WEEKLY EPIDEMIOLOGICAL REPORT

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Syphilis

Syphilis is a curable sexually transmitted disease caused by a bacteria called ***Treponema pallidum.*** It can cause serious health problems without treatment. It progresses in stages if untreated in which signs and symptoms are different. It can be transmitted through,

- Sexual contacts with infectious lesions (vaginal, anal, or oral sex)
- Via blood transfusion
- From a pregnant mother to her foetus

It is not transmitted by casual contact with objects such as,

Swimming pool

- Bathtubs
- Toilet sheets
- Towels or other clothes
- Utensils like mugs, plates
- Door handles
- Steering wheel
-

Four stages of syphilis and the signs and symptoms of each stage.

Primary stage (primary syphilis) - is the initial phase of syphilis and it lasts around 21 days. A solitary, hard and rounded, painless sore or multiple sores (chancre) can be seen in primary syphilis. They appear at the site of inoculation, Vagina, penis, or anal area as well as extra-genital areas. They are often unnoticed as painless. The chancre can get healed in 3 to 10 weeks spontaneously or with treatment. If untreated it leads to secondary syphilis.

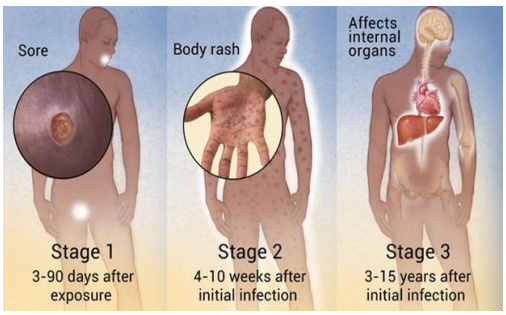
1. Chancre

Therefore, even if the chancre is healed, treatments should be taken to prevent the secondary stage

Secondary stage (secondary syphilis) - is characterized by a widespread reddish rash typically on palms and soles. It may appear while healing the primary lesions or weeks later after the sore has healed. The rash is not itchy. And, whitish or grey lesions (condyloma lata) can be developed in moist areas like the labia, penis, or anus where the primary lesions reside. These lesions can be accompanied by other nonspecific symptoms such as fever, headache, sore throat, fatigue, and weight loss. Secondary lesions also could get healed spontaneously. But progresses to the latent stage if untreated.

Latent stage – no signs and symptoms can be seen in this stage. Patients continue to have syphilis in their bodies for years or decades.

Tertiary stage – most people with untreated syphilis may not enter this stage. But if it happens, serious consequences to health could occur. The cardiovascular, neurological system, eye, and other internal organs could be affected, and death could happen.



2. Stages of syphilis

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Symptoms of neurosyphilis *- Severe headache, Muscle weakness/ movement restriction, Dementia, personality problems, confusion*

Symptoms of ocular syphilis – eye pain, redness, poor vision, or blindness

Symptoms of otosyphilis – hearing loss, tinnitus, vertigo, and dizziness

Congenital syphilis – mother-to-foetus transmission of syphilis can result in serious outcomes in the child if not treated in early pregnancy. Those could be stillbirth, neonatal death, premature birth, and syphilis infection in the infant. Congenital syphilis could manifest early or late. Early syphilis occurs within the first two years of life and shows rhinitis followed by a cutaneous lesion. In addition, this infection could be latent for many years and manifest after 2 years with problems in hearing vision, and language development. Facial and dental malformations may also appear.

3. Syphilis in a newborn

Diagnosis

- A detailed history – clinical history, sexual behaviour including partners, usage of condoms,
- Physical examination – need to look for typical lesions, need to examine partner or partners as well.
- Serological tests are the standard method of diagnosis. The pathogen is too small to look under the light microscope.

We approach diagnostics tests with **non-treponemal tests**, **VDRL** (venereal disease research laboratory test), and **RPR** (rapid plasma regain). The sensitivity of these tests for all stages of syphilis is high. Specificity may be low when an individual has other diseases like tuberculosis, malaria, and collagen tissue diseases. These tests can get positive 1 to 2 weeks after chancre formation.

Because these tests may result in false positives, any positive or equivocal VDRL test should be followed by a treponemal test. A commonly used one is the fluorescent treponemal antibody absorption test (FTA-ABS). Other treponemal tests are micro-hemagglutination assay for *T.Pallidum*, *T.pallidum* particle agglutination, and Treponemal IgG and IgM.

- Radiography when the lesions are not typical.
- Slit lamp examination and ophthalmic assessment for ocular syphilis.
- CSF analysis combined with CSF- VDRL is used to diagnose neuro-syphilis.

Once a patient is diagnosed with syphilis, he should be tested for other STDs like HIV.

Diagnosis in pregnant women

All pregnant women should be screened for VDRL at the first prenatal visit. If it becomes positive, they should be treated with parenteral benzathine penicillin G.

