

Region 8 Syphilis Quarterly Report

2024 1st Quarter



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Division of Epidemiology and Assessment

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Syphilis Surveillance Background

Hamilton County Public Health conducts syphilis surveillance and mitigation in seven counties (Brown, Butler, Clermont, Clinton, Hamilton, Highland, and Warren) known as Region 8. This quarterly report was created as a surveillance effort to track and prevent new cases of syphilis within Region 8 counties and provide a basis for syphilis prevention efforts. When a person is determined to have a new syphilis infection in Region 8, disease intervention specialists from Hamilton County Public Health attempt to contact that person and offer partner services (e.g., patient interview, contact tracing, partner testing, and linkage to treatment). Only new cases of syphilis were counted for analysis purposes in this report. Some syphilis cases are unable to be located for an interview, which may impact data collection. The following report features total new syphilis counts, demographic data, and risk factor data for Region 8 counties from 2020 through the 1st quarter of 2024.

The purpose of collecting and distributing demographic and risk factor data is to inform programming, community partners, and stakeholders so the best effort can be made to diagnose, prevent, and treat syphilis infections in our community. These data can provide a snapshot of syphilis surveillance in the region, but do not always tell the entire story. To fully understand the situation, community voices, stakeholders, and other sources should be considered.

Syphilis cases for this report are newly diagnosed infections which can include first time infections or re-infections.

These data are provisional and subject to change as there is a lag time in reporting and cases may be added or removed. Ohio Department of Health specifically disclaims responsibility for analyses, interpretations, or conclusions.

Data downloaded from Ohio Disease Reporting System (ODRS) on 05/16/2024.

For HIV or other STI testing information please call the HCPH Clinic at 513-946-7610

Email HCPH.ID@HAMILTON-CO.ORG with any questions regarding this report.

Stages of Syphilis

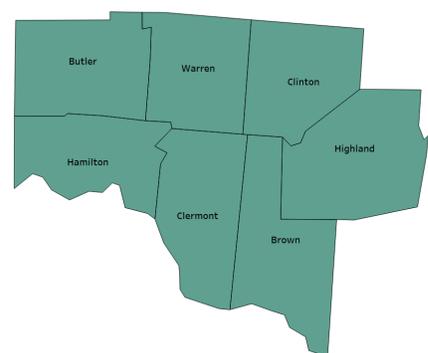
Syphilis infections are categorized into different stages based on the clinical presentation of disease and duration of infection.

Congenital Syphilis: This stage includes, but is not limited to, when syphilis is transferred from mother to infant during pregnancy or delivery, or when the mother of a child had untreated/inadequately treated syphilis at delivery regardless of signs in the infant.

Early Syphilis: This stage is when a person has been infected for less than a year. The stages include Early Latent (no signs or symptoms, but infected for less than a year), Primary (symptoms include a painless sore, called a chancre), and Secondary (symptoms include, but is not limited to, a rash on hands and feet). In particular, primary and secondary infections are considered highly infectious stages.

Late Latent: This stage is when a person has been infected for longer than a year. During this stage, the patient may no longer be infectious, and have no symptoms; however if the patient does not receive appropriate treatment the disease could develop into neurological problems, possibly leading to death. Syphilis cases staged as “unknown duration” are grouped together with “late syphilis” for the purposes of surveillance.

Region 8 Map



Overview of Syphilis in Region 8

Table 1. Region 8 Total Syphilis by Year

2020	2021	2022	2023	2024
333	400	754	806	171*

*Q1 Only

Table 1 shows total new syphilis cases in Region 8 from 2020 through the 1st quarter of 2024. The most recent data are highlighted in light green.

Figure 1 is a line graph of syphilis cases from 2020 through the 1st quarter of 2024. The dotted line signifies that 2024 data is not yet complete.

