 months after initial treatment.

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- Educate all patients on safe sex practices including:
    - Abstinence
    - Having fewer partners
    - Talking to partners about STD's and staying safe before having sex
    - Using condoms
    - Getting vaccinated for HPV
    - Getting tested for STDs and getting proper treatment if they test positive
- Discuss pre-exposure prophylaxis for HIV with individuals at high-risk of contracting the disease who would benefit from PReP. The Centers for Disease Control and Prevention (CDC) has information that can be found here.

Chlamydia and Gonorrhea Trends in Thurston County:

Preliminary data for January-November 2023 shows similar trends for reported cases of chlamydia (CT) and gonorrhea (GC). Of reported GC cases in 2023, the greatest proportion continues to be among males with 61%, and of those, 56% were identified as MSM. 39% of GC cases fell within the 25-34 age range, and 36% of cases were identified as pregnancy-capable, meaning people with vaginas between 15 and 44 years of age. There has been an increased proportion of cases since 2022 reporting substance use, meaning they reported having used at least one or more of the following: crack, cocaine, opioids, meth, heroin, IDU, nitrates, or others. Black people and Hispanic communities continue to be disproportionately impacted.

Looking at trends in treatment among GC cases reported in 2023, 95% had treatment on record, though only 14% were documented as having correct treatment per CDC recommended treatment guidelines. In 2023, 91% of cases with treatment documented were treated within 14 days of the diagnosis date. Reported GC cases with pharyngeal site of infection documented were primarily among males (79%), with 93% of those male cases identified as MSM. 94% of cases had treatment documented, with 94% of those cases treated within 14 days of the diagnosis date.

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Thurston County Public Health and Social Services Investigations of Sexually Transmitted Infections:

- Thurston County Public Health and Social Services Communicable Disease Team investigates and reports all notifiable conditions, which include sexually transmitted infections.
- Investigators follow the timeline established in the Washington State Department of Health guideline so it is possible the investigator may contact the patient before a provider. Reason being, they start investigation soon after receiving a lab result or case report.
- A member of the communicable disease team may call and inquire about case information to ensure proper treatment and follow up has been completed. They may also reach out to the patient for more information.
- Members of the communicable disease team check to see if treatment provided is consistent with Centers for Disease Control and Prevention (CDC) treatment guidelines. If the treatment provided is different from the CDC guidelines a member of the Communicable Disease Team will follow up and share the CDC guidelines. Providers who would like technical assistance with their treatment plans can call 360-867-2610 (M-F 8am-5pm) to make an appointment for a consultation with the Thurston County Health Officer.

Limitations

This information is intended to complement existing Washington Administrative Codes (WAC) and Revised Codes of Washington (RCW) and not replace. This information should not be considered all-inclusive regarding STI evaluation, treatment, and contact management.

- 2023 preliminary data has been used to identify and summarize the trends above, preliminary data is subject to change.
- There are some discrepancies over time when analyzing correct treatment, as CDC treatment recommendations were updated in 2021 and additional treatment variables were introduced to PHIMS-STD in March 2020.
- Preliminary data is not released by Washington State Department of Health until after the final counts have undergone the quality assurance process and will be released in 2024.

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Resources/Data Notes:

Data and trends above have been provided by the Washington State Department of Health, Office of Infectious Disease, Assessment Unit, STI Surveillance.
Source: *PHIMS-STD, as of 6/15/2023*

- ***Washington Department of Health:*** *Sexually Transmitted Infections (STI) Syphilis Reporting Guideline , Gonorrhea Reporting Guideline & Chlamydia Reporting Guideline, Provider Letter Congenital Syphilis*
- ***Centers for Disease Control & Prevention:*** *STI Treatment Guidelines Syphilis , Gonorrhea , Chlamydia & Screening Recommendations*

THANK YOU FOR REPORTING

TO REPORT A NOTIFIABLE CONDITION IN THURSTON COUNTY	
Voice mail for reporting **non-immediately reportable conditions (24 hours a day):** Reporting a Notifiable Condition (thurstoncountywa.gov)	Phone: **360-786-5470** Fax: 1-833-418-1916
Day time immediately reportable conditions – Calls are answered during business hours Monday-Friday 8am-5pm (excluding holidays) and routed to the appropriate communicable disease team member.	Phone: 360-867-2610 Secure eFax: 1-833-418-1916
After hours immediately and 24-hour reportable conditions or a public health emergency	Call 1-800-986-9050
No one is available with Thurston County Public Health and condition is **immediately notifiable or a public health emergency**	Call 1-877-539-4344

Communicable Disease Updates are posted online at: Communicable Disease Updates (thurstoncountywa.gov)