



May 12, 2009

Dear Colleague:

In CDC's May 8, 2009, *Morbidity and Mortality Weekly Report* (MMWR), colleagues from the Jefferson County Health Department, the Alabama Department of Health, and CDC published a report, "Primary and Secondary Syphilis - Jefferson County Alabama, 2002-2007." This letter is to call your attention to these data and their implications for syphilis control. The report describes a substantial increase in primary and secondary (P&S) syphilis occurring predominantly among women and heterosexual men in Jefferson County from 2002 through 2007. The report also indicates that rates of syphilis among women have been increasing across the South.

While it is concerning that these increases have reversed a trend of impressive reductions in the rate of syphilis among women dating back to the early 1990s, we should not lose sight of the fact that rates of syphilis among women remain close to historically low levels. In 2007, even after three years of increases, the national rate among women remains less than one-fifteenth of what it was in 1990, a 94% decrease. However, while all of us involved in STD prevention should take great pride in the role that public health efforts have played in these reductions, it is critical that these impressive gains not be lost. In particular, because of the potential for the serious consequences of congenital syphilis, resurgence of syphilis among women of child-bearing age is a special concern.

As a response to these findings, project areas should evaluate their current syphilis morbidity, and, if needed, redirect resources to respond to epidemiologic shifts. As noted in the report, recommended responses include facilitating access to effective treatment in STD clinics or other settings, selective screening in high-prevalence populations (e.g., correctional settings), and ensuring adequate partner services. In addition, our Program and Training Branch will be working with project areas experiencing significant increases in heterosexually-transmitted P&S syphilis to provide assistance with evaluating morbidity and disease trends; interpreting local data to inform planning, prioritization, and implementation of interventions; enhancing awareness among healthcare providers; conducting active surveillance and identifying screening opportunities in targeted populations; and coordinating peer-to-peer program assistance.

We invite and look forward to an interactive discussion about approaches that programs can take to confront syphilis on multiple fronts, allowing both continued efforts to reduce syphilis among men who have sex with men and yet successfully targeting emerging heterosexual epidemics if and when they occur.

With my colleagues here at CDC, I look forward to continuing to work with you as we strive to maintain and build on our historic successes in the prevention and control of syphilis.

Sincerely,

/John M. Douglas, Jr., MD/

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