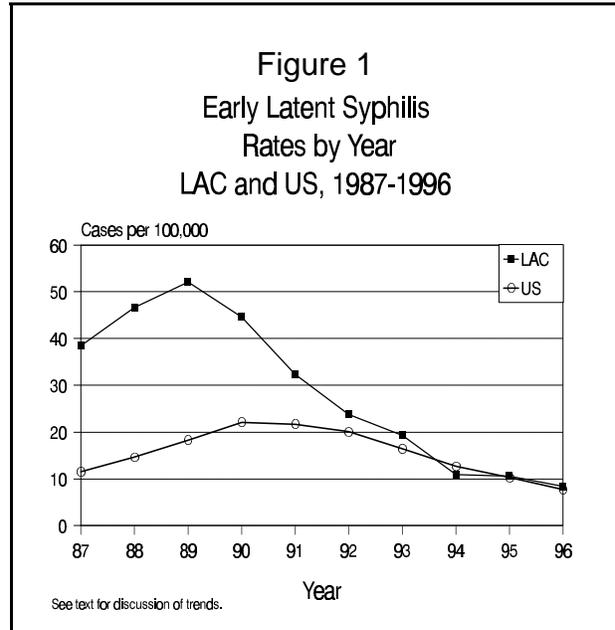




## SYPHILIS, EARLY LATENT

CRUDE DATA	
Number of Cases	744
Annual Incidence <sup>a</sup>	
LA County	8.4
California	3.6
United States	7.7
Age at Onset	
Mean	33
Median	32
Range	4 - 82 yrs
Case Fatality	
LA County	N/A
United States	N/A



<sup>a</sup> Cases per 100,000 population. U.S. and California rates are provisional.

### ETIOLOGY

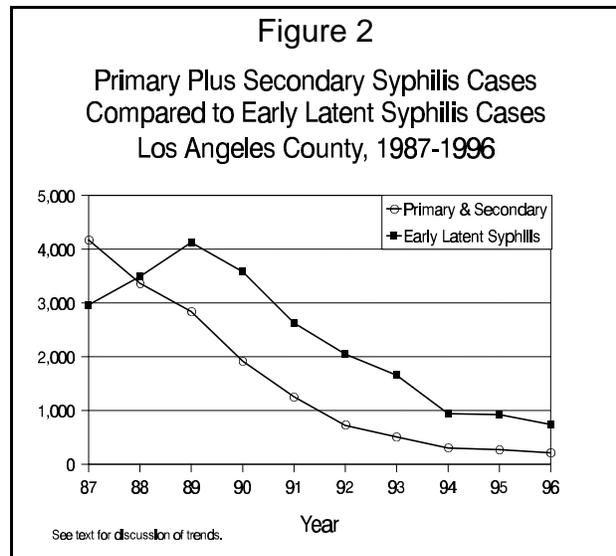
*Treponema pallidum*, a spirochete bacterium.

### DISEASE ABSTRACT

The number of reported cases and rate of early latent syphilis declined for the seventh straight year (Figure 1). The distribution of cases by age, race, and gender in 1996 was similar to that of previous years.

### STRATIFIED DATA

**Trends:** The drop in early latent syphilis





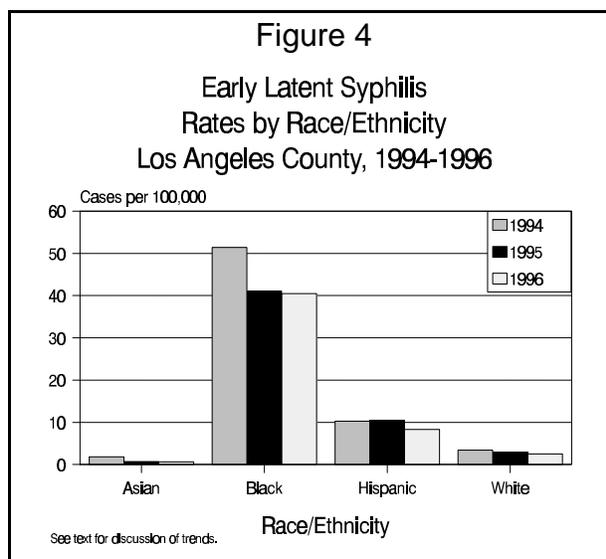
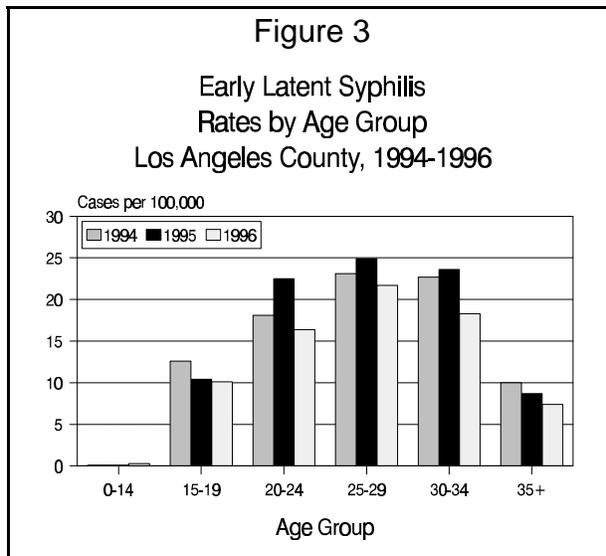
cases parallels that of primary and secondary syphilis (Figure 2). In 1989, cases peaked at 4,126; by 1996, the number of cases dropped to 744 (8.4 cases per 100,000 population). The decrease in incidence rate from 1989 (84%) was larger than that of the US (58%), reflecting the concentration of cases in a large urban coastal area. It is to be noted in evaluating long-term trends that the criteria used for classification of cases by year was changed beginning in 1994, but has not yet been applied to previous years. The expected effect will be to decrease annual morbidity and incidence rates for syphilis by five to ten percent.