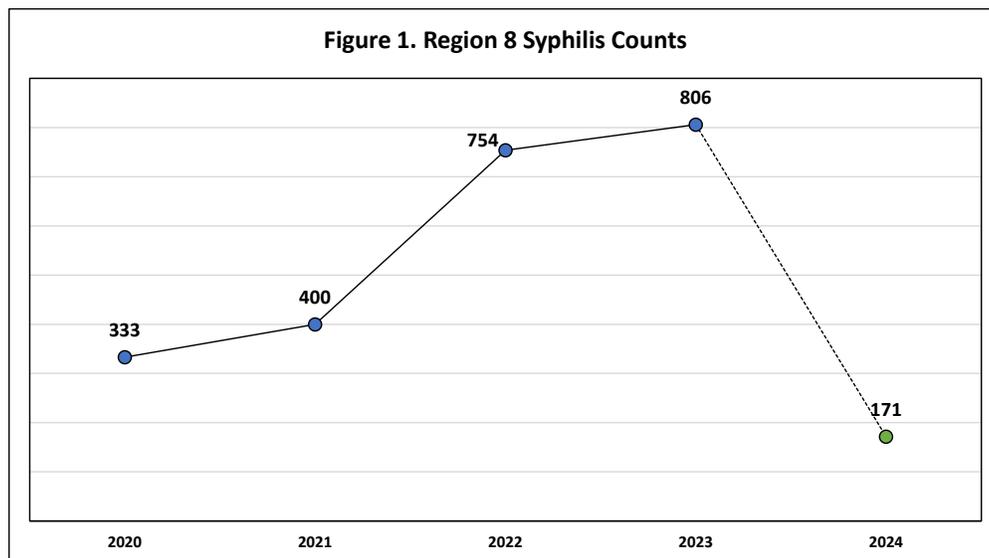


Table 2 is a comparison of the 1st quarters of 2023 and 2024. There were **20.1% fewer** new syphilis cases in Q1 2024 as compared to Q1 2023.

Table 2. Region 8 1st Quarter Comparisons

2023	2024	% Change
214	171	-20.1%↓

Table 3 displays the breakdown of new syphilis cases for Region 8 from 2023 through the 1st quarter of 2024 by month. In 2023, the highest number of cases was seen in January (84 cases). In Q1 2024, the highest number of syphilis cases have occurred in January (64 cases).

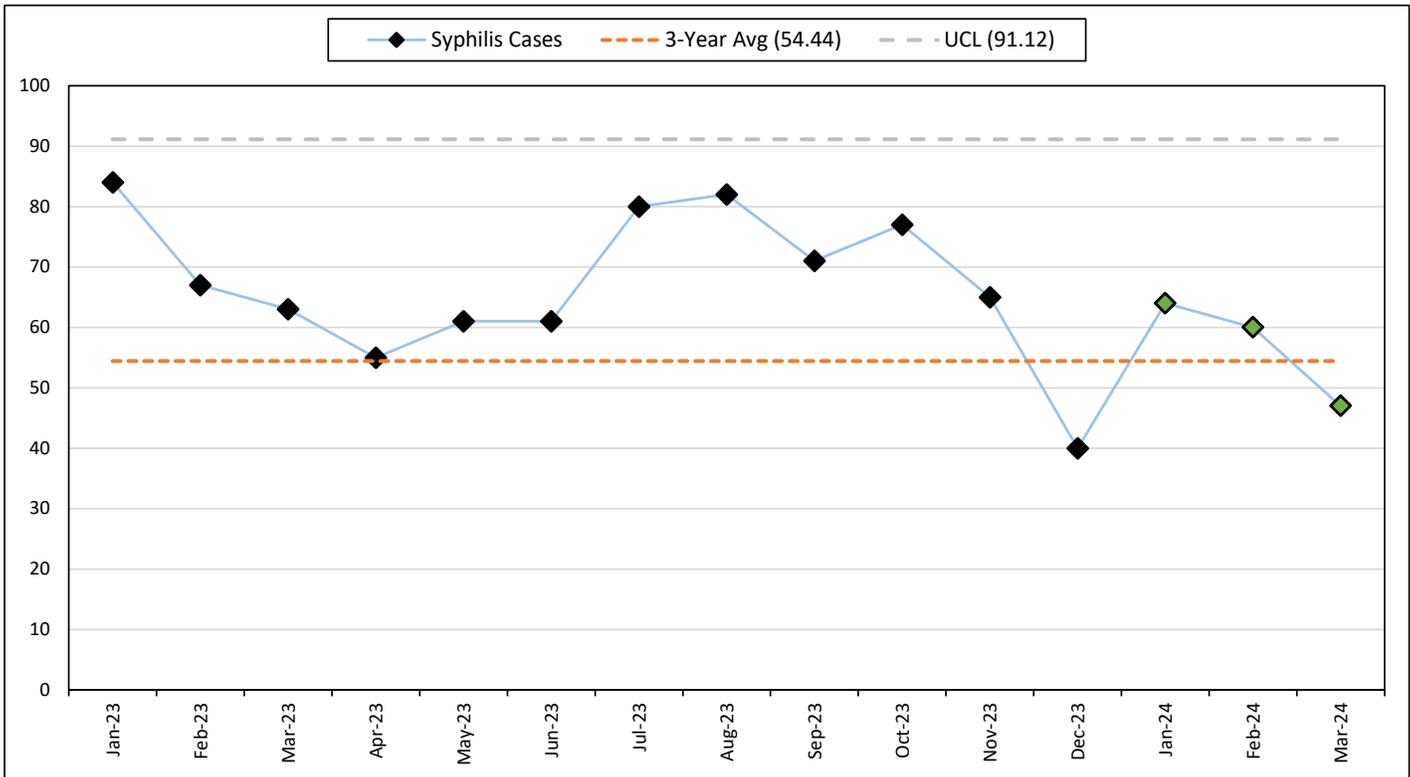
Table 3. Region 8 Total Syphilis by Month

