

Syphilis: Test and treat guide

For more information about syphilis, go to waac.com.au/syphilis



STI Info Line

1300 56 52 57

WHAT IS SYPHILIS?

Syphilis is an STI caused by the bacterium *Treponema pallidum* which can cause serious complications or death if untreated.

WA is currently experiencing an outbreak and cases of congenital syphilis are on the rise. It is important to have a low threshold for testing for syphilis.

PRIORITY POPULATIONS

- Females of reproductive age
- Men who have sex with men
- Asymptomatic people <35yo
- Aboriginal and Torres Strait Islander people
- Pregnant people
- People experiencing homelessness
- People who inject drugs

Ask your patient these questions

Are you sexually active?

When was your last STI test?

Ask the question

Presentation

Testing

Results

Treatment

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Clinical presentation of syphilis

Syphilis has been called the 'great pretender' throughout history as it can mimic the signs and symptoms of many other conditions, including herpes, mononucleosis, dermatitis, urethritis and psoriasis. Consider testing for syphilis as part of a differential diagnosis.

Infectious < 2 years

Commonly called Primary, Secondary and Early Latent Syphilis

- Ulcer/s or chancre/s around genitals, anus or mouth
- Generalised rash
- Fever, malaise, headache
- Enlarged lymph nodes
- Neurological signs, cranial nerve palsies, ophthalmic signs, meningitis

Non-infectious > 2 years

Commonly called Late Latent and Tertiary Syphilis

- Skin lesions (gummas)
- Cardiovascular implications
- Neurological implications

Note: Syphilis can also be asymptomatic at all stages of infection. Regular testing is important.

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Testing for syphilis

50% of syphilis cases are asymptomatic, include syphilis in all routine sexual health checks.

Guidelines to testing in pregnancy have recently changed. Test at booking, 28 weeks and 36 weeks. More frequent testing is indicated in certain situations, risk groups and regions. Refer to Statewide Maternity Shared Care Guidelines for more information.

Blood test

Ask for Syphilis Serology

Dry swab any ulcer

Ask for Syphilis PCR

Patients being treated for primary and secondary syphilis should have a rapid plasma reagin test (RPR) repeated on the day treatment is commenced to provide an accurate baseline for monitoring treatment.

Remember: No STI check is complete without a syphilis screen

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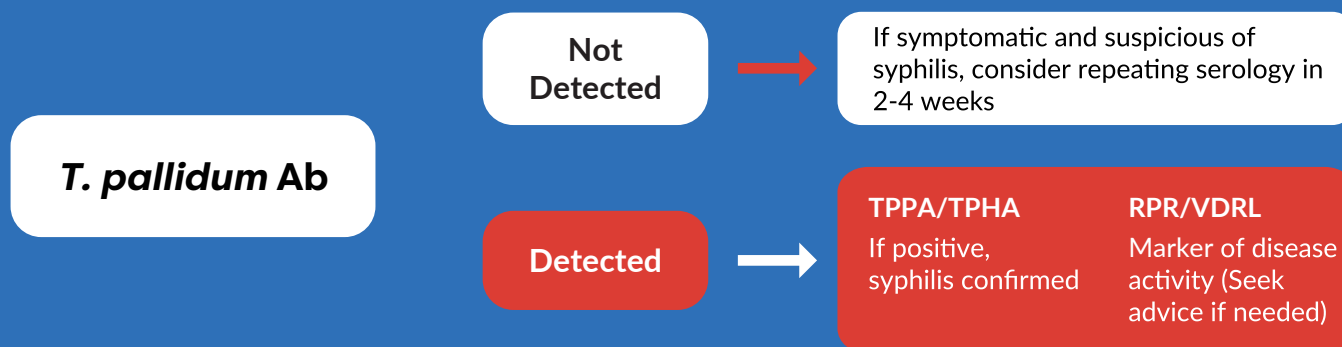
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Interpreting testing results

Results will either show *Treponema Pallidum* antibodies detected or not detected.



Two types of laboratory tests used for syphilis serology following detection:

1. **Treponemal (TPPA/TPHA)** - Detects specific antibodies which remain once positive, whether patient has been treated or not. Proper interpretation of results should also include a detailed history, when they may have been infected and previous test results and treatment.
2. **Non-treponemal (RPR/VDRL)** - Detects non-specific antibodies against substances given off by cells that have been harmed by the bacteria. RPR is used as a marker of disease activity and can be used to monitor progress of infection and success of treatment.

In the first 2 weeks after infection, all tests may be negative. Repeat serology may be needed in 2 to 4 weeks where primary syphilis or re-infection is possible, or when the antibody markers rise.

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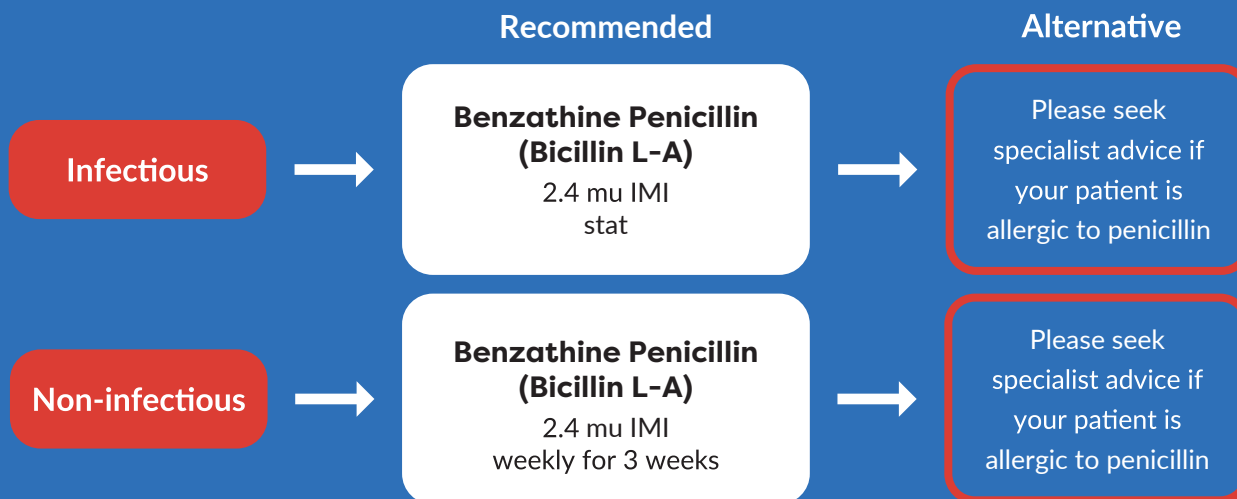


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Treating a syphilis infection

Penicillin is the drug of choice for treating syphilis as its effectiveness is well established and treponemes have not developed penicillin resistance.

There is little evidence for non-penicillin regimes, which must be regarded as inferior. Assess for true penicillin allergy and seek specialist advice before seeking alternatives.



Bicillin L-A is available through the Prescriber (Doctor) Bag scheme. You can order a box of Bicillin L-A each month for free. Ensure your practice always has Bicillin L-A in stock for use. Do not give a prescription (generally not stocked in community pharmacies). There is an outbreak of syphilis in WA and delays in treatment should be avoided.

Follow-up and contact tracing is essential. Refer to the WA Health Silver Book for the guidelines

**Need advice?
Just ask**

M Clinic - 1300 56 52 57
RPH Sexual Health Clinic - 9224 2178
South Terrace Clinic - 9431 2149

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