



OFFICIAL COMMUNICATIONS

COUNTY OF ST. CLAIR PUBLIC HEALTH DEPARTMENT

2015 Update

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To: St. Clair County Providers,
Hospital ICPs, Emergency
Departments, ED Physicians,
OB/GYN Providers, Ophthalmologists
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CLINICAL ADVISORY: OCULAR SYPHILIS

Since December 2014, at least 15 cases of ocular syphilis from California and Washington have been reported to the U.S. Centers for Disease Control and Prevention (CDC). At least five other states have suspected cases under investigation. The majority of cases have been among men who have sex with men (MSM) with HIV; and a few cases have occurred among HIV-uninfected persons including heterosexual men and women. Several of the cases have resulted in significant sequelae including blindness.

Case Definition:

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.

Recommendations:

- 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 status is unknown or previously HIV-negative.
- Patients with positive syphilis serology and early syphilis without ocular symptoms should receive a careful neurologic exam, including all cranial nerves.
- Patients with syphilis and ocular complaints should receive immediate ophthalmologic evaluation.
- A lumbar puncture with 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. See CDC 2010 STD Treatment Guidelines.
- Report cases of ocular syphilis diagnosed since December 1, 2014 and new cases to St. Clair County Health Department at (810) 987-5300.
- 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.