

Reported Early Syphilis Infections in Kansas Between 01-01-2008 and 12-31-2008



**Kansas Department of Health and Environment
Bureau of Disease Control and Prevention
STD Section**

<http://www.kdheks.gov/std>

“Mission- As the state’s environmental protection and public health agency, KDHE promotes responsible choices to protect the health and environment for all Kansans”

Reported Early Syphilis Infections in Kansas between 01-01-08 and 12-31-2008

State Summary:

Kansas had 86 reported early syphilis cases (infections less than 12 months duration) in calendar year (CY)2008. This was a 33 case (62%) increase compared to CY2007. Seventy-two (84%) of the 86 reported total early syphilis cases in CY2008 resided in Wyandotte, Johnson and Sedgwick Counties. Wyandotte reported 29 cases (34%), Sedgwick reported 24 cases (28%) and Johnson reported 19 cases (22%). There were six early syphilis cases reported in Shawnee County, three in Geary County and two in Douglas County. There was one case each in Miami, Leavenworth and Lyon Counties.

Of the 86 reported early syphilis cases, 30 (36%) were diagnosed as primary or secondary (symptomatic) syphilis; 27 (90%) of the 30 primary or secondary cases resided in Wyandotte, Johnson or Sedgwick Counties.

Disease Intervention Specialists (DIS) interviewed 84 of the 86 reported early syphilis cases from which they initiated 174 sexual partners for investigation. Additionally, DIS investigated 190 individuals from social networks (clusters) surrounding these cases. (Clusters are individuals deemed at risk for syphilis and are investigated but are not sexual contacts to syphilis cases.) Three hundred sixty-four individuals (4.3 individuals per case) were initiated for investigation. DIS identified 23 new early syphilis infections from these investigations. Twenty-three of the 86 reported early syphilis cases in CY2008 were from DIS investigations.

African-Americans accounted for 47% (40 cases) of the reported early syphilis cases in CY2008: while Whites accounted for 43% (37 cases). Hispanic, with no race elicited, accounted for six cases or 7% while Asian/PI accounted for 2 or 2% and Native American accounted for one case (1%) of the early syphilis reported in CY2008.

In CY2008 there were a total of 86 reported early syphilis cases in Kansas of which 34 (40%) were MSM. Twenty-one of the reported MSM syphilis cases were in Wyandotte and Johnson Counties while 13 were reported in Sedgwick County. Fourteen (41%) of the 34 reported MSM syphilis cases were co-infected with HIV.

The male to female ratio of the 86 reported early syphilis cases in Kansas for CY2008 was 1:0.4 (62 to 24). The ratio is weighted heavily towards males due to the high percentage of cases among the men that reported having sex with men (MSM).

Thirty-seven percent (31) of the reported early syphilis cases were diagnosed through public providers in Kansas in CY2008. Most African-Americans as well as Whites were seen in private providers' offices. Syphilis cases from private provider offices are frequently delinquent and misdiagnosed leading to increases in latent syphilis at the expense of symptomatic (Primary/Secondary) syphilis. In Kansas in CY2008 there was 54 early latent syphilis cases (63%) reported as compared to 30 Primary/Secondary syphilis cases.

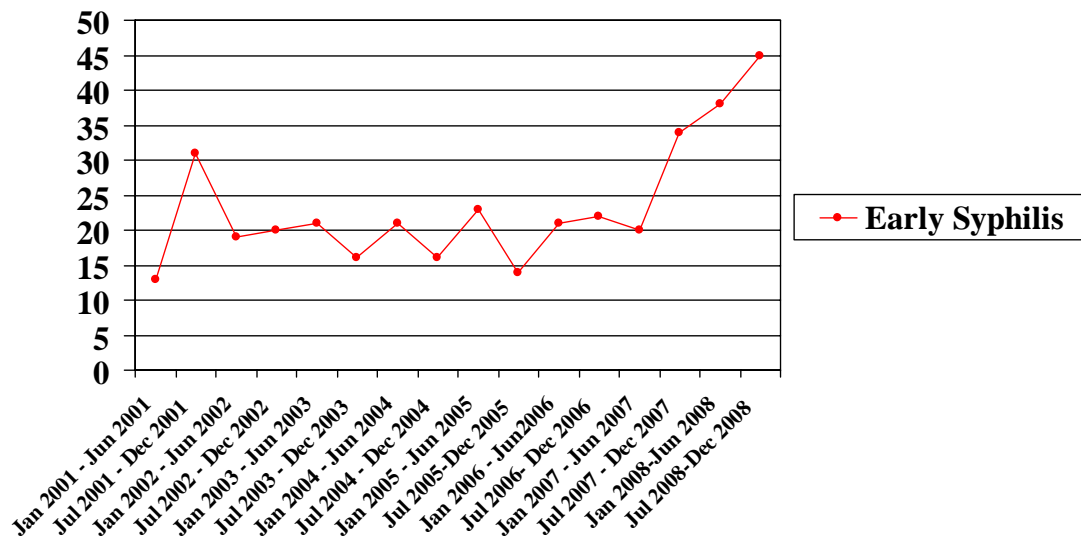


The median age of an individual infected with early syphilis in Kansas for CY2008 was 31 years of age with the age range of 16 to 59 years of age. Forty-two percent (36 cases) of the early syphilis cases were reported in individuals over 35 years of age. Twenty-one percent (18 cases) were reported in both age groups 20-24 and 25-29. Six percent (5 cases) were reported in the 15-19 age group and eight percent (7 cases) in the 30-34 age group.

There were no congenital syphilis cases reported in Kansas for CY2008.

