



# Syphilis Elimination Task Force

**Irina Tabidze, MD, MPH**

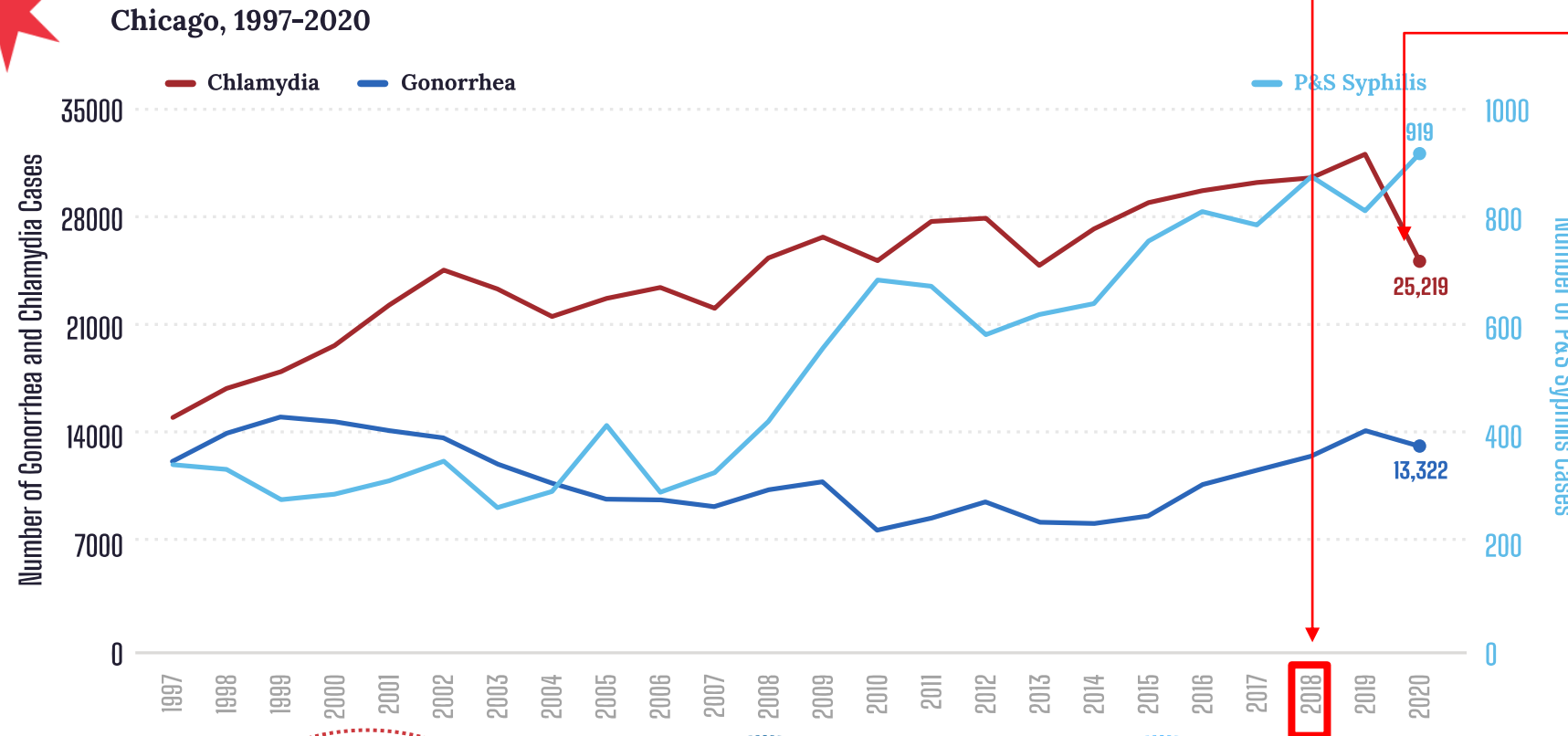
**May 2, 2023**



# Disclosure

- No financial interest to disclose.
- This continuing education activity is managed by The St. Louis STI/HIV Prevention Training Center and accredited by Missouri State Medical Association (MSMA) in cooperation with the Chicago Department of Public Health.

# Number of Reported STIs



Increases across all reportable STIs

Decreases in the number of reported Chlamydia cases in 2020 are unlikely due to a reduction in a new infections. During the COVID-19 pandemic, many health care institutions, including CDPH STI Specialty Clinics, limited in-person visits to patients with symptoms or closed entirely.

## 2021 BY THE NUMBERS

- 27,404** Chlamydia cases
- 13,401** Gonorrhea cases
- 794** Primary and Secondary (P&S) Syphilis cases

**1.4X**  
as many chlamydia cases in women than men

**1.9X**  
as many gonorrhea cases in men than women

**5.7X**  
as many P&S Syphilis cases in men than women





August 22, 2019

## Task Force to Combat Sexually Transmitted Infections

- In August 2019, Mayor Lori Lightfoot and Chicago Department of Public health launched a multiyear initiative to combat Sexually Transmitted Infections
- Task force co-led by CDPH & medical and community organizations
- An initial goal was to develop a strategic plan for reducing new syphilis cases in Chicago

*“The City of Chicago is committed to ensuring all residents have the opportunity to be healthy,” said Mayor Lightfoot. “There is an urgent need to scale up prevention and treatment efforts on STIs. Together with community partners, we intend to meet this challenge.”*

# Syphilis Elimination Task Force – Keynote Speakers



Allison Arwady, MD  
Commissioner,  
CDPH



Gail Bolan, MD  
Division of STD Prevention,  
CDC



CITY OF CHICAGO

CHICAGO DEPARTMENT OF PUBLIC HEALTH

September 10, 2019

Dear Task Force Members,

On behalf of the Mayor Lightfoot and Chicago Department of Public Health (CDPH) Bureau HIV/STI, you are cordially invited to attend the inaugural meeting of the Chicago Task Force to Reduce Sexually Transmitted Infections (STIs).

We recognize the leadership and expertise that you can bring to tackling the significant challenge of reversing the trends of STI cases in Chicago that have continued to increase at a rapid pace over the past decade. While these trends mirror trends across the US, we feel the time is right for Chicago to turn the tide on STIs given synergies with the "Getting to Zero" HIV Initiative.

We need your wisdom and bold ideas to begin to illuminate a path for bringing sexual health and STI prevention strategies into the brightest possible light so that all Chicagoans can achieve optimal health.

Recognizing your already busy schedules, we would like to use your time wisely and keep meetings to a maximum 2 hours over the next few months. The first meeting will take place on October 25<sup>th</sup>, 2019 at 5:00 pm. The meeting will be held in the Board Room of the Chicago Department of Public Health's Administrative office located at 333 South State Street, second floor, Chicago, IL 60604.

We hope you will be able to join us with this important work. Please RSVP by Oct 10, 2019 for this meeting by emailing Denise Stewart, Administrative Assistant at: [denise.stewart@cityofchicago.org](mailto:denise.stewart@cityofchicago.org). If you have any questions about the STI Task Force, please feel free to contact us.

We appreciate your involvement as we work to improve STI services throughout Chicago.

Sincerely,

David Kern  
Deputy Commissioner

# The COVID-19 pandemic...



# Recommendations Development Timeline

**October  
2019**

Kick off  
Meeting

**March 2021**

Recommendati  
ons  
Development

**May 2023**

Release of  
Recommendati  
ons

**Dec 2019 - Oct  
2020**

STF Meetings

**April 2021**  
Recommendat  
ions  
Prioritization

**June –July 2023**

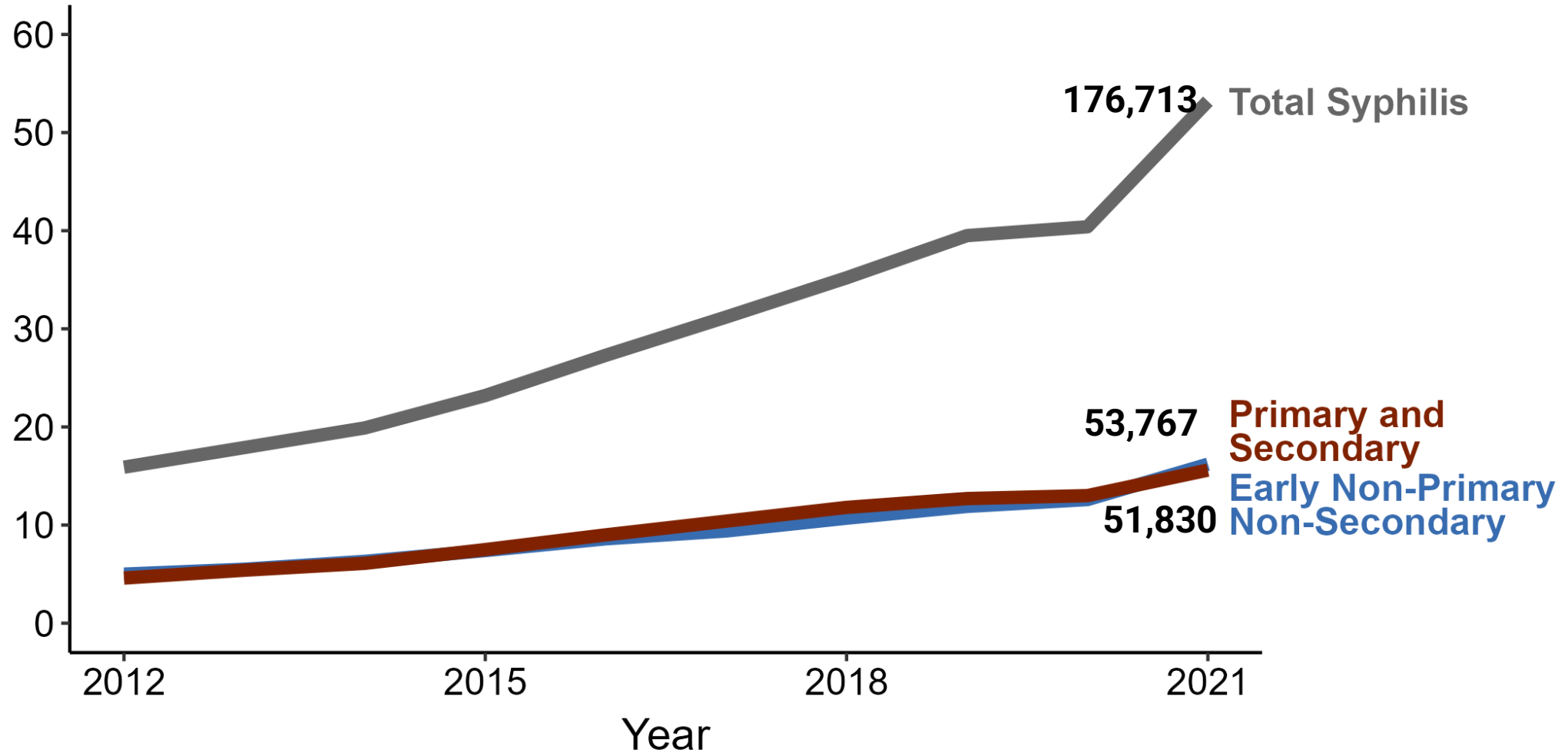
Publication of STF  
Recommendations



# Syphilis — Rates of Reported Cases by Stage of Infection, United States, 2012–2021



Rate\*



\* Per 100,000





# Primary and Secondary Syphilis — Rates of Reported Cases by Sex, United States, 2012–2021

Rate\*

30

- Over the 5 years, the primary and secondary syphilis rate among women increased 217.4% & the rate among men increased 50%
- Over the 10 years, the primary and secondary syphilis rate among women increased 711.1% & the rate among men increased 173.9%