Month	2023	2024
January	84	64
February	67	60
March	63	47
April	55	-
May	61	-
June	61	-
July	80	-
August	82	-
September	71	-
October	77	-
November	65	-
December	40	-
Total	806	171

Figure 2 shows a surveillance control chart. The dashed orange line shows the average number of new syphilis cases per month for the past 3 years (2021, 2022, and 2023). The previous 3-year average is 54.44 new syphilis cases per month. The dashed gray line is the upper control limit (UCL) with a value of 91.12. A single point above or near the UCL may signal anomalies that need to be investigated. The diamonds on the blue line graph show the actual number of new syphilis infections by month. The green diamonds are the months from the most recent quarter.

Analysis: For Q1 2024, January and February were above the 3-year average. Consecutive points above the average may signal anomalies that need to be investigated. All points have been below the UCL which indicates no anomalies related to the UCL for this time frame. When there are only a small number of cases, it may be difficult to distinguish random fluctuations in disease incidence from true changes in the underlying risk for the disease.

Figure 2. Region 8 Syphilis Infection Control Chart



The average is found using syphilis counts by month for the previous 3 years. A standard deviation is calculated using the same time frame. The upper control limit is determined by multiplying the standard deviation by 2 and adding the 3-year average.

Syphilis Quarterly Report: Region 8

Table 4 shows syphilis stages, demographics, and risk factor data in Region 8. The category showing the highest percentage of new syphilis cases is highlighted in blue. For 2024, Male (68.4%), Black (57.9%), and 25-34 year old (33.9%) individuals made up the highest percentage of new syphilis cases. For risk factors, high risk heterosexual (HRH) had the highest percentage of new syphilis cases (35.7%). The “Unknown” risk factor category could be due to a disease intervention specialist not being able to determine the risk factors of the patient. See additional information below the table.

Table 4. Region 8 Syphilis Morbidity				
	2023		2024 1st Quarter	
	#	%	#	%
Syphilis Stages				
Early Latent	201	24.9%	42	24.6%
Primary	121	15.0%	18	10.5%
Secondary	166	20.6%	33	19.3%
Late/Unknown	303	37.6%	77	45.0%
Congenital	15	1.9%	1	0.6%
Gender				
Male	561	69.6%	117	68.4%
Female	245	30.4%	54	31.6%
Race				
Black	423	52.5%	99	57.9%
White	287	35.6%	60	35.1%
Multi	28	3.5%	6	3.5%
Other	63	7.8%	6	3.5%
Unknown	5	0.6%	0	0.0%
Age Group				
<1	15	1.9%	1	0.6%
1-14	1	0.1%	0	0.0%
15-24	111	13.8%	22	12.9%
25-34	258	32.0%	58	33.9%
35-44	198	24.6%	41	24.0%
45-54	112	13.9%	32	18.7%
55-64	77	9.3%	14	8.2%
65+	34	4.2%	3	1.8%
Risk Factor				
MSM	219	27.2%	46	26.9%
HRH	309	38.3%	61	35.7%
PWID	59	7.3%	11	6.4%
Unknown	219	27.2%	53	31.0%

Percentages may not total to 100 due to rounding. Percentages are based on availability of data for all cases. MSM are men who have sex with men. High risk heterosexuals (HRH) are determined by factors including but not limited to: having a previous STI, sex while intoxicated, exchanging sex for drugs, or having anonymous sexual partners. PWID is a person who injects drugs. Early syphilis cases include early latent, primary, and secondary stages. Early syphilis cases are cases where a person has been infected for less than a year.

