

Syphilis

The Facts About Syphilis

What is syphilis?

Treponema pallidum is a centuries-old, highly infectious bacterium that causes syphilis.

How many people have syphilis?

The numbers of people reported with syphilis in the U.S. decreased dramatically between the mid-1940s and 2000 (falling from almost 100,000 yearly cases of primary and secondary syphilis to less than 6,000);¹ numbers of reported cases have risen slightly since then. People in correctional institutions, people living in southern states, men and African Americans are disproportionately (most) affected.^{1, 2}

How does someone get syphilis?

Syphilis transmission usually occurs during vaginal, anal or oral sex when syphilitic sores or patches come into contact with slightly abraded skin or mucous membranes. Women who catch syphilis within a few years before they get pregnant and who fail to get treated often (70 percent) pass syphilis on to their infants. Forty percent of women who acquire syphilis during pregnancy and who go without treatment will lose the child.

What are the symptoms?

Syphilis has been called “The Great Imitator” because so many of the signs and symptoms resemble other diseases. The *primary* stage of syphilis is usually marked by the appearance of a single sore (chancre), although multiple sores may develop. The chancre is usually firm, round and painless and appears about three weeks after exposure at the spot where the syphilis bacteria entered the body. Left untreated, the chancre heals in 3-6 weeks, but the infection may progress to the *secondary* stage of syphilis. The secondary stage starts when one or more areas of the skin break into an itch-less rash. Additional symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches and fatigue. *Tertiary* symptoms include incoordination, paralysis, numbness, gradual blindness and severe confusion.

What are some of the long-term effects of a syphilis infection?

Left untreated, secondary syphilis may develop into the tertiary stage resulting in damage to internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones and joints. The damage can be serious enough to cause death.

How does someone find out s(he) has syphilis?

Primary and secondary syphilis are generally diagnosed with a blood test. The diagnosis of tertiary syphilis usually requires a test on cerebrospinal fluid (ie, fluid that normally surrounds the brain and spinal cord).

How is syphilis treated?

There are no home remedies or over-the-counter treatments for syphilis; however, a single dose of an antibiotic (usually penicillin) can cure a person who has been infected for less than a year. Larger doses are needed to cure someone who has had it for more than a year. While antibiotics are extremely effective at killing the syphilis bacterium, they will not repair or reverse the damage already caused by the disease.

Am I safe if I consistently use a condom or switch to oral sex?

Not really. Even if you use a condom exactly as directed 100 percent of the time when you have sex, you only reduce your chance of getting syphilis from an infected partner by about 30 to 50 percent.^{3, 4, 5} Syphilis is also easy to transmit through oral sex. In fact, oral sex appears to have played a significant role in syphilis transmission in a number of recent outbreaks.^{6, 7, 8}

How can I avoid getting syphilis?

Because most infected individuals are unaware that they have syphilis, having a sexual partner who has no symptoms offers no guarantee. If you've already been sexually active outside a lifelong mutually faithful relationship (as in marriage), talk to your healthcare provider about getting you and your partner tested for STDs. Abstinence from sexual activity—including oral sex—or lifetime faithfulness to one uninfected partner is the only certain way to avoid being infected.

1 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2001*. Atlanta, GA: U.S. Dept. of Health and Human Services; September 2002.

2 Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2001 Supplement. Syphilis Surveillance Report*. Atlanta, GA: U.S. Dept. of Health and Human Services; February 2003.

3 Ahmed S, Lutalo T, Wawer M, et al. HIV incidence and sexually transmitted disease prevalence associated with condom use: A population study in Rakai, Uganda. *AIDS*. 2001;15:2171-2179.

4 Baeten JM, Nyange PM, Richardson BA, et al. Hormonal contraception and risk of sexually transmitted acquisition: Results from a prospective study. *Am J Obstet Gynecol*. 2001;185:380-385.

5 Workshop Summary: Scientific Evidence on Condom Effectiveness for Sexually Transmitted Disease (STD) Prevention. July 20, 2001. National Institute of Allergy and Infectious Diseases, National Institutes of Health, Department of Health and Human Services. Available at: <http://www.niaid.nih.gov/dmid/stds/condomreport.pdf>.

6 Cook PA, Clark P, Bellis MA, et al. Re-emerging syphilis in the UK: A behavioural analysis of infected individuals. *Commun Dis Public Health*. 2001;4:253-258.

7 Poulton M, Dean GL, Williams DI, Carter P, Iversen A, Fisher M. Surfing with spirochaetes: An ongoing syphilis outbreak in Brighton. *Sex Transm Infect*. 2001;77:319-321.

8 Lacey HB, Higgins SP, Graham D. An outbreak of early syphilis: Cases from North Manchester General Hospital, UK. *Sex Transm Infect*. 2001;77:311-313.