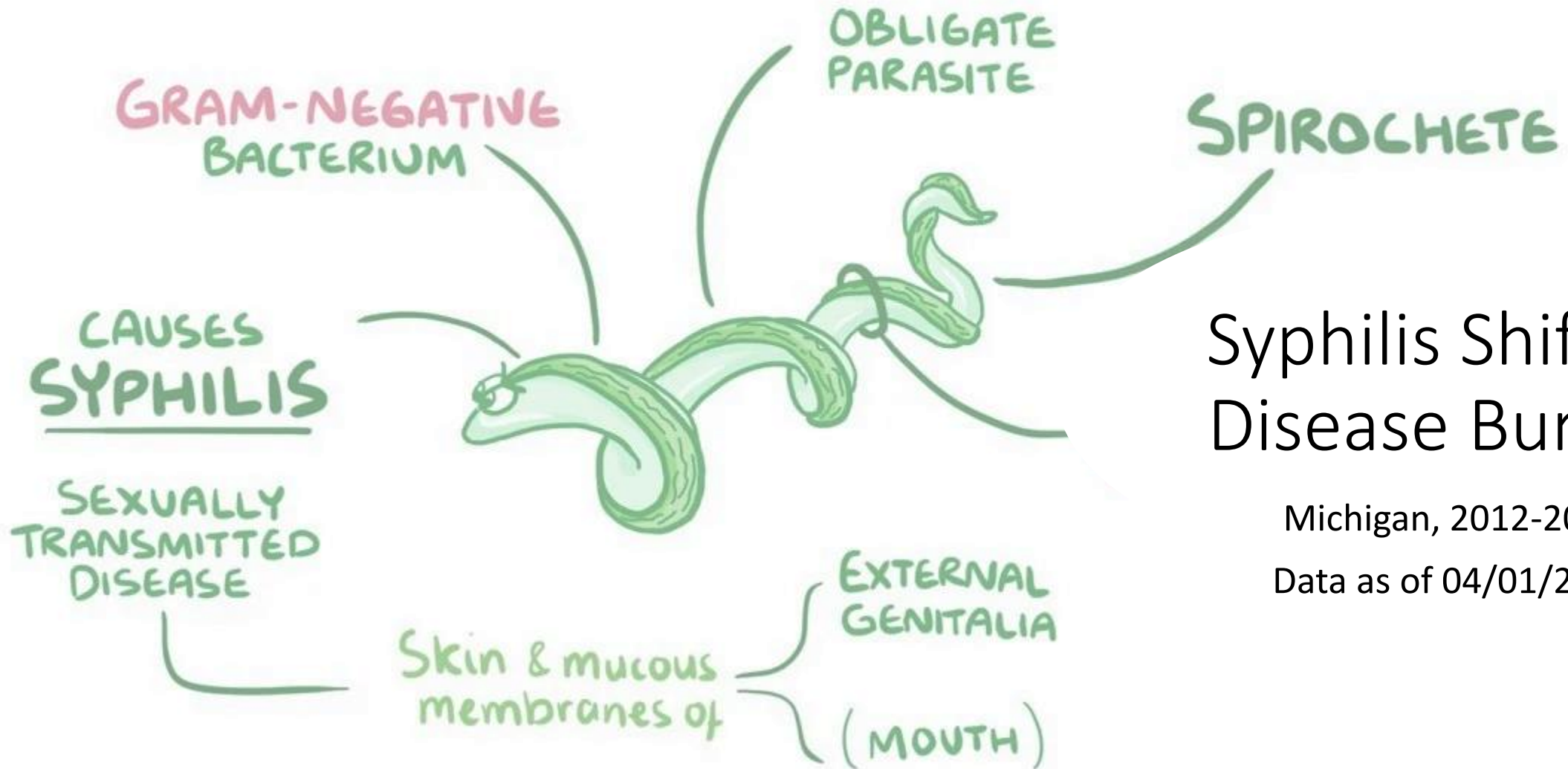


Treponema pallidum



Syphilis Shifting Disease Burden

Michigan, 2012-2021

Data as of 04/01/2022

STD AWARENESS WEEK

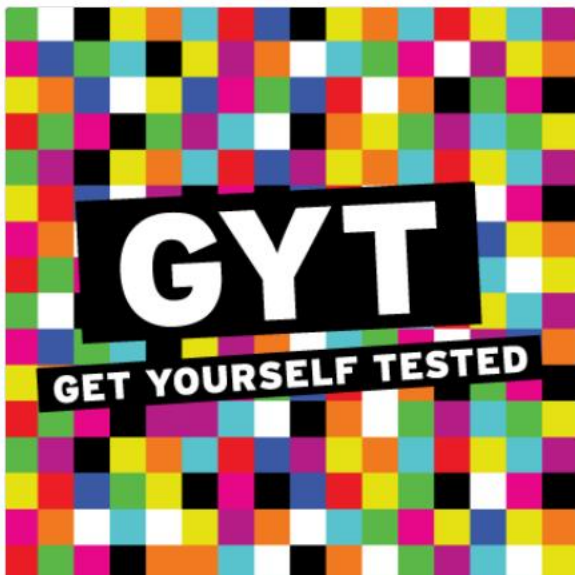
CHOOSE A CAMPAIGN • PLAN ACTIVITIES • SPREAD AWARENESS

APRIL 10-16, 2022



About STD Awareness Week

STD Awareness Week provides an opportunity to raise awareness about STDs and how they impact our lives; reduce STD-related stigma, fear, and discrimination; and ensure people have the tools and knowledge to prevent, test for, and treat STDs. Choose a campaign below and start planning.



