

SYPHILIS: Screening, Testing & Treatment

SYPHILIS TESTING RECOMMENDATIONS AND SEROLOGY INTERPRETATION

Summary:
Indicated for asymptomatic and symptomatic adults presenting with risk factors for syphilis, and all pregnant women
Interpretation of syphilis serological test results should be based on clinical history, signs and symptoms
If test results are inconsistent with clinical assessment, consult infectious diseases or microbiology specialist

SCREEN ASYMPTOMATIC HIGH RISK INDIVIDUALS

- Any unprotected oral, genital, or anal sex
- Sexual contact with known syphilis case
- Men who have sex with men
- History of sexually transmitted infection, including HIV
- Sexual contact with individual from high prevalence region
- Sex worker or client
- Injection drug user

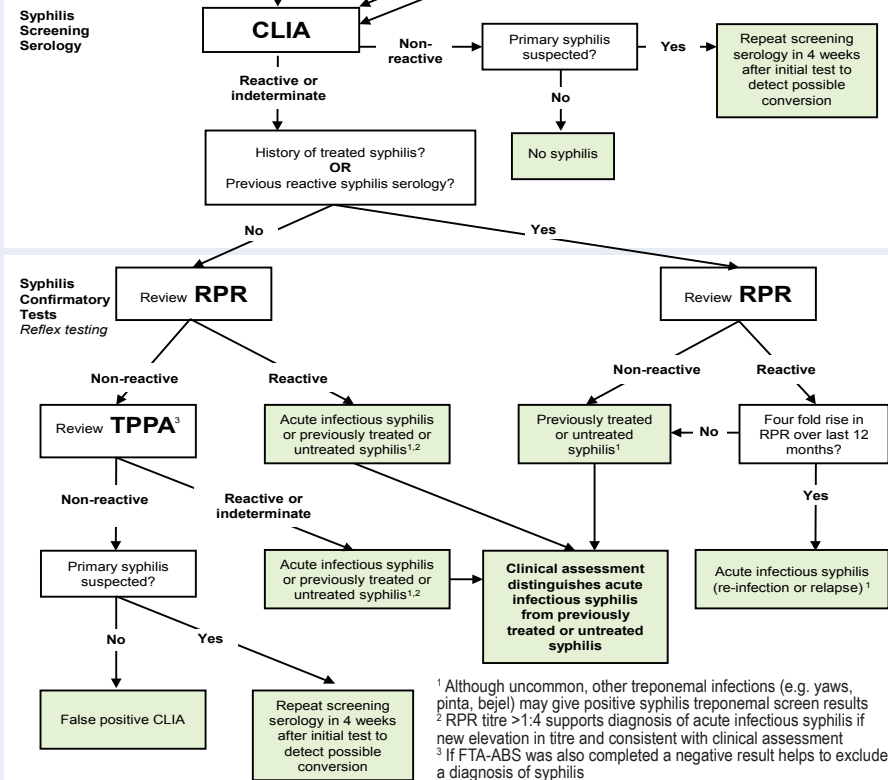
SCREEN PREGNANT WOMEN

- All in 1st trimester
High risk women:
- In 1st trimester
AND
- At 28-32 weeks
AND
- At delivery

