January 5, 2016

Dear Colleagues,

The Maryland Department of Health and Mental Hygiene is issuing this clinical advisory to inform healthcare providers about **ocular syphilis in Maryland**. Between December 2014 and March 2015, 12 cases of ocular syphilis were reported to the Centers for Disease Control and Prevention (CDC) from two major cities, San Francisco and Seattle. Subsequent case finding indicated more than 150 cases reported over the past 2 years from 20 states. Several of the cases have resulted in significant sequelae including permanent blindness. In Maryland, preliminary investigations have identified 13 presumptive cases of ocular syphilis in 2015.

Ocular syphilis and neurosyphilis can occur during any stage of syphilis, including primary and secondary stages. Ocular syphilis can involve almost any eye structure, but posterior uveitis and panuveitis are the most common. Initial symptoms can be subtle, including floaters, flashing lights, blurry vision, and ocular pain. Ocular involvement may lead to decreased visual acuity including permanent blindness. Additional manifestations may include anterior uveitis, optic neuropathy, retinal vasculitis and interstitial keratitis.

ESSENTIAL ACTIONS RECOMMENDED FOR CLINICIANS, INCLUDING EYE CARE AND HIV CARE PRACTITIONERS:

- ✓ Be aware of ocular syphilis and screen for visual complaints in any patient at risk for syphilis. Risk factors for syphilis include having sex with anonymous or multiple partners, sex in conjunction with illicit drug use, or having a partner who engages in any of these behaviors.
- ✓ Assure that all patients diagnosed with syphilis, or suspected of having syphilis, are evaluated for ocular and neurological symptoms. See attached for an Ocular Syphilis and Neurosyphilis Screening Guide.
- ✓ Refer patients with positive syphilis serology and either ocular or neurological signs or symptoms immediately for: ophthalmologic evaluation; evaluation for lumbar puncture with CSF examination; and possible hospital admission and IV therapy. When referring a patient for evaluation, please communicate to the evaluating provider the need to assess specifically for ocular or neurosyphilis. To facilitate timely diagnosis and treatment, consider giving the patient a copy of the completed Ocular Syphilis and Neurosyphilis Screening Guide.
- ✓ Do not delay treatment while waiting for a lumbar puncture.
- ✓ Manage ocular syphilis according to current CDC treatment guidelines for neurosyphilis (Aqueous crystalline penicillin G IV or Procaine penicillin IM with Probenecid for 10-14 days; see http://www.cdc.gov/std/tg2015/syphilis.htm).

- ✓ Test all patients with syphilis for HIV if status is unknown or previously HIV-negative.
- ✓ Report all cases of ocular syphilis to your local health department within 24 hours of diagnosis.
 - The case definition for an ocular syphilis case is as follows: a person with clinical symptoms or signs consistent with ocular disease (i.e. uveitis, panuveitis, diminished visual acuity, blindness, optic neuropathy, interstitial keratitis, anterior uveitis, and retinal vasculitis) with syphilis of any stage.
 - Confidential morbidity reporting instructions and the newly revised Maryland Confidential Morbidity Report Form can be found at http://goo.gl/Dy5e8g.

If possible, pre-antibiotic clinical samples (whole blood, swabs from primary lesions and moist secondary lesions, CSF or ocular fluid) should be saved and stored at -80°C for molecular typing by the CDC. To receive advice from CDC regarding shipment of clinical samples for molecular typing please contact: Dr. Sara Oliver at (404) 639-1204 or yxo4@cdc.gov. General information about syphilis can be found at: http://www.cdc.gov/std/syphilis/.

Attached find information about a webinar offered January 20, 2016 entitled "Ocular Syphilis: New Challenges of an Old Disease." This activity has been approved for AMA PRA Category 1 CreditTM.

To receive technical assistance with treatment guidelines, ocular syphilis, neurosyphilis, or specific case consultations, please contact the Maryland Department of Health and Mental Hygiene's Center for STI Prevention (CSTIP) at DHMH.STIClinicalConsult@maryland.gov or (410) 767-6690. Additional STI-related resources for providers can be found on CSTIP's website: http://goo.gl/2EBvK1.

Sincerely,

Lucy E. Wilson, M.D., Sc.M.

lugure

Chief, Center for Surveillance, Infection Prevention and Outbreak Response Maryland Department of Health and Mental Hygiene

Enclosures:

Ocular Syphilis and Neurosyphilis Screening Guide Webinar Flier "Ocular Syphilis: New Challenges of an Old Disease"