

INFECTIOUS SYPHILIS MANAGEMENT TOOL

WHO SHOULD I TEST?

ALL PERSONS WHO PRESENT WITH SYMPTOMS OF SYPHILIS such as painless genital, anal or oral ulcers, generalized maculopapular rash (typically including palms and soles) and/or lymphadenopathy.

See Manitoba Health, Healthy Living and Seniors (MHLS) protocol (below) for details on clinical presentations

IN ADDITION TO TESTING SYMPTOMATIC PERSONS, ALSO SCREEN THE FOLLOWING PERSONS:

- ALL pregnant persons – congenital syphilis is often severe, disabling, and life-threatening
- ALL persons reporting unprotected sex with casual or anonymous partners should be routinely tested for sexually transmitted infections (STI) every 3-6 months
- ALL persons requesting STI testing
- ALL persons with any confirmed or suspected STI such as gonorrhoea, chlamydia or HIV
- consider offering serology for all patients as part of routine care

WHO IS INFECTIOUS?

PRIMARY SYPHILIS: painless genital, anal or oral ulcerative lesions, +/- inguinal lymphadenopathy. The initial ulcer typically heals spontaneously.

SECONDARY SYPHILIS: usually a generalized maculopapular nonpruritic rash (typically including palms and soles) +/- other rash types, +/- fever, +/- generalized lymphadenopathy +/- alopecia +/- condyloma lata.

EARLY LATENT SYPHILIS: cases are asymptomatic, only detected with serologic screening.

NOTE: neurosyphilis can occur during any stage of infection. Consult ID if neurologic symptoms.

HOW DO I TEST?

- 5-10 ml blood in a red-stoppered tube or a serum separator tube (red top with yellow cap)
- Cadham Provincial Laboratory (CPL) requisition form should request syphilis serology testing and HIV antibody testing; and should provide information on reason for testing, including symptoms or suspected stage of syphilis. (Consider choosing CPL's STI panel which includes serology testing for syphilis, HIV and hepatitis B and test for hepatitis C as well.)
- Swab ulcers, sores, or moist skin lesions with a dacron swab (ex: swab from GenProbe package) of the lesion and place into viral transport medium. The sample must remain refrigerated until sent to CPL and the CPL requisition should clearly indicate the site and test requested: T. pallidum PCR testing.

WHAT IS THE TREATMENT?

- Benzathine penicillin G (Bicillin®) 2 injections of 1.2 million units IM in a single session (2.4 MU total). See MHLS protocol for information on allergy, pregnancy and HIV positive persons.
- The Bicillin® in preloaded syringes is provided free of charge by MHLS (see order form below).
- Sex contacts of known syphilis cases MUST ALSO immediately be offered treatment for syphilis, without awaiting testing results.
- When staging is questionable in asymptomatic person, consider staging as Early Latent for reporting purposes, but treating as Late Latent (3 weekly treatments of Bicillin).
- Follow serologic response as per provincial protocol and current outbreak response. If titres do not decrease as per protocol, repeat HIV testing and consult ID.

IS IT REPORTABLE? Cases of syphilis are reportable under The Public Health Act, as are identified contacts of cases. If you are contacted by a public health nurse for follow up of your patient who has an STI, your collaboration and assistance would be greatly appreciated.

WHERE CAN I GET MORE INFO?

- Any complicated cases, all cases of neurosyphilis, or for assistance, consult Infectious Diseases.
- Consult Pediatric Infectious Diseases for any pregnant patient diagnosed with syphilis, any newborn if maternal syphilis was diagnosed at any time during pregnancy, or if congenital syphilis is suspected.
- MHLS – Syphilis Protocol <http://www.gov.mb.ca/health/publichealth/cdc/protocol/syphilis.pdf>
- CPL – Cadham Provincial Laboratory – Serology section: 204-945-6123
- MHLS STI Medication Order Form <http://www.gov.mb.ca/health/publichealth/cdc/protocol/form11.pdf>

POSITIVE SYPHILIS SEROLOGY

CLIENT HISTORY OR CADHAM LAB DOCUMENTATION OF REMOTE POSITIVE SYPHILIS SEROLOGY?

**NO
NEW INFECTION:**

REPEAT SYPHILIS SEROLOGY SAME DAY AS TREATMENT
TEST FOR GONORRHEA, CHLAMYDIA, HIV & HEPATITIS B AND C
DO A SEXUAL HEALTH HISTORY & PHYSICAL TO STAGE INFECTION

STAGING: SYMPTOMS?¹

CHANCRE

ORAL, ANAL,
VAGINAL, PENILE
SWAB FOR
SYPHILIS PCR

RASH
ALOPECIA,
LYMPHADENOPATHY

NO

PRIMARY

SECONDARY

LATENT

TREAT (2.4 MU BICILLIN) x1
FOLLOW SEROLOGY
AS PER PROTOCOL

COLLECT INFORMATION
ABOUT CONTACTS
COMPLETE FORM FOR
CONTACT TRACING

**SYMPTOMS/
EXPOSURE
IN LAST 12
MONTHS?**
OR 4 FOLD RISE IN
VDRL/RPR TITRE?

YES:
EARLY LATENT

NO:
LATE LATENT

TREAT (2.4 MU BICILLIN)
WEEKLY x3
FOLLOW SEROLOGY

NEWBORNS: IF MATERNAL SYPHILIS WAS DIAGNOSED AT ANY TIME DURING PREGNANCY, OR IF CONGENITAL SYPHILIS IS SUSPECTED, CONSULT PEDIATRIC INFECTIOUS DISEASES.

YES

POSSIBLE REMOTE CASE:

COLLECT DETAILS
ABOUT PREVIOUS INFECTION
DO SEXUAL HEALTH & IMMIGRATION
HISTORY AND PHYSICAL
TEST FOR GONORRHEA, CHLAMYDIA,
HIV & HEPATITIS B AND C

SYMPTOMS?

YES:
REFER TO NEW INFECTION

NO:
EXPOSURE TO INFECTIOUS CASE, CURRENT
UNPROTECTED SEX, RISE IN VDRL/RPR, OR OTHER
REASON TO SUSPECT NEW INFECTION?

NO:
LIKELY AN OLD
TREATED CASE

YES:
RETEST IN 7-21 DAYS

**HISTORY OF
TREATMENT:**
NO FOLLOW UP
REQUIRED

**4 FOLD RISE
IN VDRL/RPR:**
NEW INFECTION
(REFER TO EARLY
LATENT)

**NO
HISTORY OF
TREATMENT:**
STAGE AND TREAT
AS LATE LATENT

**NO CHANGE
IN VDRL/RPR:**
RETEST IN 2-3
MONTHS
STAGE AND TREAT
AS LATE LATENT

1. NEUROSYPHILIS CAN OCCUR DURING ANY STAGE OF INFECTION. CONSULT ID IF NEUROLOGIC SYMPTOMS.