TEST SYMPTOMATIC INDIVIDUALS

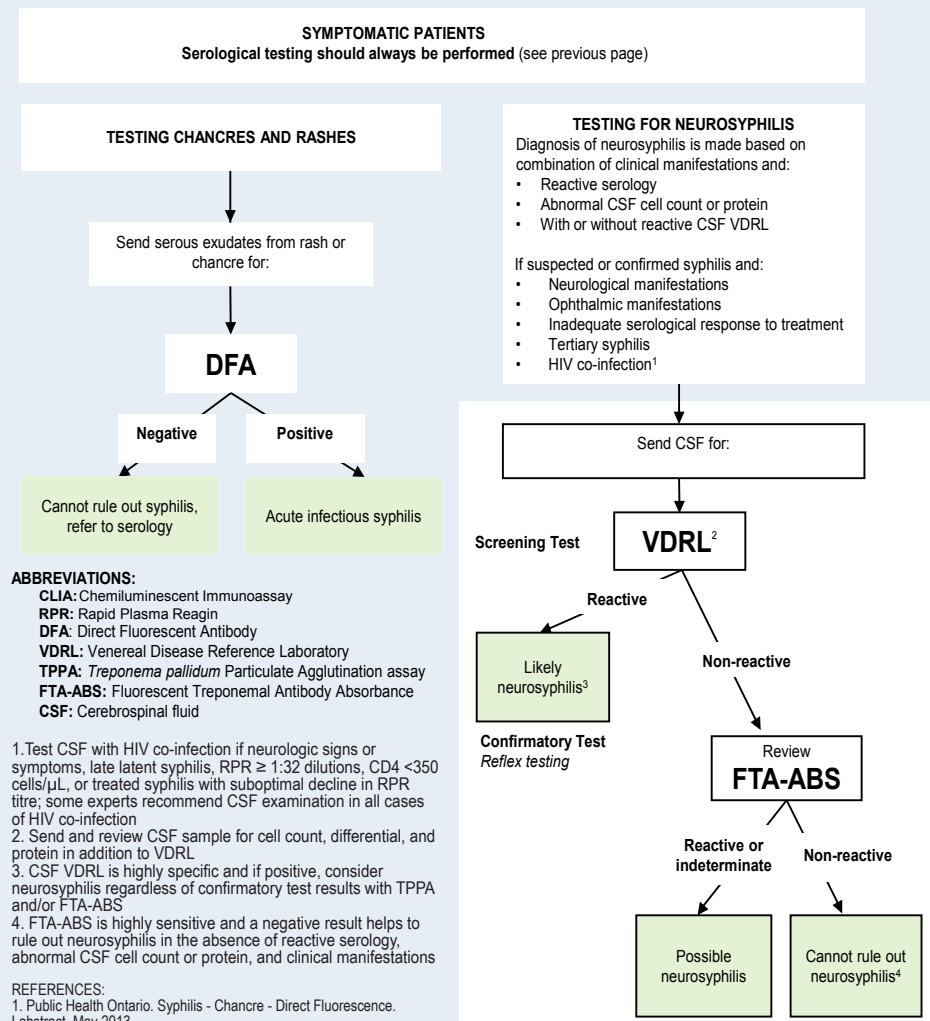
Serological testing should always be performed

Based on clinical assessment, test chancre or rash exudates, and cerebrospinal fluid (see following page)



SYPHILIS TESTING RECOMMENDATIONS FOR PRIMARY AND SECONDARY STAGE INFECTIONS AND NEUROSYPHILIS

Summary:
Indicated for symptomatic adults presenting with risk factors for syphilis. Interpretation of syphilis serological test results should be based on clinical history, signs and symptoms. If test results are inconsistent with clinical assessment, consult infectious diseases or microbiology specialist



SYPHILIS TREATMENT AND FOLLOW-UP RECOMMENDATIONS

POPULATION	STAGE	PREFERRED TREATMENT	FREQUENCY AND DURATION	FOLLOW-UP	ADEQUATE SEROLOGIC RESPONSE Based on RPR titre ¹
ADULTS Including sexual contacts in preceding 90 days	Sexual contacts from preceeding ninety days to primary, secondary and early latent syphilis	Benzathine Penicillin G 2.4 million units IM	x 1 dose	1, 3, 6, 12 months after treatment **	Primary → 4-fold drop at 6 months 8-fold drop at 12 months 16-fold drop at 24 months
	Primary Secondary Early latent (<1 year)		x 1 dose		
	Late latent Latent of unknown duration Tertiary syphilis not involving CNS		weekly x 3 doses		
PREGNANT WOMEN	Primary Secondary Early latent (<1 year)	Benzathine Penicillin G 2.4 million units IM	weekly x 1-2 doses	1, 3, 6 and 12 months post treatment and monthly until delivery if high risk of re-infection Diagnosis at ≥ 20 weeks gestation requires detailed fetal ultrasound	Secondary → 8-fold drop at 6 months 16-fold drop at 12 months
	Late latent Latent of unknown duration Tertiary syphilis not involving CNS		weekly x 3 doses		
HIV CO-INFECTION	Primary Secondary Early latent (<1 year)	Benzathine Penicillin G 2.4 million units IM	x 1 dose*	1, 3, 6, 12 and 24 months after treatment and yearly thereafter **	Early latent → 4-fold drop at 12 months
	Late latent Latent of unknown duration Tertiary syphilis		weekly x 3 doses		
NEUROSYPHILIS All patients with neurosyphilis	Any stage	Penicillin G 3-4 million units IV	every 4 hours x 10-14 days	6, 12, 24 months after treatment Lumbar puncture repeated at 6 month intervals after completion of treatment until CSF parameters normalize	

1. A four-fold drop = 2-tube drop (e.g., change from 1:32 dilutions to 1:8 dilutions).

* Some experts recommend 3 weekly doses (total of 7.2 million units) of benzathine penicillin G in HIV-infected individuals.

** Some experts recommend follow up testing at 1 month after treatment to ensure that non-treponemal test titre is not rising; a rising titre may be indicative of either treatment failure or re-infection.

REFERENCE:
Public Health Agency of Canada. Syphilis. Section 5 – Management and treatment of specific infections. Canadian guidelines on sexually transmitted infections. Available from: <http://www.phac-aspc.gc.ca/std-mts/sti-it/s/cgsti-l-dcits/section-5-10-eng.php#t2-ft2>

For more information,
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