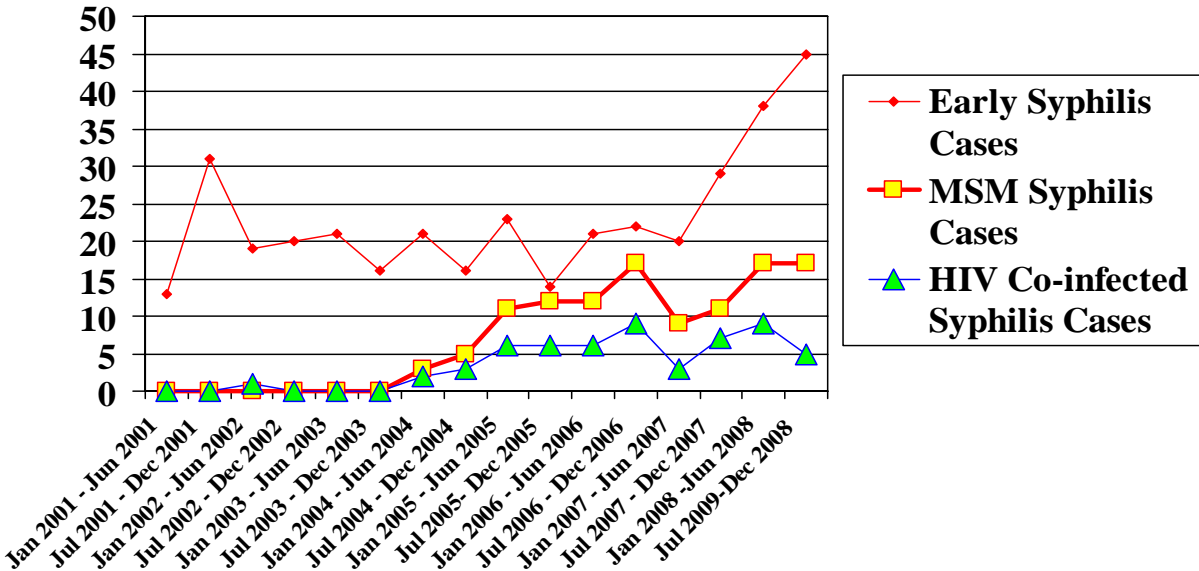
Total Syphilis in Kansas

January 1, 2001 through December 31, 2008



Total/MSM/HIV Co-infected Syphilis in Kansas

January 1, 2001 through December 31, 2008



Both graphs illustrate the evolving syphilis trends in Kansas. MSM syphilis cases were the driving force behind syphilis increases from CY2004 through the first half of 2007. In CY2008 the cofactor that annually generated 30 to 40 early cases before CY2004 is again promulgating itself. That cofactor is socioeconomically disadvantaged urban individuals associated with illicit drugs and sexual behaviors that manifests itself in high syphilis rates.

Wyandotte and Johnson Counties Report:

Looking back at Wyandotte and Johnson Counties for CY2005 through CY2008, some dramatic differences are apparent. From CY2005 through CY2006 between 70-80% of all the reported early syphilis cases were MSM and almost 90% of the cases were White. Beginning in the second half of 2007 there has been a dramatic increase of early syphilis among African American heterosexuals associated with illicit drug use, especially crack cocaine.



Neighboring Kansas City, MO is seeing these same trends. In June 2008, with assistance from both state health departments, STD staff from Wyandotte/Johnson Counties and Kansas City, MO. STD staff initiated a collaboration among syphilis investigators (disease intervention specialists) from both sides of the state line. Since then there have been conference calls every two weeks to discuss individual cases (chalk talks). STD Staff have also met twice as a group to discuss syphilis issues and plan to have these meetings quarterly.

Wyandotte/Johnson Counties STD staff areas of emphasis for CY2009:

The majority of early syphilis cases during 2005-2008 originated from the private sector. This resulted in many delays in diagnosis. STD staff will be working individually with targeted physicians and encouraging them to use the STD clinics or call DIS staff when syphilis is suspected.

Although crack cocaine use is common among heterosexual syphilis patients in Wyandotte County, it is no longer the drug of choice in the community at large. Venues to obtain and use crack cocaine are not well known in the community. DIS are continuing to acquire and accumulate information through cluster interviews that could help find common venues. STD staff have also talked to the police department and have asked them to identify any information on crack cocaine use that might be useful to staff investigations.

Sedgwick County Report:

Sedgwick County had an increase in early syphilis from 3 cases in CY2007 to 24 in CY2008. Nine of these early cases were African American and 11 were White. Males accounted for 22 of the 24 early syphilis cases, for a ratio of 1:0.1. Additionally, thirteen of the 24 early syphilis cases reported in Sedgwick County were MSM. Four of the 13 MSM syphilis cases were co-infected with HIV. Finally, ten (43%) of the early syphilis cases were symptomatic in Sedgwick County in CY2008.

Sedgwick County STD staff areas of emphasis for CY2009:

STD staff will perform outreach at local clubs and bars identified as MSM social establishments during DIS investigations and interviews to screen for syphilis and HIV. STD staff will produce a press release for local news and other media in the area to inform the public about the increase in syphilis, the signs and symptoms of syphilis and what to do if you think you have come into contact with syphilis or have syphilis. STD staff will fax every provider in the county updating and informing them on the early syphilis in the community and urging them to be aware of potential opportunities to test for syphilis and to report any positive test as soon as possible to state or local health departments.





<http://www.kdheks.gov/std>

Our Vision – Healthy Kansans living in safe and sustainable environments.