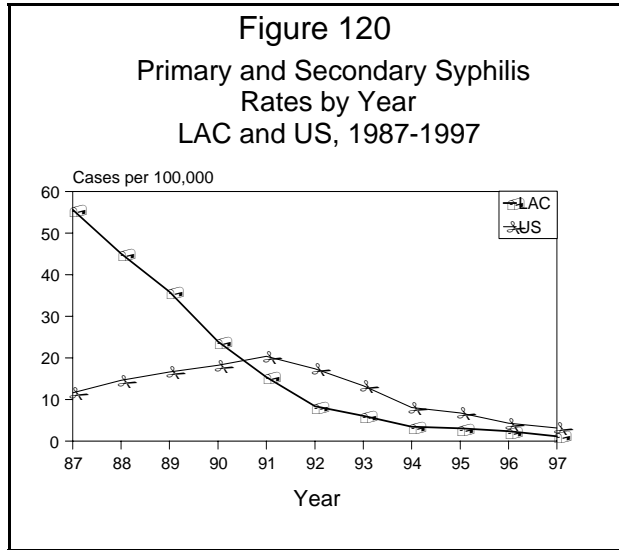


## SYPHILIS, PRIMARY AND SECONDARY

CRUDE DATA	
Number of Cases	105
Annual Incidence <sup>a</sup>	
LA County	1.2
California	1.2
United States	3.2
Age at Onset	
Mean	34.6
Median	35
Range	15 - 61 yrs
Case Fatalities	
LA County	0.0%
United States	N/A



<sup>a</sup>Cases per 100,000 population. U.S. and California rates are provisional.

### ETIOLOGY

*Treponema pallidum*, a spirochete bacterium.

### DISEASE ABSTRACT

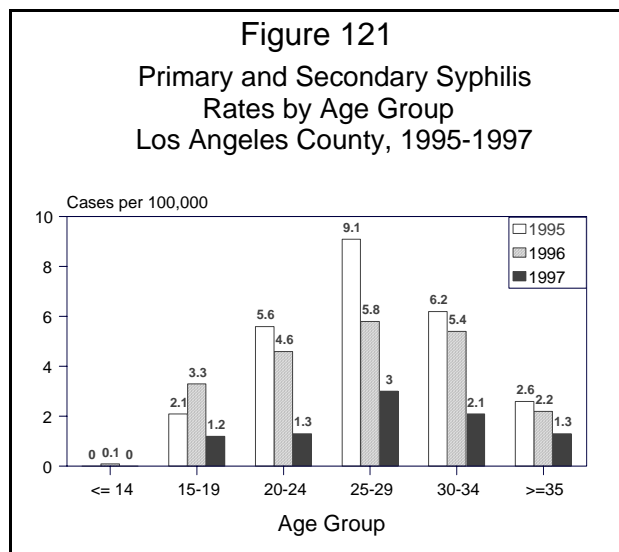
Reports of primary and secondary syphilis, i.e., symptomatic syphilis, have declined continuously since the epidemic peaked in 1987 (Figure 120), and are now at levels even lower than those achieved by the national campaign against syphilis in the 1950s.

### STRATIFIED DATA

**Trends:** Rates declined by 50% between 1996 and 1997 (Table 22).

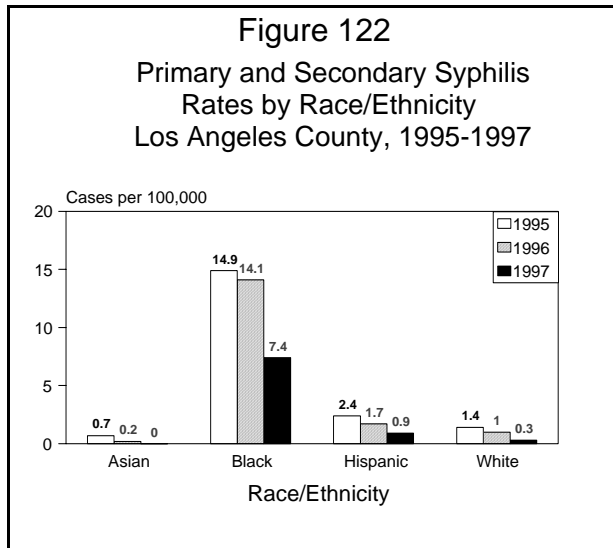
**Seasonality:** None.

**Age:** Primary and secondary syphilis cases traditionally occur in patients five to ten years older than those with other STDs. Syphilis is biologically less transmittable among teens than chlamydia and gonorrhea. The median age of cases increased in 1997 due to substantial decreases in incidence occurring among 15- to 34-year-olds (Figure 121).



