EDITOR'S NOTE

EDITOR'S NOTE: The "Shadow on the Land" Returns to Public Health's Radar

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In the middle of the Great Depression, President Franklin Roosevelt's Surgeon General, Dr. Thomas Parran, Jr., initiated a progressive campaign against the ancient scourge, syphilis, which he termed the "shadow on the land," and published a landmark book with that title in 1937.[1] Here in Mississippi, at the same time, State Health Officer Felix Underwood aggressively partnered with Parran's efforts to control syphilis. Contemporary Jacksonians remember hearing Underwood discuss the disease in a medically straightforward manner, utilizing such terms as "spirochetes" and "sexual transmission" on the public airwaves of WJDX radio in the 1930s. Such was uncommon for a health officer in the South at the time.[2,3]

Although great strides have been made over the last eight decades against syphilis in Mississippi and the nation, this "shadow on the land" is reemerging as a significant public health concern. Between 2016 and 2020, primary and secondary syphilis cases rose by more than 125% to a rate of 24.9 cases per 100,000 population in 2020 in Mississippi, which was tied for the highest rate among all the states. Congenital syphilis saw an even more rapid peak in the state over this period, spiking more than 1100% from 2019 to 2020.[4,5]

In this post-pandemic period, syphilis and congenital syphilis are the state's number one public health issue. Our current State Health Officer Dr. Dan Edney recently reflected, "Congenital syphilis is my number one concern. It shouldn't even be on the radar."[6] Massive cuts in health department funding, which took effect in 2017, impacted local access to care and core functions of the department. Then came COVID-19, with 18 months of closure of health department clinics and significant public health distraction from its traditional work. Now we are paying the price for this lack of local public health access.

Getting our arms around syphilis will require a bread-and-butter public health approach: screen, diagnose, trace, and treat. In March, a HAN-Alert was issued which required syphilis testing during the first and third trimesters of pregnancy (and at delivery) and the reporting of positive cases.[5] In addition to this increased screening, the use of disease intervention specialists (DIS) to trace contacts will be employed, as well as increased use of our department's equity team to promote awareness. Physicians and others on the front line need to educate themselves about syphilis so they will recognize it when they encounter

it. Treatment is still Bicillin L-A, and while there was a period of shortage, it is now readily available. Dr. Edney asserts, "It will take little while before we see the needle move," but he is confident his agency will soon have this outbreak under control.[6]

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