Overview of Syphilis in Hamilton County

Table 5. Hamilton County Total Syphilis by Year

2020	2021	2022	2023	2024
248	283	562	591	123*

*Q1 Only

Table 5 shows total new syphilis cases in Hamilton County from 2020 through the 1st quarter of 2024. The most recent data are highlighted in light green.

Figure 3 is a line graph of syphilis cases from 2020 through the 1st quarter of 2024. The dotted line signifies that 2024 data is not yet complete.

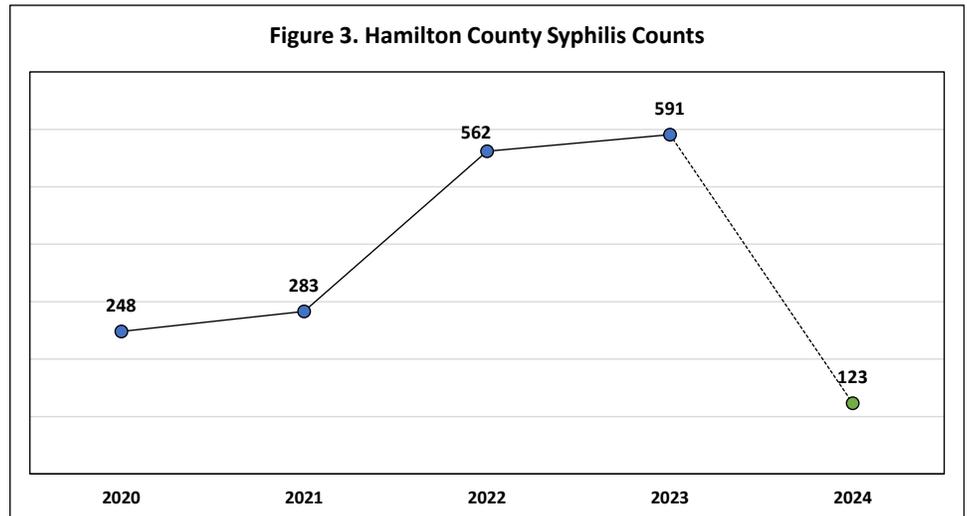


Table 6 is a comparison of the 1st quarters of 2023 and 2024. There were **22.2% fewer** new syphilis cases in Q1 2024 compared to Q1 2023.

Table 6. Hamilton County 1st Quarter Comparisons

2023	2024	% Change
158	123	-22.2%↓

Table 7 displays the breakdown of new syphilis cases for Hamilton County from 2023 through the 1st quarter of 2024 by month. In 2023, the highest number of cases was seen in January (58 cases). In Q1 2024, the highest number of syphilis cases have occurred in January (48 cases).