20

10

0

2012

2015

2018

2021

Year

Men

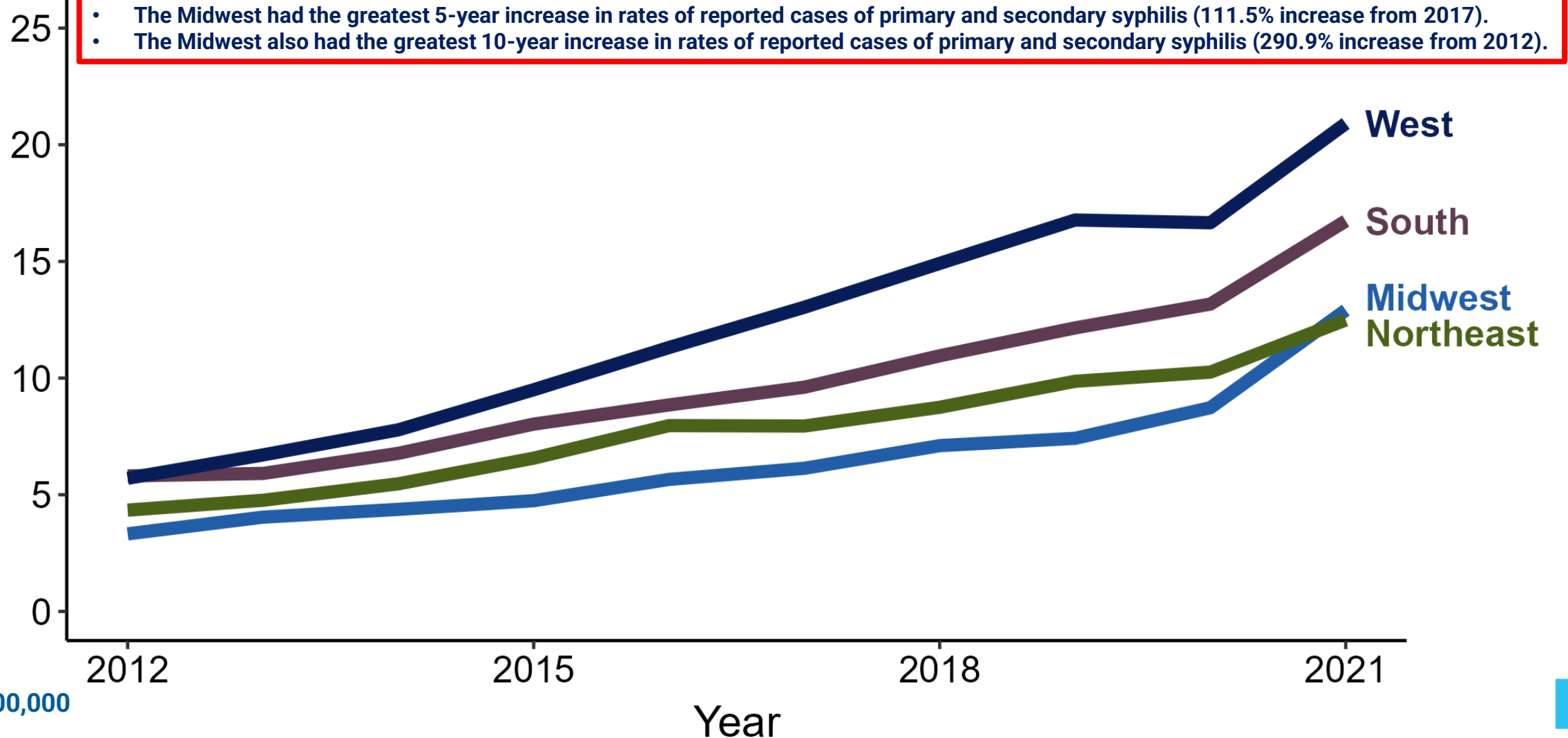
Total

Women

\* Per 100,000

# Primary and Secondary Syphilis — Rates of Reported Cases by Region, United States, 2012–2021

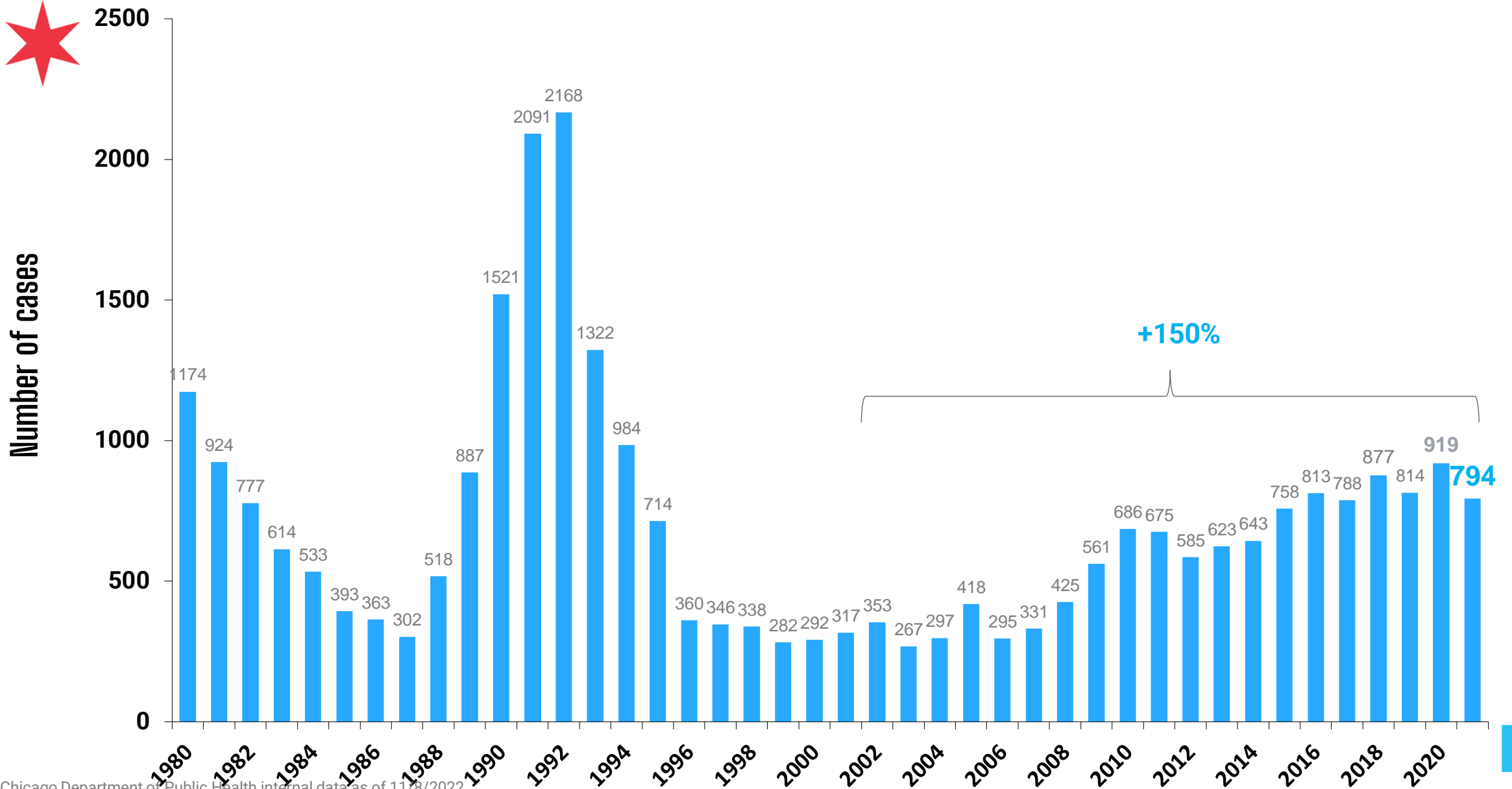
Rate\*



- The Midwest had the greatest 5-year increase in rates of reported cases of primary and secondary syphilis (111.5% increase from 2017).
- The Midwest also had the greatest 10-year increase in rates of reported cases of primary and secondary syphilis (290.9% increase from 2012).

