

Syphilis and health care essay sample

[Health & Medicine](#), [Healthcare](#)



I. Introduction

Men and women of this generation are more prone of having sexually transmitted diseases. It is now one of the major problems in the field of medicine and health. STD is very broad and has many aspects just like cancer. There are also different types of this disease, one of these is syphilis. Syphilis has been known to cause devastating epidemics. It killed a lot men and children way back when the cure of this is still unknown. Even though it is curable now, there are still people who are in misery facing this problem. Syphilis is the main topic of this research paper. The researchers believe that if they pursue this paper, it might help the ones who are suffering from it. But the main reason of the researchers is to give information and knowledge on how to prevent people from having the disease. They believe that prevention is better than cure. From this, they started gathering data and do this library research.

What is Syphilis?

Syphilis is a sexually transmitted disease (STD) caused by a type of bacteria known as a spirochete. It is extremely small and can live almost anywhere in the body. It is transmitted via sexual contact from the infected person to the uninfected person. It spreads from the initial ulcer to the skin or mucous membranes of the genitalia; it may also be spread to the mouth, anus or broken skin on other parts of the body. Unborn child may be infected by the mother having the said diseased. As a result, the child may be born with serious physical and mental problems. (Karp etal, 2009) Thesis Statement

Syphilis is curable and most wide spread transmitted disease caused by promiscuity and same sex marriage.

II. Historical Background

Authorities believe that syphilis was introduced into Europe in 1493 by crew members returning from Christopher Columbus's first expedition to America; by the 16th century, syphilis had become the major public disease. The spirochete responsible for syphilis was discovered only in 1905, however, by the German zoologist Fritz Schaudinn. In 1906 the German bacteriologist August von Wassermann developed the first blood reaction test for the disease's diagnosis, and in 1909 the German bacteriologist Paul Ehrlich discovered the first effective treatment: the arsenic-containing compound Salvarsan. In 1943 the antibiotic penicillin was shown to be highly effective against syphilis, and it is still the preferred treatment for the disease.

(Microsoft Encarta, 2009)

Effective therapy and intensive public-health measures reduced the number of cases reported in the United States from 106, 000 in 1947 to 25, 500 in 1975, but the number rose again to about 35, 500 cases in 1999. During the 1970s most cases of syphilis in men occurred in homosexuals, but the increase in the 1980s appeared to be largely among heterosexuals. This trend increased the incidence of congenital syphilis, which causes a high rate of morbidity and mortality in infants. People who also have acquired immunodeficiency syndrome (AIDS) are more likely to develop serious forms of syphilis and to suffer relapses after treatment that usually would be curative. (Microsoft Encarta, 2009)

III. Types of Syphilis

Just like any other diseases, syphilis has many levels, or preferably called types. Primary Syphilis Primary is the first stage of syphilis. The symptoms of the first stage of the infection, primary syphilis, usually appear 10 days to 3 months after sexual contact with an infected person. A painless red sore called a chancre can appear on the genitals in the area where the infection occurred. Enlarged lymph nodes (swollen glands) also might be present in the area. Depending on the type of sexual contact, a chancre might also develop on the mouth or in the rectal area. Chancres are the primary way that syphilis is transmitted between people, but often are unrecognized. Even without treatment, chancres will heal after 3 to 6 weeks, but if the infection won't be treated, it could still lead to worst stage. (<http://kidshealth.org/parent/infections/std/syphilis.html>)

Secondary Syphilis

The secondary stage usually begins weeks to months after the chancre sore appears. Syphilis bacteria enter the blood and spread through the body, causing many different symptoms, including rash (small red spots), fever, headache, loss of appetite, weight loss, sore throat, muscle aches, joint pain, a generally ill feeling, and enlarged lymph nodes. The rash of secondary syphilis can develop anywhere on the body, including on the palms and on the soles of the feet. Gray or white wart-like patches of skin called condylomata can appear on the moist areas around the mouth, anus, and vagina. These lesions are full of bacteria and very contagious.

(<http://kidshealth.org/parent/infections/std/syphilis.html>)

The symptoms of secondary syphilis will eventually go away. But in this stage, syphilis can also affect the liver, kidneys, and eyes, or cause meningitis. The symptoms of secondary syphilis will eventually go away, but without treatment, the infection can advance to the third stage. This is true even if an infected person did not have symptoms of primary or secondary syphilis.

