



December 2019

Dear Health Care Provider:

SYPHILIS OUTBREAK

The Winnipeg Health Region (WHR) is continuing to experience increasingly high rates of **infectious syphilis**. Over 120 cases were reported annually in 2016 and 2017, and **in 2018 cases jumped to over 600; the trend in 2019 will exceed 2018 totals!** Most cases are heterosexual men and women, and **HIV co-infections are increasing as well. Congenital syphilis cases have been confirmed in Winnipeg for the first time in decades; 5 confirmed cases in 2018 and 9 confirmed cases in 2019 to date!**

WHO SHOULD BE TESTED?

- **ALL persons with symptoms of syphilis** such as painless genital or oral ulcers, generalized maculopapular rash (typically including palms and soles) and/or lymphadenopathy.
- **ALL stillborn infants should be tested with a nasopharyngeal swab for syphilis PCR (see below)**

In addition to testing symptomatic persons, also screen the following persons:

- **ALL pregnant persons – tested 3 times: at first prenatal visit, at 28-weeks gestation and at delivery**
- **ALL persons reporting unprotected sex with casual or anonymous partners** (consider testing regularly for all sexually transmitted infections (STI) every 3-6 months)
- **ALL persons who are using intravenous drugs**
- **ALL persons with any other confirmed or suspected STI** such as gonorrhoea or chlamydia

WHAT TO SEND TO CADHAM PROVINCIAL LABORATORY (CPL)

- 5-10 ml blood in a serum separator tube (red top with yellow cap) or red-topped tube
- The CPL General Requisition should **request syphilis serology and HIV antibody testing**; and should **provide information on reason for testing, including symptoms or suspected stage of syphilis**
- Swab ulcers, sores, or moist skin lesions with a dacron, rayon or flocced latex (Copan) swab of the lesion and place into viral transport medium. The sample must remain refrigerated until sent to CPL and the CPL requisition should clearly indicate the site and test requested (i.e., **Syphilis PCR testing**).

WHO SHOULD BE TREATED?

- **ALL at-risk persons who present with symptoms of syphilis (as noted above)** should be treated for infectious syphilis (**without awaiting laboratory results**)
- **Sex contacts of known infectious syphilis cases MUST ALSO be tested and treated immediately for syphilis (without awaiting testing results)**
- **Benzathine penicillin G (Bicillin®) 2.4 million units IM** in a single session (**separated into 2 injections – 1.2 million units into each buttock**). **NOTE – pregnant persons diagnosed with infectious syphilis should receive two doses of 2.4 million units one week apart**
- Bicillin® in preloaded syringes is provided free of charge by Manitoba Health, Seniors and Active Living (MHSAL) (see order form below); **do not give a prescription to take to a pharmacy**
- There are a range of options to decrease the discomfort of injection including local ice pack, vapocoolant spray, vibration, or topical lidocaine.
- If ocular syphilis or neurosyphilis is suspected, an urgent referral to ophthalmology or infectious diseases, as appropriate, is indicated. For congenital syphilis, consult pediatric infectious diseases.

REPORTING

Syphilis is reportable under *The Public Health Act*. If you are contacted by a public health nurse for follow up of your patient who has an STI, your collaboration and assistance is greatly appreciated.

RESOURCES AND INFORMATION

- Syphilis Management Tool http://www.gov.mb.ca/health/publichealth/factsheets/syph_mgmt_tool.pdf
- MHSAL – Syphilis Protocol <http://www.gov.mb.ca/health/publichealth/cdc/protocol/syphilis.pdf>
- Cadham Provincial Laboratory (CPL) – Serology: 204-945-6123
- MHSAL – STI Medication Order Form <http://www.gov.mb.ca/health/publichealth/cdc/protocol/form11.pdf>