GYT: Get Yourself Tested
Encourages young people to get tested



Talk. Test. Treat.
Encourages individuals and health care providers to take 3 simple actions: talk, test, treat



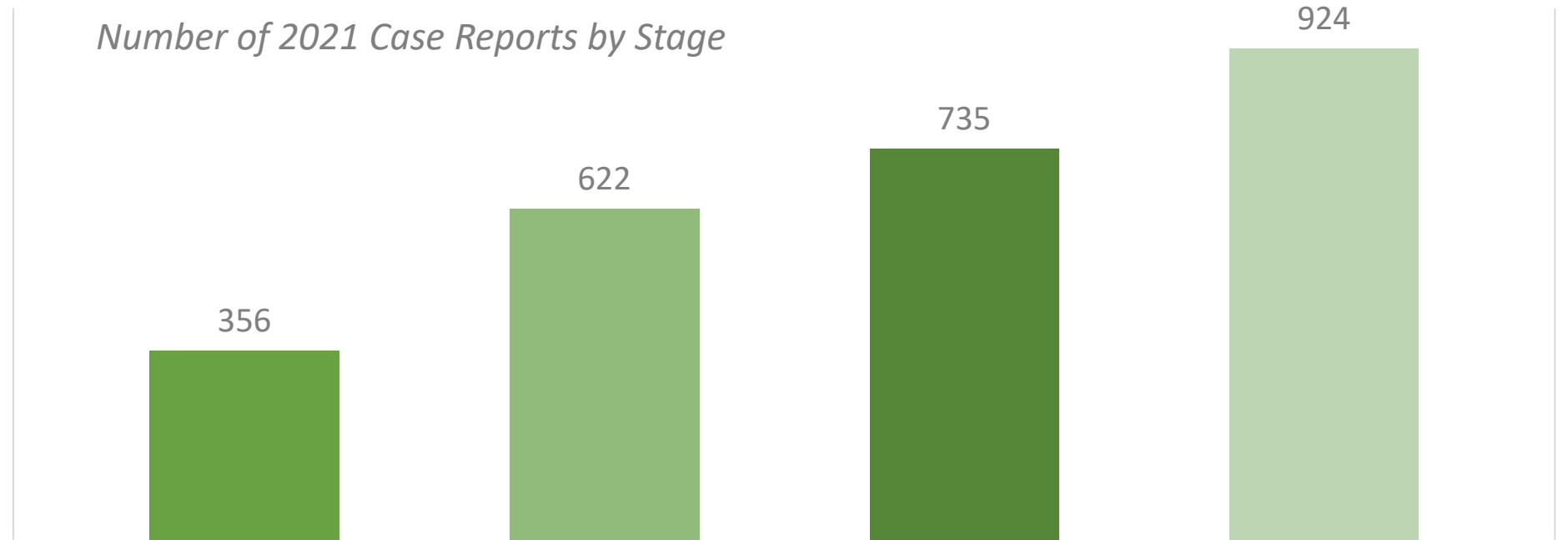
Prepare Before You're There
Encourages people to make a prevention "game plan" before they're in the "heat of the moment"

Syphilis – Stages of Infection

Without proper treatment, early syphilis symptoms will fade but the infection remains in the body and can cause irreparable damage.

For capturing new diagnoses, we will focus on primary and secondary infections, which have symptoms.

Number of 2021 Case Reports by Stage



Primary

- Symptoms appear where syphilis entered the body, last 3-6 weeks

Secondary

- Typically presents with rash, lasts 2-10 weeks

Early Latent

- Lasts up to 12 months after initial infection

Late Latent*

- Vertical transmission still possible; long lasting damage

Adverse outcomes and vertical transmission

At any stage of syphilis, patients may develop adverse outcomes

- Uncommon symptoms could indicate adverse outcomes:
 - Abnormal walk (gait) or unable to walk
 - Numbness in the toes, feet, or legs
 - Problems with thinking, such as confusion or poor concentration
 - Mental problems, such as depression or irritability
 - Headache, seizures, or stiff neck
 - Hearing loss, Ringing or buzzing in your ears (tinnitus)
 - Vertigo
 - Eye pain, Floaters in the eyes
 - Vision changes, Blurry vision
 - Scleritis/keratitis

