



# Syphilis

## Maine Surveillance Report | 2023

### Case Information:

104

Cases of  
infectious syphilis

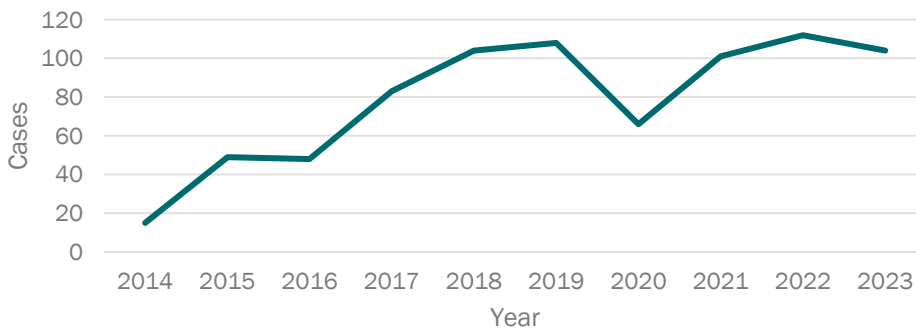
7.5

Cases per  
100,000 people

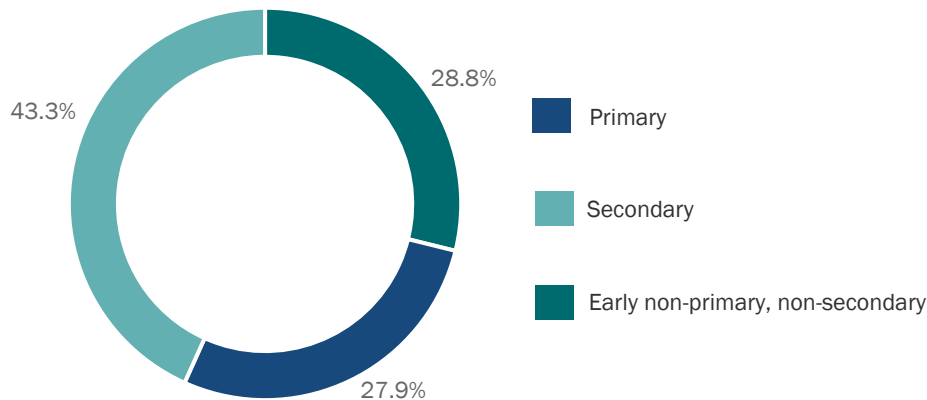
>500%

Increase  
since 2014

### Infectious Syphilis Cases in Maine, 2014-2023



### 2023 Cases by Stage:



### Prevention:

- Consistent and correct use of condoms to prevent contact with a syphilis lesion, which may be inside the vagina or rectum and go unnoticed
- Being in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected
- Sexual partners of infected patients should receive preventive treatment
- Taking doxycycline post-exposure prophylaxis (DoxyPEP) within 72 hours after having oral, vaginal, or anal sex

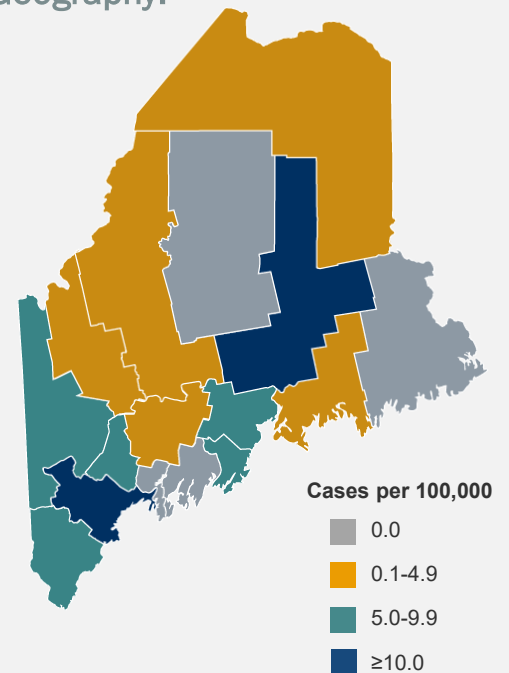


### Demographics:



- 80.8% Men, 18.3% Women, 1.0% Other
- 89.4% White
- 3.8% Hispanic
- Age range 17-81 years
- Median age 40 years