Late (Tertiary) Syphilis

After the secondary stage, people with syphilis who have not been treated progress to the latent stage, where they have no more symptoms but are still infected. Some of them go on to have symptoms of late syphilis, which can appear many years later and can damage the eyes, large blood vessels, heart, bones, and central nervous system (called neurosyphilis). Symptoms of this late stage of syphilis can include memory loss, problems with mental function, walking, balance, bladder control, and vision, in addition to impotence and loss of feeling in legs. (<http://kidshealth.org/parent/infections/std/syphilis.html>) Congenital Syphilis

Congenital syphilis is a severe, disabling, and often life-threatening infection seen in infants. A pregnant mother who has syphilis can spread the disease through the placenta to the unborn infant. Congenital syphilis is caused by the bacterium *Treponema pallidum*, which is passed from mother to child during fetal development or at birth. Nearly half of all children infected with syphilis while they are in the womb die shortly before or after birth. Despite the fact that this disease can be cured with antibiotics if caught early, rising rates of syphilis among pregnant women in the United States have increased

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the number of infants born with congenital syphilis. (Patterson and Davis, 2011) IV. How the disease is Transmitted

Sexual

Syphilis transmission can occur when infected lesions come in contact with the soft skin of the mucous membrane found inside the vagina, urethra or with an abrasion during vaginal, oral and anal sex, even if there is no sexual penetration. It is most easily spread during the first stage because symptoms usually go unnoticed. Syphilis can also be contracted from exposure to lesions or syphilitic “warts” during the secondary stage. If “warts” are present, they may easily spread the syphilis bacteria, due to the large amount of *T. pallidum* present. Because symptoms of secondary syphilis can recur, a person who has entered the latency stage of syphilis can still transmit the disease. (<http://www.ashastd.org/std-sti/syphilis.html>)

Nonsexual

The disease can also be transferred even though there is no contact with a person having the syphilis. Because syphilis bacteria are extremely fragile, they cannot be spread during contact with objects such as toilet seats or towels. People, especially health care workers, can be at risk for syphilis if an abrasion or cut on the skin comes into contact with a syphilitic lesion.

(Hughes, 2007)

Mother-to-Child

Syphilis can also be transmitted during pregnancy or during childbirth from a mother to her infant. (Singh and Barbara, 1999)

V. Symptoms of Syphilis

Primary Syphilis

The primary stage of syphilis is usually marked by the appearance of a single sore, known as a chancre, within 10 to 90 days after contact with the bacteria at the site of infection. It usually appears as a single, painless sore, that is raised or elevated.

Chancres may be found: outside the genitals, including the penis, scrotum and vagina; inside the vagina or rectum; at or around the anus; or, on the lips or in the mouth, though this is not as common. The sore can last from one to five weeks and will go away by itself. (<http://www.ashastd.org/std-sti/syphilis.html>)

The chancre will go away with or without treatment. Without treatment, the person will still have syphilis and can transmit it to others.

Secondary Syphilis

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The secondary stage of syphilis can develop 17 days to 6 1/2 months after infection. Symptoms can last from 2 to 6 weeks. Symptoms can include: a rough, reddish-brown rash that appears on the palms of your hands or the soles of your feet, which normally does not itch; rashes on other parts of the body, including the neck, head and torso; condylomata lata or syphilitic “

warts”, moist, raised or elevated skin lesions, may be found in the anus or genital area; “ mucous patches,” flat, round, grayish-white sores, can appear on the mouth, throat, and cervix; patchy loss of hair on the head and other parts of the body; or, a general sense of ill health.

Symptoms of secondary syphilis will clear up with or without treatment, but the disease will still be present if untreated. It will then enter into a latent stage, which has no signs or symptoms. (Workowski and Berman, 2010)

Latent Stage

Latent syphilis is defined as the time where there are no signs or symptoms of the disease . It develops from two to 30+ years after infection. Because there are no signs or symptoms, the only way to test for infection during the latent period is by blood test. A relapse of secondary syphilis can occur once the disease has entered the latent stage. This normally will happen during the first two years of latency.

Late Stage (Tertiary)

Symptoms of late stage or tertiary syphilis can occur 2 to 30+ years after infection. Complications during this stage can include: gummas (small bumps or tumors that can develop on the skin, bones, liver or any other organ), problems with heart and blood vessels, or chronic nervous system disorders, such as blindness, insanity and paralysis.

If treated during this period, gummas will usually disappear. Though treatment at this phase will cure the disease and stop future damage to the

body, it cannot repair or reverse the damage that occurred before treatment.

