



SYPHILIS, PRIMARY AND SECONDARY

CRUDE DATA	
Number of Cases	216
Annual Incidence ^a	
LA County	2.4
California	1.6
United States	4.3
Age at Onset	
Mean	33
Median	32
Range	14 - 73 yrs
Case Fatality	
LA County	N/A
United States	N/A

^a Cases per 100,000 population. U.S. and California rates are provisional.

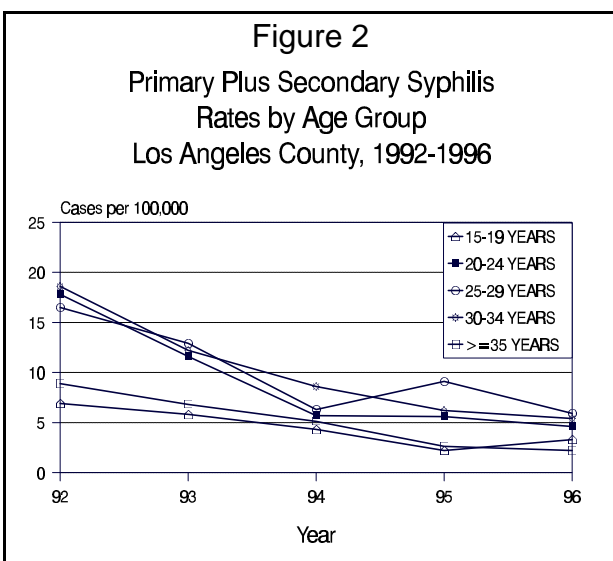
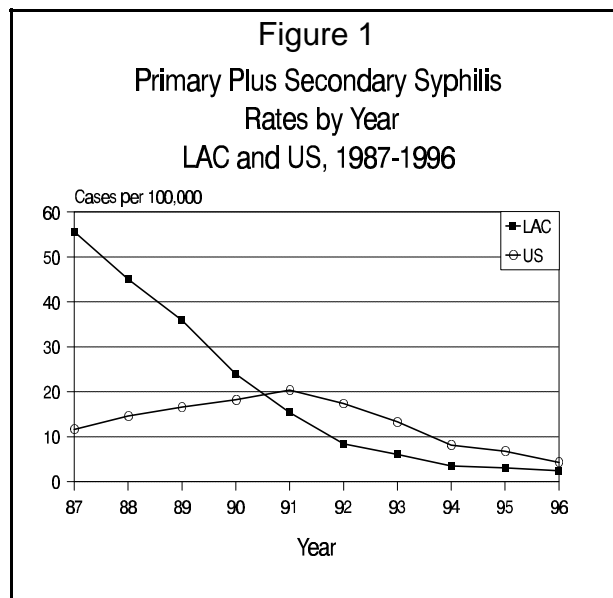
ETIOLOGY

Treponema pallidum, a spirochete bacterium.

DISEASE ABSTRACT

Reports of primary and secondary syphilis cases have continued to decline since the epidemic peaked in 1987, and are now at levels not seen since the 1950s. The age and race distribution of cases in 1996 was largely consistent with the distribution seen in previous years.