### Geography:



### For more information visit:

<https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>

<https://www.maine.gov/dhhs/mecdc/infectious-disease/hiv-std/contacts/std.shtml>

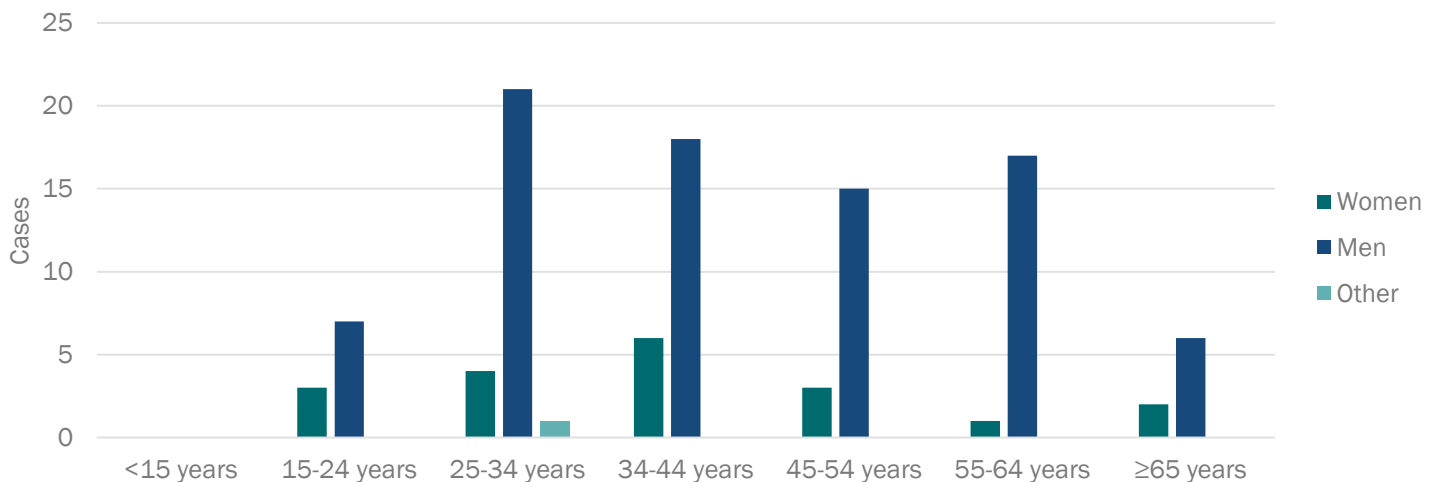
<https://www.cdc.gov/std/syphilis/whatYouCanDo.htm>