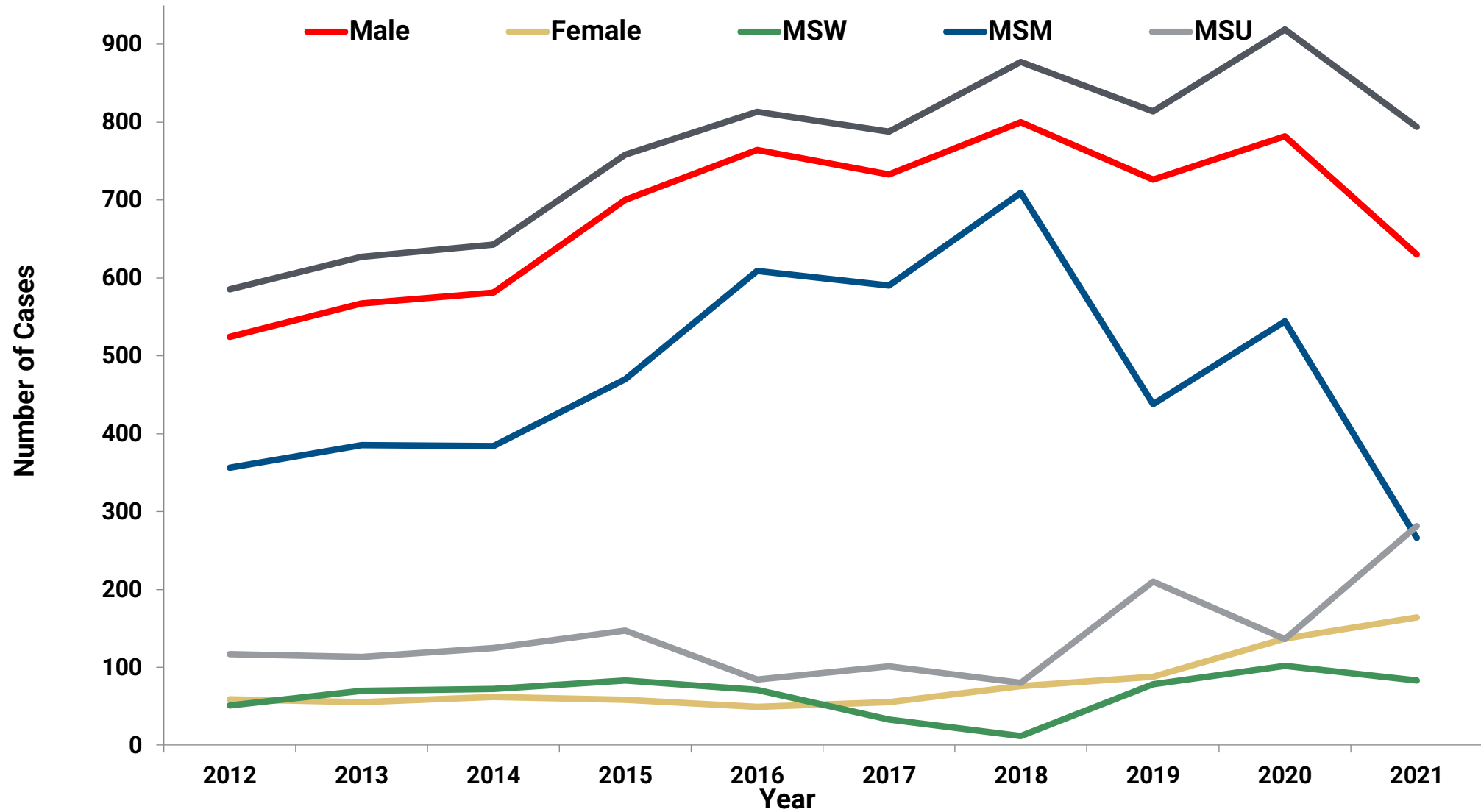
\* Per 100,000

# Primary & Secondary (P&S) Syphilis Cases by Year of Report, 1980-2021



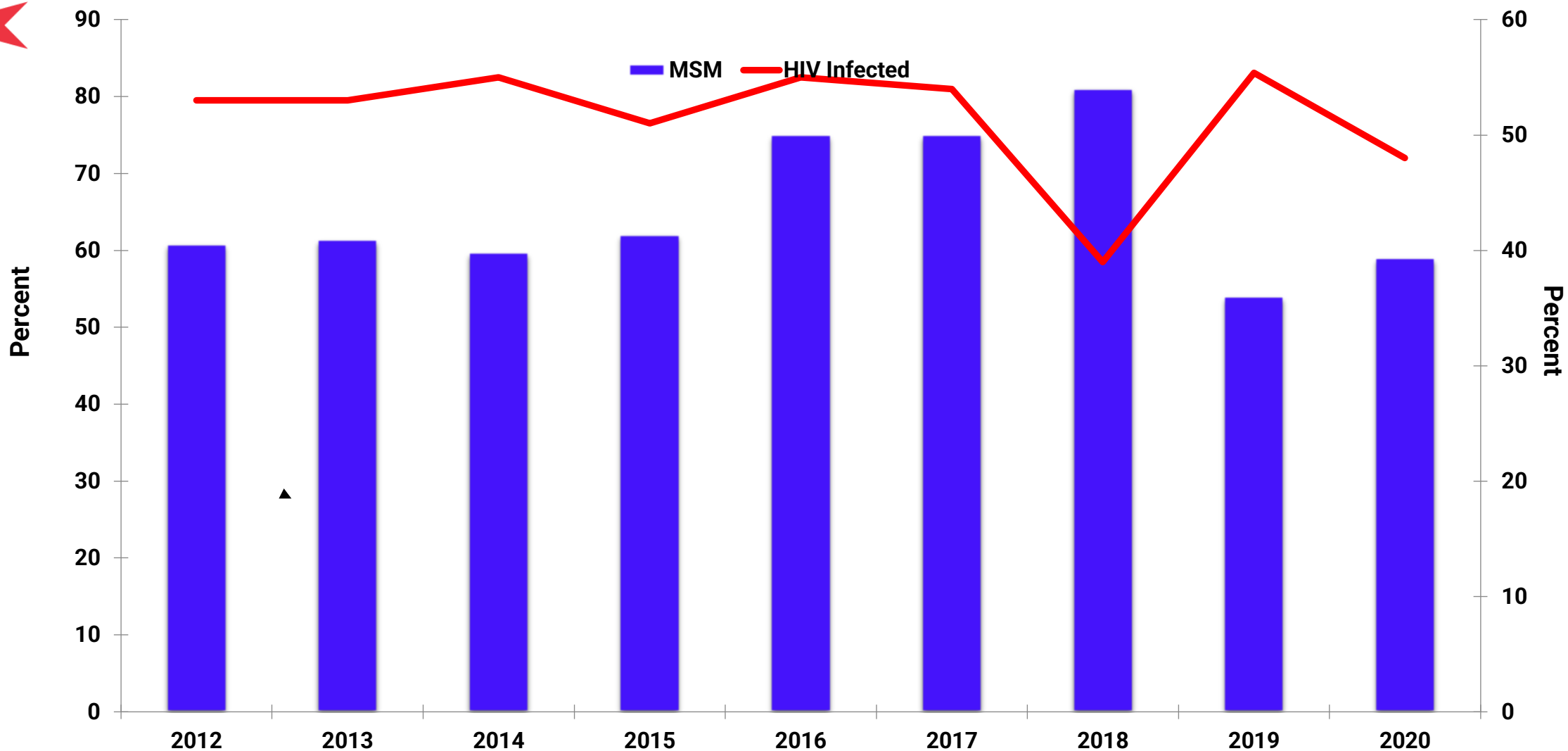
P&S syphilis, 2021

# P&S Syphilis – Reported Cases by Sex and Sex of Sex Partners, 2012–2021



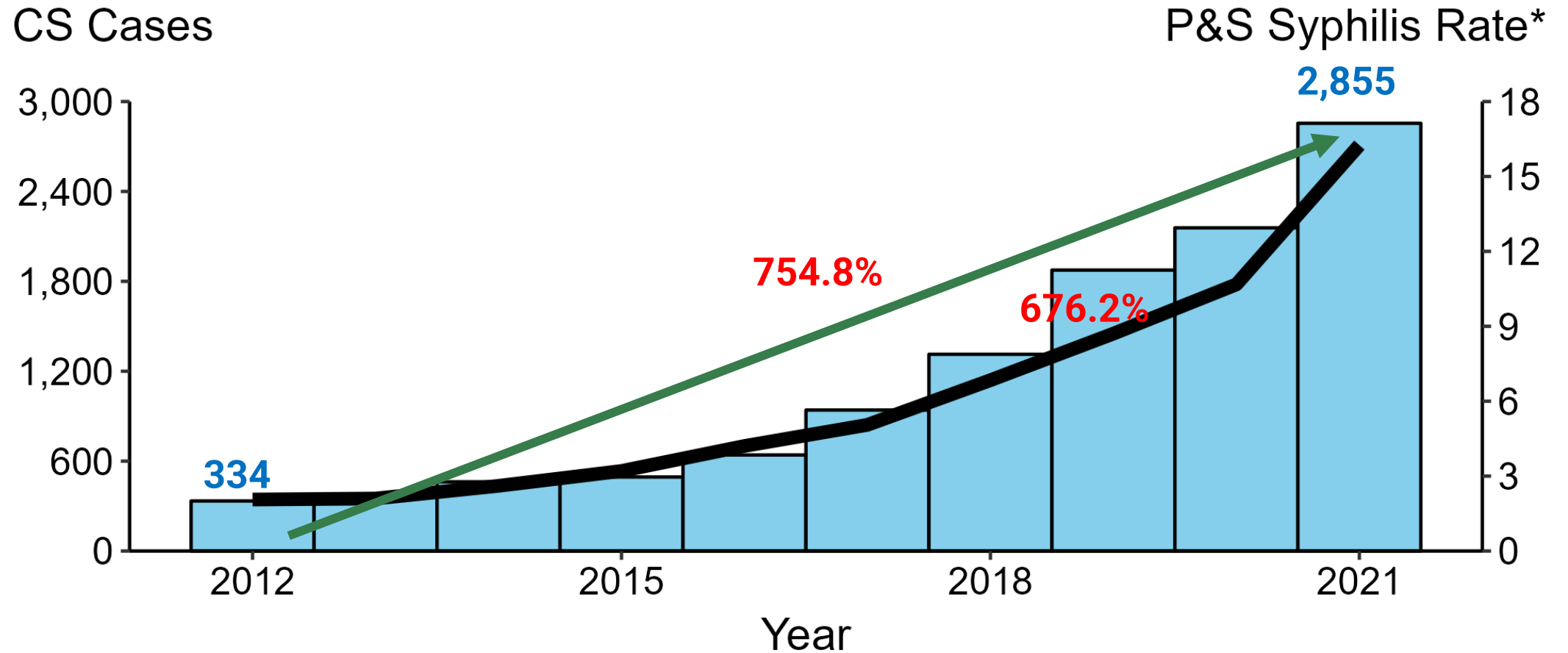
P&S syphilis, 2021

# Percent of P&S syphilis among MSM who were HIV-infected, Chicago, 2012-2020



P&S syphilis, 2021

# Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women Aged 15–44 Years, United States, 2012–2021



\* Per 100,000



CS cases




Female (15–44 years) P&S syphilis rate\*


ACRONYMS: CS = Congenital syphilis, P&S Syphilis = Primary and secondary syphilis

# Congenital Syphilis Elimination Team



 AT THE FOREFRONT  
**UChicago  
Medicine** | Urban  
Health  
Initiative

**Syphilis: Alive, Kicking and Often  
Untreated**

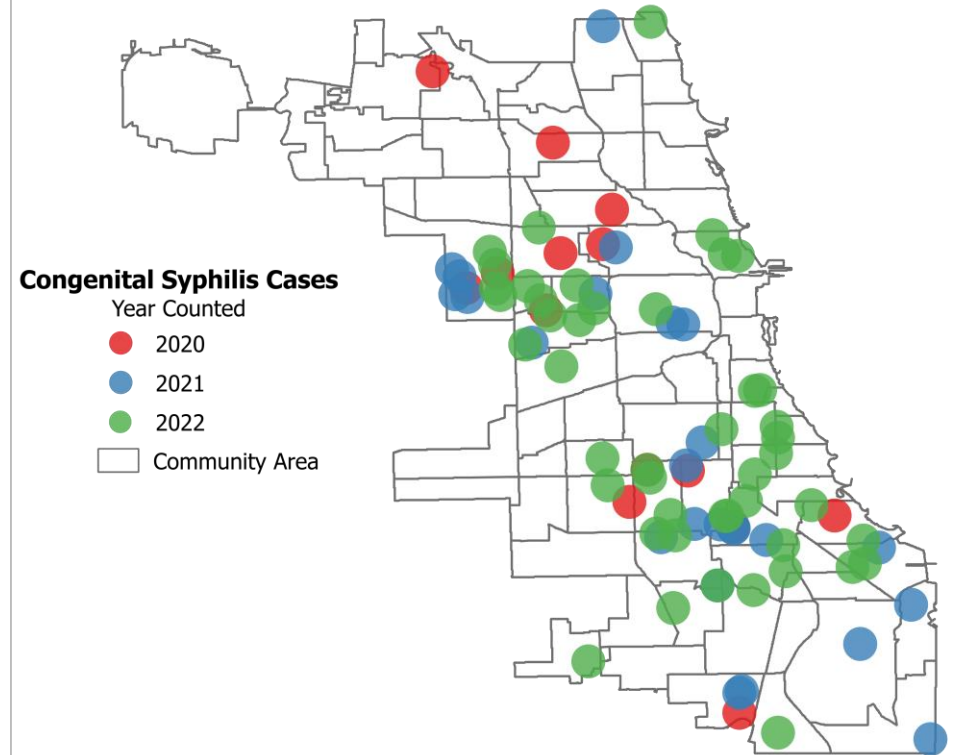
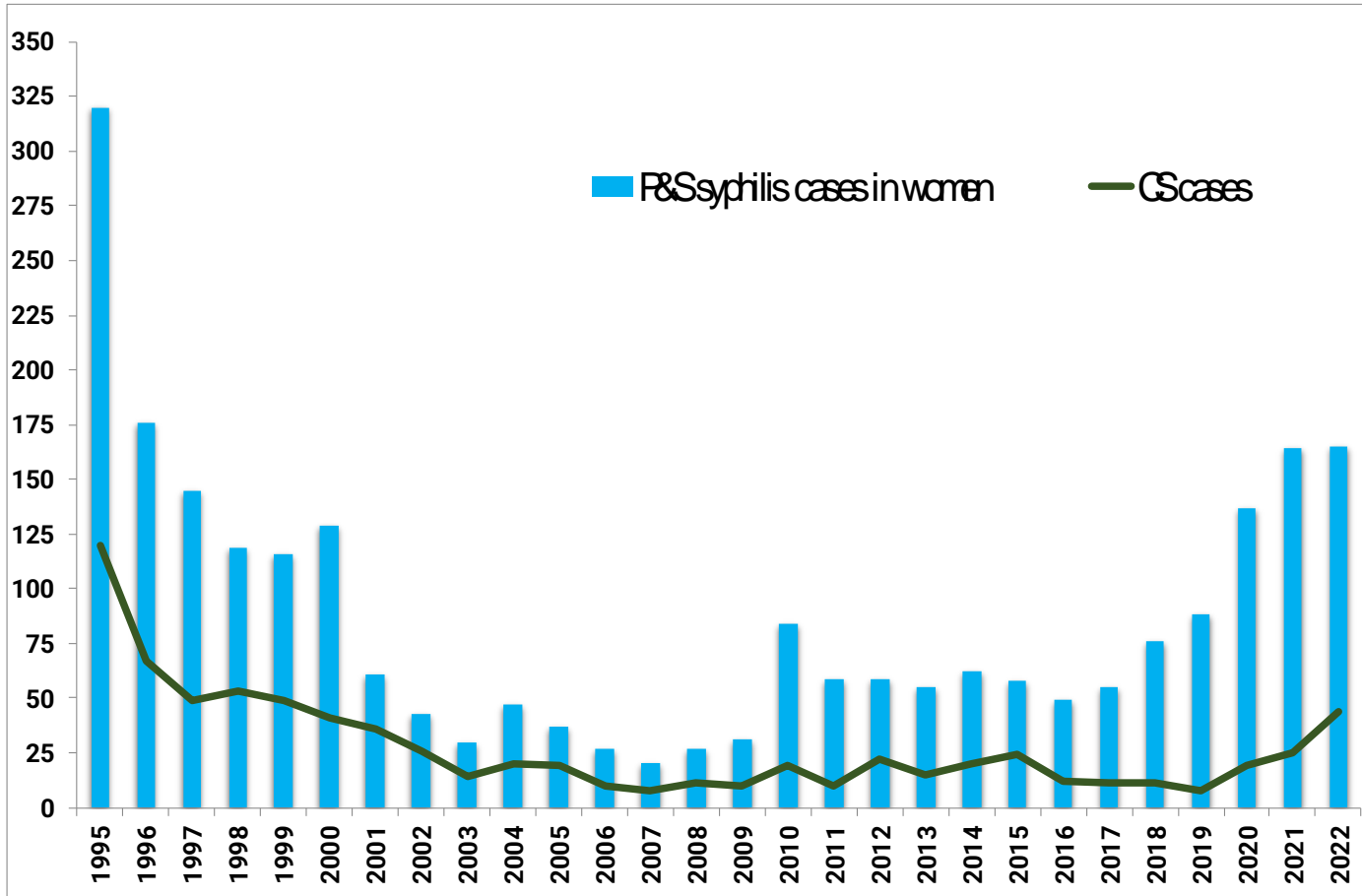


