OVERVIEW

Syphilis is a genital, ulcerative sexually transmitted disease caused by the bacterium Treponema pallidum. Many signs and symptoms of syphilis are indistinguishable from many other diseases, giving it the nickname “the great imitator”. Syphilis is passed from person to person by direct contact with a syphilis sore or lesion (called a chancre). Typically, syphilis transmission occurs during vaginal, anal, or oral sex. Pregnant females with the disease can also pass it to their unborn children.

Oklahoma had 118 cases of primary and secondary (P&S) syphilis in 2013 at a rate of 3.1 per 100,000. From 2012 to 2013, there was a 40.9% rate increase in P&S syphilis cases; there were 83 cases at 2.2 per 100,000 population in 2012. The national rate of P&S syphilis for 2013 was 5.3 per 100,000 population. P&S syphilis rates have increased overall from 2005-2013 on a national level; Oklahoma has followed a similar trend.

SYMPTOMS AND COMPLICATIONS

Pregnant females, may experience miscarriages, premature births, stillbirths, and death of their newborn babies. Infected babies may be born without signs or symptoms of the disease. If not treated, babies can die or have many health problems, such as cataracts, deafness, or seizures.

Symptoms of syphilis vary among the different stages of disease. Many people do not have any symptoms for years, yet remain at risk for complications if left untreated.

P&S syphilis are the earliest and most infectious stages of syphilis. The primary stage of syphilis is generally characterized by the appearance of a single chancre which typically appears within 2-6 weeks after...
Primary & Secondary Syphilis in 2013

Exposure, but could take up to 3 months to appear. The sore appears at the location where syphilis entered the body and is usually firm, round, and painless. These sores typically disappear within a few weeks and heal without treatment. However, without adequate treatment, the infection will still progress to the secondary stage.

Secondary syphilis typically begins with a rash that can develop anywhere on the body. This rash usually does not cause itching and can appear while the chancre is healing or several weeks after the chancre has healed. This rash typically looks like rough, red or reddish brown spots on the palms of the hands and/or the bottoms of the feet, but can look different on other parts of the body. The rash can also look like rashes caused by other diseases.

Additional symptoms include broad-based papules (lumps or warts) in warm, moist sites; mucous patches or snail-track ulcers (sores) in the mouth, appearing 3-6 weeks after the chancre develops; and flu-like symptoms. Like primary syphilis, the symptoms will go away with or without treatment. Without appropriate treatment, the infection will progress to later stages of syphilis.

By Sex

Males accounted for 89% (105) of the P&S syphilis cases in Oklahoma, while 11% (13) were female. The rate among males (5.5 per 100,000) was 7.9 times higher than the rate for females (0.7 per 100,000). In 2012, the rate of males was 13.7 times higher than females, with females accounting for just 7.2% of cases. Males experienced a 34.1% rate increase from 2012 (4.1 per 100,000), while the rate among females more than doubled from 2012 (6 cases; 0.3 per 100,000).

By Age

Age group 20 to 24 years had the highest rate and number of P&S cases in 2013 (33 cases; 11.4 per 100,000). Age group 40 to 44 had the second highest number of cases and second highest rate (17 cases; 7.2 per 100,000). This age group also had the highest rate increase from the previous year, 3.5 times higher than the rate in 2012 (2.1 per 100,000). Patients aged 50 and above also had 17 cases but a rate of 1.3 per 100,000. Representing 11.9% of P&S cases, age group 30 to 34 years had the third most cases and fourth highest rate (14 cases; 5.3 per 100,000). Age group 45 to 49 years had the fourth most cases and third highest rate (13 cases; 5.6 per 100,000); this group experienced the second highest rate increase from 2012, up from 2.1 per 100,000. The 25 to 29 year age group (10 cases; 3.8 per 100,000) was the only group to experience a rate decrease from 2012 (22 cases; 8.3 per 100,000). Teenagers, aged 15 to 19 years had 6 cases at 2.3 per 100,000 and age group 35 to 39 years had 8 cases at 3.4 per 100,000.

Blacks were the only race/ethnicity to have a primary and secondary syphilis rate above the state rate.

In 2013, Oklahoma had 118 cases of primary and secondary syphilis.

The rate of primary and secondary syphilis in Oklahoma increased 40.9% from 2012 to 2013.
BY RACE/ETHNICITY
Although Whites accounted for 61.9% (73) of Oklahoma’s P&S syphilis cases in 2013, Blacks had a rate 3.4 times higher than that of Whites (9.5 per 100,000 compared to 2.8 per 100,000), while accounting for 22.9% (27) of the cases. In 2012, the rate among Blacks was 7.1 times higher than that of Whites, representing a 52.1% decrease in the rate difference between these two races. Hispanics accounted for 7.6% (9) of cases with a rate of 2.4 per 100,000. All other racial and ethnic groups accounted for 7.6% (9) of the P&S syphilis cases in 2013.

BY GEOGRAPHY
Garfield County, representing 1.6% of Oklahoma’s total population, made up 6.8% (8 cases) of the P&S syphilis cases and had the highest rate (12.8 per 100,000 population) in 2013. Oklahoma and Tulsa, the two most populous counties, accounted for 77.1% of P&S syphilis cases in 2013. Oklahoma County, with 69 cases, had the second highest rate and experienced a 49.2% rate increase from 2012 (9.1 per 100,000 compared to 6.1 per 100,000). Tulsa County had 22 cases at a rate of 3.5 per 100,000, a 34.6% rate increase from 2012 (2.6 per 100,000).

BY MODE OF TRANSMISSION
The majority, 65.3% (77), of Oklahoma’s P&S syphilis cases had a reported risk of MSM. Heterosexual contact, the second highest risk reported, made up 22.9% (27) of the P&S syphilis cases in 2013, followed by Bisexual with 5.9% (7). No risk was reported for 5.9% (7) of the 2013 cases in Oklahoma.

2 Men Who Have Sex With Men
3 A risk of bisexual among males could also be considered MSM.