

# 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 particular 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 AND SIGNS

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



**Skin/hair:** generalised rash to trunk, rash on palms & soles, alopecia, destructive skin lesions



**Mouth:** ulcer, lesion



**Genitalia:** ulcer, lumps, inguinal lymphadenopathy



**Anus:** ulcer, lumps



**Unexplained clinical syndromes or test results:** Consider performing syphilis testing regardless of the perceived risk of infection.



**Glandular fever type illness:** fever, malaise, headache, lymphadenopathy, rash



**Neurology:** visual changes, tinnitus, deafness, cranial nerve palsies, severe headache, meningitis, or other neurological disease.



**Heart:** cardiovascular disease, specifically aortic regurgitation or signs of aortitis

## 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 born virus (BVB)
- 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.