



North Carolina Department of Health and Human Services  
Division of Public Health

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**Date:** March 20, 2015  
**To:** North Carolina Medical Providers  
**From:** Victoria Mobley, MD MPH, Medical Director HIV/STD Program  
Evelyn Foust, MPH, Communicable Disease Branch Head  
**Subject:** Health Advisory - Ocular Syphilis Infections

Since December 2014, clusters of ocular syphilis cases have been reported in King County, Washington and several Counties in California. Several of these cases have resulted in severe illness including permanent decline in visual acuity and blindness.

Since December 2014, Communicable Disease Branch surveillance data has identified six ocular syphilis cases in North Carolina. Five of the six cases were male, all presented with visual changes and had a rapid plasma reagin (RPR) titer  $\geq$  1:64. Due to concern for an uptick in ocular syphilis cases, the North Carolina Division of Public Health is asking medical providers to be proactive in ordering syphilis serologies in all patients who present with visual complaints and risk factors for syphilis infection. In addition, any patient with suspected or confirmed syphilis should be queried for visual changes. Although syphilis infection can involve virtually all ocular structures, uveitis, unilateral or bilateral, is the most frequent manifestation of ocular syphilis. Other potential presentations include keratitis, optic neuropathy, retinal vasculitis and retinitis.

**Surveillance and Management Recommendations for Clinicians:**

1. Patients with any visual complaint and risk factors for syphilis infection should be tested for syphilis. Individuals at risk for syphilis infection include those who engage in unprotected sex, have multiple or anonymous partners, or are infected with HIV.
2. Clinicians should routinely assess all patients who present with signs or symptoms of syphilis (i.e. genital, oral or rectal ulcers, rash, alopecia) for visual, auditory, or other neurologic changes.
3. Patients with visual complaints and positive syphilis serologies should be referred immediately for ophthalmologic evaluation.
4. Patients with suspected ocular, otologic or neurosyphilis should undergo lumbar puncture.

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5. Patients diagnosed with ocular syphilis should receive immediate treatment per the CDC treatment guidelines for neurosyphilis, (<http://www.cdc.gov/std/treatment/2010/toc.htm>).
6. All patients with suspected or confirmed syphilis should receive an HIV test if not already known to be HIV positive.
7. Suspected cases of ocular syphilis should be reported within 24 hours of diagnosis to the local county health department.

Contact the North Carolina Communicable Disease Branch for additional information or clinical consultation on any suspected ocular syphilis cases at (919) 733-3419. Visit our website <http://epi.publichealth.nc.gov/cd/> for up-to-date STD and other public health information.