



DECISION MAKING ALGORITHM FOR SYPHILIS FOR PRIMARY CARE PROVIDERS

1. Who to test

Symptomatic

- Rash – palms, soles, or anywhere
- Sore (Chancre) - anogenital area, mouth
- Patchy hair loss
- Fever
- Lymphadenopathy
- Condyloma lata

High Risk Groups

- Multiple / anonymous sexual partners
- Sex trade workers
- MSMs
- Substance misusers
- People who are under-housed / street-involved
- Sexual partners of any of the above

Routine Test

- Contact of a known syphilis case
- Pregnant women
- STBBI screening
- Per client's request

For contacts: Offer prophylactic dose of Benzathine penicillin, 2.4 million units (2 needles), IM, single dose, if no history of penicillin allergy.

2. What test to request

Syphilis serology – syphilis screen, RPR (Rapid Plasma Reagin) & TPPA (Treponema Pallidum Partial Agglutination)

Additional tests to request:

- HIV serology – unless known positive
- Hepatitis B / C – unless known positive
- Gonorrhoea / chlamydia – should not be less than 30 days after treatment unless reinfection is likely.

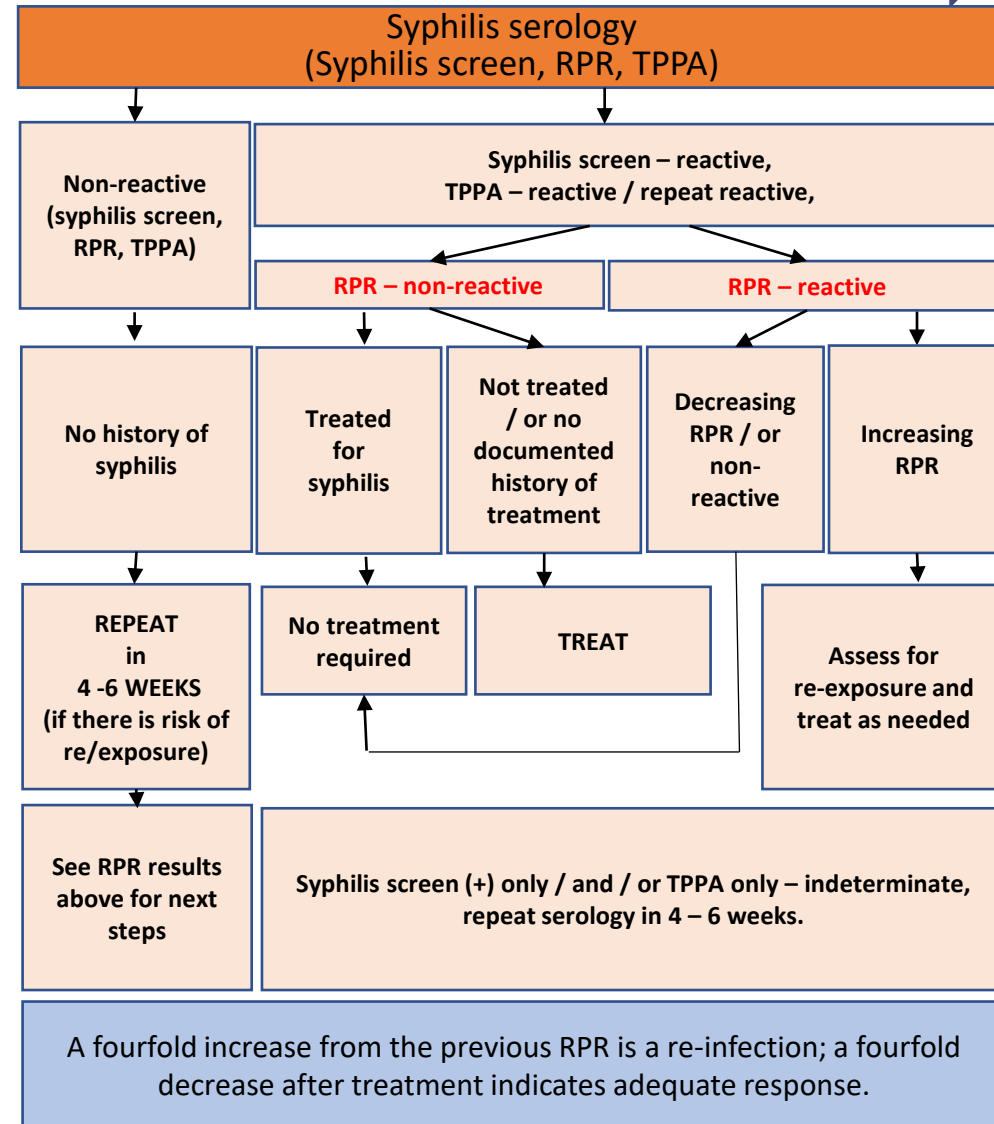
Discuss with the client the following:

- Reason for testing
- Implication of the results
- Treatment
- Prevention and control

A PCR swab from the sore(s) may be collected and sent to Roy Romanow Provincial Laboratory for testing.

Offer presumptive treatment if suspected signs/symptoms are present in the client.

3. How to interpret lab results





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4. What are the stages of syphilis

Infectious	Primary syphilis	anogenital sore/s, lymphadenopathy, asymptomatic - early stage
	Secondary syphilis	Rash, mucocutaneous lesions, loss of eyebrow/eyelashes, fever, iritis, uveitis, headaches
	Early latent syphilis (less than 1 year)	asymptomatic
Non-infectious	Late latent syphilis (more than 1 year)	asymptomatic
	Tertiary syphilis	Signs/symptoms depend on the organ/s affected

Neurosyphilis - occurs at any stage of syphilis; refer to ID specialist, MHO, or other specialist if client has one or more of the following: headaches, vertigo, ataxia, personality changes, vision / hearing changes, dementia or cardiovascular involvement, e.g. aortic aneurysm, aortic regurgitation.

Congenital syphilis – if maternal syphilis was diagnosed anytime during pregnancy, or if congenital syphilis is suspected, consult with pediatric infectious disease or MHO.

5. How is the treatment given

Primary, secondary, early latent stages	
Non-pregnant adult	Pregnant mother
<ul style="list-style-type: none"> Penicillin G benzathine, 2.4 million units, IM, single dose If allergic to penicillin: Doxycycline 100 mg, BID x 14 days, if contraindicated, request penicillin desensitization 	<ul style="list-style-type: none"> Penicillin G benzathine, 2.4 million units, IM, 2 doses, 1 week apart If allergic to penicillin: request penicillin desensitization Doxycycline is contra-indicated
Late latent stage & immunocompromised	
Non-pregnant adult	Pregnant mother
<ul style="list-style-type: none"> Penicillin G benzathine 2.4 million units, IM weekly x 3 doses If allergic to penicillin: doxycycline 100 mg BID x 28 days 	<ul style="list-style-type: none"> Penicillin G benzathine 2.4 million units, IM weekly x 3 doses if allergic to penicillin: request for penicillin desensitization

6. When to follow up

Repeat bloodwork	
Primary, secondary and early latent syphilis	1, 3, 6, 12 months after treatment
Pregnant mother	Monthly until delivery
Late latent syphilis & immunocompromised	12 and 24 months after treatment
Contact tracing	
Primary syphilis	Three months before symptom onset / or date of bloodwork, if asymptomatic
Secondary syphilis	Six months before symptom onset / or date of bloodwork, if asymptomatic
Early latent syphilis	12 months before symptom onset / or date of bloodwork, if asymptomatic
Late latent syphilis	Assess long-term partners and contacts including children, as appropriate
A repeat BW is required if still within the 90-day window period after the last sexual exposure.	