Diagnosis of congenital syphilis

All children diagnosed with syphilis should be investigated for congenital syphilis and child abuse. All infants born to syphilis mothers should be checked for VDRL and examined thoroughly for evidence of congenital syphilis. If they have lesions PCR can be done for lesions/body fluids. A pathological examination of the umbilicus is also needed to perform. CSF for VDRL, cell count and protein, FBC, and long bone radiography are also helpful. Any neonate at risk for congenital syphilis should be investigated for HIV as well.

Treatment

WHO recommends treating syphilis with parenteral **Benzathine Penicillin G.** Number of dosages depends on the stage of the disease. **Doxycycline** can be used for early and late latent disease if an individual is allergic to penicillin. But it should be avoided during pregnancy.

Early detection and treatment for pregnant women is the key to avoiding the adverse outcomes of pregnancy. Azithromycin can be used for pregnant women who are allergic to penicillin. Otherwise, Benzathine Penicillin G is the treatment of choice.

Congenital syphilis is treated with aqueous crystalline penicillin G. Infants born to syphilis mothers treated in early pregnancy with adequate antibiotics with no re-infection can be monitored closely for syphilis without treatments if they are clinically normal.

Prevention of syphilis

The primary goal is the limitation the spread of syphilis.

Identification of risk groups, education, and counselling about the ways to prevent STD spread.

Usage of condoms/ cervical diaphragms with the correct method, avoid multiple sexual relationships, regular check-ups,

Empiric treatment with Benzathine Penicillin G to the sexual partners of confirmed patients with syphilis.

Conduction of primary syphilis screening in OPD and clinic settings, especially for high-risk people

Circumcision is proven to prevent HIV and other STDs but not syphilis

Education of health care workers on universal prevention methods.

References

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https://www.cdc.gov/std/treatment-guidelines/clinical.htmhttps://www.who.int/health-topics/syphilis#tab=tab_3

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Table 1: Selected notifiable diseases reported by Medical Officers of Health 05th – 11th Mar 2022 (10th Week)

RDHS	Dengue Fever		Dysentery		Encephaliti		Enteric Fever		Food Poi-		Leptospirosis		Typhus		Viral Hep-		Human		Chickenpox		Meningitis		Leishmania-		WRCD	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	A	B	T*	C**
Colombo	98	1952	0	2	0	0	0	0	0	3	2	20	0	0	0	0	0	0	0	4	0	0	0	1	**4**	**100**
Gampaha	78	1706	1	2	0	0	0	0	0	0	3	18	0	0	0	0	1	1	1	5	0	2	1	1	**2**	**72**
Kalutara	36	585	0	4	0	0	0	1	0	5	9	61	0	1	0	1	0	1	1	12	0	8	0	0	**0.0**	**100**
Kandy	24	461	0	3	0	0	0	0	0	0	2	20	1	5	0	4	0	0	0	7	0	1	0	1	**1**	**96**
Matale	2	105	0	0	0	0	0	0	0	0	0	12	0	2	0	1	0	0	0	5	0	1	14	93	**10**	**100**
NuwaraEliya	2	43	1	6	0	0	0	0	0	0	2	12	2	4	0	0	0	0	2	3	0	0	0	0	**8**	**100**
Galle	53	583	0	0	0	0	0	0	0	0	4	93	1	4	0	0	0	0	3	14	2	8	0	0	**1**	**100**
Hambantota	11	182	0	21	0	0	0	0	0	0	3	34	5	10	0	1	0	0	0	5	0	1	15	100	**8%**	**100**
Matara	23	210	1	2	0	0	0	0	0	0	5	34	1	4	0	0	0	0	0	5	0	2	5	67	**9**	**100**
Jaffna	46	724	0	6	0	1	3	31	0	8	2	13	25	265	0	2	0	0	6	31	0	3	0	0	**36**	**88**
Kilinochchi	2	37	2	4	0	0	0	0	0	6	0	1	1	4	0	0	0	0	1	2	0	0	0	1	**28**	**100**
Mannar	0	138	0	1	0	0	0	0	0	0	0	8	1	2	0	1	0	0	0	0	1	12	0	0	**20**	**82**
Vavuniya	2	37	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0	**3**	**85**
Mullaitivu	1	20	0	0	0	0	0	2	0	0	0	8	1	3	0	0	0	0	0	3	0	0	1	1	**18**	**100**
Batticaloa	21	227	5	21	0	3	0	0	1	4	0	10	0	0	0	0	0	0	0	5	1	12	0	1	**25**	**100**
Ampara	1	40	1	5	1	1	0	0	0	0	0	21	0	1	0	1	0	0	2	12	0	4	1	6	**6**	**100**
Trincomalee	21	264	3	9	0	0	0	1	0	0	0	3	1	1	0	4	0	0	1	1	0	2	0	0	**22**	**92**
Kurunegala	32	902	2	4	0	1	0	0	0	0	2	25	0	10	0	0	0	0	0	13	1	9	8	99	**3**	**100**
Puttalam	35	728	0	0	0	0	0	0	0	0	0	7	0	2	0	0	0	0	1	1	0	9	0	2	**13**	**92**
Anuradhapur	13	109	0	5	0	0	1	1	0	2	4	54	4	10	0	1	0	1	1	9	3	8	27	117	**2**	**90**
Polonnaruwa	2	35	0	2	0	0	0	0	0	1	1	35	0	0	0	0	0	0	1	2	0	1	3	67	**0**	**88**
Badulla	15	322	0	4	0	0	0	0	0	1	5	52	1	9	2	21	0	0	4	9	3	4	1	6	**3**	**100**
Monaragala	5	72	1	2	0	0	0	3	0	2	2	79	0	5	1	12	0	0	2	12	0	8	0	21	**5**	**100**
Ratnapura	35	467	0	11	0	3	0	1	0	15	10	170	0	4	1	5	0	0	1	13	0	5	9	50	**4**	**95**
Kegalle	19	307	0	2	0	0	0	1	0	3	7	92	0	4	1	2	0	0	2	16	3	9	1	7	**0**	**100**
Kalmune	17	140	0	16	0	0	0	0	0	3	0	3	1	1	0	0	0	0	2	6	2	5	0	0	**20**	**100**
SRILANKA	**59**	**10396**	**17**	**132**	**1**	**10**	**4**	**41**	**1**	**53**	**63**	**886**	**45**	**351**	**5**	**56**	**1**	**3**	**31**	**197**	**16**	**114**	**86**	**641**	**8**	**95**

