ashm

Could it be syphilis?

Never miss an opportunity to test

Scan here to find out more

WHY NOW?

There is a rising incidence of syphilis in the general population

These populations are at particular risk of syphilis infection or adverse health consequences of syphilis:

- People who can become pregnant.
- Aboriginal and Torres Strait Islander peoples.
- Gay, bisexual and other men who have sex with men (MSM).
- People experiencing socioeconomic disadvantage and barriers to health care access.

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
	Eyes: uveitis
Genitalia: ulcer, lumps, inguinal lymphadenopathy	**Anus:** ulcer, lumps
Glandular fever type illness: fever, malaise, headache, lymphadenopathy, rash	**Unexplained clinical syndromes or test results:** Consider performing syphilis testing regardless of the perceived risk of infection.
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: at first antenatal visit, 26-28 weeks, and at 36 weeks/birth
- When testing for any other STI or blood born virus (BBV)
- Test and presumptively treat sexual contacts of people with syphilis
- People being assessed for post exposure prophylaxis (PEP)

Presence of Risk Factors:

- New partner
- MSM
- Substance use
- Sex work
- < 30 years old
- Aboriginal and Torres Strait Islander people
- unstable housing
- domestic/family violence
- mental health morbidity
- history of incarceration

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).
- Tracing of sexual contacts is essential to prevent ongoing transmission.

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.

Note: benzathine penicillin is NOT BenPen.

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