Table 7. Hamilton County Total Syphilis by Month

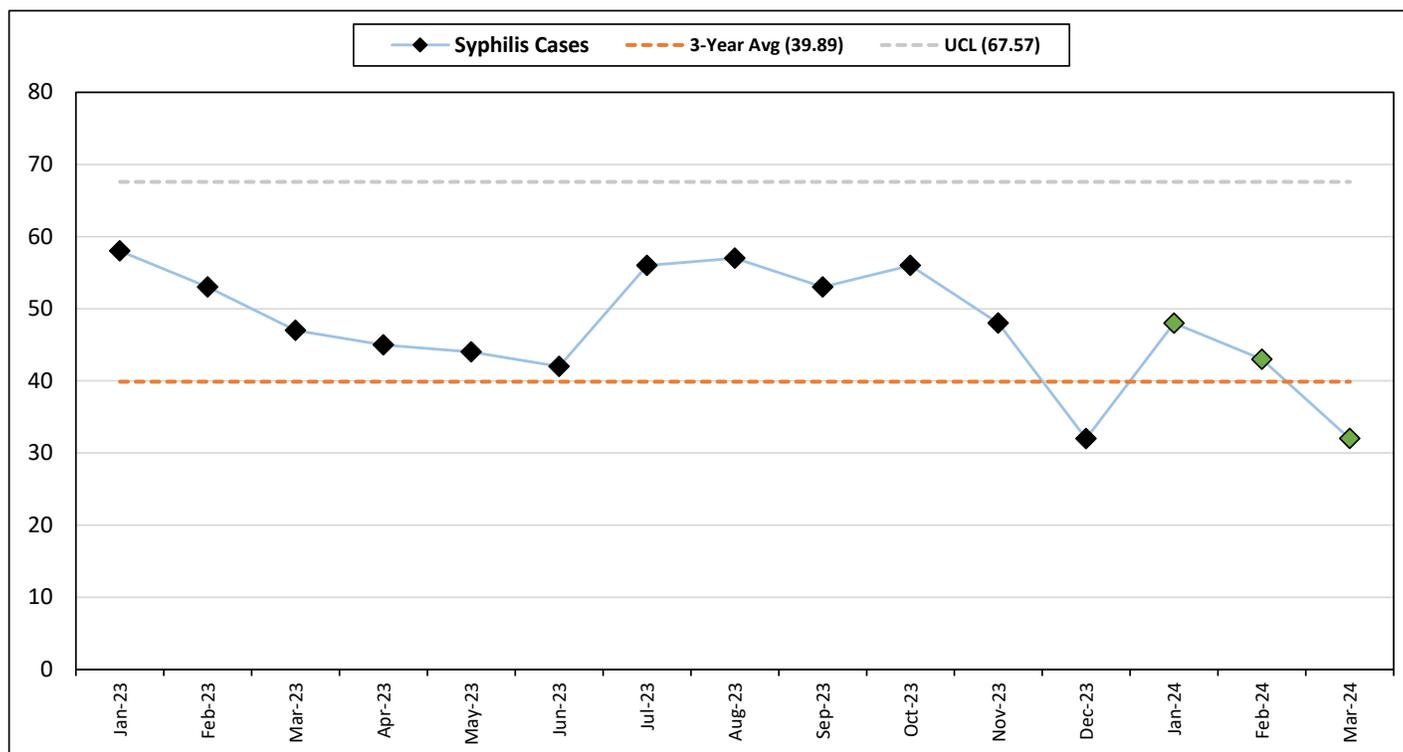
Month	2023	2024
January	58	48
February	53	43
March	47	32
April	45	-
May	44	-
June	42	-
July	56	-
August	57	-
September	53	-
October	56	-
November	48	-
December	32	-
Total	591	123

Syphilis Quarterly Report: Hamilton County

Figure 4 shows a surveillance control chart. The dashed orange line shows the average number of new syphilis cases per month for the past 3 years (2021, 2022, and 2023). The 3-year average is 39.89 new syphilis cases per month. The dashed gray line is the upper control limit (UCL) with a value of 67.57. A single point above or near the UCL may signal anomalies that need to be investigated. The diamonds on the blue line graph show the actual number of new syphilis cases by month. The green diamonds are the months from the most recent quarter.

Analysis: For Q1 2024, January and February were above the 3-year average. Consecutive points above the average may signal anomalies that need to be investigated. All points have been below the UCL which indicates no anomalies related to the UCL for this time frame. When there are only a small number of cases, it may be difficult to distinguish random fluctuations in disease incidence from true changes in the underlying risk for the disease.

Figure 4. Hamilton County Syphilis Infection Control Chart



The average is found using syphilis counts by month for the previous 3 years. A standard deviation is calculated using the same time frame. The upper control limit is determined by multiplying the standard deviation by 2 and adding the 3-year average.

Syphilis Quarterly Report: Hamilton County

Table 8 shows syphilis stages, demographic, and risk factor data. The category showing the highest percentage of new syphilis cases is highlighted in blue. For 2024, Male (70.7%), Black (74%), and 25-34 year old (35.8%) individuals made up the highest percentage of new syphilis cases. For risk factors, high risk heterosexual (HRH) had the highest percentage of new syphilis infections (37.4%). The “Unknown” risk factor category could be due to a disease intervention specialist not being able to determine the risk factors of the patient. See additional information below the table..

Table 8. Hamilton County Syphilis Morbidity				
	2023		2024 1st Quarter	
	#	%	#	%
Syphilis Stages				
Early Latent	156	26.4%	30	24.4%
Primary	90	15.2%	15	12.2%
Secondary	126	21.3%	22	17.9%
Late/Unknown	211	35.7%	55	44.7%
Congenital	8	1.4%	1	0.8%
Gender				
Male	428	72.4%	87	70.7%
Female	163	27.6%	36	29.3%
Race				
Black	388	59.1%	91	74.0%
White	152	27.0%	23	18.7%
Multi	19	6.2%	4	3.3%
Other	30	7.5%	5	4.1%
Unknown	2	0.2%	0	0.0%
Age Group				
<1	8	1.4%	1	0.8%
1-14	1	0.2%	0	0.0%
15-24	71	12.0%	17	13.8%
25-34	204	34.5%	44	35.8%
35-44	151	25.5%	29	23.6%
45-54	76	12.9%	21	17.1%
55-64	52	8.8%	9	7.3%
65+	28	4.7%	2	1.6%
Risk Factor				
MSM	180	30.5%	35	28.5%
HRH	241	40.8%	46	37.4%
PWID	25	4.2%	5	4.1%
Unknown	145	24.5%	37	30.1%

