Clinical Advisory: Ocular Syphilis

On April 3, 2015 the CDC published a Clinical Advisory for ocular syphilis on the National Prevention Information Network (NPIN). Since the CDC published this Clinical Advisory there have been two confirmed cases and one suspected case of ocular syphilis reported in South Carolina. All three of these cases were in men under the age of 30 who were co-infected with HIV.

Neurosyphilis can occur during any stage of syphilis including primary and secondary syphilis. Ocular syphilis, a clinical manifestation of neurosyphilis, can involve almost any eye structure, but posterior uveitis and panuveitis are the most common. Additional manifestations may include anterior uveitis, optic neuropathy, retinal vasculitis and interstitial keratitis. Ocular syphilis may lead to decreased visual acuity including permanent blindness. While previous research supports evidence of neuropathogenic strains of syphilis, it remains unknown if some *Treponema pallidum* strains have a greater likelihood of causing ocular infections.

- Clinicians should be aware of ocular syphilis and screen for visual complaints in any patient at risk for syphilis. This includes MSM, HIV-infected persons, persons with risk factors, and persons with multiple or anonymous partners.
- All patients with syphilis should receive an HIV test if the HIV status is unknown or they previously tested HIV-negative.
- Patients with positive syphilis serology and early syphilis without ocular symptoms should receive a careful neurologic exam, to include an evaluation of all cranial nerves.
- Patients with syphilis and ocular complaints should receive immediate ophthalmologic evaluation.
- A lumbar puncture for cerebrospinal fluid (CSF) examination should be performed in patients with syphilis and ocular complaints.
- Ocular syphilis should be managed according to treatment recommendations for neurosyphilis. Aqueous crystalline penicillin G IV or Procaine penicillin IM with Probenecid for 10-14 days. See [The 2015 STD Treatment Guidelines](#) for more information.
- Cases of ocular syphilis should be reported to your local health department within one business day. An ocular syphilis case is defined as: 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.
- If possible, pre-antibiotic clinical samples (whole blood, primary lesions and moist secondary lesions, CSF or ocular fluid) should be saved and stored at -80°C for molecular typing.

General information about syphilis can be found online at [www.cdc.gov/std/syphilis](http://www.cdc.gov/std/syphilis); updates to this clinical advisory will be posted on the [Syphilis: Treatment and Care](#) section of the website.
Additional Resources

The National Network of STD Clinical Prevention Training Centers offers free clinical consultation for healthcare professionals and STD program staff that treat patients with STDs. Providers can complete a request on the website https://www.stdccn.org/default.aspx


DHEC contact information for reportable diseases and reporting requirements

Reporting of Syphilis is consistent with South Carolina Law requiring the reporting of diseases and conditions to your state or local public health department. (State Law # 44-29-10 and Regulation # 61-20) as per the South Carolina 2016 List of Reportable Conditions available at: http://www.scdhec.gov/Library/CR-009025.pdf

Federal HIPAA legislation allows disclosure of protected health information, without consent of the individual, to public health authorities to collect and receive such information for the purpose of preventing or controlling disease. (HIPAA 45 CFR §164.512).

<table>
<thead>
<tr>
<th>Lowcountry</th>
<th>Midlands</th>
<th>Pee Dee</th>
<th>Upstate</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAIL TO:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 4050 Bridge View Drive, Suite 600  
N. Charleston, SC 29405  
Fax: (843) 953-0051 | 2000 Hampton Street  
Columbia, SC 29204  
Fax: (803) 576-2993 | 145 E. Cheves Street  
Florence, SC 29506  
Fax: (843) 661-4859 | 200 University Ridge  
Greenville, SC 29602  
Fax: (864) 282-4373 |

| CALL TO:        |              |                          |                |
| Berkeley, Charleston, Dorchester  
Phone: (843) 953-0043  
Nights/Weekends: (843) 441-1091 | Kershaw, Lexington, Newberry, Richland  
Phone: (803) 576-2749  
Nights/Weekends: (888) 801-1046 | Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion  
Phone: (843) 661-4830  
Nights/Weekends: (843) 915-8845 | Anderson, Oconee  
Phone: (864) 260-5801  
Nights/Weekends: (866) 298-4442 |
| Beaufort, Colleton, Hampton, Jasper  
Phone: (843) 322-2453  
Nights/Weekends: (843) 441-1091 | Chester, Fairfield, Lancaster, York  
Phone: (803) 286-9948  
Nights/Weekends: (888) 801-1046 | Clarendon, Lee, Sumter  
Phone: (803) 773-5511  
Nights/Weekends: (843) 915-8845 | Abbeville, Greenwood, Laurens, McCormick  
Phone: (864) 227-5947  
Nights/Weekends: (866) 298-4442 |
| Allendale, Bamberg, Calhoun, Orangeburg  
Phone: (803) 268-5833  
Nights/Weekends: (843) 441-1091 | Aiken, Barnwell, Edgefield, Saluda  
Phone: (803) 642-1618  
Nights/Weekends: (888) 801-1046 | Georgetown, Horry, Williamsburg  
Phone: (843) 915-8804  
Nights/Weekends: (843) 915-8845 | Cherokee, Greenville, Pickens, Spartanburg, Union  
Phone: (864) 372-3133  
Nights/Weekends: (866) 298-4442 |

For information on reportable conditions, see http://www.scdhec.gov/Health/FHPF/ReportDiseasesAdverseEvents/ReportableConditionsInSC/

DHEC Bureau of Disease Control
Division of Acute Disease Epidemiology
2100 Bull St. Columbia, SC 29201
Phone: (803) 898-0861 Fax: (803) 898-0897
Nights / Weekends: 1-888-847-0902

Categories of Health Alert messages:

| Health Alert | Conveys the highest level of importance; warrants immediate action or attention. |
| Health Advisory | Provides important information for a specific incident or situation; may not require immediate action. |
| Health Update | Provides updated information regarding an incident or situation; unlikely to require immediate action. |
| Info Service | Provides general information that is not necessarily considered to be of an emergent nature. |