L-R: Kimberly Stanford, MD, Carl West (Host), and  
Gabrielle Henley

**Elimination of CS is now feasible due to the limited number of cases with a highly focal distribution**



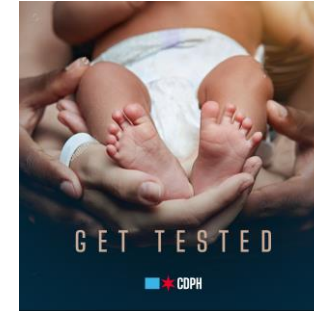
# Reported Cases of Congenital Syphilis (CS) and P&S Syphilis Among Women of Reproductive Age, Chicago, 1995–2022\*



# Congenital Syphilis cases, Chicago, 2020- 2022\*



- 9 CS cases reported in 2019
- 19 CS cases reported in 2020
- 25 CS cases reported in 2021
- 46 CS cases reported in 2022



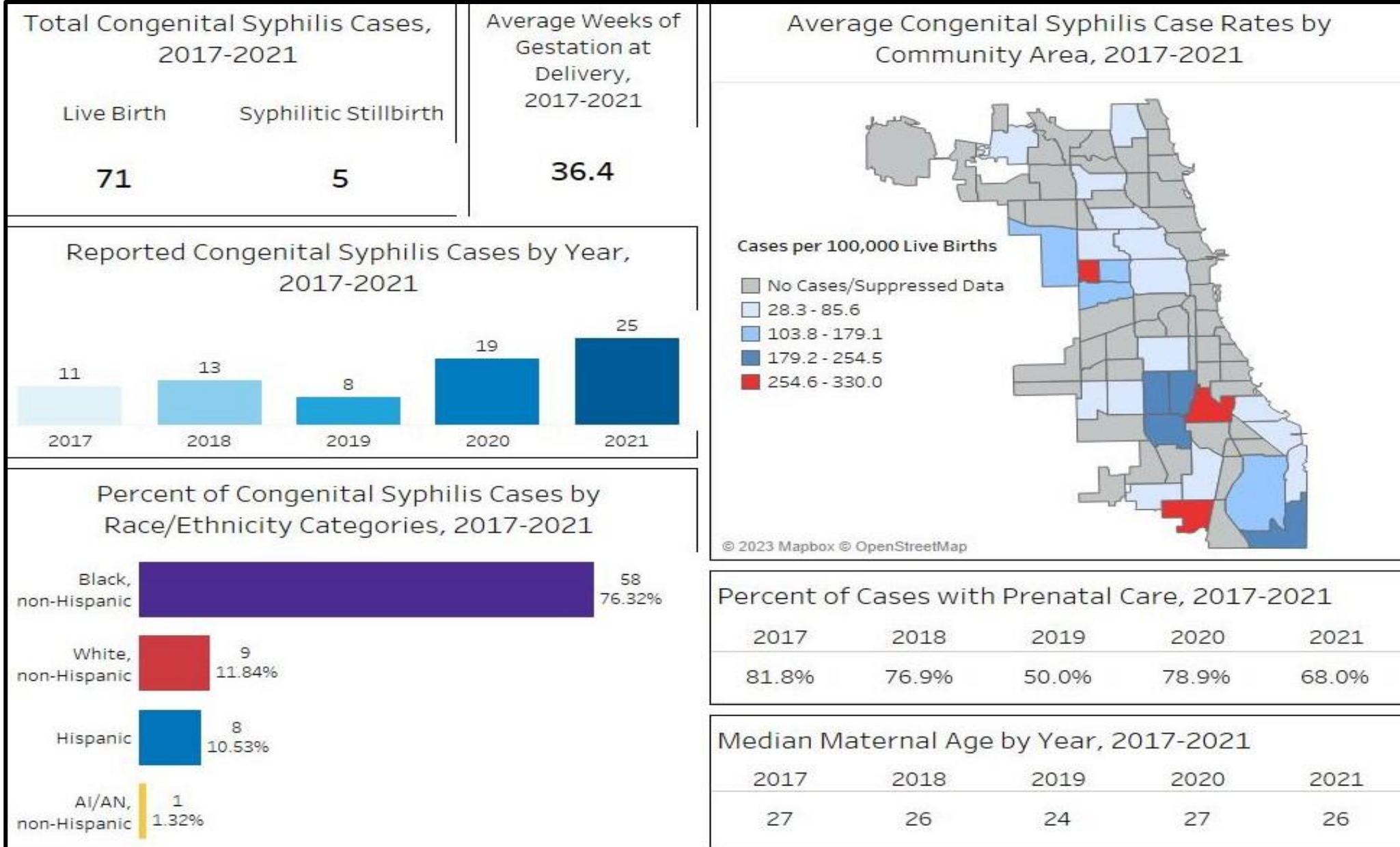
In 2022\* mothers aged 20-29 accounted for **54.3%** of the congenital syphilis cases in the city of Chicago. The median maternal age for congenital syphilis cases in 2022 was 26 years old



From 2016-2022\* , the number of reported CS cases **increased by 283%** (from 12 to 46 cases).

\* 2022 Data are still provisional

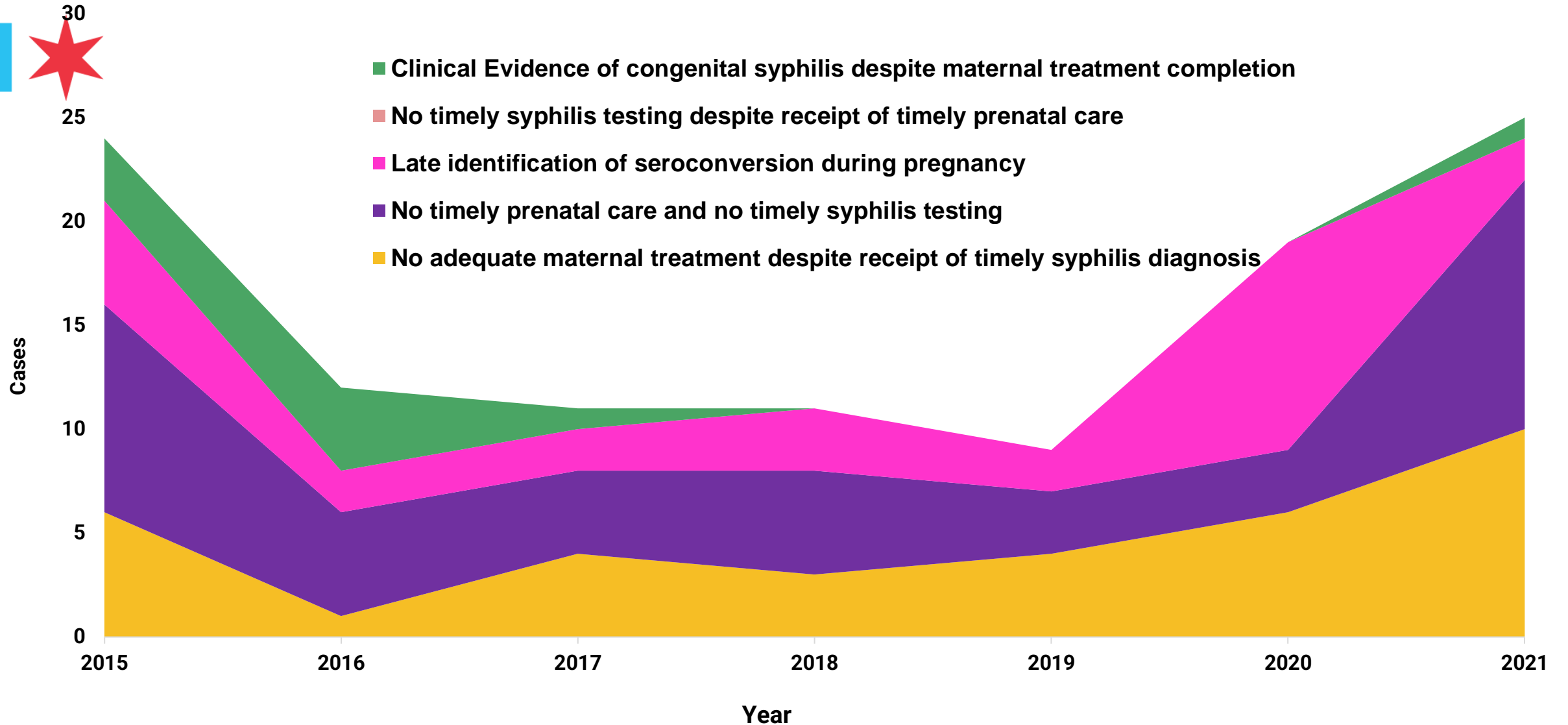
# STI Dashboard Snapshot, Congenital Syphilis 2016-2021



congenital syphilis



# Missed Opportunities for CS prevention during pregnancy



# What Do Healthcare Providers Need to Know?



## Syphilis Screening Recommendations:

### Prenatal

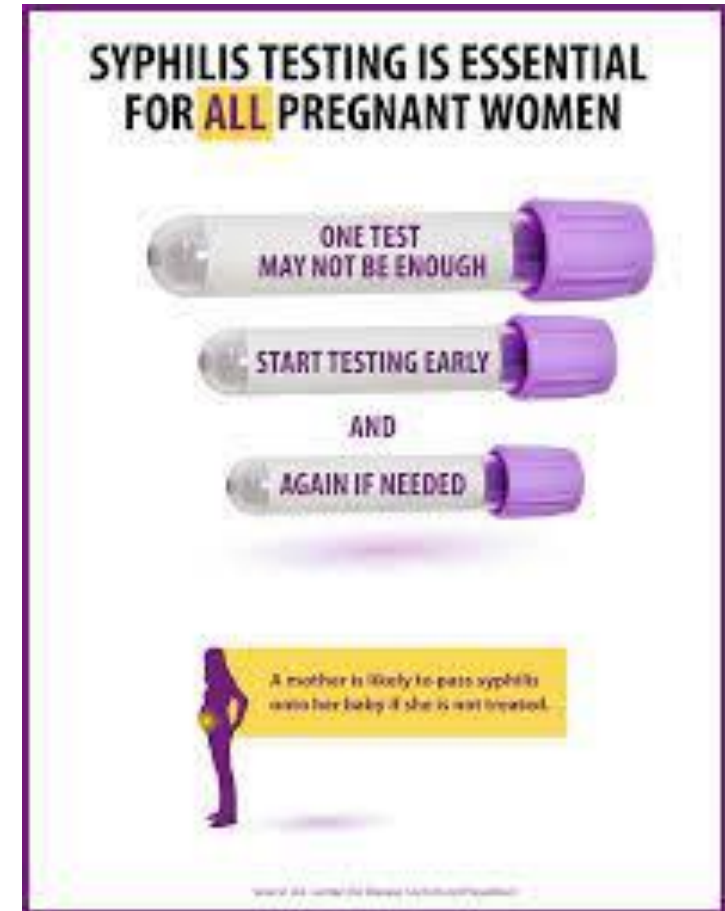
1st prenatal visit: All pregnant women

Early 3rd trimester (~28 weeks) and at delivery

Some states require all women to be screened at 3rd trimester and/or at delivery

**Neonates:** should *NOT BE* discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery if at risk

**Stillborn:** Any woman who delivers a stillborn infant should be tested for syphilis



# What Do Healthcare Providers Need to Know, cont..?



- Benzathine penicillin is the only acceptable treatment for a pregnant woman with syphilis
- Timely and adequate treatment for the stage of disease is critical to prevent transmission of syphilis from mother to her unborn baby
- Don't delay in treating a pregnant woman for syphilis
- Work closely with the Chicago Department of Public Health.
- Trained Disease Intervention Specialists (DIS) can help with locating hard-to-reach women
- Health Department may have historical syphilis information, including old titers and treatment information.







### Know the Facts: Your Baby Will Thank You!

You can get syphilis or other STDs more than once. If you would like more information, talk to your health care provider, call or visit one of the Chicago Department of Public Health's STD/HIV clinics.

**Englewood STI Specialty Clinic**  
641 W. 63rd St., Lower Level  
Phone: 312.747.8900 312.747.8901  
M, W, F 8am-4pm, T, Th 9am-5pm

**South Austin STI Specialty Clinic**  
4958 W. Madison  
Phone: 312.746.4871 312.746.4872  
M, W 8am-4pm, T, Th 10am-6pm

**West Town STI Specialty Clinic**  
2418 W. Division  
Phone: 312.744.5464 312.742.4092  
F 8am-4pm

**Lakeview STI Specialty Clinic**  
2861 N. Clark, 2nd Floor  
Phone: 312.744.5507 312.744.1628  
M, W, F 8am-4pm, T, Th 10am-6pm

**Roseland STI Specialty Clinic**  
200 E. 115th St.  
Phone: 312.747.2831 312.747.0054  
M 8am-4pm, Th 9am-5pm



333 S. State Street, Suite 200  
Chicago, Illinois 60604

www.cityofchicago.org/health  
facebook.com/chicagopublichealth @chicagopublichealth



## Protecting Your Baby from Congenital Syphilis



### Conozca los hechos: Su bebé se lo agradecerá!

Usted puede contraer sífilis u otras enfermedades de transmisión sexual más de una vez.

