



This is an official
DHEC Health Advisory

Distributed via Health Alert Network

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; 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>

Self-Study STD Curriculum Modules for Clinicians

<http://www.cdc.gov/std/training/self-study.htm>

Alabama-North Carolina STD/HIV Prevention training Center

<http://nnptc.org/training-centers/alabama-north-carolina-stdhiv-prevention-trainin-center/>

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).

Regional Public Health Offices – 2016			
Mail or call reports to the Epidemiology Office in each Public Health Region			
MAIL TO:			
Lowcountry 4050 Bridge View Drive, Suite 600 N. Charleston, SC 29405 Fax: (843) 953-0051	Midlands 2000 Hampton Street Columbia, SC 29204 Fax: (803) 576-2993	Pee Dee 145 E. Cheves Street Florence, SC 29506 Fax: (843) 661-4859	Upstate 200 University Ridge Greenville, SC 29602 Fax: (864) 282-4373
CALL TO:			
Lowcountry Berkeley, Charleston, Dorchester Phone: (843) 953-0043 Nights/Weekends: (843) 441-1091 Beaufort, Colleton, Hampton, Jasper Phone: (843) 322-2453 Nights/Weekends: (843) 441-1091 Allendale, Bamberg, Calhoun, Orangeburg Phone: (803) 268-5833 Nights/Weekends: (843) 441-1091	Midlands Kershaw, Lexington, Newberry, Richland Phone: (803) 576-2749 Nights/Weekends: (888) 801-1046 Chester, Fairfield, Lancaster, York Phone: (803) 286-9948 Nights/Weekends: (888) 801-1046 Aiken, Barnwell, Edgefield, Saluda Phone: (803) 642-1618 Nights/Weekends: (888) 801-1046	Pee Dee Chesterfield, Darlington, Dillon, Florence, Marlboro, Marion Phone: (843) 661-4830 Nights/Weekends: (843) 915-8845 Clarendon, Lee, Sumter Phone: (803) 773-5511 Nights/Weekends: (843) 915-8845 Georgetown, Horry, Williamsburg Phone: (843) 915-8804 Nights/Weekends: (843) 915-8845	Upstate Anderson, Oconee Phone: (864) 260-5801 Nights/Weekends: (866) 298-4442 Abbeville, Greenwood, Laurens, McCormick Phone: (864) 227-5947 Nights/Weekends: (866) 298-4442 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.