



Issues Identified

Virginia early syphilis incidence has **more than doubled** in the past decade. Though there have been recent improvements, there is **no simple data source** showing case counts and trends over more than 5 years. **County-level data** is particularly challenging to locate and visualize. It is difficult to understand and communicate the **increase in syphilis over time**.

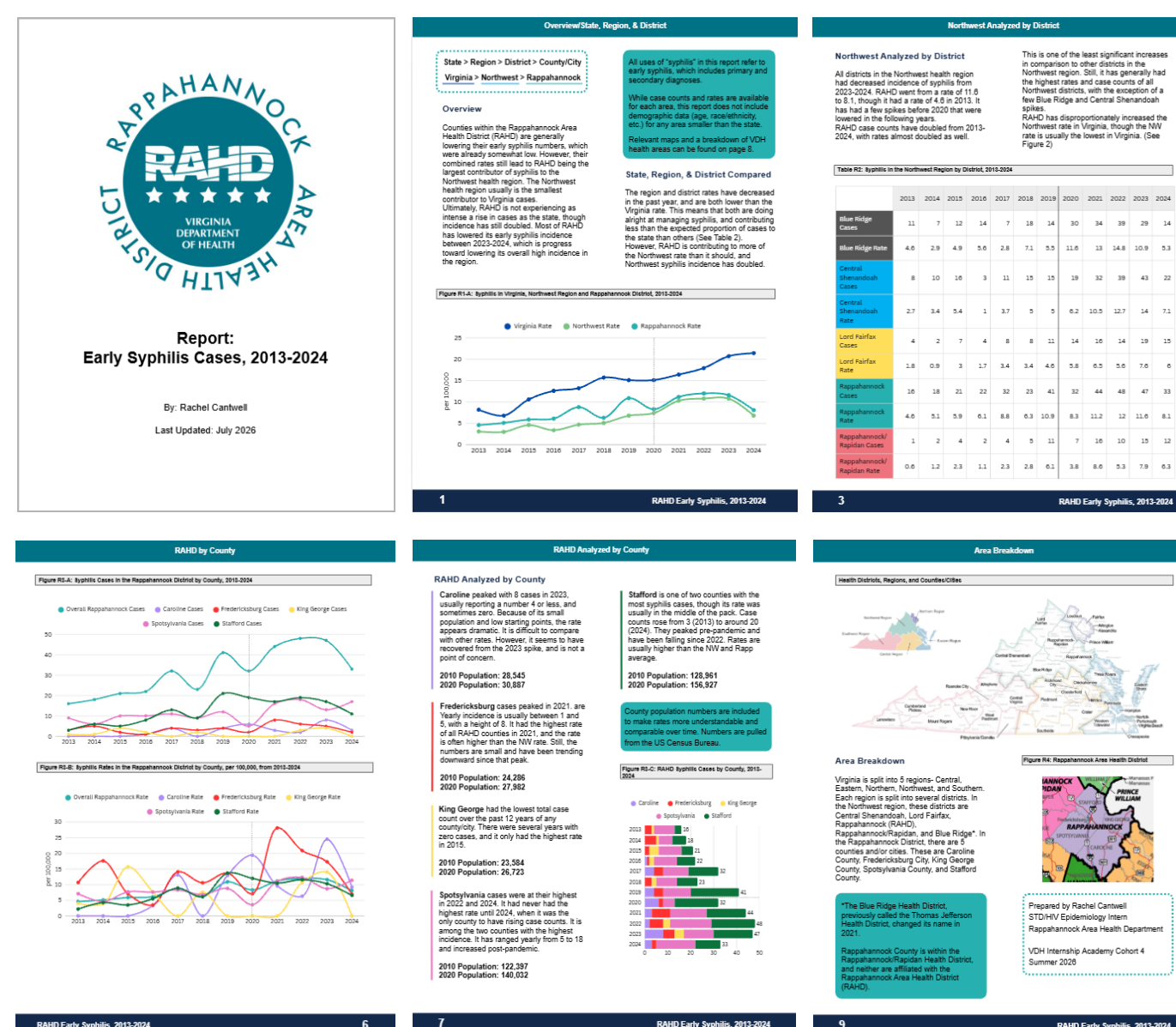
Output

I compiled data into a **12-year syphilis report** for the Rappahannock Area Health District. It includes counts and rates, data visualizations, and trend analyses. This paper is meant to communicate **how early syphilis incidence has increased over time** in the area. Using this report, both health staff and the general public can find **synthesized data** from 2013 through 2024.

In addition to county data, early syphilis incidence is compared between RAHD, the entire Northwest Region, and Virginia as a whole.

Public Health Impact

My final product is a tool for **bettering** the local public's **understanding of syphilis**. It provides explanations along with data, forming an educational piece that could help **change public perspective** on the magnitude of the syphilis problem.



I Learned More About:

- Syphilis trends and treatment
- How Epidemiologists and Disease Intervention Specialists work
- How VDH processes data and public health
- Working with Tableau, Excel, and Canva
- My own ability to contribute to public health

Acknowledgements:

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Challenges

Public Accessibility & Design

- Balancing pure data with contextual information
- Using language that is accessible to the public but not oversimplified
- Keeping visuals legible and aesthetically pleasing without adding too many pages
- Maintaining a professional, cohesive design while distinguishing variables with different colors

Issues of Data Availability

- Case counts and related data for the 4 years prior sometimes differed between annual reports
- 2025 data has not yet been finalized by VDH for comparison

Solutions: Work backwards to use the last published case count for each year, and limit included data to what has been officially released