Si desea más información, hable con su doctor o proveedor de cuidado de la salud, o llame o visite una de las clínicas de enfermedades sexuales del Departamento de Salud Pública.

**Englewood STI Specialty Clinic**  
641 W. 63rd St., Lower Level  
Teléfono: 312.747.8900 312.747.8901

**South Austin STI Specialty Clinic**  
4909 W. Division, 2nd Floor  
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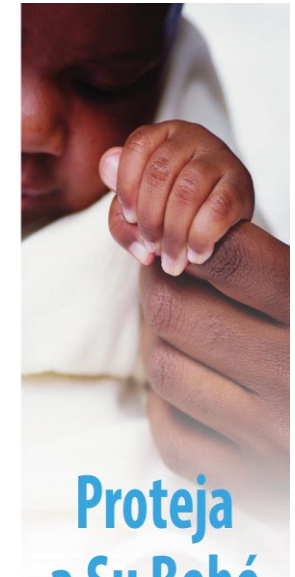
333 S. State Street, Suite 200  
Chicago, Illinois 60604

www.cityofchicago.org/health  
facebook.com/chicagopublichealth @chicagopublichealth



## Pregnant? Get Prenatal Care and Protect Your Baby from Congenital Syphilis

Call 311 or visit [www.cityofchicago.org/health](http://www.cityofchicago.org/health)



## Proteja a Su Bebé de La Sífilis Congénita



333 S. State Street, Suite 200  
Chicago, Illinois 60604

www.cityofchicago.org/health  
facebook.com/chicagopublichealth @chicagopublichealth



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Chicago, Illinois 60604

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facebook.com/chicagopublichealth @chicagopublichealth



# Syphilis Elimination Task Force Members



Aniruddha Hazra



Andrew Trotter



Supriya D. Mehta



Kimberly Stanford



Helen Cejtin



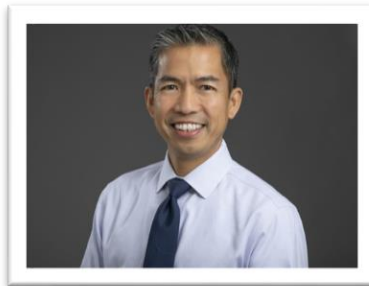
Jill Dispenza



Brian Mustanski



Nirmalpal Sachdev



Homer Abiad



John Schneider



Noel Green



Chad Hendry

Greg Storm

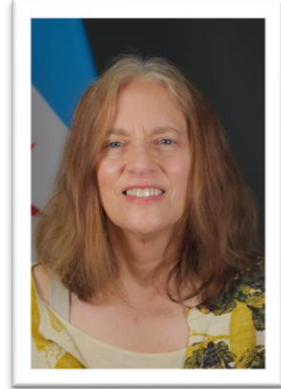
# CDPH Syphilis Elimination Task Force Members



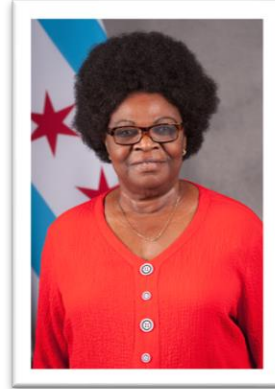
David Kern



Irina Tabidze



Dawn Broussard



Adeka Ibilola



Gabrielle Henley



Sarah Bond



Eric Warren



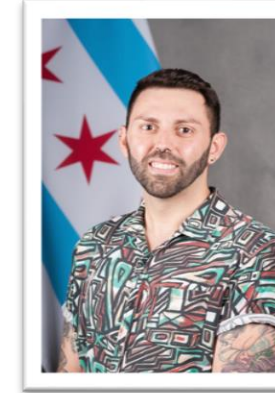
Taylor Guidry



Kara Nitti



Darlene Nolasco  
Magana



Michael Castro



Lisa Varella



Tammy Rutledge



Sarah Parchem



# Task Force Recommendations for Syphilis Elimination

**Andrew Trotter, MD, MPH**



# Disclosure

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# Task Force Recommendation Goals

- **Goal 1:** Preventing New Syphilis Infections and Reducing Complications of Syphilis Infections
- **Goal 2:** Support Syndemic Research and Expand Collaboration with the CDC to Develop Syphilis Self-tests or At-Home Syphilis Tests
- **Goal 3:** Reduce Syphilis Related Health Disparities and Inequities
- **Goal 4:** Promote More Integrated and Coordinated Efforts to Address the Syphilis Syndemics in Chicago

# Goal 1: Preventing New Syphilis Infections and Reducing Complications of Syphilis Infections



## Strengthen Partner Notification Services

- Investment in training of existing staff and new staff to enhance capacity

## Improve medical provider and health system awareness and knowledge

- Local STI conferences
- Institutional grand rounds
- Health professions schools
- Clinical training programs

## Community engaged comprehensive syphilis prevention

- Leverage community partnerships
- Person centered education
- Social media and public service announcement campaigns

## Innovative syphilis screening and treatment strategies

- Community Outreach
- Mobile services
- Telemedicine
- Home testing

## Enhance awareness and prevention of congenital syphilis

- IL HIV Perinatal Hotline expansion to include syphilis <sup>1</sup>
- CDPH and health institution engagement with CDC regional centers<sup>2</sup>



# Goal 2: Support Syndemic Research & Expand Collaborations with the CDC to develop syphilis self-tests or at home testing



## Utilize digital content and platforms to disseminate up-to-date research related to syphilis

- Collaboration between CDPH, community partners, academic centers and other healthcare providers to disseminate up to date research and guidance

## Promote point-of-care applications for providers for STI diagnosis and treatment support

- Increase awareness and use of existing CDC mobile app to provide clinical support for diagnosis and treatment of STIs at the point of care
- Support research examining types and effectiveness of point of care clinical tools

## Development of self-tests or at-home tests for syphilis

- Work with CDC and other scientific collaborators to develop syphilis self-testing able to differentiate between past and current infection
- Exploratory studies to evaluate settings to implement self testing approaches



# Goal 3: Reduce Syphilis Related Health Disparities and Inequities



## Promote and normalize STI testing as part of routine healthcare

- Highlight syphilis testing as part of routine STI testing
- Public awareness campaigns, medical provider/health organization outreach
- Encourage use of existing guidelines for creating and implementing sexual health services in primary care<sup>1</sup>

## Promote STI testing being bundled with HIV testing

- Outreach and education to providers
- Public awareness campaigns

## Engage and actively collaborate with diverse community partners to implement public awareness campaigns

- Focus on communities disproportionately affected by STIs
- Culturally and linguistically appropriate, community informed

## Promote integration of STI services with community support services to address SDOHs

- Engage STI service providers to screen for Social determinants of health (SDOH) needs and referral to resources at the point of STI service
- Provide resources and implementation guides to enable STI service providers to integrate SDOH assessment
- Leverage existing community SDOH resources

## Assess and address barriers to access STI services

- Assess and address barriers such as cost, availability, ease of access
- Partnership with existing providers and health systems
- Review existing systems involved in care and identify areas for improvement and enhancing existing services
- Encourage community advisory boards and/or engage CBOs for input

<sup>1</sup>Altarum Institute. *Inclusive Sexual Health Services: Practical Guidelines for Providers & Clinics*. Washington, DC: Altarum Institute; 2023; SDOH=Social Determinants of Health; CBO=Community Based Organization

# Goal 4: Promote More Integrated and Coordinated Efforts to Address the Syphilis Syndemic in Chicago



## Integrate STI awareness, education and referral to services other syndemic services

- Integration across all syndemic services
- Examples include people with unstable housing or substance use disorder

## Expand syphilis and HIV screening in Emergency Departments in high prevalence areas

- Promote health systems evaluating feasibility and implementation where not currently offered
- Support adaptation of existing models to expand access to syphilis testing

## Raise awareness of and support implementation of doxycycline post-exposure prophylaxis (PEP) for syphilis

- CDPH and partners to collaborate to provide local doxy-PEP recommendations
- Disseminate data regarding doxy-PEP to service providers and community partners

# Biomedical Interventions- Doxycycline as a Post-Exposure Prophylaxis

**Dr. Aniruddha Hazra**



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THE  
**STATE OF STDs**  
IN THE  
**UNITED STATES,**  
2021

**STDs continue to forge ahead, hitting the nation hard.**



**1.6 million**  
CASES OF CHLAMYDIA  
3.8% decrease since 2017



**710,151**  
CASES OF GONORRHEA  
28% increase since 2017



**176,713**  
CASES OF SYPHILIS  
74% increase since 2017

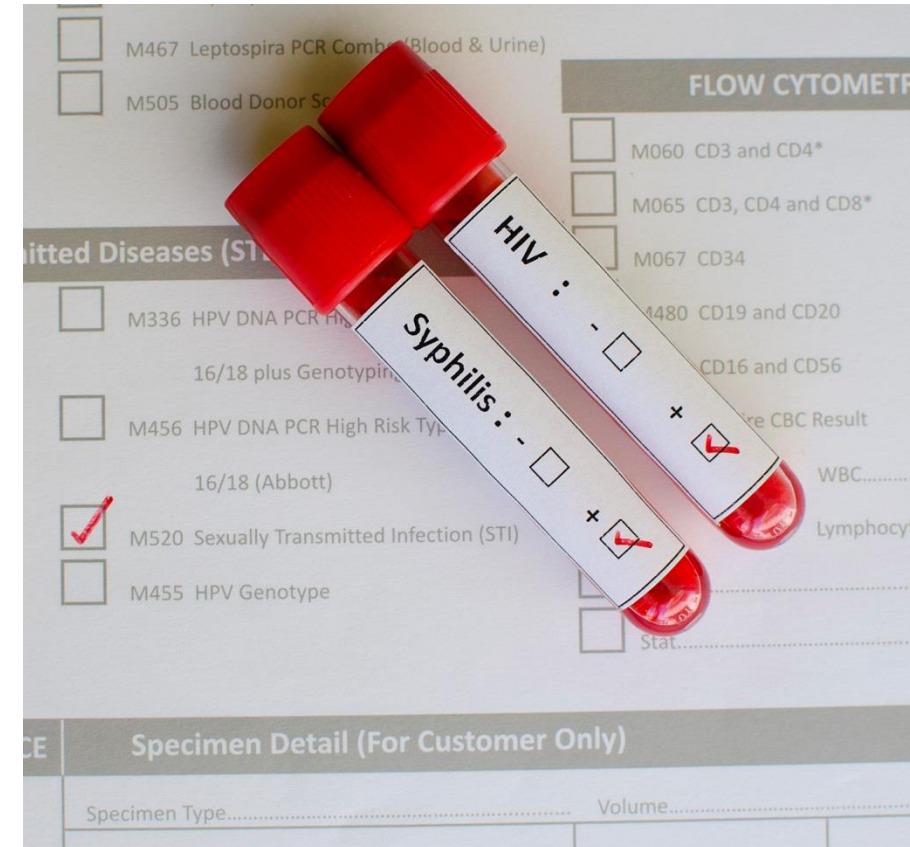


**2,855**  
CASES OF SYPHILIS  
AMONG NEWBORNS  
203% increase since 2017



# ★ Syphilis and HIV

- Syphilis thought to facilitate HIV acquisition and transmission
  - HIV can be found on syphilitic lesions
  - Syphilis infection cause transient increase of HIV VL
- Epidemiological link between syphilis and HIV
  - High rates of HIV co-infection, particularly among MSM and TWSM
  - One study found median time to HIV diagnosis to be 1.6 years
- Increased morbidity in PWLH
  - Early neurosyphilis and ocular syphilis
  - Higher rates of treatment failure

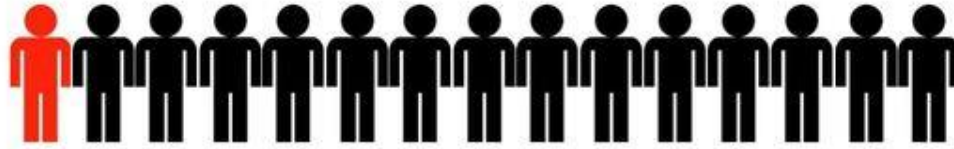


Zetola NM, Klausner JD. Syphilis and HIV infection: an update. Clin Infect Dis. 2007 May 1;44(9):1222-8.

