

Rescission of 105 CMR 375.000: Premarital syphilis testing

Massachusetts Public Health Council
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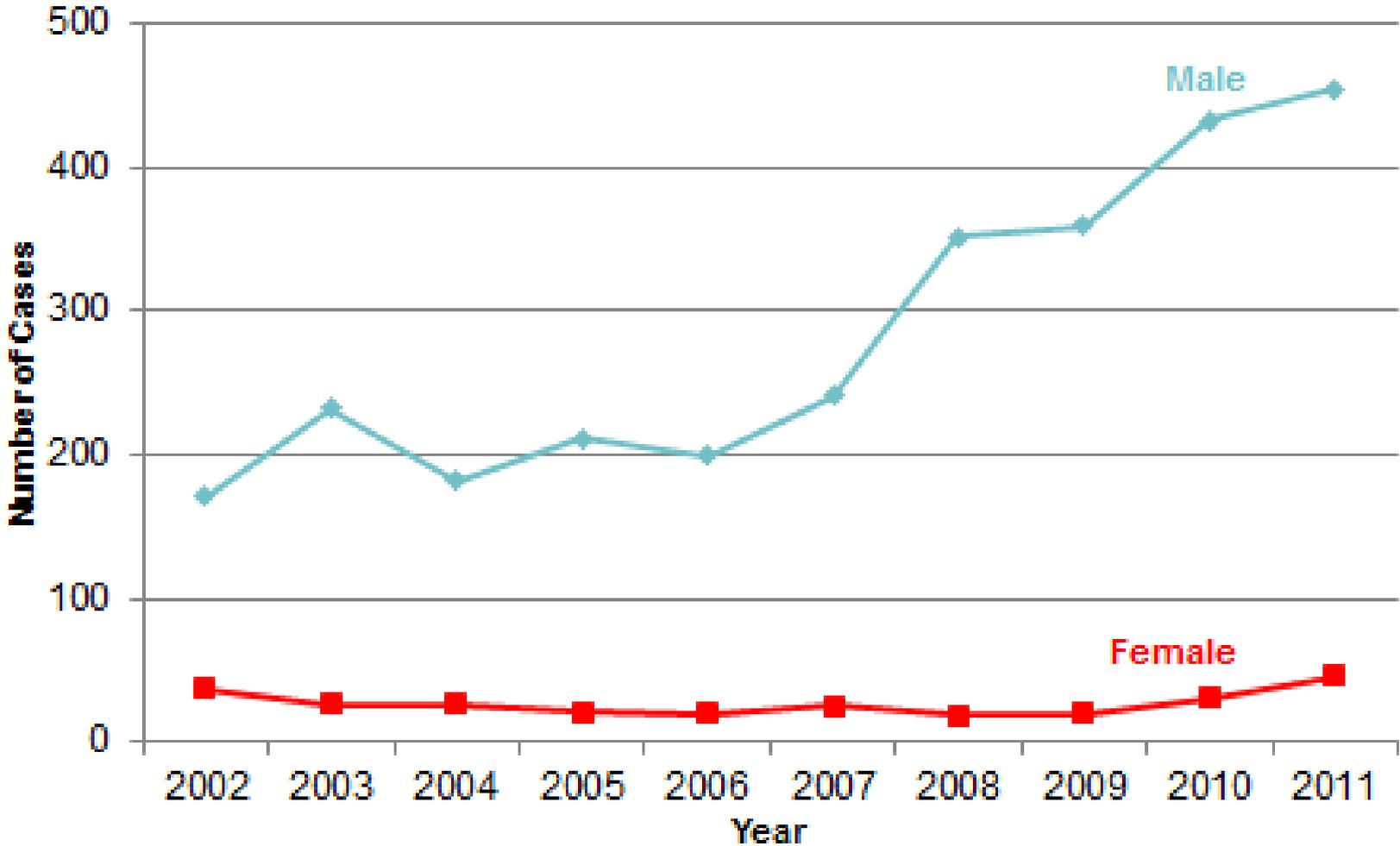
Premarital Serologic Testing for Syphilis (105 CMR 375.000)

- Beginning in 1941 MA law (most recently MGL c. 207 § 28A) required a premarital medical examination which included serology for syphilis
- Later amendments to MA law added optional rubella serology
- Promulgation of 105 CMR 375.000 was authorized by this statute
- MGL c. 207 § 28A has been repealed; premarital medical certification is no longer a requirement
- As a consequence, 105 CMR 375.000 lacks statutory authority and needs to be rescinded

Experience of syphilis screening in MA

- As far back as 1941 premarital syphilis screening was low-yield (~1% seropositivity), falling to negligible levels in subsequent years
- Recent patterns of syphilis incidence do not support premarital screening as an effective prevention and control strategy
- The required medical certificate and syphilis screening were the subjects of numerous consumer complaints
- More recently MA has been working on strategies linked to national syphilis elimination goals, including targeted testing of high-risk populations and rapid follow-up on symptomatic and other index cases and their partners

Infectious Syphilis Cases by Gender Massachusetts, 2002–2011



Data Source: MDPH, Bureau of Infectious Disease

Current status of syphilis in MA

- Of the 500 infectious syphilis cases reported in 2011, 363 (73%) were reported in men who have sex with men (MSM)
- Forty-two percent (N=151) of MSM with infectious syphilis in 2011 disclosed that they were co-infected with HIV
- Current syphilis screening strategies are closely linked to testing and screening for HIV, viral hepatitis, and the other STIs at 34 funded sites statewide
- Priority preventive treatment is offered at eight publicly funded sites
- Rapid index case and partner follow-up is conducted by state Disease Intervention Specialists (DIS)

Recommendation and next steps

- As MGL c. 207 § 28A is repealed, DPH recommends rescinding 105 CMR 375.000
- DPH will hold a public meeting on this rescission, but expects no opposition or controversy
- DPH will return to the Public Health Council following the public hearing and will present any public comments received