<https://www.cdc.gov/std/treatment-guidelines/toc.htm>



### Case Demographics:

Infectious Syphilis Cases in Maine by Age Range and Current Gender, 2023



### Contact Investigations:

99%

Treated appropriately for their stage of infection

9%

Identified through partner services

18%

Cases coinfecting with HIV

2

Babies with congenital syphilis born in 2023

42%

Reported male to male sexual contact

40%

Reported having sex with an anonymous partner in the past 12 months

26%

Reported meeting sex partners on the internet

18%

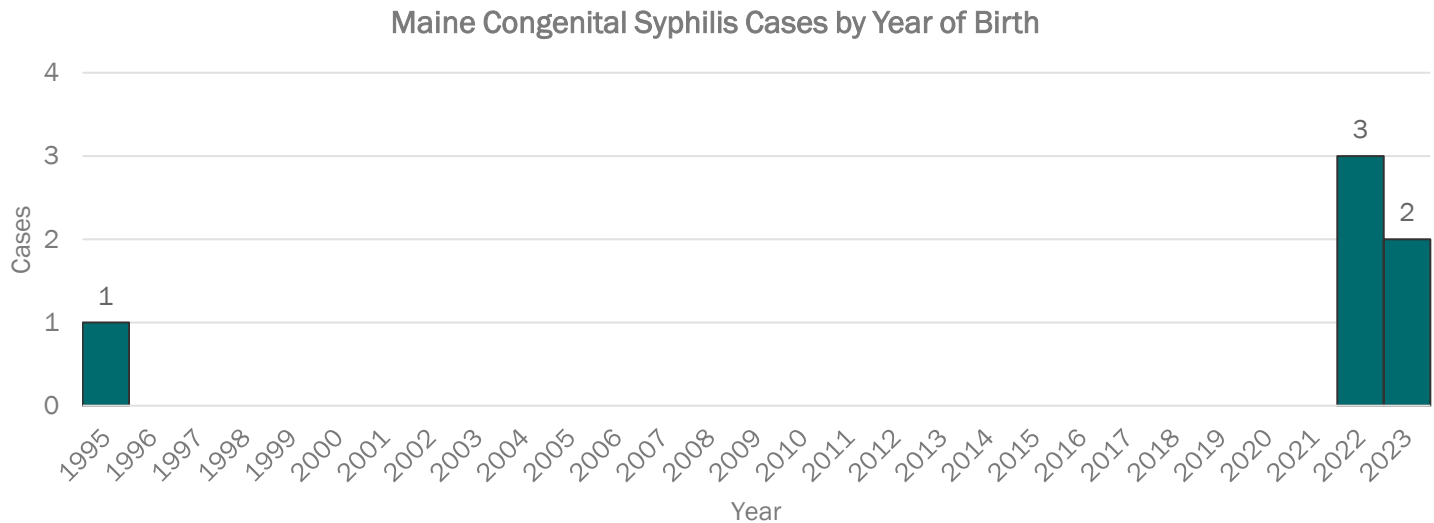
Reported using drugs in the past 12 months

### Treatment:

| Stage   | Recommended Regimen  | Alternative Regimen   |
|---|--|---|
| Primary, secondary, and early latent: adults (including pregnant women and people with HIV infection) | Benzathine penicillin G 2.4 million units IM in a single dose  |   |
| Late latent adults (including pregnant women and people with HIV infection)                           | Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals                                  |   |
| Neurosyphilis, ocular syphilis, and otosyphilis   | Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days | Procaine penicillin G 2.4 million units IM 1x/day PLUS probenecid 500 mg orally 4x/day, both for 10–14 days |
| For children or congenital syphilis   | See <a href="#">Sexually Transmitted Infections Treatment Guidelines, 2021</a> .   |   |



## Congenital Syphilis Trends:



Two infants with congenital syphilis were born in Maine in 2023. Prior to 2022, the last reported case was born in 1995. The increase in congenital syphilis cases in Maine coincides with increases at the national level, with an increase in over 700% in cases of congenital syphilis in the United States over the ten-year period from 2014 to 2023.

## Missed Prevention Opportunities:

Among persons delivering a baby with congenital syphilis, missed prevention opportunities included:



Lack of timely prenatal care



No syphilis testing during pregnancy



Not adequately treated

## Testing:

- Health care providers in Maine are required by law, with patient consent, to test for syphilis at least once during pregnancy.
- Maine CDC also recommends testing:
  - All pregnant people whenever they present for care.
  - People at high risk for syphilis regardless of known pregnancy status.
- U.S. CDC recommends testing:
  - Asymptomatic women at high risk.
  - All pregnant persons at least once during pregnancy, ideally at the first prenatal visit and again at 28 weeks gestation and at delivery, if at high risk.
- People at high risk include pregnant persons who misuse drugs, exchange money or goods for sex, are unhoused, live in a community with high syphilis morbidity, have delayed or no prenatal care, had a positive syphilis test in the first trimester, have a history of a sexually transmitted disease (STI) during pregnancy, or have multiple partners, a new partner, or a partner with an STI.