Syphilis is a sexually transmitted bacterial infection. Oregon state law requires health providers and laboratories to report syphilis cases to the local health department. People with syphilis often go through long periods when they have no symptoms.

- **Primary syphilis** — This usually consists of a single sore that lasts one to five weeks. Syphilis is most infectious during this period. It can be transmitted by direct contact, most often during sex. Blood tests for syphilis are often not positive until three weeks or more after exposure.

- **Secondary syphilis** — Secondary syphilis does not always follow in every case. It appears about four weeks after the sore disappears. It includes rashes of the skin, mouth and vagina and swollen lymph nodes. Symptoms last one to six weeks and then disappear, even without treatment. People with secondary syphilis are infectious.

- **Latent syphilis** — There are no symptoms during this stage. Latent syphilis may go undetected for a lifetime or be followed in a few years by late (tertiary) syphilis. Blood tests are positive throughout latent infection.

- **Late (tertiary) syphilis** — This stage occurs in 30% to 40% of untreated people with primary syphilis. Late syphilis can cause disabilities such as dementia, balance and sensory problems.

- **Congenital syphilis** — This is when a fetus acquires syphilis in the womb or during delivery. Congenital syphilis is rare because most pregnant women are tested for syphilis. It may cause miscarriage, stillbirth or neonatal death. It can also cause the child to be chronically disabled.

**Syphilis facts at a glance**

- Oregon’s rate of early syphilis cases has greatly increased during the last four years. There were 0.7 cases per 100,000 people in 2007 and 8.0 cases per 100,000 in 2012.

- During 2012, men with HIV accounted for more than half of Oregon’s new early syphilis cases (57% or 178 out of 310).

- In the last decade, most of Oregon’s early syphilis cases have been in men who have sex with men.

**Treatment**

Syphilis infections can be cured with antibiotics. Sex partners of people with confirmed primary, secondary or early latent syphilis should be treated for syphilis whether or not they have tested positive for it.

**Epidemiology**

In Oregon, early syphilis (primary, secondary and early latent) cases increased greatly during the past four years. There was 12 times the number of cases in 2012 than there were in 2007 (Figure 1). During 2012, men aged 25 to 49 years had higher rates of early syphilis; men aged 40–44 years had the highest rate (Figure 2). Almost all cases of syphilis
in the last decade have occurred among men who have sex with other men. During 2012, 215 of 228 men with reported cases of syphilis reported having had sex with other men. The nine cases of syphilis reported in women during 2012 exceeded the sum of the previous three years. More than half of all syphilis cases occurred in men with HIV (Figure 3).

We do not fully understand why there is a high incidence of syphilis among men with HIV. One possible factor is that some men with HIV select sex partners who are also HIV-positive in order to avoid transmitting HIV to those not infected. HIV-positive men may inadvertently expose one another to syphilis, which is common in this population. In addition, men with syphilis appear to transmit the infection more easily if they also have HIV. Men who have HIV also appear to be more easily infected after they are exposed to syphilis. For these reasons, men with HIV should test regularly for syphilis. Finally, like other sexually transmitted diseases, syphilis is more likely to affect residents of Oregon’s urban areas. During 2012, 208 people with reported syphilis lived in Multnomah County and accounted for 67% of all early syphilis in Oregon during the year.

Data source for graphics
Oregon Public Health Division statewide mandatory reporting of syphilis cases: http://public.health.oregon.gov/DiseasesConditions/CommunicableDisease/DiseaseSurveillanceData/Pages/annrep.aspx

http://public.health.oregon.gov

Early syphilis cases by county of residence, 2012

Multnomah County, 208 cases (27.4 per 100,000)
Washington County, 38 cases (6.9 per 100,000)
Clackamas County, 30 cases (7.8 per 100,000)
Lane County, 8 cases (2.3 per 100,000)
Marion County, 6 cases (1.9 per 100,000)
31 other counties, total of 20 cases