

Could it be syphilis?

Never miss an opportunity to test



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WHY NOW?



There is a rising incidence of syphilis in the general population

Three populations are at particularly risk of syphilis infection or adverse health consequences of syphilis:



People who can become pregnant aged between 15-49.



Aboriginal and Torres Strait Islander people who have been living in remote and very remote locations.



Gay, bisexual, and other men who have sex with men (MSM).

Syphilis can result in:











Congenital syphilis: fetal loss, stillbirth, prematurity, organ damage



Neurosyphilis: meningitis, visual, auditory and other neurological and cognitive impairment

SYPHILIS SYMPTOMS & SIGNS

Routine STI screening, including syphilis, is recommended for patients with these symptoms and signs, especially where the symptoms are otherwise unexplained.

 <p>Skin/hair: generalised rash to trunk, rash on palms & soles, alopecia, destructive skin lesions</p>	 <p>Mouth: ulcer, lesion</p>
 <p>Genitalia: ulcer, lumps, inguinal lymphadenopathy</p>	 <p>Anus: ulcer, lumps</p>
 <p>Unexplained clinical syndromes or test results: Consider performing syphilis testing regardless of the perceived risk of infection.</p>	 <p>Glandular fever type illness: fever, malaise, headache, lymphadenopathy, rash</p>
 <p>Neurology: visual changes, tinnitus, deafness, cranial nerve palsies, severe headache, meningitis, or other neurological disease.</p>	 <p>Heart: cardiovascular disease, specifically aortic regurgitation or signs of aortitis</p>

WHO TO TEST?

Clinical Indicators

- Patients with symptoms and/or signs of syphilis (see below)
- Patients with symptoms or any sexually transmitted infection (STI) diagnosis
- Pregnant people not engaged in antenatal care
- When testing for any other STI or Blood Borne Virus (BBV)
- Test and presumptively treat sexual contacts of people with syphilis
- People being assessed for post exposure prophylaxis (PEP)

Presence of Risk Factors:

Behavioural

- New partner
- MSM
- Substance use
- Sex work

Populations

- < 30 years old
- Aboriginal and Torres Strait Islander people
- People living in, or with sexual networks connected to areas of high prevalence, including many remote communities

TREATMENT

- Diagnosis and treatment dose is dependent on the stage of syphilis.
- To stage syphilis, test results may need to be interpreted alongside swab results, past investigations, treatment history, and clinical assessment.
- Inexperienced clinicians can seek advice from public sexual health clinics, syphilis register or public health unit.
- Repeat syphilis serology on the day of treatment (baseline).

Principal treatment options

Situation	Recommended*
Early syphilis (primary, secondary, early latent)	Benzathine benzylpenicillin 2.4 MU (1.8 g) IMI, stat, given as 2 injections containing 1.2 MU (0.9 g).
Late syphilis or syphilis of unknown duration (late latent > 2 years)	Three doses of benzathine benzylpenicillin 2.4 MU (1.8 g) IMI, each dose given as 2 injections containing 1.2 MU (0.9 g), one week apart (Day 0, 7, 14).

- Seek specialist advice or referral if:
 - Pregnant
 - Child
 - Neurological symptoms or signs
 - HIV co-infection
 - Contact tracing is unclear.
- Repeat syphilis serology 3, 6 and 12 months after treatment. Seek specialist advice or referral if RPR is rising or a 4-fold drop is not achieved by 12 months.

*Benzathine penicillin can be difficult to obtain, seek advice from public sexual health clinic or public health unit for assistance in arranging supply. Consider holding a supply using the Prescriber Bag arrangements.