Pathela P et al. The high risk of an HIV diagnosis following a diagnosis of syphilis: a population-level analysis of New York City men. Clin Infect Dis. 2015 Jul 15;61(2):281-7.

# A Vicious Cycle: STDs *predict* future HIV Risk

Rectal GC  
or CT



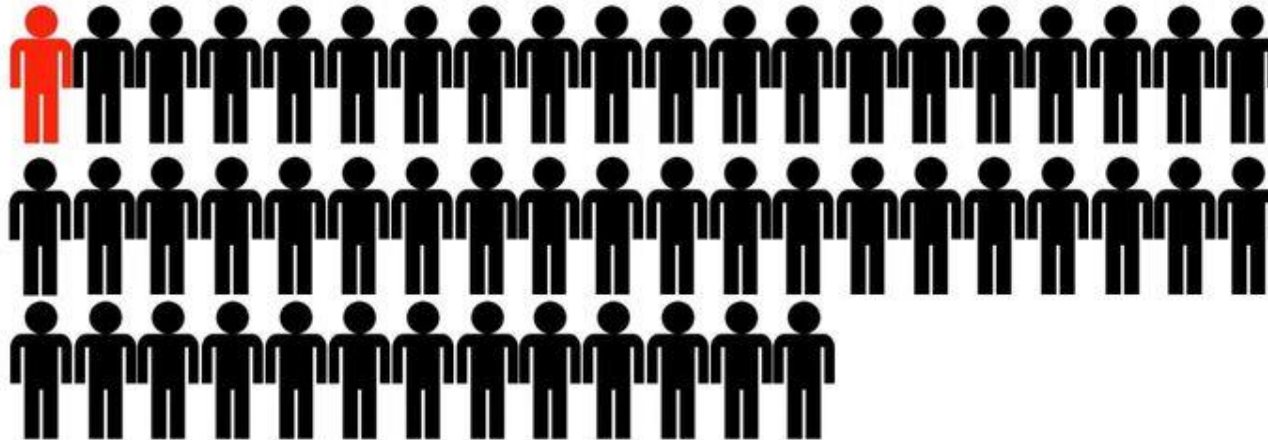
1 in 15 MSM were diagnosed with HIV within 1 year.\*

Primary or  
Secondary  
Syphilis



1 in 18 MSM were diagnosed with HIV within 1 year.\*\*

No rectal STD  
or syphilis  
infection



1 in 53 MSM were diagnosed with HIV within 1 year.\*

\*STD Clinic Patients, New York City. Pathela, CID 2013:57;

\*\*Matched STD/HIV Surveillance Data, New York City. Pathela, CID 2015:61



# ★ Doxycycline

- Second-generation tetracycline antibiotic
- Widely available, inexpensive, and well tolerated
- Broad spectrum of anti-microbial activity
- Used to treat multiple STIs
  - 1<sup>st</sup> line therapy for Chlamydia trachomatis infections
  - Alternative therapy for P&S syphilis infections
  - No longer used to treat N.gonorrhoea due to resistance
- **Teratogenic drug class**, contraindicated in pregnancy
  - Review by the Teratogen Information System (TERIS) concluded that therapeutic doses during pregnancy are unlikely to pose a substantial teratogenic risk
  - Data are insufficient to state that there is no risk





# Doxycycline Pre-exposure Prophylaxis (DOXY PrEP)



- Randomized controlled pilot study of MSM LWH
- Subjects (n=30) were block randomized
  - Doxycycline hyclate 100mg daily for 36 weeks
  - Incentive-based arm for remaining STD-free (in addition to compensation to enroll in study)
- 73% reduction in syphilis, gonorrhea, or chlamydia in those taking Doxy PrEP with no difference in reported sexual behaviors between the two groups.

Bolan RK, Beymer MR, Weiss RE, Flynn RP, Leibowitz AA, Klausner JD. Doxycycline Prophylaxis to Reduce Incident Syphilis among HIV-Infected Men who have Sex with Men who Continue to Engage in High Risk Sex: A Randomized, Controlled Pilot Study. *Sexually transmitted diseases*. 2015;42(2):98-103.





# Doxycycline Post-exposure Prophylaxis (DOXY PEP)

- Open-label extension of the ANRS IPERGAY trial in France
- MSM and TWSM without HIV (n=232) were randomly assigned (1:1)
  - single dose of 200 mg doxycycline within 24h after sex
  - no prophylaxis
- Primary endpoint was the occurrence of a first STI (gonorrhea, chlamydia, or syphilis) during the 10-month follow-up



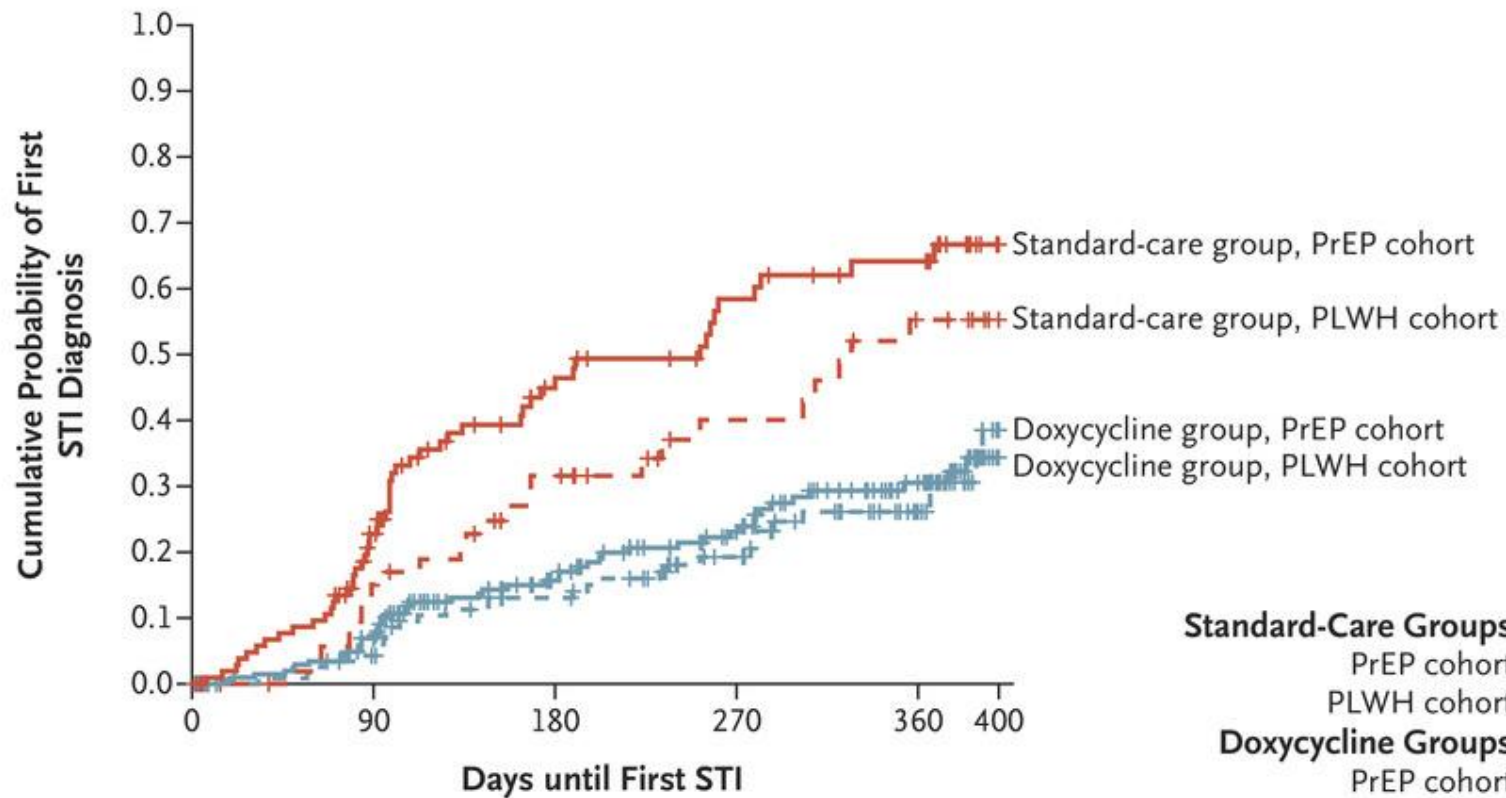


# DOXY PEP



- Doxy PEP reduced the occurrence of a first episode of bacterial STI by 47%
  - no significant difference in reported sexual behaviors
- Reduction of chlamydia and syphilis infections by 70% and 73% respectively with 200mg Doxy PEP
- Rates of gonococcal infections between the two groups did not differ
  - No change in genotypic markers of tetracycline resistance
- No HIV seroconversions were observed

Study	Population (n)	DoxyPEP use	Primary Finding	Comments
IPIRGAY Molina et al. Lancet ID 2018	HIV-neg MSM (n=232)	3.4 doses/mo (86% coverage)	<b>47% reduction</b> in first STI No difference in GC	homogenous study population
DoxyPEP Luetkemeyer et al. NEJM 2023	MSM/TWSM (HIV-neg n=327) (LWH n=174)	4 doses/mo (86% coverage)	<b>66% reduction</b> in first STI GC, CT, and syphilis	<5% TWSM
DOXYVAC Molina et al. CROI 2023	HIV-neg MSM (n=700)	3.5 doses/mo (83% coverage)	<b>65% reduction</b> in first STI GC, CT, and syphilis	homogenous study population
dPEP-KE Stewart et al. CROI 2023	HIV-neg ciswomen (n=449)	? doses/mo (78% coverage)	<b>No reduction</b> in first STI	4 social harms reported in doxyPEP group
SYPHILAXIS Haire et al. NCT03709459	HIV-neg MSM (enrolling)			
DISCO Grennan et al. NCT04762134	MSM (not yet enrolling)			



**No. of Events/  
No. of Participants**

**Standard-Care Groups**

PrEP cohort 53/107  
PLWH cohort 24/55

**Doxycycline Groups**

PrEP cohort 51/220  
PLWH cohort 30/119

Hazard ratio for PrEP cohort,  
0.34 (95% CI, 0.23–0.51)  
Hazard ratio for PLWH cohort,  
0.48 (95% CI, 0.28–0.83)

**No. at Risk**

**Standard-care groups**

PrEP cohort	107	72	37	23	17
PLWH cohort	55	45	30	20	13

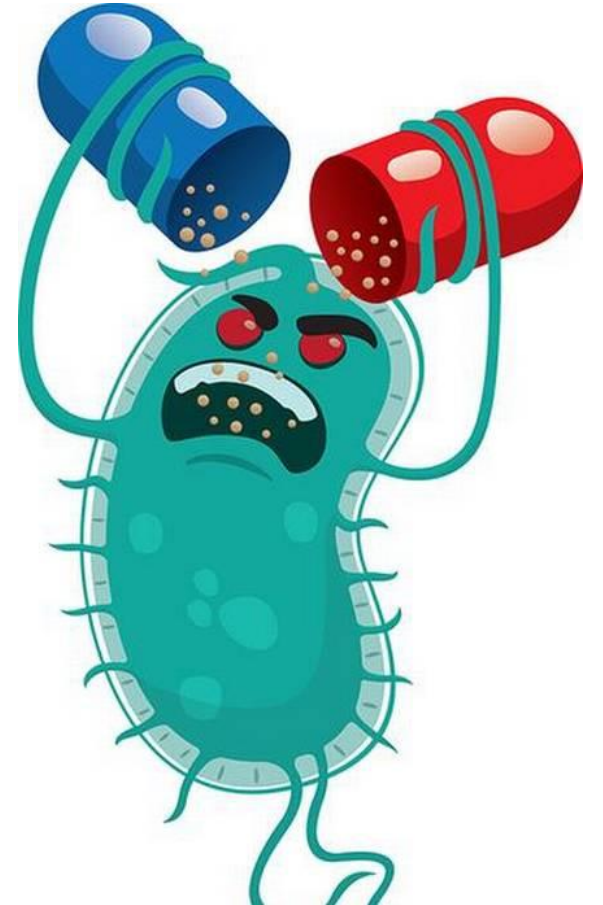
**Doxycycline groups**

PrEP cohort	220	179	122	93	57
PLWH cohort	119	111	91	64	36



# ★ Concern for Antimicrobial Resistance

- Tetracycline resistance already seen in gonorrhea (GC), higher in MSM
- Chlamydia (CT) treatment failure seen in 5-23% of cases, however clear resistance to tetracycline not identified
- Mycoplasma genitalium (MG) emerging cause of NGU in MSM, seeing resistance to tetracycline – this is a real concern
- No established standards for identifying or measuring doxycycline resistance in GC, CT, MG, or syphilis
- Concern for resistance of commensal flora (staphylococcus, streptococcus, etc)





