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 (MHHLS) 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 gonorrhea, chlamydia or HIV
- consider offering serology for all patients as part of routine care

INFECTIONOUS 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 (MHHLS) protocol (below) for details on clinical presentations.

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 MHHLS protocol for information on allergy, pregnancy and HIV positive persons.
- The Bicillin® in preloaded syringes is provided free of charge by MHHLS (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.

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.

WHO IS INFECTIOUS?

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.
- CPL – Cadham Provincial Laboratory – Serology section: 204-945-6123
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

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

STAGING: SYMPTOMS?

CHANCRE
ORAL, ANAL, VAGINAL, PENILE SWAB FOR SYphilIS PCR

RASH
ALOPECIA, LYMPHADENOPATHY

NO

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) x1
FOLLOW SEROLOGY AS PER PROTOCOL
COLLECT INFORMATION ABOUT CONTACTS
COMPLETE FORM FOR CONTACT TRACING

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.

SYMPTOMS?

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

YES:
REFER TO NEW INFECTION

YES:
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:
4 FOLD RISE IN VDRL/RPR:
RETEST IN 2-3 MONTHS
STAGE AND TREAT AS LATE LATENT

NO:
NO CHANGE IN VDRL/RPR:
NO:
LIKELY AN OLD TREATED CASE

RETEST IN 7-21 DAYS

YES:
HISTORY OF TREATMENT:
NO FOLLOW UP REQUIRED

NO:
LATE LATENT

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