Source: Weekly Returns of Communicable Diseases (esurvillance.epid.gov.lk). T=Timeliness refers to returns received on or before 11th Mar , 2022 Total number of reporting units 361 Number of reporting units data provided for the current week: 343 **C****-Completeness

Table 2: Vaccine-Preventable Diseases & AFP

05th - 11th Mar 2022 (10th Week)

Disease	No. of Cases by Province									Number of cases during current week in 2022	Number of cases during same week in 2021	Total number of cases to date in 2022	Total number of cases to date in 2021	Difference between the number of cases to date in 2022 & 2021
	W	C	S	N	E	NW	NC	U	Sab					
AFP*	00	01	01	00	01	00	00	00	00	03	02	17	15	13.3 %
Diphtheria	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Mumps	00	00	00	00	00	00	00	00	02	02	04	08	21	- 61.9 %
Measles	00	00	00	00	00	00	00	00	00	00	01	07	04	75 %
Rubella	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
CRS**	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tetanus	00	00	00	00	00	00	00	00	00	00	00	01	01	0 %
Neonatal Tetanus	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Japanese Encephalitis	00	00	00	00	00	00	00	00	00	00	00	01	00	0 %
Whooping Cough	00	00	00	00	00	00	00	00	00	00	00	00	00	0 %
Tuberculosis	09	00	16	09	05	08	00	05	09	61	171	1336	1208	10.5 %

Key to Table 1 & 2

Provinces: **W**: Western, **C**: Central, **S**: Southern, **N**: North, **E**: East, **NC**: North Central, **NW**: North Western, **U**: Uva, **Sab**: Sabaragamuwa.

RDHS Divisions: **CB**: Colombo, **GM**: Gampaha, **KL**: Kalutara, **KD**: Kandy, **ML**: Matale, **NE**: Nuwara Eliya, **GL**: Galle, **HB**: Hambantota, **MT**: Matara, **JF**: Jaffna, **KN**: Killinochchi, **MN**: Mannar, **VA**: Vavuniya, **MU**: Mullaitivu, **BT**: Batticaloa, **AM**: Ampara, **TR**: Trincomalee, **KM**: Kalmunai, **KR**: Kurunegala, **PU**: Puttalam, **AP**: Anuradhapura, **PO**: Polonnaruwa, **BD**: Badulla, **MO**: Moneragala, **RP**: Ratnapura, **KG**: Kegalle.

Data Sources:

Weekly Return of Communicable Diseases: Diphtheria, Measles, Tetanus, Neonatal Tetanus, Whooping Cough, Chickenpox, Meningitis, Mumps., Rubella, CRS,

Special Surveillance: AFP* (Acute Flaccid Paralysis), Japanese Encephalitis

CRS =**Congenital Rubella Syndrome

NA = Not Available

Covid-19 Prevention & Control

For everyone's health & safety, maintain physical distance, often wash hands, wear a face mask and stay home.

Comments and contributions for publication in the WER Sri Lanka are welcome. However, the editor reserves the right to accept or reject items for publication. All correspondence should be mailed to The Editor, WER Sri Lanka, Epidemiological Unit, P.O. Box 1567, Colombo or sent by E-mail to **chepid@sltnet.lk. Prior approval should be obtained from the Epidemiology Unit before publishing data in this publication**

ON STATE SERVICE

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