Congenital Syphilis

A mother infected with syphilis can pass the disease to her unborn child, either during pregnancy or in childbirth. A newborn infected in this manner has congenital syphilis. Early signs generally appear from three to eight weeks after a baby is born. Even though these symptoms develop soon after birth, most cases go unnoticed until late congenital symptoms appear in childhood or adolescence. Late congenital syphilis has similar symptoms to tertiary syphilis in adults, though heart complications rarely occur in cases of congenital syphilis. (Singh and Barbara, 1999)

VI. Diagnosis of Syphilis

Syphilis can be detected by blood tests, which looks for antibodies, or by testing fluids, taken from lesions or swollen lymph nodes, which occur during primary or secondary syphilis. Darkfield Exam

This test uses a fluid sample taken from the chancre during primary syphilis or from symptoms that occur during secondary syphilis found in areas such as the vagina (women) or the urethra (men). The sample is then viewed under a microscope. This test can only be done during primary or secondary syphilis, when sores, lesions & warts are present.

Blood Tests

There are two types of blood tests used to detect syphilis: nontreponemal and treponemal. These tests can be done in all stages of syphilis.

Nontreponemal blood tests are screening tests that look for certain antibodies, but not specifically syphilis antibodies. There are two types of screening test that may be used: VDRL (Venereal Disease Research Laboratory) or RPR (Rapid Plasma Reagent).

If the results for these test come back positive, a more specific treponemal blood test is performed to confirm a positive result. There are two types of confirmatory tests that may be used: FTA-ABS (Fluorescent Treponemal Antibody Absorption Test) or MHA-TP (Microhemagglutination-Treponema Pallidum).

There is a possibility of a false positive, particularly if the person tested has had syphilis before. A test may also be a false positive result if you are pregnant, have rheumatoid arthritis, use heroin, or have hepatitis, influenza or pneumonia.

Cerebrospinal Fluid Test

Another test uses cerebrospinal (involving the brain and spinal chord) fluid and is usually done if a person has damage to their central nervous system.

Testing in Infants

If no signs and symptoms are found at birth, a blood test should be performed every 2 to 3 months on the infant until the test comes back negative. This is because an infant may test positive for syphilis and not be infected until the mother's antibodies, transmitted during pregnancy, clear the infant's body. For more information about testing and treatment of

infants, talk with your health care provider, or visit your local health department.

VII. Survey or How Common Syphilis Is?

Most recent statistics from the Centers for Disease Control and Prevention (CDC) indicate that the total number of cases of syphilis reported decreased 3.2% (from 46,291 to 44,828 cases) during 2008–2009. However, the rate of primary and secondary syphilis has risen annually from 2001 to 2009. (<http://www.ashastd.org/std-sti/syphilis.html>)

A. Percentage of men and women having syphilis for the past 10 years

International

Summary data for syphilis cases reported to state health departments and the District of Columbia for 1998 were sent quarterly and annually to CDC. These data included the total number of syphilis cases by county of residents, sex, stages of disease, racial/ethnic group, and 5-year age group. Data on reported cases of primary and secondary syphilis were analyzed for these report because these cases best represent incidence (i. e., newly acquired infections within the value of time). Primary and secondary syphilis rates were calculated per 100,000 persons using population denominators from the Bureau of the Census. In 1998, 6993 cases of primary and secondary syphilis were reported in the United States (rate: 2.6 cases per 100,000 population), representing a 19% decrease in cases reported in 1997 (rate: 3.2) and an 86% decrease from the 50,578 cases reported in 1990 (rate: 20.3), the peak of the most recent U. S. epidemic.

In 1998, the rate of P&S syphilis was higher in the South (5.1) than in the Midwest (1.9), West (1.0), and Northeast (0.8); the rate of decline from 1997 to 1998 was greater in the Northeast (27%) than in the south (22%), Midwest (3%) and West (0%). The rate of P&S syphilis was higher in blacks (17.1) than in American Indians/Alaska Natives (2.8), Hispanics (1.5), non-Hispanic whites (0.5), and Asians/Pacific Islanders (0.4). In 1998, the rate ratio of P&S syphilis in non-Hispanic blacks compared with non-Hispanic whites was 34:1, which is substantially lower than 44:1 in 1997 and 53:1 in 1990. Rates for P&S syphilis were 30% higher in men than in women in 1998. The incidence of P&S syphilis was highest among women aged 20-24 years and among men aged 30-39 years. (Jama, 1999)