At any stage of syphilis, pregnant women may transmit the infection vertically



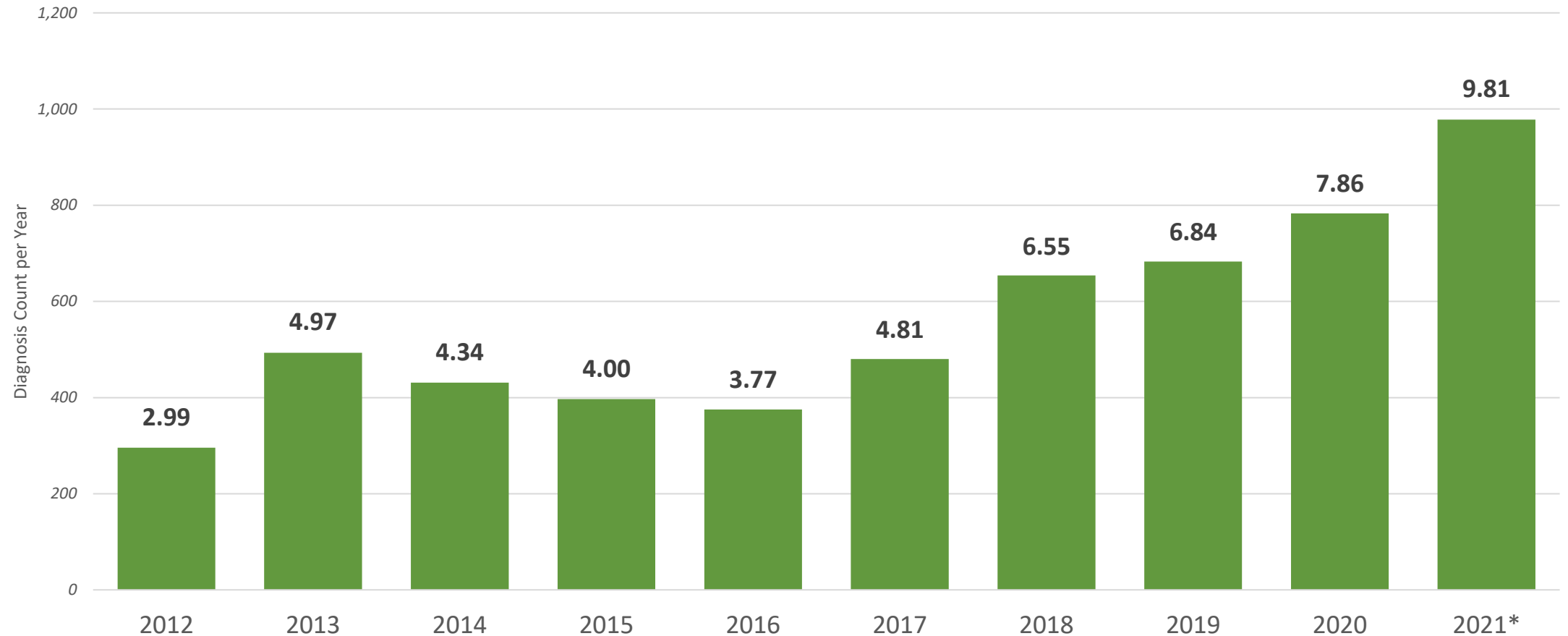
In December 2018, the Michigan Legislature updated its Perinatal HIV/STD testing laws.

These changes have aligned Michigan's testing laws with the Centers for Disease Control and Prevention guidelines for HIV and STD testing during pregnancy and at delivery.

The updated law (Michigan's House Bill 6022) states:

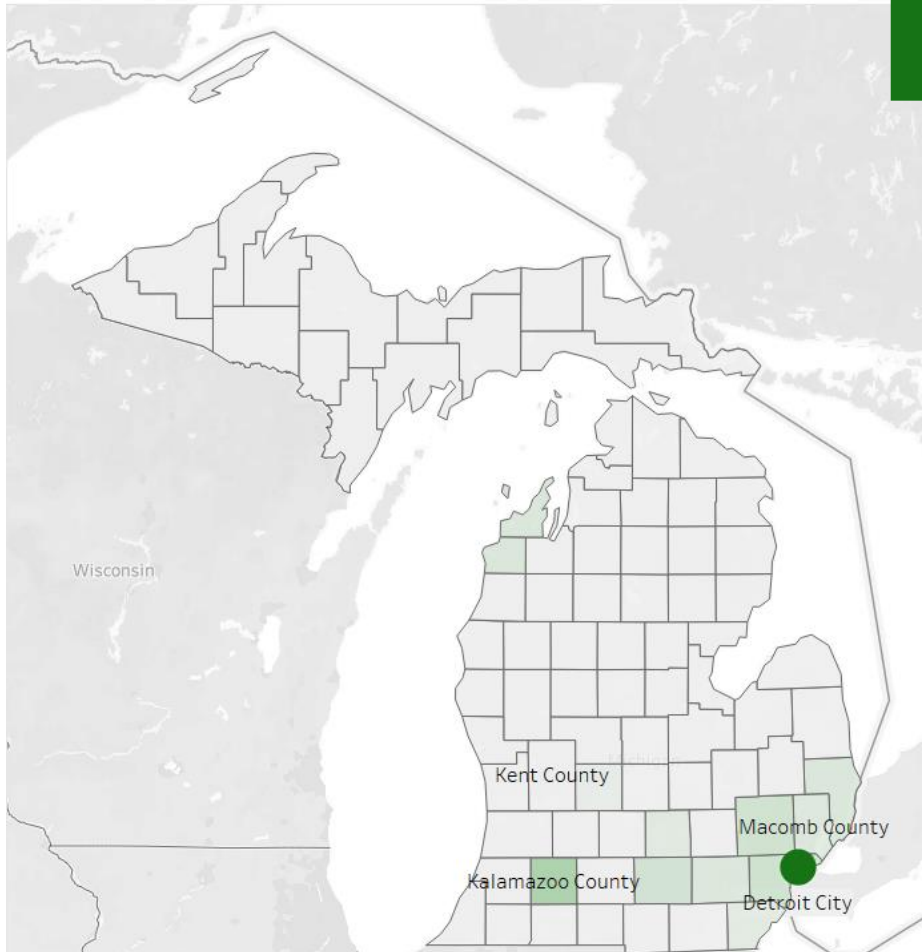
- All pregnant women shall be tested for HIV, hepatitis B virus (HBV), and syphilis at their first prenatal visit (unless the patient refuses).
- All pregnant women are to be retested for these infections during the third trimester. The Michigan Department of Health and Human Services recommends this to occur at 28 weeks, or as soon thereafter as possible, to allow for timely treatment or referral to services.

