



Clinical Advisory: Ocular Syphilis in Oregon
April 2, 2015

This is to request that you report cases of suspected ocular syphilis to the Oregon Health Authority's Sexually Transmitted Disease Program within one business day of the patient's presentation. Cases can be reported to Dr. Sean Schafer at (971) 673-0181 or sean.schafer@state.or.us. We remind you that Oregon Administrative Rules already require that all suspected syphilis cases be reported to the local health authority within one business day of presentation.

Since December 2014, an unusually high number of ocular syphilis cases with severe sequelae, including blindness, have been identified in Oregon, California and Washington. During this time, physicians in Oregon have diagnosed and treated five reported cases of syphilis with ocular involvement; four other reported syphilis cases had possible ocular involvement. Of the five known cases, all occurred in men, two had HIV infection, two reported sex with men and two reported sex with women. Two of the five had secondary syphilis at the time of diagnosis. For comparison, during December 2013 through March 2014, only one case of ocular syphilis was identified in Oregon. Most of the recently reported cases of ocular syphilis in other states have occurred among HIV-infected men who have sex with men (MSM); a few cases have occurred among HIV-uninfected persons including heterosexual men and women.

Prompt reporting will facilitate timely specimen collection and molecular testing to further characterize strains of *Treponema pallidum* (the bacterium that causes syphilis) that might be associated with ocular syphilis; timely clinical treatment; and delineation of the extent of this apparent increase in ocular syphilis — including whether groups other than MSM are being affected.

Neurosyphilis can occur during any stage of syphilis, including primary and secondary. Ocular syphilis, a clinical manifestation of neurosyphilis, can involve almost any eye structure, but posterior uveitis and panuveitis are the most common. Additional manifestations may include anterior uveitis, optic neuropathy, retinal vasculitis, and interstitial keratitis. All patients with suspected neurosyphilis should have cerebrospinal fluid evaluation with VDRL testing of spinal fluid. In contrast to patients without neurologic involvement, patients with neurosyphilis should be treated with 18–24 million units per day of penicillin G divided into 6 doses and given intravenously every 4 hours for 10 to 14 days.