Early syphilis

Syphilis is a sexually transmitted disease of protean manifestation caused by the spirochete *Treponema pallidum*. Early syphilis cases represent an aggregate of primary, secondary and early latent cases of less than one year’s duration. The 86 early syphilis cases reported during 2009 reflect a 41 case increase (91%) compared to the 45 cases reported in 2008. The majority of the early syphilis cases reported during 2009 were among men who have sex with other men. The infection may be transmitted among sex partners during the primary and secondary stages.

Syphilis is transmitted via vaginal, rectal or oral sexual contact. Syphilis can be prevented by abstaining from sex or only having sex with one uninfected sex partner. Those who are sexually active outside of a mutually monogamous relationship can lower their risks of infection by using a condom when engaging in sexual activity.

It is important to identify and treat persons with early syphilis to prevent late complications, such as brain and heart damage, and to prevent congenital infections. Moreover, persons with primary or secondary syphilis more easily acquire and transmit HIV. An effective way to limit the spread of syphilis is to evaluate and treat recent sex partners of persons with early syphilis.
Tuberculosis

Tuberculosis (TB) is a communicable disease caused by *Mycobacterium tuberculosis*. The most common site for active TB disease is the lung; however, TB can occur in any organ in the body. TB is spread when persons with active pulmonary or laryngeal TB cough the bacteria into the air, and other persons inhale the bacteria into their lungs.

TB is preventable, treatable and curable. TB can be prevented by diagnosing and treating persons with active TB disease. It can also be prevented by identifying and treating persons with latent TB infection who, if untreated, are likely to develop active TB disease. Reporting of TB ensures that cases are treated and that contacts are identified and offered preventive antibiotics. The standard initial treatment for active TB in Oregon includes four drugs: INH, rifampin, pyrazinamide, and ethambutol pending susceptibility testing. Multidrug-resistant tuberculosis (MDR TB) is resistant to two or more of the standard TB drugs and requires treatment with second-line drugs.

The incidence rate of TB has been declining over the past decade. In 2009, a total of 89 cases of active TB disease were verified in Oregon, for a rate of 2.3 cases per 100,000 residents. Though an increase from the rate of 2.0 per 100,000 residents in 2008, Oregon’s TB rate continues to meet the Healthy People 2000 goal of less than 3.5/100,000.