Primary and Secondary Syphilis cases and rates have been steeply increasing since 2016



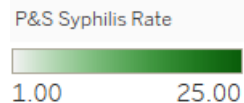
Geographic distribution

2012 P&S Syphilis Rates

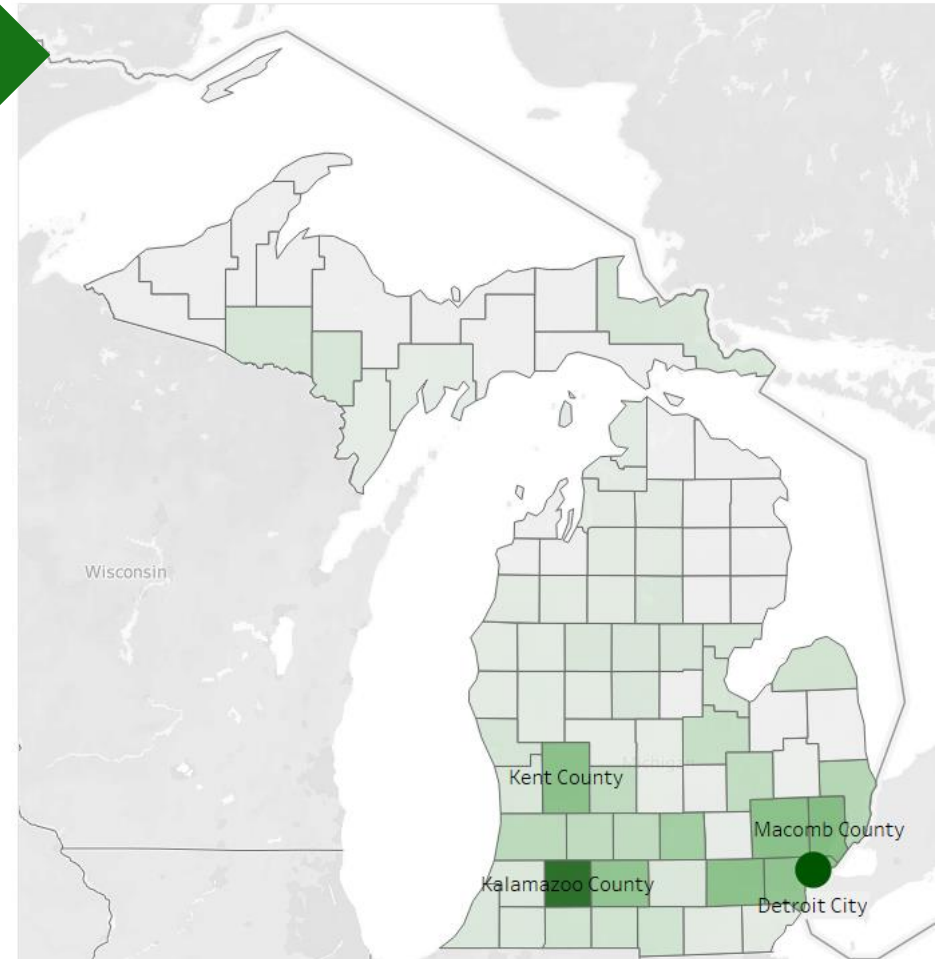


10 year change

Syphilis rates have increased in all regions of the state. While Detroit City continues to have the highest burden (53 cases per 100,000 in 2021), West Michigan jurisdictions like Kent and Kalamazoo County have become the next most affected areas.