**Sex:** Because males are more likely than females to respond to early signs of syphilis by seeking treatment, primary and secondary cases are typically two-thirds male. In 1997, as a result of the much larger decrease in the number of female cases, the male-to-female rate ratio increased to 2.3:1 (Table 21).

**Race/Ethnicity:** The decline in rates of primary and secondary syphilis since the peak of the epidemic in 1987 continued among all race/ethnicity groups (Table 21; Figure 122). Rates among Blacks remain highest of all ethnic groups. Reported syphilis among Asians/Pacific Islanders remains very low.



**Location:** In 1997, incidence rates decreased in 20 of the 23 health districts. The concentration of cases in the seven health districts comprising mid- and south/south-central Los Angeles and neighboring cities continues, accounting for 75% of cases in 1997.

**Reporting:** The STD Program uses active and passive surveillance for primary and secondary syphilis. Federal and County policies mandate investigation of all infectious syphilis cases. However, in spite of a longstanding national focus on syphilis, many health care providers and laboratories (particularly privately owned laboratories) continue to fail to report. In 1997, approximately 69% of infectious syphilis cases were reported by public providers and laboratories.

## PREVENTION

Syphilis prevention efforts in LAC take on many forms. 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 remain central elements of LAC's syphilis control and prevention activities.

## COMMENTS

Primary and secondary syphilis cases and rates have declined over 95% since 1987, and have been below US rates since 1991 (Figure 120). This decrease reflects in part the efforts of field staff, who were concentrated in the geographic areas of highest morbidity at the height of the epidemic.

The reader should note that syphilis rates prior to 1994 have not been corrected for a computer programming error that resulted in an estimated five to ten percent misclassification of cases by year.

**Table 21. Primary and Secondary Syphilis Cases and Rates by Race/Ethnicity, Gender, and Age, Los Angeles County, 1996-1997**

	Number of Cases		Rate <sup>a</sup>		Percent Change in Rate
	1997	1996	1997	1996	
<b><u>Race/Ethnicity</u></b>					
Asian/Pacific Islander	0	2	0	0.2	-100
Black	56	107	7.4	14.1	-48
Hispanic	32	60	0.9	1.7	-47
White	8	27	0.3	1.0	-70
Unknown	9	20	--	--	--
<b><u>Gender</u></b>					
Male	73	129	1.6	2.9	-45
Female	32	86	0.7	2.2	-68
Unknown	0	1	--	--	--
<b><u>Age Group</u></b>					
0-14	0	2	0	0.1	-100
15-19	7	20	1.2	3.3	-64
20-24	7	27	1.3	4.6	-72
25-29	22	39	3.1	5.8	-47
30-34	16	41	2.0	5.4	-63
35+	53	87	1.3	2.2	-41
Unknown	0	0	--	--	--
<b>County Total</b>	<b>105</b>	<b>216</b>	<b>1.2</b>	<b>2.4</b>	<b>-50</b>

<sup>a</sup> Cases 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 22. Primary and Secondary Syphilis Cases and Rates by Health District  
Los Angeles County, 1996-1997**

	Number of Cases		Rate <sup>a</sup>		Percent Change in Rate
	1997	1996	1997	1996	
<b>Health District<sup>b</sup></b>					
South <sup>c</sup>	22	32	13.1	19.4	-41
Southwest <sup>c</sup>	15	19	4.1	5.2	-21
Central <sup>c</sup>	12	30	4.0	9.3	-58
Inglewood <sup>c</sup>	14	18	3.4	4.5	-24
Compton <sup>c</sup>	6	17	2.2	6.2	-53
Hollywood-Wilshire	9	28	1.8	5.7	-68
Southeast <sup>c</sup>	2	11	1.3	7.1	-82
East Valley	4	6	0.9	1.5	-40
San Antonio	3	7	0.7	1.6	-56
El Monte	3	4	0.6	0.9	-33
Glendale	2	3	0.6	0.9	-33
West	4	1	0.6	0.2	200
Whittier	2	1	0.6	0.3	100
Pomona	2	1	0.4	0.2	100
San Fernando <sup>d</sup>	3	6	0.4	1.0	-60
Foothill	1	3	0.3	1.0	-70
Alhambra	0	1	0.0	0.3	-100
Bellflower	0	4	0.0	1.2	-100
East Los Angeles	0	5	0.0	2.2	-100
Harbor	0	2	0.0	1.0	-100
Northeast	0	2	0.0	0.6	-100
Torrance	0	6	0.0	1.4	-100
West Valley	0	7	0.0	1.0	-100
Unknown District	1	2	--	--	--
<b>TOTAL</b>	<b>105</b>	<b>216</b>	<b>1.2</b>	<b>2.4</b>	<b>-50</b>