Percentages may not total to 100 due to rounding. Percentages are based on availability of data for all cases. MSM are men who have sex with men. High risk heterosexuals (HRH) are determined by factors including but not limited to: having a previous STI, sex while intoxicated, exchanging sex for drugs, or having anonymous sexual partners. PWID is a person who injects drugs. Early syphilis cases include early latent, primary, and secondary stages. Early syphilis cases are cases where a person has been infected for less than a year.

Overview of Syphilis in Butler County

Table 9. Butler County Total Syphilis by Year

2020	2021	2022	2023	2024
38	71	133	134	33*

*Q1 Only

Table 9 shows total new syphilis cases in Butler County from 2020 through the 1st quarter of 2024. The most recent data are highlighted in light green.

Figure 5 is a line graph of syphilis cases from 2020 through the 1st quarter of 2024. The dotted line signifies that 2024 data is not yet complete.

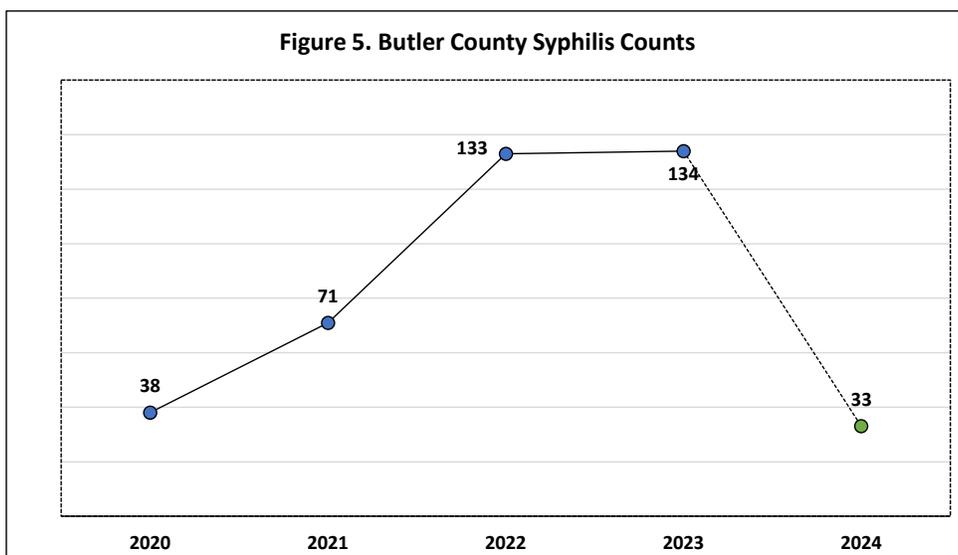


Table 10 is a comparison of the 1st quarters of 2023 and 2024. There was a **0% change** of new syphilis cases in Q1 2024 as compared to Q1 2023.

Table 10. Butler County 1st Quarter Comparisons

2023	2024	% Change
33	33	0.0%

Table 11 displays the breakdown of new syphilis cases for Butler County from 2023 through the 1st quarter of 2024 by month. In 2023, the highest number of cases were seen in August (19 cases). In Q1 2024, the highest number of new cases have occurred in February (13 cases).