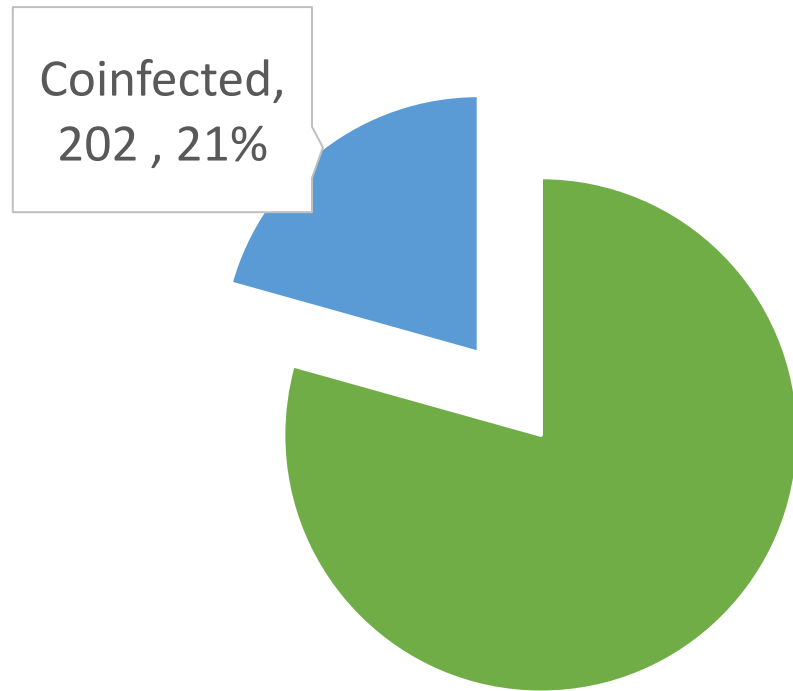


2021 P&S Syphilis Rates

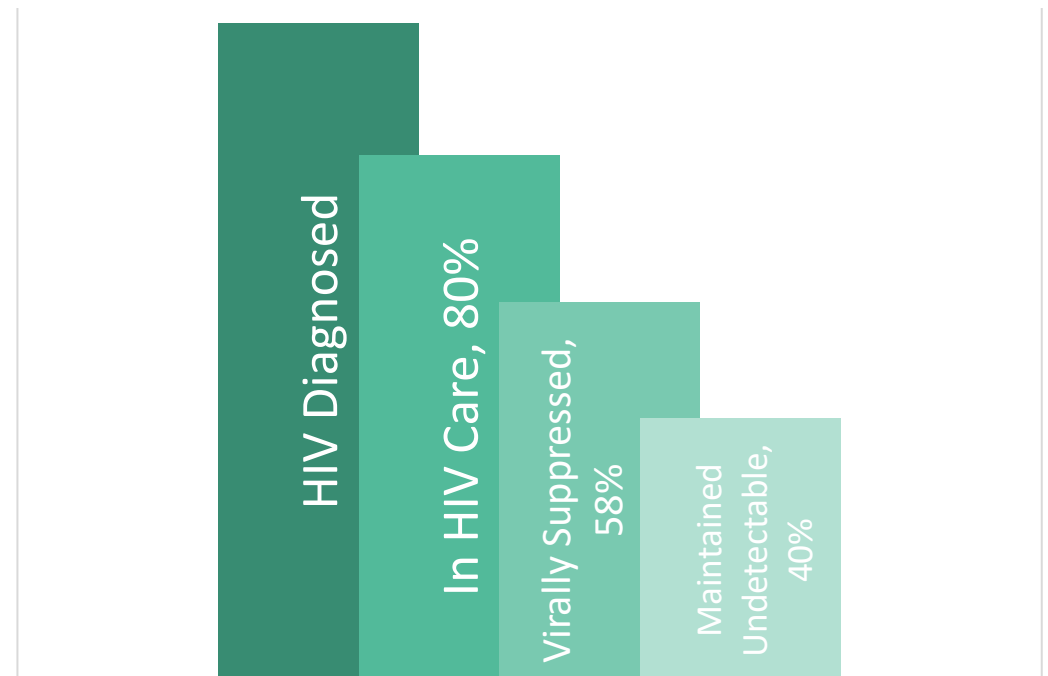


Syphilis and HIV

Nearly a quarter of symptomatic syphilis patients were co-infected with HIV



PLWH diagnosed with at least 1 STI have low rates of viral suppression

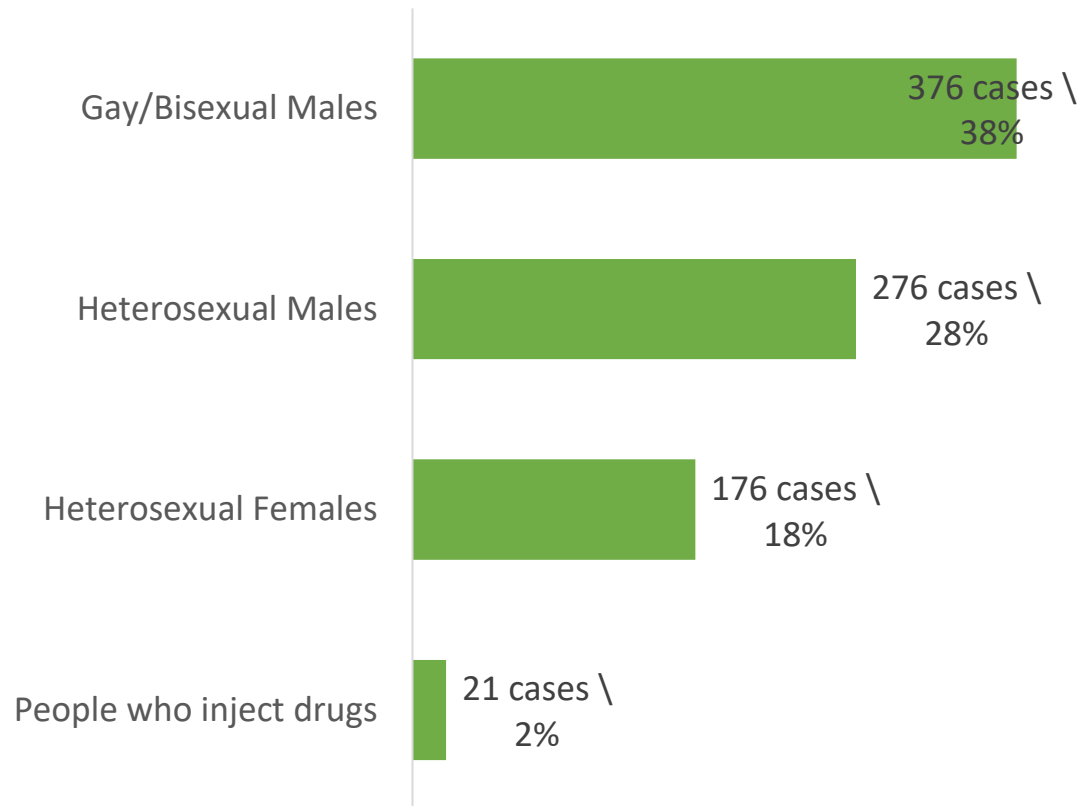


**PLWH COINFECTION WITH AT LEAST 1 STI
(N=1436)**

Health disparities

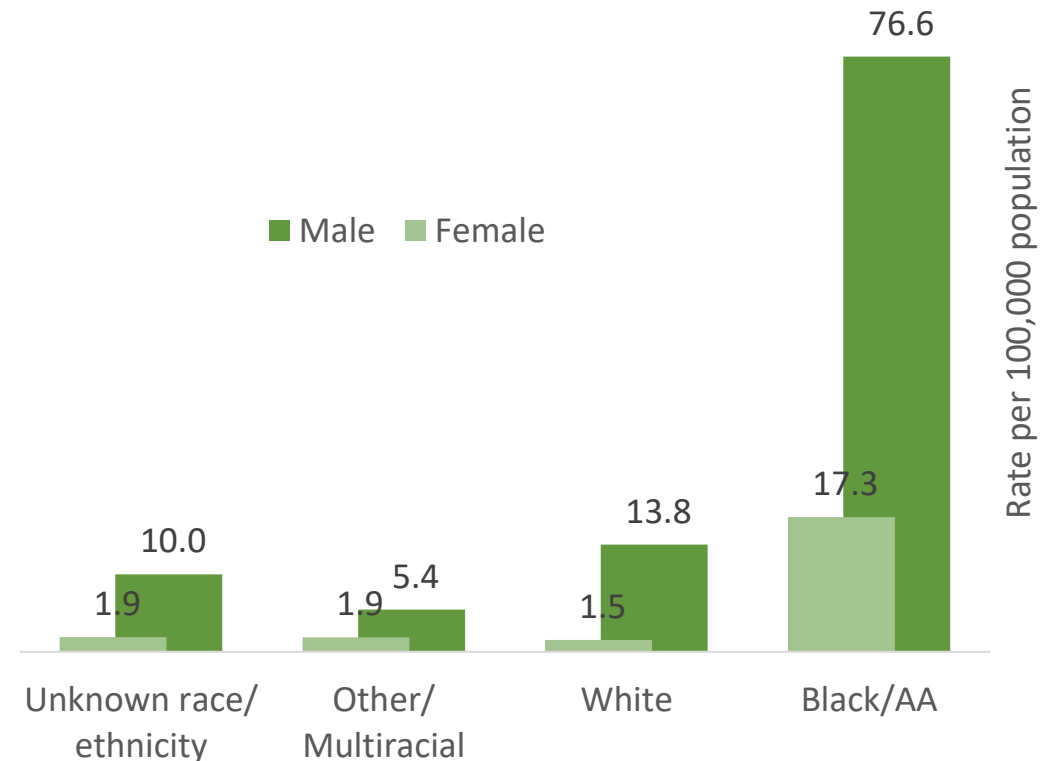
“...preventable differences in the burden of disease, made visible by comparing rates between different populations. Health disparities are inequitable and are directly related to the historical and current unequal distribution of social, political, economic, and environmental resources.”
 (from the [Centers for Disease Control and Prevention](#)).

While gay and bisexual men are estimated to make up about 6% of Michigan’s population, they account for 38% of P&S Syphilis cases

