

June 3, 2019

Dear Health Care Provider:

**RE: Congenital HIV and Congenital Syphilis in Manitoba!**

**What is happening?**

**OUTBREAK:**

- A large outbreak of syphilis continues in Manitoba, unabated in 2019. Syphilis case counts for 2018 were the highest on record. HIV/syphilis co-infections are increasing.
- Syphilis cases diagnosed in women of childbearing age are continuing to rise in 2019.
- Over 10 infants have been treated for congenital syphilis in 2018-2019, the majority from Winnipeg and Northern Manitoba.
- Some infants have also been born with HIV infection in 2018-2019, in Winnipeg.
- Lack of prenatal care and substance use continue to be identified as risk factors for both newborn HIV infection and congenital syphilis.

**Who to test?**

Screen **ALL** pregnant persons for **ALL** sexually transmitted and blood borne infections (STBBIs), **including syphilis and HIV**, at first prenatal visit, again at 28-weeks gestation, and again at delivery.

**Note:** Ongoing injection drug use or those without prenatal care should have expedited STBBI testing ordered.

**Who to treat for syphilis without test results?**

**ALL** pregnant persons meeting the following characteristics should receive treatment for syphilis with Benzathine penicillin G (Bicillin®) 2.4 million units IM, without awaiting syphilis serology results (i.e., **test and treat at the same time**):

- presents with symptoms of primary or secondary syphilis (such as painless genital, anal or oral ulcer, skin rash involving palms or soles, patchy alopecia)
- is a direct contact of a person with confirmed primary, secondary or early latent syphilis
- is asymptomatic and screened for syphilis but considered at high risk of being infected (i.e., sex contact of a person with confirmed syphilis; person who injects drugs; person who has multiple sex partners) and who is not likely to return for follow up

Persons who are **allergic to penicillin** should be treated with IM or IV ceftriaxone 1g daily X10 days; if ceftriaxone cannot be administered, a penicillin desensitization protocol may be used. Azithromycin should never be used due to high resistance.

**Who to contact for HIV management in pregnancy?**

**ALL** pregnant persons who are infected with HIV should be referred to the **Manitoba HIV Program (call HIV intake referral line at 204-940-6089 or 1-866-449-0165).**

Pregnant persons infected with HIV who receive anti-retroviral treatment will reduce the chance of congenital HIV infection by over 90%.

Even if first positive HIV test is detected at the time of delivery, congenital HIV infection risk can be significantly decreased by treating the mother before delivery and the newborn immediately after delivery with anti-retroviral medications. An urgent consultation to **Pediatric Infectious Diseases (204-787-2071)** should be obtained for any newborn exposed to a maternal HIV infection.

**Who to contact for more information?**

Any comments or questions regarding syphilis can be directed to Manitoba Health, Seniors and Active Living at [stbbi@gov.mb.ca](mailto:stbbi@gov.mb.ca)

For more clinical management information about syphilis go to [https://www.gov.mb.ca/health/publichealth/factsheets/syph\\_mgmt\\_tool.pdf](https://www.gov.mb.ca/health/publichealth/factsheets/syph_mgmt_tool.pdf)

Sincerely,

*“Original Signed By”*

Michael Isaac, MD  
A/Chief Provincial Public Health Officer

*“Original Signed By”*

Richard Baydack, PhD  
Director