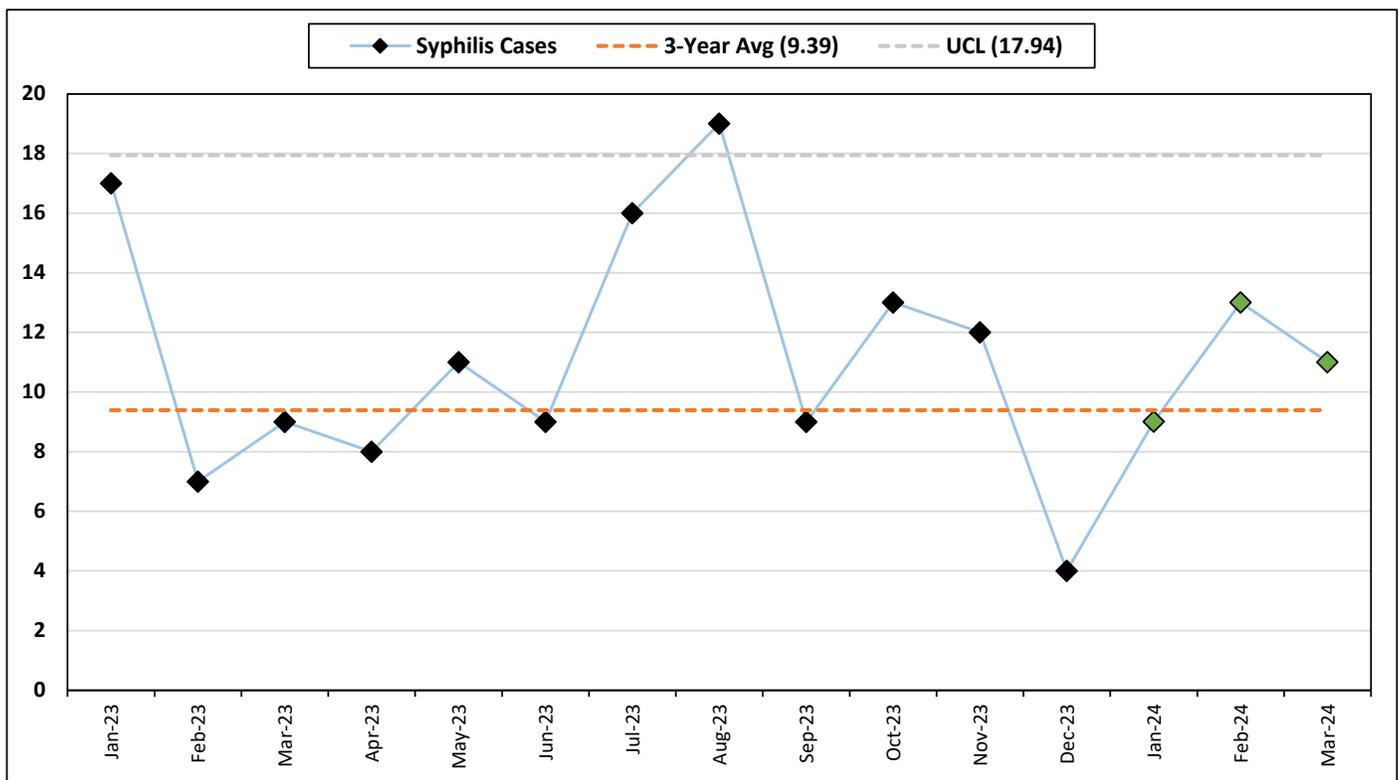
Table 11. Butler County Total Syphilis by Month

Month	2023	2024
January	17	9
February	7	13
March	9	11
April	8	-
May	11	-
June	9	-
July	16	-
August	19	-
September	9	-
October	13	-
November	12	-
December	4	-
Total	134	33

Figure 6 shows a surveillance control chart. The dashed orange line shows the average number of new syphilis cases per month for the past 3 years (2021, 2022, and 2023). The 3-year average is 9.39 new syphilis cases per month. The dashed gray line is the upper control limit (UCL) with a value of 17.94. A single point above or near the UCL may signal anomalies that need to be investigated. The diamonds on the blue line graph show the actual number of new syphilis infections by month. The green diamonds are the months from the most recent quarter.

Analysis: For Q1 2024, February and March were above the 3-year average. Consecutive points above the average may signal anomalies that need to be investigated. For Q1 2024, all points have been below the UCL which indicates no anomalies related to the UCL for this time frame. When there are only a small number of cases, it may be difficult to distinguish random fluctuations in disease incidence from true changes in the underlying risk for the disease.

Figure 6. Butler County Syphilis Infection Control Chart



The average is found using syphilis counts by month for the previous 3 years. A standard deviation is calculated using the same time frame. The upper control limit is determined by multiplying the standard deviation by 2 and adding the 3-year average.

Syphilis Quarterly Report: Butler County

Table 12 shows syphilis stages, demographic, and risk factor data. The category showing the highest percentage of new syphilis cases is highlighted in blue. For 2024, Male (54.5%), White (75.8%), and 25-34 year old (27.3%) individuals made up the highest percentage of new syphilis cases. For risk factors, high risk heterosexual (HRH) had the highest percentage of new syphilis cases (36.4%). The “Unknown” risk factor category could be due to a disease intervention specialist not being able to determine the risk factors of the patient. See additional information below the table.