STRATIFIED DATA





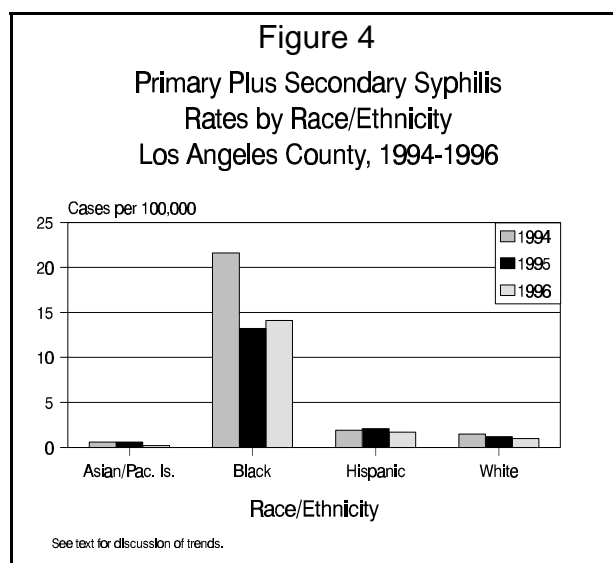
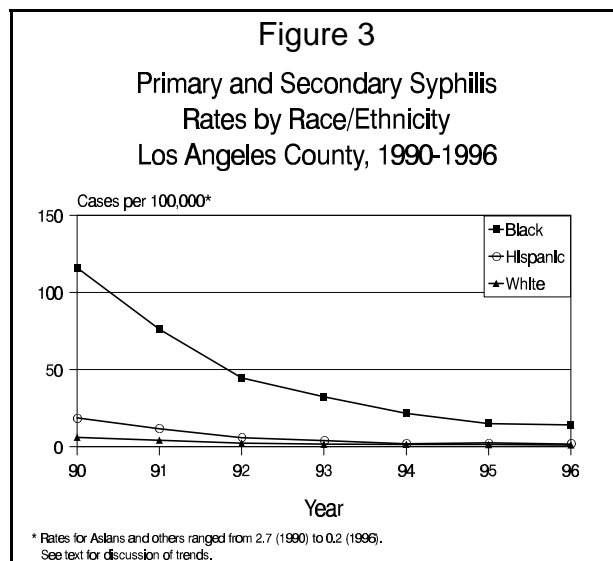
Trends: The incidence of primary and secondary syphilis continued the downward trend that began in 1987 (Figure 1). Rates decreased by 23% between 1995 and 1996, from 3.1 cases per 100,000 population in 1995 to 2.4 in 1996. Rates for 1994 through 1996 have been corrected for a change in criteria for classifying cases by year, leading to lower cases and rates in these years. Data from previous years have not been modified yet, and we expect a decrease of approximately 5 to 10% upon correction.

Seasonality: None.

Age: The age distribution of primary and secondary syphilis is traditionally five to ten years older than that of other STDs. The median age of cases was 32. In 1996, those 25 years and older accounted for more than three-quarters of the cases and a substantial decrease in incidence occurred among 25- to 29-year-old age group (Table 1; Figure 2). Incidence in 15- to 19-year-olds jumped 50%, to near adult levels, though that age group continues to account for less than 10% of the cases.

Sex: Because males are more likely to respond to early signs of syphilis by seeking treatment, primary and secondary cases are typically two-thirds or more male. In 1996, the male-to-female rate ratio was 1.5:1 (Table 1), down from 1.8:1 in 1995. This reflects a greater decline in cases reported among men (28%) during 1996.

Race/Ethnicity: The decline in rates of primary and secondary syphilis since 1987 continued among all race/ethnicity groups except Blacks (Table 1; Figures 3 and 4). Rates among Blacks remained highest of all ethnic groups. In part this expresses the reality of higher syphilis incidence among Blacks nationally, and in part it reflects a local reporting bias:





proportionally, Blacks are more likely than other ethnic groups to utilize public health clinics, where provider and laboratory reporting is superior to that in the private sector. Reported syphilis among Asians/ Pacific Islanders remains very low.

Location: In 1996 rates decreased in 14 of the 23 health districts and remained unchanged in five others. The six core health districts accounted for 64% of reported cases, up from 55% in 1995. At the peak of the syphilis epidemic in 1987, these districts accounted for 67% of the cases.

Reporting: The STD Program uses active and passive surveillance for primary and secondary syphilis. As a matter of federal and County policies, investigators follow up all infectious syphilis cases. However, in spite of a longstanding national focus on syphilis and recent successes in local syphilis control, substantial non-reporting continues by health care providers and laboratories, above all in the private sector. In 1996, approximately 60% of infectious syphilis cases were reported by public providers and laboratories.