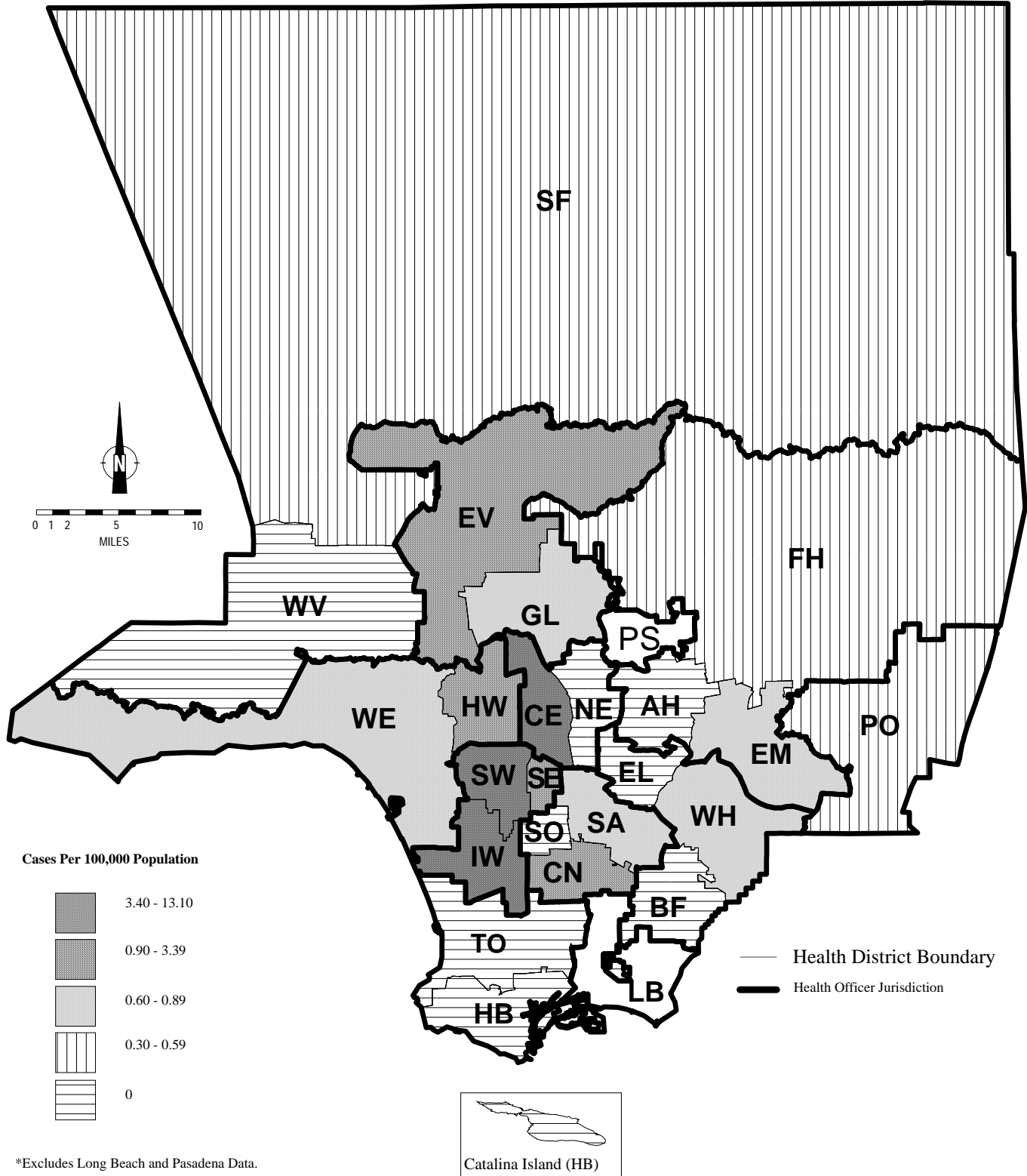
<sup>a</sup> Cases per 100,000 population.

<sup>b</sup> The health district figures do not reflect the revised boundaries adopted in April 1994.

<sup>c</sup> Core district.

<sup>d</sup> Includes Antelope Valley.

# MAP 15. Syphilis, Primary and Secondary Rates by Health District, Los Angeles County, 1997\*



\*Excludes Long Beach and Pasadena Data.