# Gauging Current Interest

- Survey of MSM and TWSM seen at STI Clinics in Toronto and Vancouver found:
  - 60.1% would be willing to use doxy PEP
  - 44.1% would be willing to use doxy PrEP
- Survey of Australian MSM found:
  - 52.7% would be very or slightly likely to use doxycycline to prevent syphilis
  - 75.8% felt very or slightly strongly that chemoprophylaxis would help reduce syphilis infections in their communities

Fusca L, Hull M, Ross P, et al. Exposure Prophylaxis Among Gay, Bisexual and Other Men Who Have Sex With Men in Vancouver and Toronto. *Sex Transm Dis*. 2020 Jan 17. Epub ahead of print

Wilson DP, Prestage GP, Gray RT, et al. Chemoprophylaxis is likely to be acceptable and could mitigate syphilis epidemics among populations of gay men. *Sex Transm Dis* 2011; 38:573–9

# ★ Gauging Current Interest & use

- Large multi-city sample of individuals using a gay social networking app
  - 84% of participants expressed interest in trying doxy PEP
  - African-American and Latinx respondents had higher interest in doxycycline-PEP than White respondents
- Prevalence of doxycycline PEP/PrEP use in Seattle
  - 9.3% reported already using doxycycline prophylaxis
  - Willingness to take doxycycline prophylaxis was more common among those with HIV (62%) or on PrEP (60%)

Spinelli MA, et al. High Interest in Doxycycline for Sexually Transmitted Infection Postexposure Prophylaxis in a Multicity Survey of Men Who Have Sex With Men Using a Social Networking Application. *Sex Transm Dis.* 2019;46(4):e32-e34.

Dombrowski JC. Doxycycline Prophylaxis Use among Cisgender Men and Transgender Persons who have Sex with Men in Seattle. *CDC STD Prevention Conference 2020.*

# ★ Target Population for DoxyPEP

- Large proportion of STIs occur among those with repeat infections
- In Massachusetts between 2014-2016
  - 0.2% of the general population acquired  $\geq 1$  repeat STI diagnoses
  - Accounted for 27.7% of all STIs during the same period
- “Core” disease transmitters disproportionately effected by STI morbidity
- Novel STI prevention efforts need to start with this population



# So where do we go from here?

Several questions/concerns remain:

- Long term safety and AE data needed
- Clearly identify target population
- Monitoring resistance to STIs as well as commensal flora
- Education efforts, distinguishing HIV PEP/PrEP from Doxy PEP/PrEP

Urgency of ongoing STI burden on MSM and TWSM compels us to act now



# ★ Déjà-vu all over again?

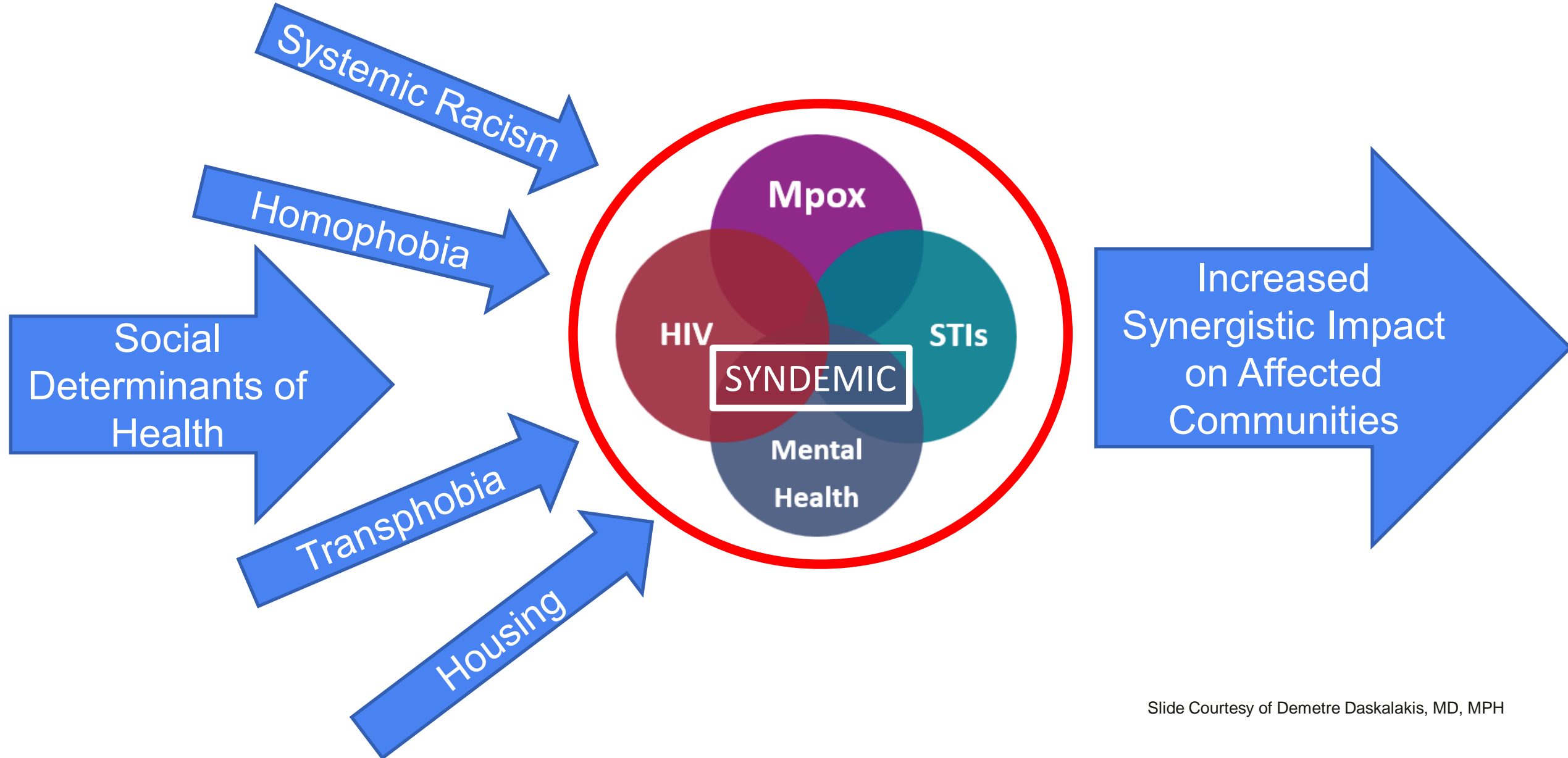
Striking similarities between HIV PrEP and DoxyPEP

- Novel biomedical intervention w/significant impact in priority populations
- Concerns of anti-microbial resistance/misuse
- Equity concerns regarding utilization and uptake
- Data in cisgender women are lacking

So what's different now?

- Signals of higher interest in Black and Hispanic/Latinx men
- **WE SHOULD KNOW AND DO BETTER**

# Syndemic Problems Require Syndemic Solutions

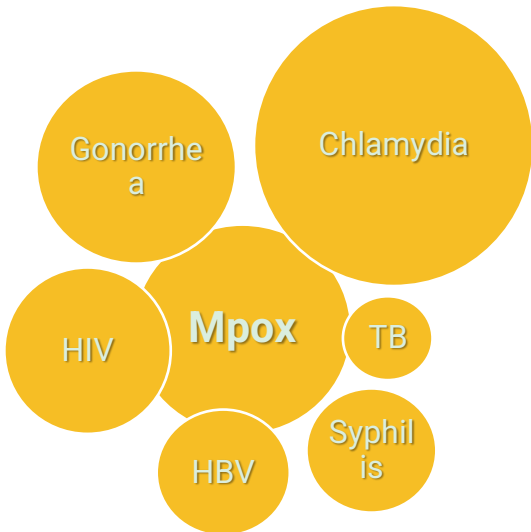
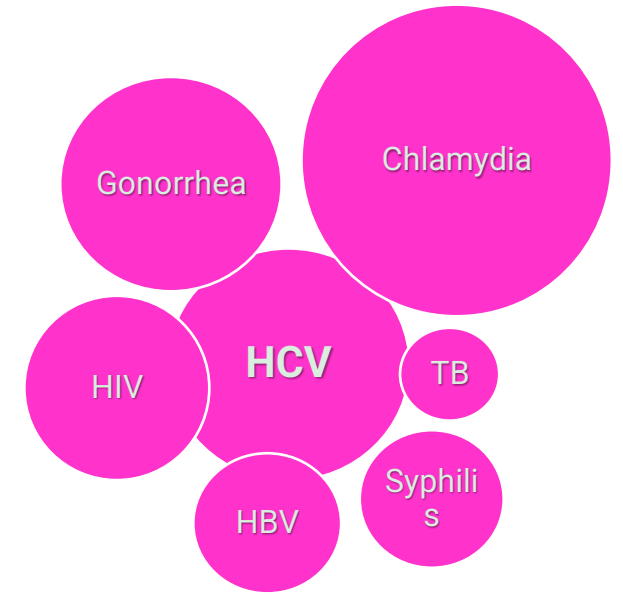
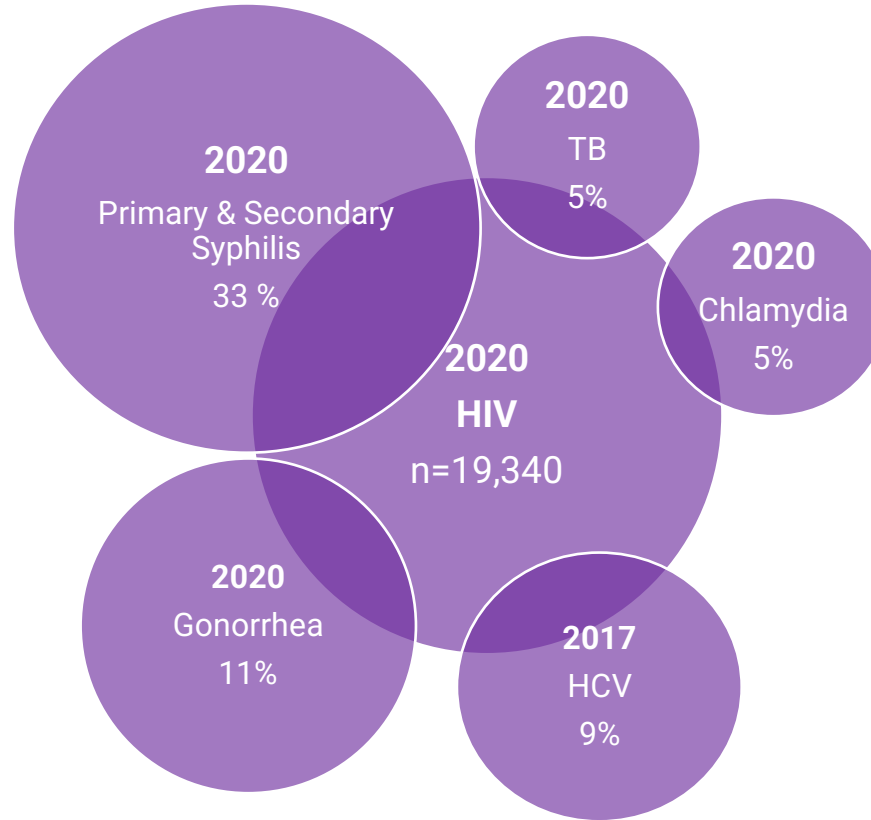
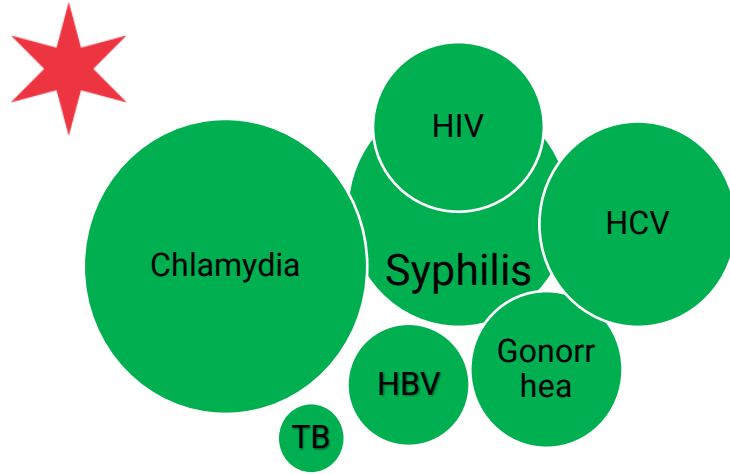