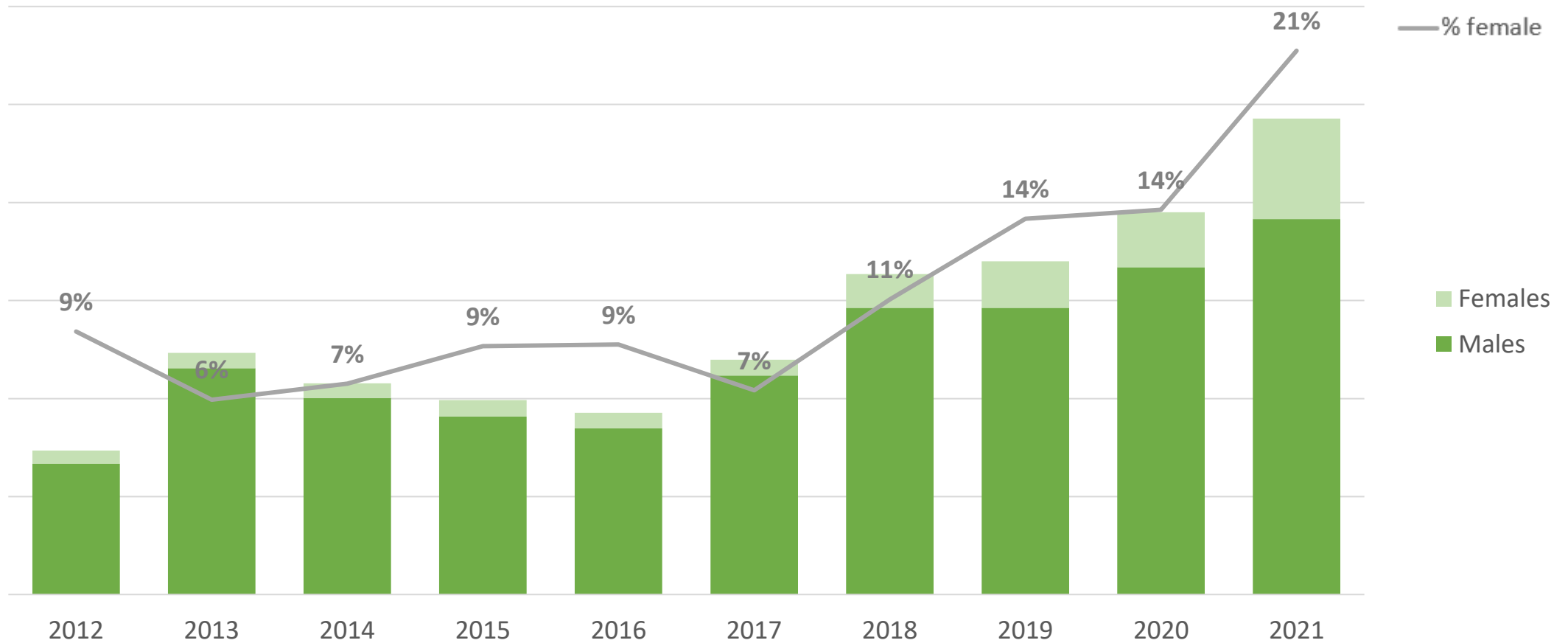


13% of cases had undetermined risk

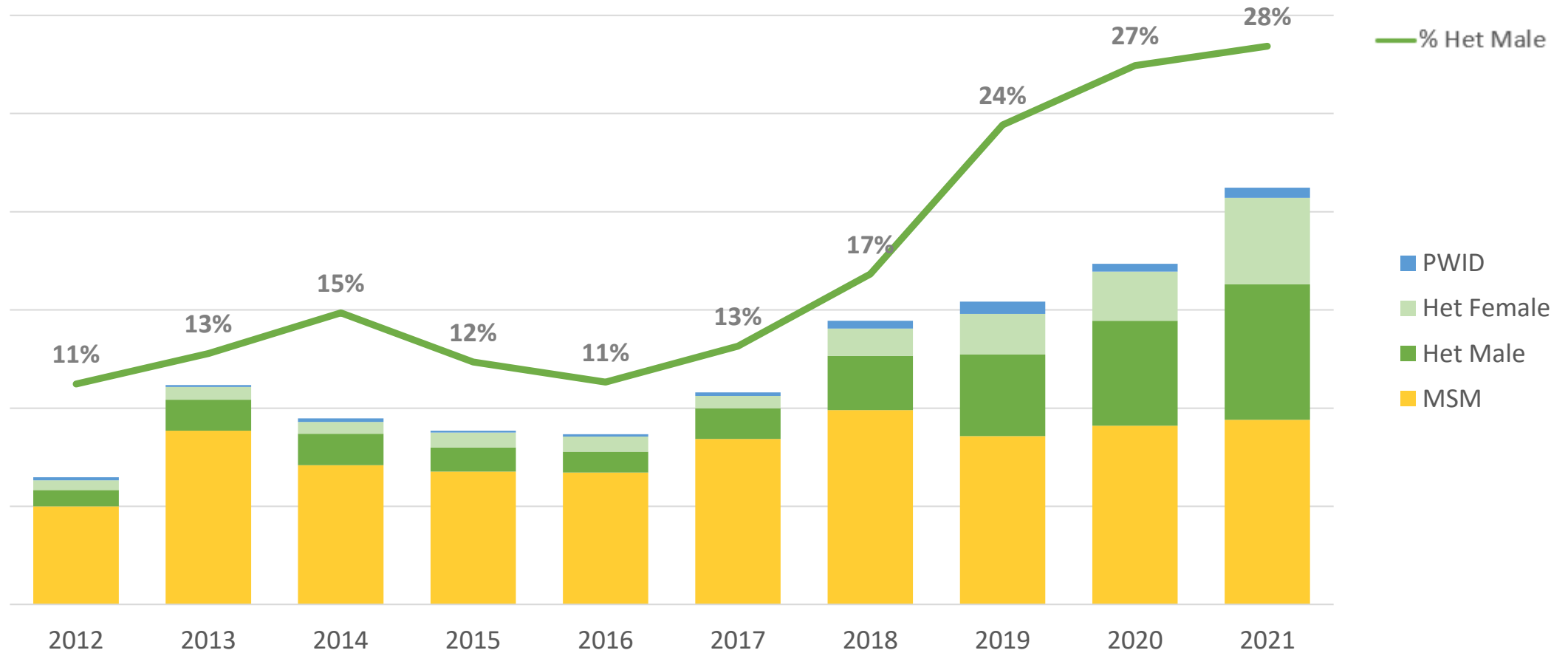
Rates of P&S Syphilis vary greatly by race/ethnicity. Black/African American men had a 5.6 times higher