

January 15, 2016

U.S. Preventive Services Task Force Coordinator
c/o U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Re: Draft Recommendation Statement for Syphilis Infection in Nonpregnant Adults and Adolescents:
Screening

Dear U.S. Preventive Services Task Force Members:

On behalf of the National Association of County and City Health Officials (NACCHO), I am writing in support of the USPSTF draft recommendation statement on screening for syphilis infection in nonpregnant adults and adolescents. NACCHO is the voice of approximately 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

Syphilis infection is a growing epidemic in the United States. According to the most recent data provided by the Centers for Disease Control and Prevention (CDC) (2014), the primary and secondary syphilis rate in the U.S. increased to 6.3 cases per 100,000 – the highest rate in two decades, a 15.1% increase from 2013, and a 40.0% increase from 2010. This increase markedly affects men who have sex with men (MSM), who have a syphilis burden significantly higher than the average rate (11.7 cases per 100,000 males). For male cases in which the sex of the sex partner was known, 82.9% of cases were among MSM, and where HIV-status was also reported, 51.2% of syphilis cases among MSM were also HIV-positive. This further highlights the burden and impact of syphilis on the MSM community.¹

In one year, between 2013 and 2014, syphilis rates increased for both men and women, in every age group 15-64 years of age, in every region of the country, and among every race/ethnicity group except for Native Hawaiians/Other Pacific Islanders.²

These trends demonstrate that the syphilis epidemic extends beyond MSM. The rate of syphilis in men regardless of the sex of their sex partner rose 14.4% between 2013 and 2014; over the same period, women experienced a 22.7% increase. Of the cases reported in 2014, 12.6% were among men who have sex with women only, and 9.2% were among women. Additionally, syphilis rates have increased among all age groups 15-64 years of age, with the highest impact among those 20-29 years of age.³

Due to the diversity of impacted persons, NACCHO supports USPSTF's Grade A recommendation to provide syphilis screening to MSM and persons living with HIV, and further supports expansion of the recommendation to include screening for women and men at increased risk for syphilis. Additionally, NACCHO supports defining "at increased risk" more clearly, which will be helpful for delineating scopes



of programming, as well as prevention and treatment service delivery to individuals at risk for acquiring syphilis.

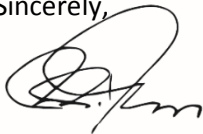
NACCHO acknowledges the attention the recommendation draws to recent evolutions in syphilis screening, including the increasing availability of rapid treponemal assays and the deployment of these technologies in non-traditional algorithms. While capacity for implementing these new technologies and algorithms is still growing, NACCHO believes they will increase the accessibility and efficiency of syphilis screening, and will be useful in expanding screening to a greater number of persons at risk for syphilis by reducing dependence on resource-intensive screening algorithms and traditional screening settings.

Beyond these refinements, USPSTF's updated recommendation for syphilis screening is timely and necessary. Syphilis infection is increasing to epidemic levels; its infectivity and prevalence among virtually all age, race, and ethnic groups, as well as among males and females regardless of sex behavior, requires up-to-date and robust guidance to facilitate effective screening programming. That syphilis also increases the risk for coinfection with HIV among its most disproportionately impacted population (i.e., MSM), is further cause for enhanced recommendations and guidelines.

NACCHO values USPSTF's work to stem the growing rates of syphilis infection in the United States, and to reduce overall disease burdens among impacted populations. The recommendations will be useful in advocating for additional funding and resources to expand syphilis screening and to enhance screening efficacy, key elements necessary to reduce the spread of syphilis. Finally, NACCHO looks forward to continued contribution to USPSTF efforts, and appreciates USPSTF for reviewing the evidence of benefits and harms of this critical preventive service.

Thank you for the opportunity to provide input on this important matter. If you have any questions, please contact Nicholas Parr, MPH, Senior Program Analyst – HIV, STI, and Viral Hepatitis, at 202-595-1121 or nparr@naccho.org.

Sincerely,



LaMar Hasbrouck, MD, MPH
Executive Director

¹ CDC. (2014). 2014 Sexually Transmitted Diseases Surveillance: Syphilis. Retrieved January 11, 2015 from <http://www.cdc.gov/std/stats14/syphilis.htm>

² Ibid.

³ Ibid.