

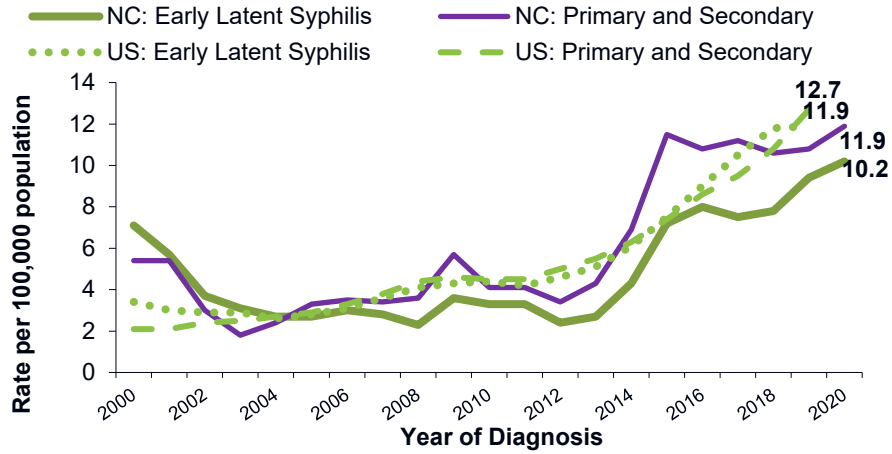


# Syphilis in North Carolina, 2020

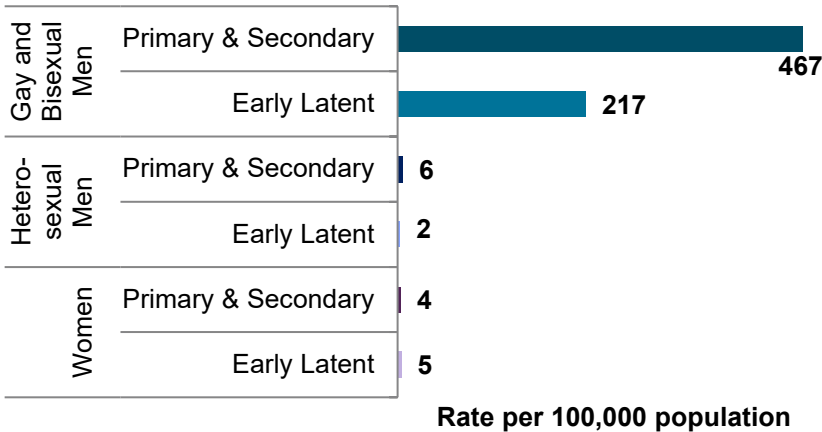


## Rates of syphilis are increasing in NC, and across the country

- In 2020, 2,342 people were diagnosed with early syphilis (primary, secondary, and early latent) in North Carolina (rate: 22.1 per 100,000 population). The primary and secondary syphilis rate in NC (rate: 11.9 per 100,000) is similar to the most recent national rate (12.7 per 100,000) and similar to many Southeast states ([CDC 2021](#)).
- Black/African American men had the highest rate of early syphilis at 103.5 per 100,000 in 2020.



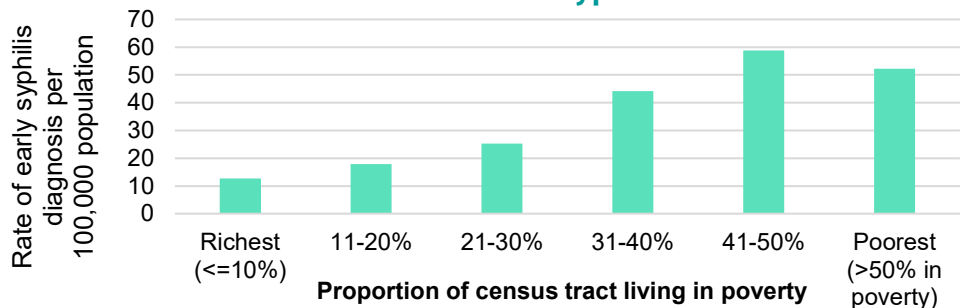
## Gay, bisexual, and other men who have sex with men experience the highest rates of syphilis



- Gay, bisexual, and other men who have sex with men experience higher rates of syphilis than other groups in NC and nationally.
- Though rates among women are low, they continue to increase (P&S rate in 2018: 3.0, 2019: 3.3, 2020: 3.5). When untreated, syphilis during pregnancy can lead to miscarriages, stillbirths and birth defects. For more information on congenital syphilis, please see our [fact sheet](#).
- In 2020, 46% of men and 7% of women diagnosed with syphilis were coinfecting with HIV.

