

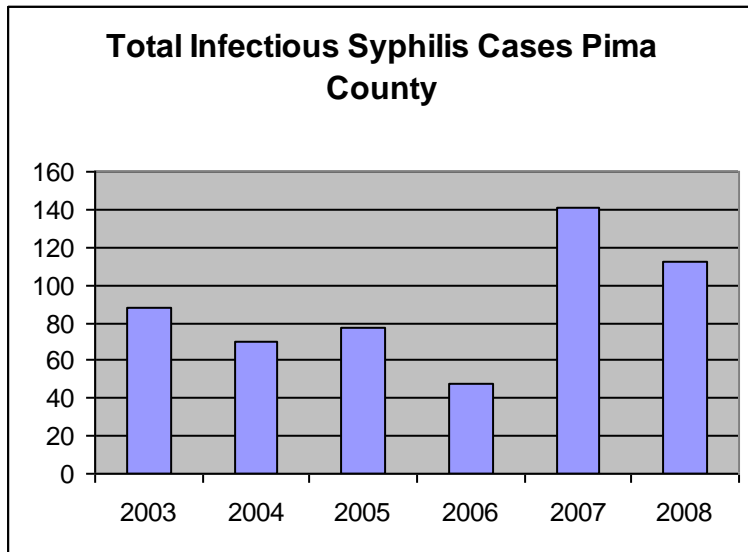


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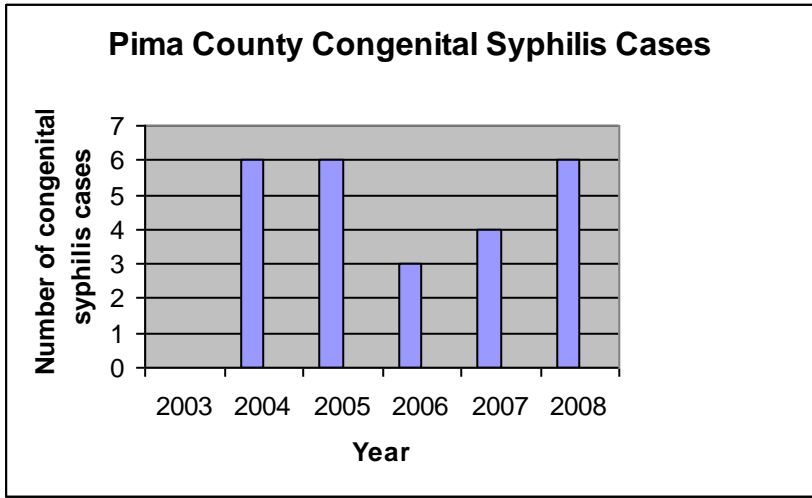
January 6, 2009

Dear Clinician:

I am writing to update you on the syphilis outbreak that has affected Pima County for the last eight years or so, and to urge increased screening for syphilis (see recommendations in last paragraph). We have been one of the communities in the country persistently affected by this outbreak, which began in approximately 2001. As you can see by the chart below of “active” syphilis cases (primary, secondary or early latent), this outbreak is by no means peaking out and going away. Prior to 2001 we were running single digit numbers for infectious syphilis cases. Like the nationwide outbreak, men who have sex with men have made up a significant number of our infectious cases. However, unlike the nationwide outbreak, we have also had significant numbers of cases in young heterosexuals. Having these kinds of numbers of infectious cases means that syphilis is actively circulating in our community.



This unfortunately has led to significant numbers of congenital syphilis cases. Prior to 2004, we had been running 0 to one congenital case per year for over a decade. Specifically, we had one congenital syphilis case in 1995 and one in 1996, then none until 2004. In 2008, we investigated 12 suspected congenital syphilis cases, and it looks as if six will be counted. Arizona has had the unfortunate distinction of being number one in the nation for congenital syphilis rates for several of the past five years (2004, 2005, 2006). While the majority of the state’s cases have occurred in Maricopa County, we have also had an unacceptably high number of cases in Pima County.



The CDC has recommended that in high prevalence communities, pregnant women should be screened in the first trimester, and twice during the third trimester (at 28-32 weeks and at birth). An internal review of this year’s 12 reported cases revealed that most occurred in multiparous women, and a significant proportion occurred in women reporting drug abuse histories. Most did not receive prenatal care. However, many had had emergency department visits during the latter part of their pregnancies.

I am writing to urge that those of you in primary care screen patients in your practice for syphilis, particularly if they report more than one sexual partner within the past year. In order to make much progress in reducing congenital syphilis cases, we must reduce the numbers of infectious cases circulating in our community. Anyone in an emergency department or urgent care setting should screen all patients being tested for sexual infections for syphilis. I am also writing to urge that those of you in obstetric practice consider adding the third trimester screen, particularly for those women with a history of drug abuse. The serologic test at birth, which I believe is routine in most of our hospitals, should continue. I recommend that emergency departments or urgent care centers seeing pregnant women who have received no prenatal care screen them for syphilis. We have been “lucky” so far in that none of the cases classified as congenital syphilis in the past eight years have had significant sequelae. We must do all that we can to ensure that our numbers of congenital syphilis cases decrease, and that no baby born in Pima County suffers sequelae from this completely preventable infection.

Sincerely,

Michelle McDonald, MD  
 Chief Medical Officer  
 Pima County Health Department