**Seasonality:** None.

**Age:** As with primary and secondary syphilis, the age distribution is older than that of other STDs (Table 1), with the median age of early latent syphilis cases being five to ten years older than those with gonococcal and chlamydial infections. In 1996, rates decreased in all age groups 15 years and older. Overall, the highest incidence was in 20- to 34-year olds, with the 25- to 29-year-olds having the highest age-specific rate (21.7 cases per 100,000 population; Table 1 and Figure 3).

**Sex:** Cases among females are more likely to be detected in the early latent stage than during the primary and secondary stages. Symptoms may not be recognized and health care may not be readily accessible. Frequently, infections are not discovered until screening during prenatal visits, or at the time of delivery.

The male-to-female rate ratio shifted slightly from 1:1.04 in 1995 to 1.02:1 in 1996 due to a greater decrease in female cases (23%) than in male ones (18%).





**Race/Ethnicity:** Early latent syphilis rates decreased among all race/ethnic groups in 1996 (Table 1). The highest incidence continued to be in Blacks, whose rate was over four times that of Hispanics and 16 times that of Whites (Table 1 and Figure 4). The age-specific incidence among Blacks 35 years and older was 30 times higher than that among Whites.

**Location:** There were wide fluctuations in cases and incidence rates by health district in 1996 compared to 1995, although the overall trend continued downward (Table 2). The majority of all early latent cases were reported in the six core health districts (58%).



**Table 1. Early Latent Syphilis Cases and Rates by Race/Ethnicity, Gender, and Age  
Los Angeles County, 1995-1996**

	Number of Cases		Rate <sup>a</sup>		Percent Change in Rate
	1996	1995	1996	1995	
<b><u>Race/Ethnicity</u></b>					
Amer. Indian/Eskimo/Aleut	NA	NA	--	--	--
Asian/Pacific Islander	6	7	0.6	0.7	-14
Black	303	361	40.5	41.1	-1
Hispanic	290	389	8.3	10.5	-21
White	68	90	2.5	2.9	-14
Unknown	77	79	--	--	--
<b><u>Gender</u></b>					
Male	375	453	8.5	10.4	-18
Female	366	473	8.3	10.8	-23
Unknown	3	0	--	--	--
<b><u>Age Group</u></b>					
0-14	8	2	0.3	0.1	200
15-19	61	55	10.1	10.4	-3
20-24	96	128	16.4	22.5	-27
25-29	147	186	21.7	24.9	-13
30-34	139	208	18.3	23.6	-22
35+	292	345	7.4	8.7	-15
Unknown	1	2	--	--	--
<b>County Total</b>	<b>744</b>	<b>926</b>	<b>8.4</b>	<b>10.6</b>	<b>-21</b>

<sup>a</sup>Cases per 100,000 population. Estimates of race-specific rates have been adjusted to account for the proportion of cases with missing data by assuming that each sub-category's proportion of the known and unknown cases are equivalent.



**Table 2. Early Latent Syphilis Cases and Rates by Health District  
Los Angeles County, 1995-1996**

Health District <sup>b</sup>	Number of Cases		Rate <sup>a</sup>		Percent Change
	1996	1995	1996	1995	in Rate
South <sup>c</sup>	72	85	44.1	51.6	-15
Central <sup>c</sup>	106	117	33.0	33.6	-2
Southeast <sup>c</sup>	37	51	24.0	30.5	-21
Southwest <sup>c</sup>	80	75	21.9	27.7	-21
Inglewood <sup>c</sup>	81	104	20.6	26.2	-21
Compton <sup>c</sup>	53	87	19.5	23.5	-17
Hollywood-Wilshire	75	84	15.4	16.5	-7
San Antonio	33	43	7.8	12.3	-37
East Los Angeles	15	20	6.7	9.2	-27
Northeast	22	39	6.2	9.2	-33
Harbor	9	30	4.7	4.1	15
Whittier	13	24	4.2	5.4	-22
Bellflower	12	13	3.5	4.3	-19
Foothill	10	11	3.4	3.4	0
West Valley	25	23	3.4	3.9	-13
East Valley	12	8	3.0	4.0	-25
El Monte	14	10	3.0	3.4	-12
West	15	22	2.5	5.6	-55
San Fernando	14	23	2.3	4.6	-50
Alhambra	8	8	2.2	1.9	16
Glendale	7	2	2.2	0.6	267
Pomona	11	18	2.1	5.4	-61
Torrance	7	19	1.6	3.0	-47
Unknown District	13	10	--	--	--
<b>County Total</b>	<b>744</b>	<b>926</b>	<b>8.4</b>	<b>10.6</b>	<b>-21</b>

<sup>a</sup> Cases per 100,000 population.

<sup>b</sup> The health district figures do not reflect the revised boundaries adopted in April 1994.

<sup>c</sup> Core district.