PREVENTION

Syphilis prevention efforts in Los Angeles County are multifaceted. Ensuring adequate treatment of cases, partner follow-up, jail surveillance, investigation of cases in children under 12 years old for possible child abuse, and regular visits by a mobile clinic to homeless shelters and day laborer sites constitute central elements of local syphilis control and prevention activities.

In 1996, the STD Program improved its system for determining which syphilis reports need routing to health investigators for follow-up. However, staffing shortages continue to prevent the full benefit of these changes -- rapid turnaround time -- from being realized. Both effective case/partner follow-up and accurate tracking of incidence require timely handling of reports.

COMMENTS

Primary and secondary syphilis cases and rates have declined approximately 95% since 1987; among Blacks, Hispanics and Whites rates have decreased by over 90% in the County. During the past six years, incidence in LAC has fallen below that of the US (Figure 1). Since the height of the last syphilis epidemic in 1987, the number of primary and secondary cases has decreased relative to early latent ones. This shift highlights the concentration and intervention of federal field staff in the geographical areas of highest syphilis.



Table 1. Primary and Secondary Syphilis Cases and Rates by Race/Ethnicity, Gender, and Age, Los Angeles County, 1995-1996

	Number of Cases		Rate ^a		Percent Change in Rate
	1996	1995	1996	1995	
<u>Race/Ethnicity</u>					
Amer. Indian/Eskimo/Aleut	NA	NA	--	--	--
Asian/Pacific Islander	2	6	0.2	0.6	-67
Black	107	116	14.1	13.2	7
Hispanic	60	77	1.7	2.1	-19
White	27	38	1.0	1.2	-17
Unknown	20	34	--	--	--
<u>Gender</u>					
Male	129	174	2.9	4.0	-28
Female	86	97	1.9	2.2	-14
Unknown	1	0	--	--	--
<u>Age Group</u>					
0-14	2	0	0.1	0.0	--
15-19	20	12	3.3	2.2	50
20-24	27	32	4.6	5.6	-18
25-29	39	68	5.8	9.1	-36
30-34	41	55	5.4	6.2	-13
35+	87	104	2.2	2.6	-15
Unknown	0	0	--	--	--
<hr/>					
County Total	216	271	2.4	3.1	-23

^aCases per 100,000 population. Estimates of race-specific rates have been adjusted to account for the proportion of cases with missing data by assuming that each sub-category's proportion of the known and unknown cases are equivalent.



**Table 2. Primary and Secondary Syphilis Cases and Rates by Health District
Los Angeles County, 1995-1996**

Health District ^b	Number of Cases		Rate ^a		Percent Change in Rate
	1996	1995	1996	1995	
South ^c	32	17	19.4	10.3	88
Central ^c	30	36	9.3	10.3	-10
Southeast ^c	11	18	7.1	10.8	-34
Compton ^c	17	21	6.2	7.7	-19
Hollywood-Wilshire	28	29	5.7	5.7	0
Southwest ^c	19	29	5.2	7.8	-33
Inglewood ^c	18	28	4.5	7.0	-36
East Los Angeles	5	2	2.2	0.9	144
San Antonio	7	10	1.6	2.4	-33
East Valley	6	6	1.5	1.5	0
Torrance	6	4	1.4	0.9	56
Bellflower	4	1	1.2	0.3	300
Foothill	3	5	1.0	1.7	-41
San Fernando	6	7	1.0	1.1	-9
West Valley	7	7	1.0	1.0	0
Harbor	2	2	1.0	1.0	0
Glendale	3	10	0.9	3.1	-71
El Monte	4	1	0.9	0.2	350
Northeast	2	14	0.6	4.0	85
Alhambra	1	5	0.3	1.4	79
Whittier	1	9	0.3	0.3	0
Pomona	1	9	0.2	1.8	-89
West	1	7	0.2	1.2	-83
Unknown District	2	2	--	--	--
TOTAL	216	271	2.4	3.1	-23

^a Cases per 100,000 population.

^b The health district figures do not reflect the revised boundaries adopted in April 1994.

^c Core district.