rate than white men in 2021.



While men make up the majority of syphilis cases, the proportion of patients who are female is going up

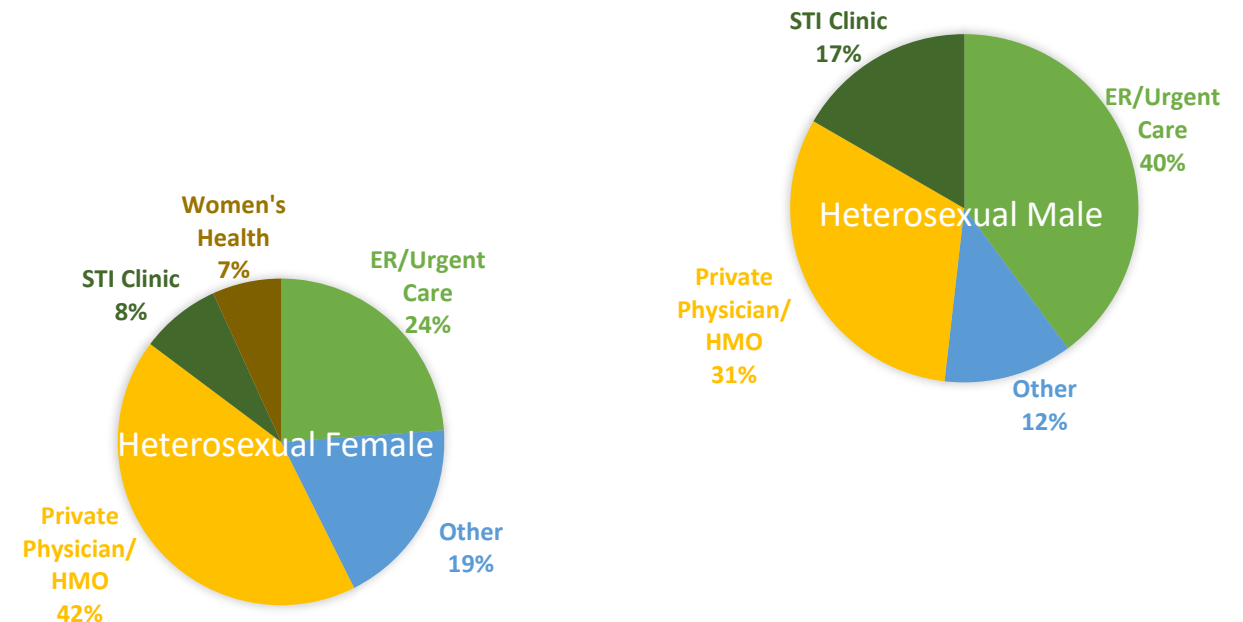
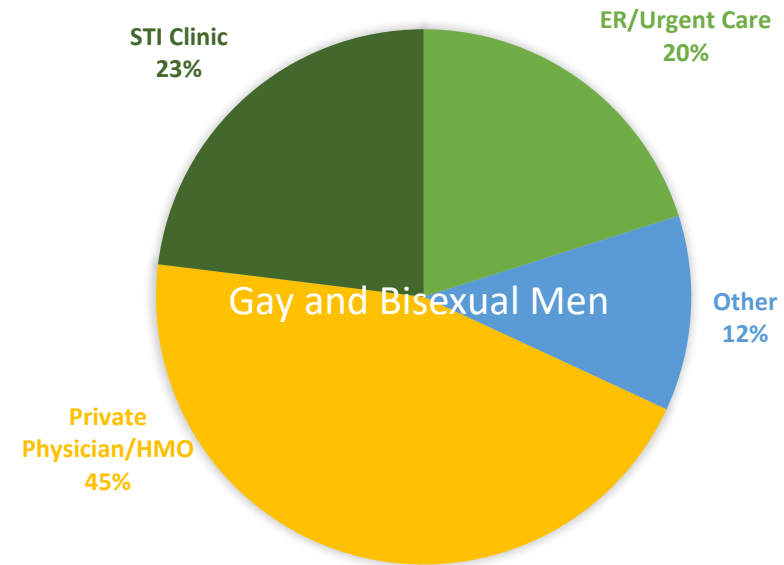