Table 12. Butler County Syphilis Morbidity				
	2023		2024 1st Quarter	
	#	%	#	%
Syphilis Stages				
Early Latent	23	17.2%	7	21.2%
Primary	20	14.9%	1	3.0%
Secondary	24	17.9%	6	18.2%
Late/Unknown	62	46.3%	19	57.6%
Congenital	5	3.7%	0	0.0%
Gender				
Male	79	59.0%	18	54.5%
Female	55	41.0%	15	45.5%
Race				
Black	27	20.1%	6	18.2%
White	80	59.7%	25	75.8%
Multi	5	3.7%	1	3.0%
Other	20	14.9%	1	3.0%
Unknown	2	1.5%	0	0.0%
Age Group				
<1	5	3.7%	0	0.0%
1-14	0	0.0%	0	0.0%
15-24	27	20.1%	3	9.1%
25-34	34	25.4%	9	27.3%
35-44	28	20.9%	8	24.2%
45-54	21	15.7%	8	24.2%
55-64	15	11.2%	5	15.2%
65+	4	3.0%	0	0.0%
Risk Factor				
MSM	20	14.9%	5	15.2%
HRH	39	29.1%	12	36.4%
PWID	24	17.9%	5	15.2%
Unknown	51	38.1%	11	33.3%

Percentages may not total to 100 due to rounding. Percentages are based on availability of data for all cases. MSM are men who have sex with men. High risk heterosexuals (HRH) are determined by factors including but not limited to: having a previous STI, sex while intoxicated, exchanging sex for drugs, or having anonymous sexual partners. PWID is a person who injects drugs. Early syphilis cases include early latent, primary, and secondary stages. Early syphilis cases are cases where a person has been infected for less than a year.

Overview of Syphilis in Brown, Clermont, Clinton, Highland, and Warren

Table 13: Select Region 8 Counties Syphilis Cases by Quarter					
	Brown	Clermont	Clinton	Highland	Warren
2023					
Q1	2	10	2	1	8
Q2	2	7	0	3	6
Q3	2	9	3	2	7
Q4	0	6	2	0	9
Total	6	32	7	6	30
2024					
Q1	0	6	3	1	5
Q2	-	-	-	-	-
Q3	-	-	-	-	-
Q4	-	-	-	-	-
Total	0	6	3	1	5

Table 13 shows total new syphilis cases in select Region 8 counties by quarter for 2023 and the 1st quarter of 2024. For Q1 2024, Clermont County has the most new syphilis cases (6 cases).

Table 14. Select Region 8 Counties Syphilis Morbidity				
	2023		2024 1st Quarter	
	#	%	#	%
Syphilis Stages				
Early Latent	22	27.2%	5	33.3%
Primary	11	13.6%	2	13.3%
Secondary	16	19.8%	5	33.3%
Late/Unknown	30	37.0%	3	20.0%
Congenital	2	2.5%	0	0.0%
Gender				
Male	54	66.6%	12	79.9%
Female	27	33.4%	3	20.1%
Race				
Black	8	9.9%	2	13.3%
White	55	67.9%	12	80.0%
Multi	4	4.9%	1	6.7%
Other	13	16.0%	0	0.0%
Unknown	1	1.2%	0	0.0%
Age Group				
<1	2	2.5%	0	0.0%
15-24	13	16.0%	2	13.3%
25-34	20	24.7%	5	33.3%
35-44	19	23.5%	4	26.7%
45-54	15	18.5%	3	20.0%
55-64	10	12.3%	0	0.0%
65+	2	2.5%	1	6.7%
Risk Factor				
MSM	19	23.5%	6	40.0%
HRH	29	35.8%	3	20.0%
PWID	10	12.3%	1	6.7%
Unknown	23	28.4%	5	33.3%

Table 14 shows demographic and risk factor data for the aggregate of the select Region 8 counties. The category showing the highest percentage of new syphilis cases is highlighted in blue. For 2024, Male (79.9%), White (80%), and 25-34 year old (33.3%) individuals made up the highest percentage of new syphilis infections. For risk factors, men who have sex with men (MSM) had the highest percentage of new syphilis cases (40%). Risk factor definitions are on previous pages.