

Communicable Disease Control

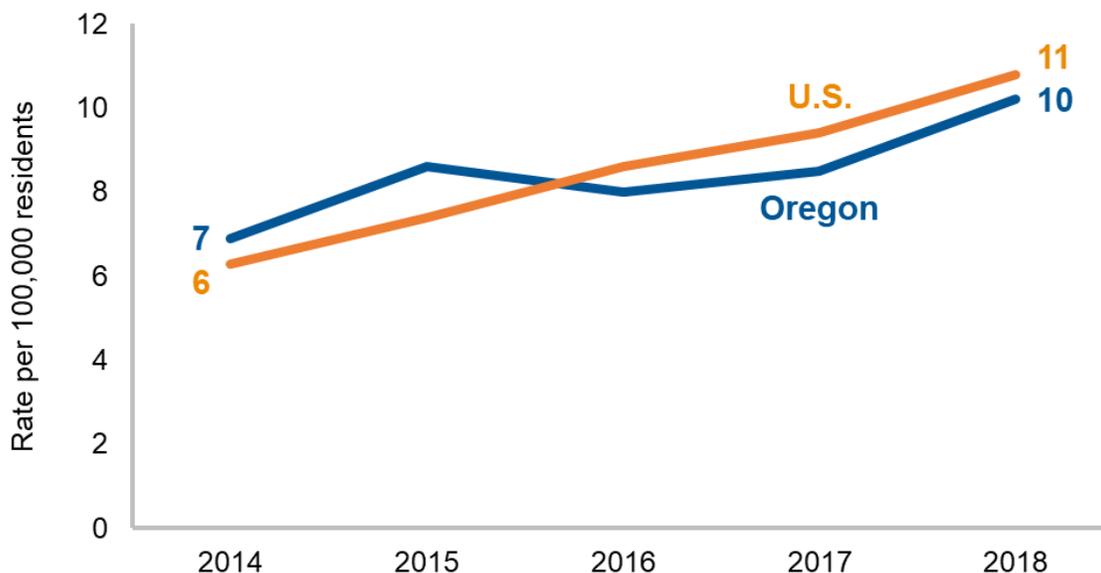
Syphilis incidence

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 2018.

In 2018, 10 reported cases of primary and secondary syphilis occurred for every 100,000 Oregon residents (Figure 1). Over the past five years, Oregon’s rates of primary and secondary syphilis were nearly identical to the national rates.

FIGURE 1

Syphilis (primary and secondary) by year, Oregon & U.S.

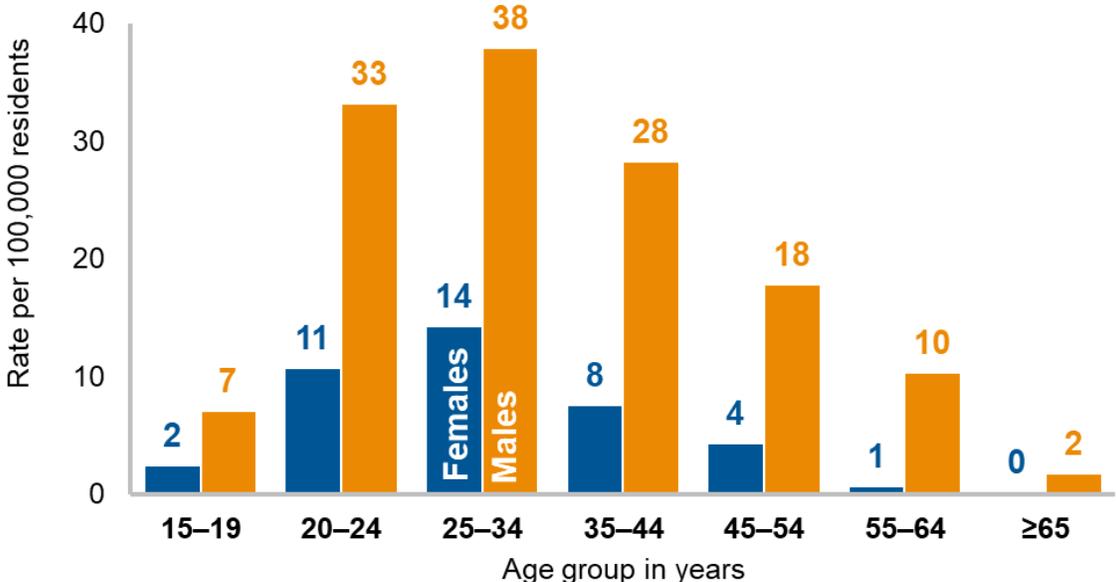


Source: Oregon Reportable Diseases Database and CDC (U.S. data)

During 2018, people aged 20–34 years were at highest risk of acquiring syphilis (Figure 2). Oregon’s primary and secondary syphilis cases predominately occurred among men, with many occurring among men who have sex with other men. While still relatively low, rates among women have rapidly increased from 0.61 cases/100,000 residents in 2013 to 4.4 cases/100,000 residents in 2018. African Americans were approximately 2.6 times more likely and Hispanics and American Indians/Alaska Natives approximately 1.4 times more likely to acquire a case of syphilis than whites.

FIGURE 2

Syphilis (primary and secondary) cases by age group and sex, Oregon, 2018



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 20% of all recent primary and secondary syphilis infections.

Congenital (mother-to-child) transmission of syphilis increased from 2 cases in 2014 to 10 reported cases in 2018. 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 2018](#)”, October 2019. 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).

For More Information Contact: Josh Ferrer, joshua.s.ferrer@state.or.us

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[Oregon State Health Profile](#)

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