## People living in poverty experience the highest rates of syphilis

People living in impoverished areas often have less access to resources, including health resources. This can make it difficult to access health care and increase the potential for disease transmission.



\*2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.



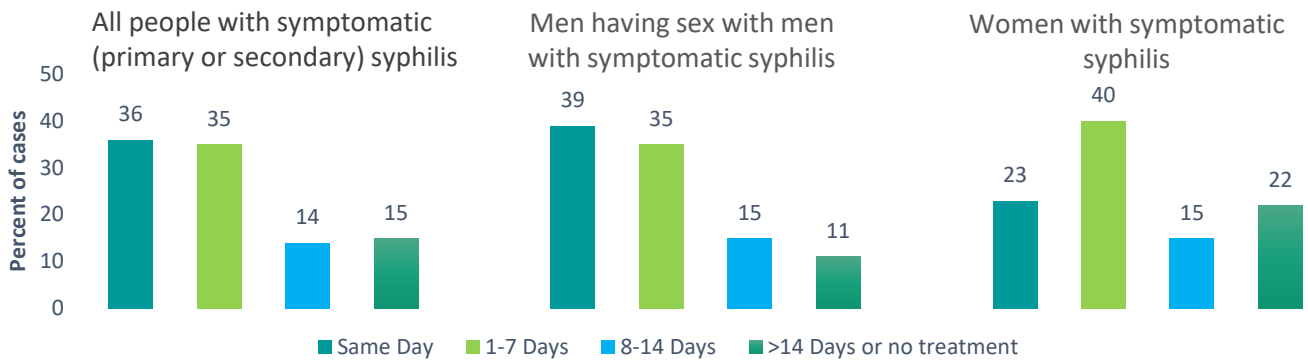
# Syphilis in North Carolina, 2020



## Most people are treated within two weeks of their syphilis diagnosis

- People with symptoms of syphilis or exposure to syphilis should be treated immediately, without waiting for laboratory results.
- In 2020, 36% of people who had symptoms of syphilis during their clinic visit were treated on the same day; 15% were not treated until more than 14 days after diagnosis.
- Women, for their own health and to prevent transmission of syphilis during pregnancy, require the appropriate treatment. In 2020, a lower proportion of women with symptoms were treated on the same day (23%) than in 2019 (27%).

## People with symptoms of syphilis are not always treated on the day they are seen by their doctor



## What CLINICIANS can do

- Discuss [sexual history](#) with all patients to identify STI risk factors and screen sexually active and at-risk patients for syphilis and other STIs, including HIV.
- Screen pregnant women for syphilis at their first prenatal visit, between 28-30 weeks gestation, and at delivery. This is required by [NC Public Health Law](#).
  - Newborns who are infected or incubating syphilis at birth may not exhibit any signs of infection until months or years after delivery which is why maternal testing at delivery is critical.
  - The increase in syphilis infections among women has also been associated with an increase in congenital syphilis (18% increase in 2020 compared to 2019).
- Follow the [CDC STI Treatment Guideline](#) for syphilis and immediately treat any patient with [signs or symptoms](#) of or exposure to an early syphilis infection.
- Advise all patients diagnosed with syphilis that they may be contacted by a public health advisor to ensure their sex partner(s) are tested and treated.
- Report all new syphilis infections to your [Local Health Department](#) within 24 hours of diagnosis using the [NC Disease Report Form \(Part 1\)](#).
- For more resources, visit the [National Coalition for Sexual Health Compendium](#).

## What YOU can do

- Discuss your sexual history with your healthcare provider and get tested regularly for syphilis and other STIs.
- If you have had a change in your vision or hearing and are sexually active, mention syphilis to your clinician.
- If diagnosed with syphilis, notify your sexual partners of the need to seek testing and treatment. You can notify your partners directly or [anonymously](https://tellyourpartner.org/) (<https://tellyourpartner.org/>).

Data Sources: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 6, 2021) and the enhanced HIV/AIDS Reporting System (eHARS) (data as of June 28, 2021).