This mirrors an increase in the proportion of cases who are heterosexual men

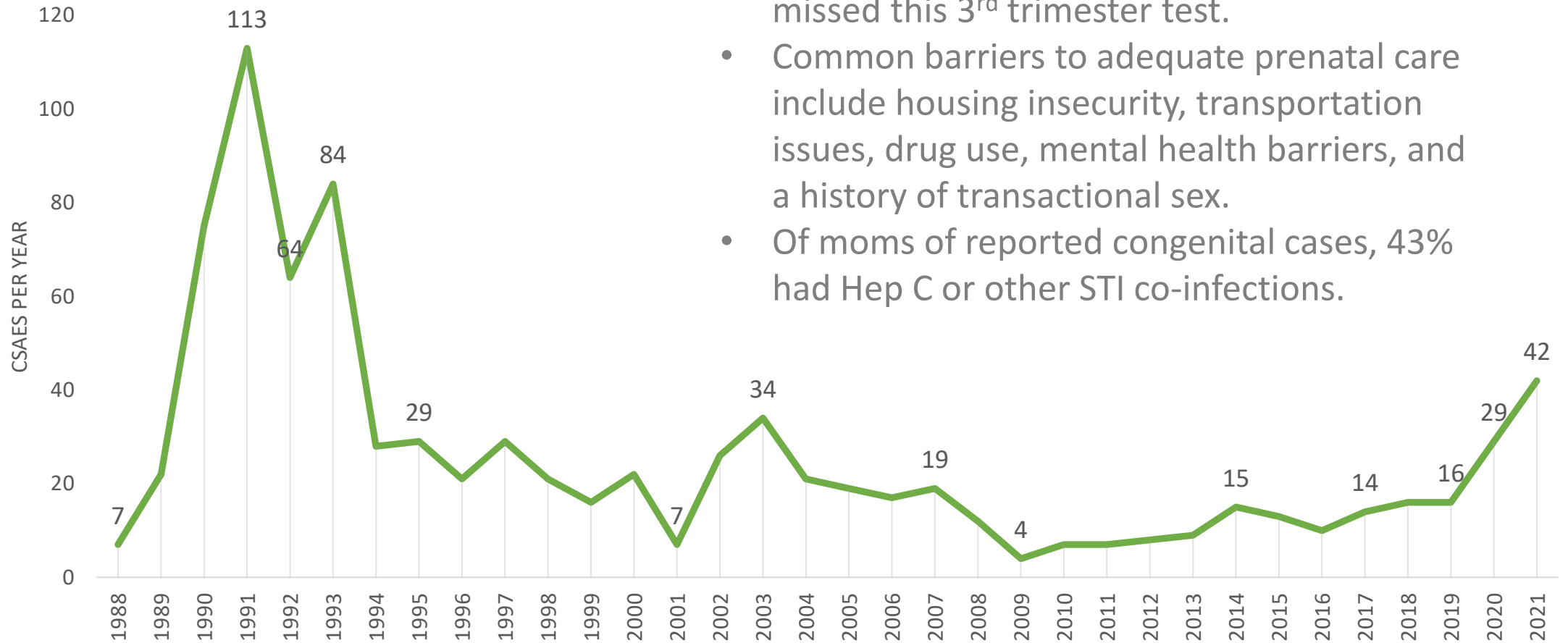


Syphilis and Provider type

- Women and gay/bisexual men are most likely to be diagnosed by a private provider.
- Heterosexual men are twice as likely as gay/bisexual men to be diagnosed at an urgent care or ER.
- Conversely, gay/bisexual men are 1.4 times as likely to be diagnosed at an STI clinic.
- **The differences in where groups access testing affects their treatment, education, and partner services delivery.**



Congenital Syphilis



- All pregnant women should be screened for syphilis in the first and third trimester, but of congenital syphilis cases only 48% had any prenatal care. Even among those in care, 10 missed this 3rd trimester test.
- Common barriers to adequate prenatal care include housing insecurity, transportation issues, drug use, mental health barriers, and a history of transactional sex.
- Of moms of reported congenital cases, 43% had Hep C or other STI co-infections.



SHOARS

STI/HIV Operations and Resource System

For STI or HIV Data Requests or
Technical Assistance, visit
www.Michigan.gov/SHOARS

Questions?

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