# **Central Oregon Public Health Quarterly**

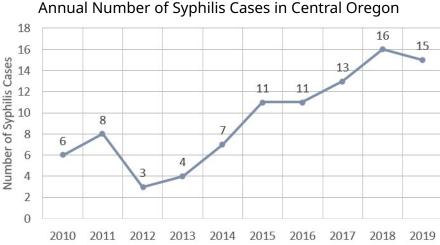
Communicable Disease Update for Crook, Deschutes, and Jefferson Counties 2019: Quarter 4

24/7 Communicable Disease reporting lines:		Crook County: 541-447-5165		Deschutes County: 541-322-7418	:	Jefferson County: 541-475-4456
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#### Syphilis in Central Oregon 16 The number of syphilis cases in 15 Central Oregon has been trending 1 upward over the past ten years.

There were 94 cases of syphilis in Central Oregon between 2010 and 2019. The number of cases each year has ranged from a low of 3 cases in 2012 to a peak of 16 cases in 2018.

Most (85.1%) cases of syphilis in Central Oregon between 2010-2019 were Deschutes County residents, followed by Crook County (9.6%) and Jefferson County (5.3%).

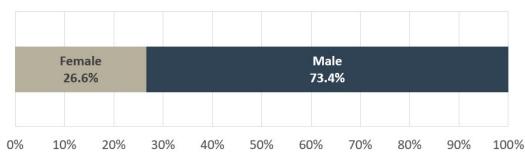


### Annual Syphilis Rate per 100,000 population, Central Oregon and Oregon

#### 35.0 The syphilis rate in Oregon Rate of Syphilis per 100,000 population is growing faster than the Rate per 100,000 population - Central Oregon 29.1 30.0 rate in Central Oregon. Rate per 100,000 population - Oregon Between 2010 and 2019, the 24.2 25.0 Oregon rate of syphilis per 100,000 21.7 20.4 population grew around 519%, 19.9 while the Central Oregon rate grew 20.0 around 107%. 15.1 14.1 15.0 This difference in rate growth 10.9 means the gap between the Central Oregon and Oregon rates has been 10.0 6.9 increasing over the past ten years. In 2010, the Oregon rate was 6.4 6.2 5.6 5.0 4.7 4.8 5.0 3.3 around 1.56 times the Central 1.9 1.5 4.0 Oregon rate. In 2019, the Oregon 3.0 0.0 rate was 4.7 times the Central Oregon rate. 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019

## Syphilis Cases by Sex

Percent of Syphilis Cases by Sex, 2010-2019, Central Oregon



#### Most syphilis cases in Central Oregon over the past ten years were male.

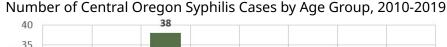
Only around 26.6% of Central Oregon cases between 2010-2019 were female. However, Central Oregon has a higher percentage of cases that were female compared to Oregon (17.1%) during the same time frame.

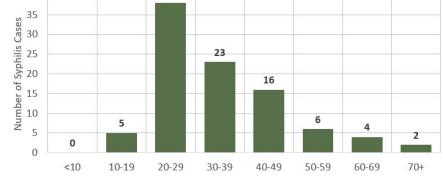
### Syphilis Cases by Age Group

#### Around 40% of syphilis cases in Central Oregon between 2010-2019 were aged 20-29.

The age distribution of Central Oregon cases is younger than cases across Oregon. For example, around 45.7% of Central Oregon cases were younger than 30, while around 30% of Oregon cases were younger than 30.

Central Oregon has not had a congenital syphilis case over the past ten years. Oregon has had 49 congenital cases between 2010-2019, peaking in 2019 with 16 congenital cases.



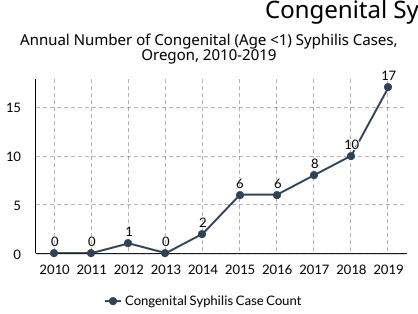


### Comorbidities

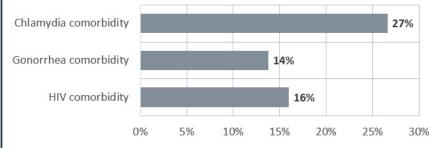
#### Many syphilis cases in Central Oregon have been diagnosed with another sexually transmitted infection (STI) within the past ten years.

Sometimes cases were diagnosed multiple times with the same STI or with multiple STIs. Around 27% of syphilis cases have been diagnosed with chlamydia, 14% with gonorrhea, and 16% with HIV.

In many cases, the other STD was diagnosed prior to syphilis. For example, 64% of syphilis cases with comorbid chlamydia were diagnosed with chlamydia first, 54% with comorbid gonorrhea had gonorrhea diagnosed first, and 53% with comorbid HIV were diagnosed with HIV first.



#### Percent of Central Oregon syphilis cases who were also diagnosed with chlamydia, gonorrhea, or HIV between 2010-2019



Note: Categories above are not mutually exclusive. Around 2% of syphilis cases were diagnosed with HIV **and** chlamydia in addition to syphilis during the 10 year period. Around 8.5% of syphilis cases were diagnosed with gonorrhea **and** chlamydia in addition to syphilis during the 10 year period.

### Congenital Syphilis

In parallel with the statewide increase in syphilis rates, there has been a recent increase in case counts for congenital syphilis in Oregon.

Per Oregon Health Authority, congenital syphilis is an infection in a fetus or infant that results from untreated syphilis during pregnancy. Congenital syphilis can lead to stillbirth, infant death, and serious birth defects including brain and nerve problems. Pregnant women should be tested for syphilis at the first prenatal visit and again during the third trimester.

The number of annual congenital syphilis cases has been increasing over the past ten years. The highest number of cases was seen in 2019, were a total of 17 congenital syphilis cases. This increasing trend further highlights the importance of testing women of childbearing age who may be at risk.

### What providers need to know about syphilis screening

With the increase in syphilis and other sexually transmitted infections such as gonorrhea, an accurate sexual history should be obtained to determine appropriate frequency of testing. People at risk for acquiring syphilis should be tested (screened) for syphilis at least once a year and as often as 4 times a year if they are sexually active with multiple partners. It is especially important to test women of childbearing age who may be at risk of acquiring syphilis to help prevent congenital syphilis cases.

People who might be at greater risk for acquiring syphilis include:

- People who have been exposed to syphilis People who have or have had other bacterial or viral sexually transmitted infections
- People who have a partner who may be at risk
- Men who have sex with men
- People of either sex who use drugs including, but not limited to methamphetamine, opioids, and cocaine
- People of either sex who engage in sex work or exchange sex for money or other things of value