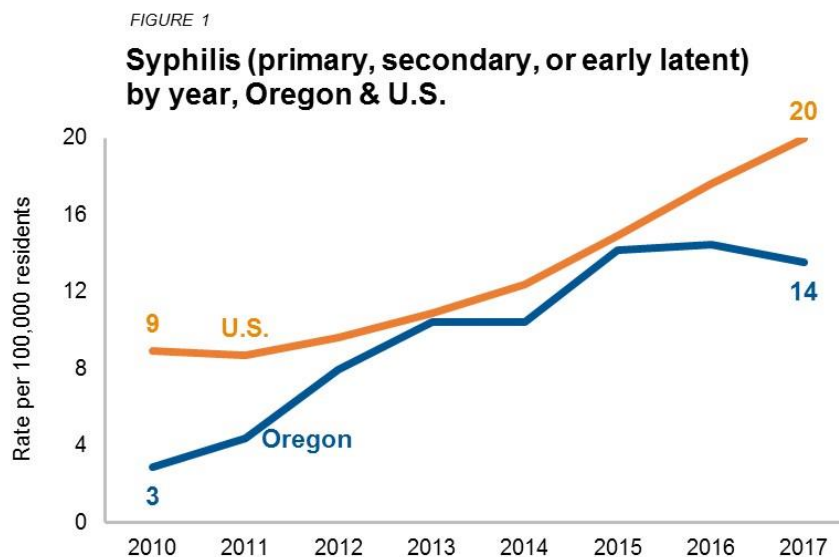


## Communicable Disease Control

# Syphilis incidence

Syphilis (caused by the bacterium *Treponema pallidum*) is transmitted through oral, vaginal, and anal sex and more specifically through direct inoculation with an infectious lesion or sore. It can also be transmitted from mother to child, often with devastating effects. Often referred to as the “Great Imitator” because its signs and symptoms can be confused with other diseases or easily missed, untreated syphilis can result in paralysis, blindness, and even death. As recently as the late 1990’s, with syphilis cases at record lows, the CDC and public health professionals believed syphilis could be completely eradicated. However, syphilis incidence rebounded dramatically both in Oregon and nationally. Recently syphilis has achieved epidemic levels in Oregon, increasing over 1000% from 2008 to 2017.

In 2017, 14 reported cases of primary, secondary or early latent syphilis incidence occurred for every 100,000 Oregon residents (Figure 1). Oregon’s rates of primary and secondary syphilis, the two most infectious stages of syphilis, have been higher than U.S. rates from 2012-2015 (data not shown)<sup>1</sup>. Rates of primary and secondary syphilis are slightly lower than U.S. rates in 2016 and 2017.



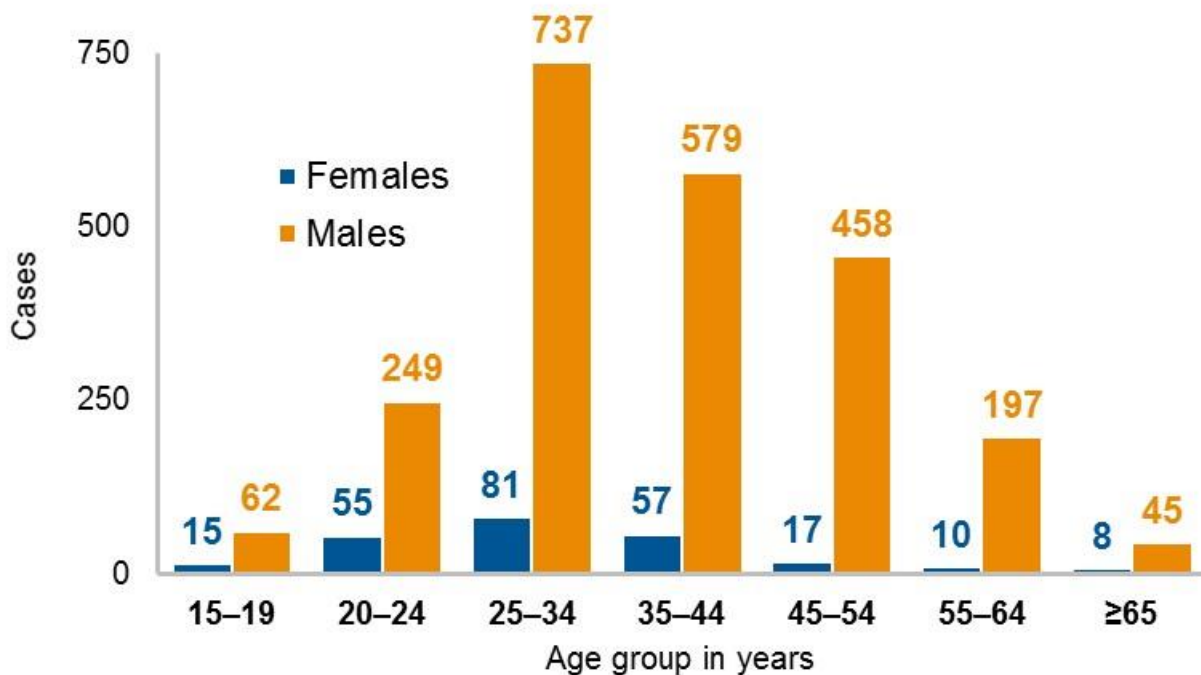
Source: Oregon Reportable Diseases Database and CDC (U.S. data)

<sup>1</sup> Oregon includes primary, secondary and early latent syphilis in its typical reports; CDC does not include early latent syphilis in its nationwide and by-state reports, so totals reported by Oregon will differ from those reported by CDC.

During 2013–2017 people aged 25–44 years were at highest risk of acquiring syphilis (Figure 2). Oregon’s infectious syphilis (primary, secondary, and early latent) cases predominately occurred among men, with many occurring among men who have sex with other men. While still relatively low, rates among women have increased from 0.85 cases/100,000 residents in 2013 to 3.4 residents/100,000 in 2017. African Americans were approximately four times more likely and Hispanics approximately 1.9 times more likely to acquire a case of syphilis than whites.

FIGURE 2

### Cumulative cases of early syphilis by age group and sex, Oregon, 2013–2017



Source: Oregon Reportable Diseases Database

Having HIV infection in addition to syphilis increases the likelihood that one will transmit HIV to one’s sexual partners and increases the likelihood of occurrence of complications from syphilis including eye and nervous system involvement. People living with HIV account for almost half of all recent syphilis infections.

Congenital (mother-to-child) transmission of syphilis increased from 2 cases in 2014 to 8 reported cases in 2017. Congenital syphilis can cause stillbirth or serious birth defects.

Frequent screening for syphilis in heavily affected groups has the most potential to reduce syphilis incidence by rapidly treating infections, preventing further spread. Groups that should be screened at least annually for syphilis include men who have sex with men, people with HIV, people who use illicit drugs, engage in sex work or exchange sex for money, drugs or something of value, and people who have or have had a recent bacterial STD. Individuals within these groups should be screened up to four times a year if they are sexually active with multiple partners.

**Additional Resources:** [Oregon STD Statistics](#)

**About the Data:** All cases of laboratory confirmed or presumptive Syphilis in Oregon residents are subject to mandatory reporting by licensed health care providers and clinical laboratories. National data are from the CDC Division of STD Prevention, "[Sexually Transmitted Disease Surveillance 2014](#)", November 2015. Oregon data are from the state's Reportable Disease Database. Population estimated used in calculated rates are from the National Center for Health Statistics (NCHS).

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[Oregon State Health Profile](#)

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