Local

Since 1984, overseas Filipino workers (OFWs), particularly those that are MSM or clients of FSWs had comprised as much as 52% (in 2002) of annual reported syphilis cases; although substantially lower at 18% in 2009. OFWs are among the most tested segments of the working population from the Philippines. (http://www.doh.gov.ph/sites/default/files/STI_guidelines_1.pdf) B. Cases of child born with Congenital Syphilis

International

The rate of congenital syphilis is alarming in China, which increased to 19.68 cases per 100,000 live births in 2005 from 0.01 cases in 1991- an average yearly rise of 71.9%. Local

There is a local study done in the cities of Baguio, Cebu and Davao in the Philippines by Aplasca-delos Reyes (1998) among 1,000 women seen in

antenatal care facilities which reports a seroprevalence for syphilis at 0.3%. Congenital syphilis on the other hand has a global annual incidence estimate ranging from 700,000 to 1.5 million cases (WHO, 2007). In Philippines, to date, there is no reliable data on syphilis prevalence and incidence among pregnant women in general. (<http://www.aidsdatahub.org/en/country-profiles/philippines>)

VIII. Conclusion

Prevention

As of 2010, there is no vaccine effective for prevention. Abstinence from intimate physical contact with an infected person is effective at reducing the transmission of syphilis, as is the proper use of a latex condom. Condom use, however, does not completely eliminate the risk. Thus, the Centers for Disease Control and Prevention recommends a long-term, mutually monogamous relationship with an uninfected partner and the avoidance of substances such as alcohol and other drugs that increase risky sexual behavior. Congenital syphilis in the newborn can be prevented by screening mothers during early pregnancy and treating those who are infected. The United States Preventive Services Task Force (USPSTF) strongly recommends universal screening of all pregnant women, while the World Health Organization recommends all women be tested at their first antenatal visit and again in the third trimester.

If they are positive, they recommend their partners also be treated.

Congenital syphilis is, however, still common in the developing world, as many women do not receive antenatal care at all, and the antenatal care

others do receive does not include screening, and it still occasionally occurs in the developed world, as those most likely to acquire syphilis (through drug use, etc.) are least likely to receive care during pregnancy. A number of measures to increase access to testing appear effective at reducing rates of congenital syphilis in low- to middle-income countries. (<http://www.antiessays.com/free-essays/65912.html>) Syphilis is a modifiable disease in many countries, including Canada the European Union, and the United States. This means health care providers are required to notify public health authorities, which will then ideally provide partner notification to the person's partners. Physicians may also encourage patients to send their partners to seek care. The CDC recommends sexually active men who have sex with men are tested at least yearly. Abstinence

Syphilis can be reduced or prevented by means of abstinence, not having sex of any kind.

Mutual monogamy

Having sex with only one uninfected partner is another way to reduce the risk of having the disease.

Other Methods

Latex condoms for vaginal and anal sex. Condoms may protect the penis or vagina from infection, but do not protect from contact with other areas such as the scrotum or anal area.

Several barrier methods can be used to reduce the risk of transmission of syphilis during oral sex. A non-lubricated condom can be used for mouth-to-penis contact. Household plastic wrap, a dental dam, or a latex condom cut-up and opened flat can reduce the risk of transmission during mouth-to-vulva/vagina or oral-anal (rimming) contact. (<http://www.ashastd.org/std-sti/syphilis.html>) Treatment

Early infections

The first-choice treatment for uncomplicated syphilis remains a single dose of intramuscular penicillin G or a single dose of oral azithromycin.

Doxycycline and tetracycline are alternative choices; however, due to the risk of birth defects these are not recommended for pregnant women.

Antibiotic resistance has developed to a number of agents, including macrolides, clindamycin, and rifampin. Ceftriaxone, a third-generation cephalosporin antibiotic, may be as effective as penicillin-based treatment.

(Viñals-Iglesias and Chimenos-Küstner, 2009) Late infections

For neurosyphilis, due to the poor penetration of penicillin G into the central nervous system, those affected are recommended to be given large doses of intravenous penicillin for a minimum of 10 days. If a person is allergic, ceftriaxone may be used or penicillin desensitization attempted. Other late presentations may be treated with once-weekly intramuscular penicillin G for three weeks. If allergic, as in the case of early disease, doxycycline or tetracycline may be used, albeit for a longer duration. Treatment at this stage limits further progression, but has only slight effect on damage which has already occurred. (Katz RV et al, 2006) Sexually transmitted disease

such as syphilis is a major global cause of acute illness, infertility, long term disability and death, with severe medical and psychological consequences for millions of men, women and children. This disease needs proper attention to avoid it from spreading.

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