**Extra**





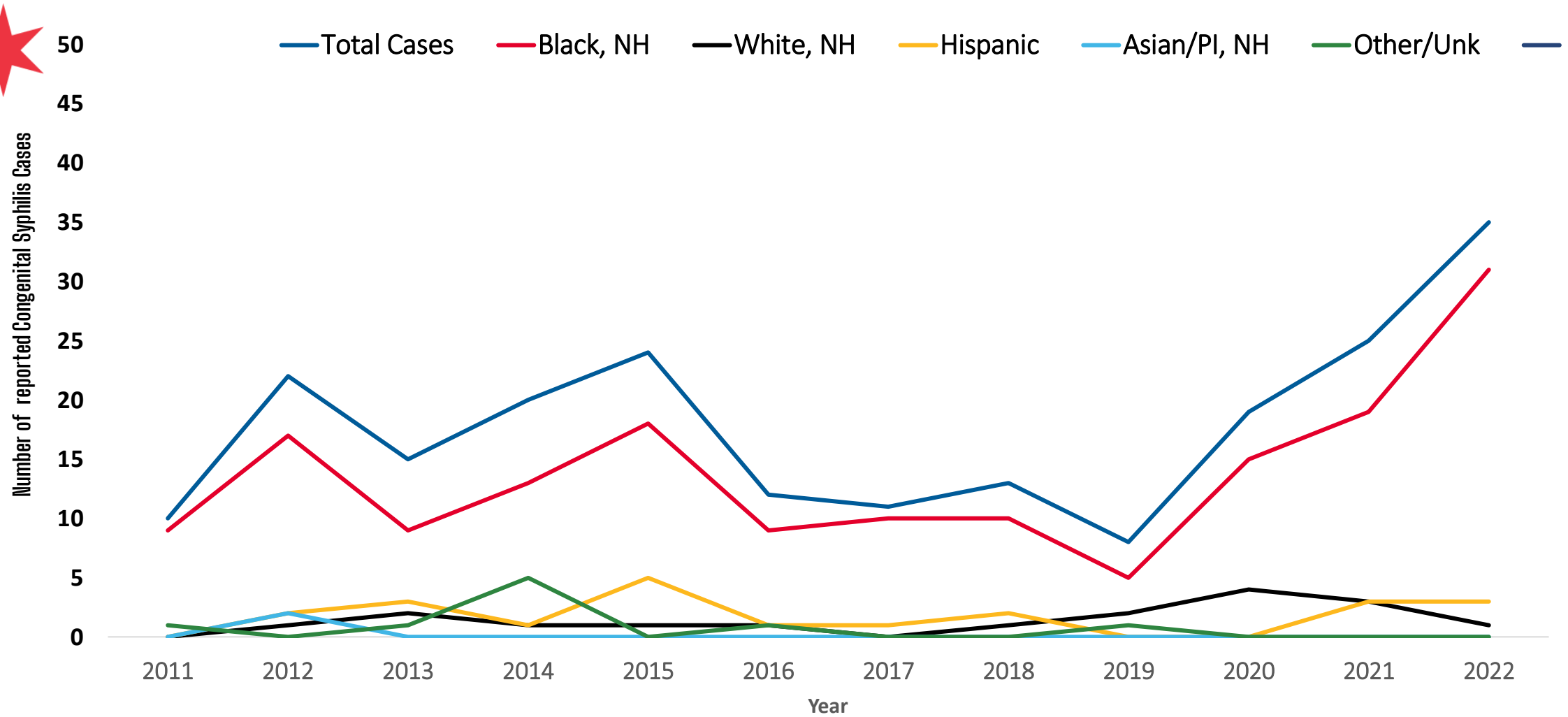
# Syndemics in Chicago



Source: City of Chicago internal data as of 12/28/2021; Chicago Department of Public Health. *HIV+STI Data Report, 2020*. Chicago, IL: City of Chicago; September 2022.

*HIV/HBV co-infection data are not available. Research suggests 5-10% of PLWH are co-infected with HBV. (<https://www.ncbi.nlm.nih.gov/pubmed/20158604>)*

# CS Cases by Race/Ethnicity, Chicago, 2010-2022\*



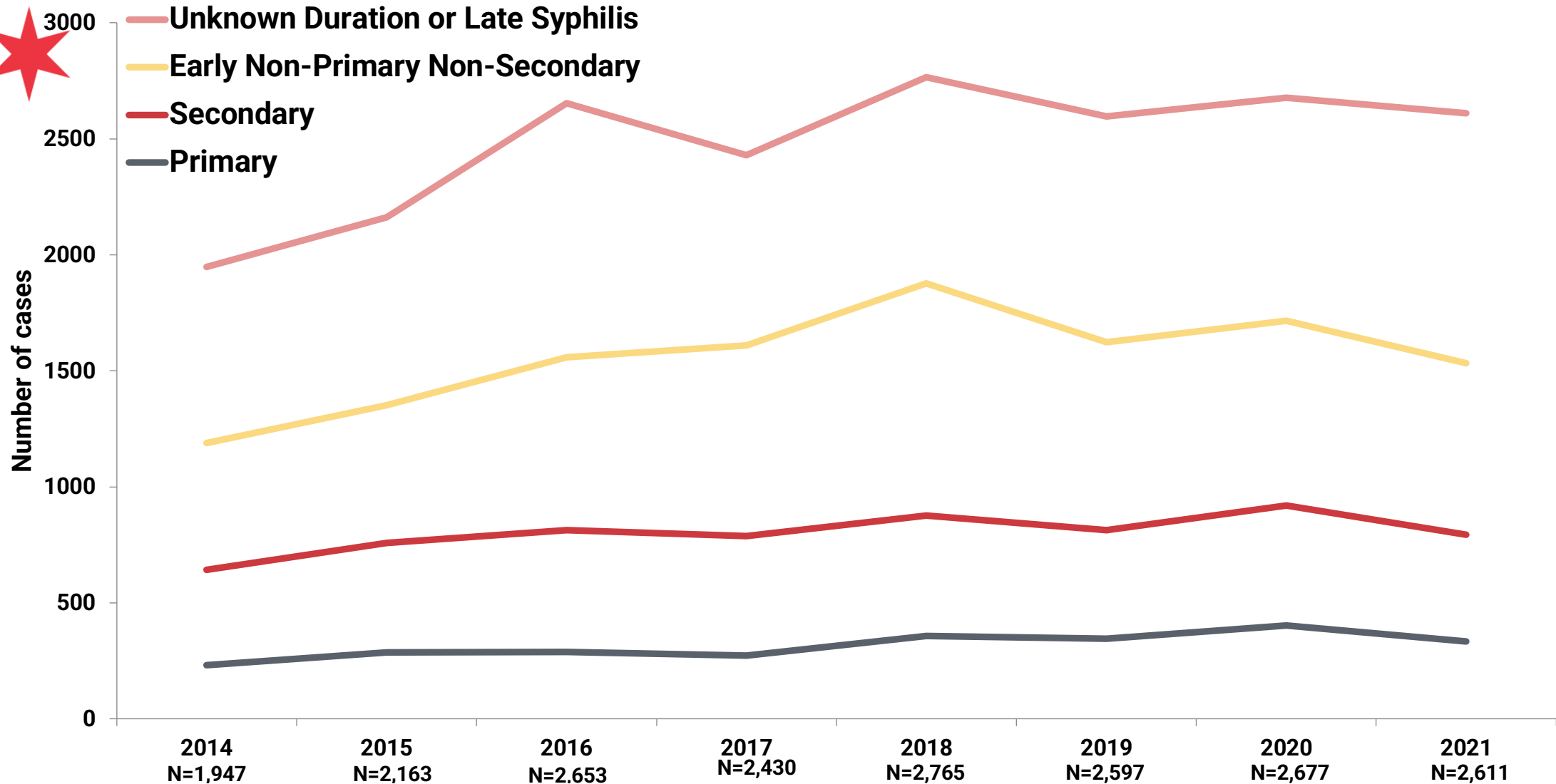
Note: NH= Non-Hispanic, A/PI = Asian/Pacific Islander

\* 2022 Data are still provisional

Source: Chicago Department of Public Health. 2022 Data are still provisional as of 03/29/2023

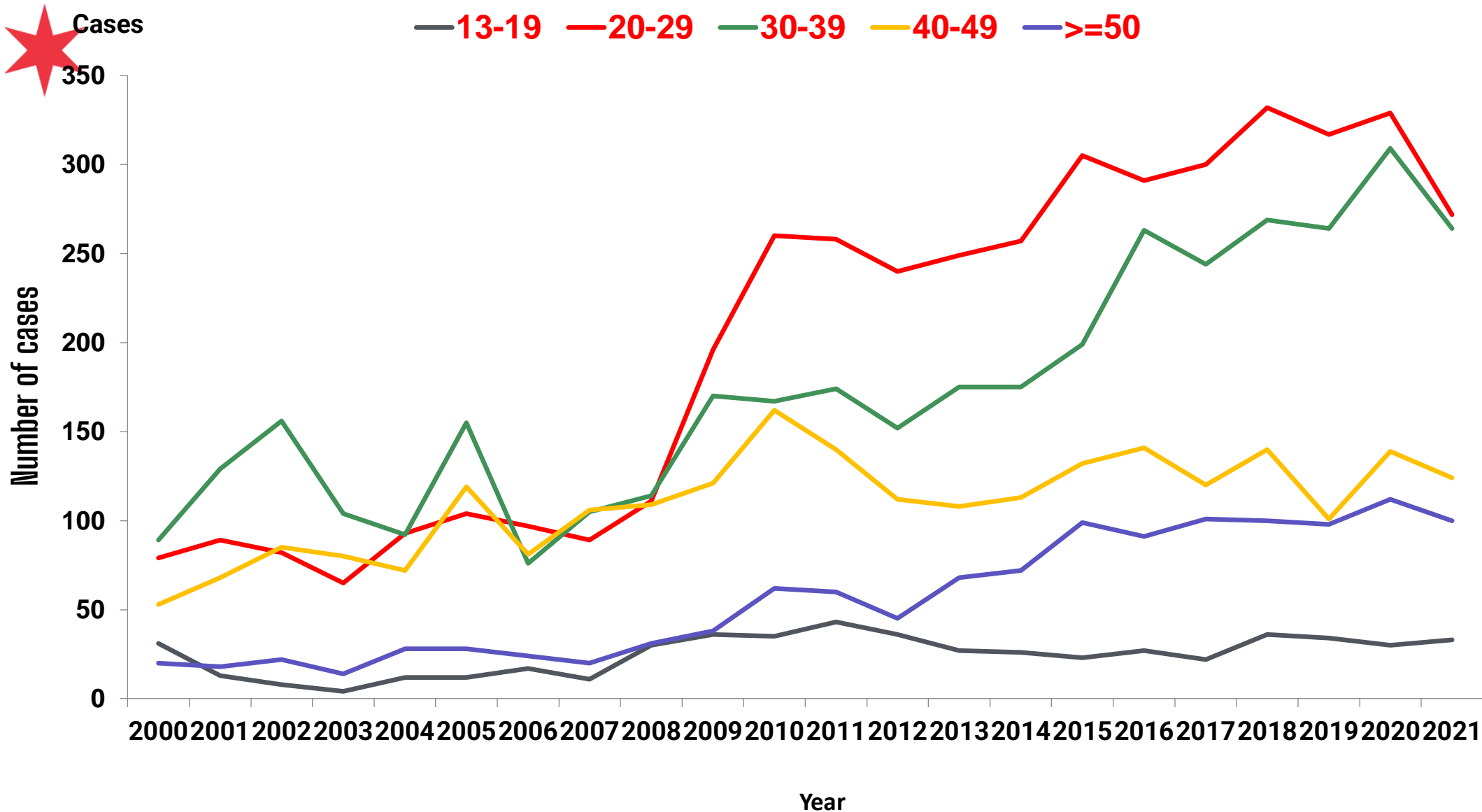
Congenital syphilis

# All Stages of Syphilis, Chicago, 2014-2021



*The case classification of "Early Non-Primary & Non -Secondary" and "Unknown duration or late syphilis" went into effect in January 2018. During 2014-2017, cases in this category include cases classified as early latent, late latent and late syphilis with clinical manifestations*

# Number of Reported P & S Syphilis Cases by Age group, 2001-2021



P&S syphilis, 2021