1.0 Purpose:
1.1 To ensure an appropriate and consistent approach in the management of infectious (incubating, primary, secondary, early latent) syphilis.

2.0 Scope and Goal:
2.1 Public Health Nurses (PHNs) working within the WRHA Healthy Sexuality and Harm Reduction (HS&HR) team will follow-up of infectious syphilis infections as per the Manitoba Health Communicable Diseases Protocols.

3.0 Background:
3.1 The testing health care practitioners (e.g. Physician, RN (EP) etc) are responsible for notifying, counseling, and treating patients with infectious syphilis (i.e., cases).
3.2 Public Health Nurses (PHN) will make reasonable efforts to ensure that all cases have been notified, counseled, and treated.
3.3 The PHN will contact the case for the purpose of education and to interview for contacts (regardless of whether or not the testing health practitioner has obtained partner information).
3.4 The PHN will preferentially interview the case face-to-face at a home visit, in person at a health services site, or at an alternative venue. Phone interviews are acceptable when circumstances make it impossible to interview the case in person, or if a phone interview would facilitate more timely contact follow up
3.5 Consideration should be given to interviewing all syphilis cases at least twice.
3.6 All infectious syphilis cases and contacts will be considered the highest priority.

4.0 Procedure for Cases:
4.1 The PHN will contact the health care practitioner who did the testing to review reason for testing, symptoms, staging, treatment, and plan for follow-up. Refer to Appendix A for information re: Assessing new Syphilis Case for Late latent vs. Infectious.
4.2 Refer to Non-infectious Reactive Syphilis Serology Reports guideline for assessing non-infectious case or old syphilis case with previous history of reactive syphilis serology.
4.3 If the PHN believes that the case may be infectious, this information needs to be communicated to the Communicable Disease (CD) Coordinator as soon as possible. The CD Coordinator will discuss all infectious syphilis cases at the weekly CD Breakfast Meeting and regularly update the Medical Officer of Health
(MOH) and Team Manager on the infectious syphilis activity managed by the HSHR team.

4.4 The WRHA Infectious Syphilis Case Investigation Form is to be completed within 10 working days from receipt of the case file and submitted to the CD Coordinator, who will review and forward the form to the Surveillance team. In an outbreak situation, the time to completion of the enhanced surveillance form may be reduced to 5 working days.

4.4 PHN will assist as required to get case to return for treatment.

4.5 If treatment administered by the testing health practitioner is not according to provincial guidelines, PHN will inform practitioner of relevant protocol.

4.6 The PHN will conduct interview for partner information with the case. Initial contact will be attempted with one phone call. If possible, arrange a face-to-face meeting. If the PHN is unable to contact the case by phone, attempt a home visit, leaving a letter if not found (use Important Health Matter letter template on WRHA letterhead). If interview for partner information already done by the testing practitioner, PHN should re-interview case at least once. The second interview should include the gathering of social network information if possible (see Social Network Investigations guideline).

4.7 If a case requires treatment and the testing practitioner and the PHN have not been able to notify the case by phone, attempt a home visit, leaving a letter if not found (use PNT letter template on WRHA letterhead), and notify CD Coordinator of untreated case.

4.8 If case resides outside of the WRHA jurisdiction, the referral must be phoned to Manitoba Health (with hard copy sent by courier) to ensure it is forwarded to the appropriate jurisdiction in a timely fashion.

4.9 The case interview should consist of the following components:

4.9.1 Introduction
  - Privacy ensured and case identity confirmed
  - Confidentiality assured
  - Introduction of self & PHN role

4.9.2 Clinical history
  - Symptoms and onset
  - Verify appropriate treatment administered (i.e., Bicillin) or if received alternate treatment (e.g., doxycycline), reinforce importance of completion and adherence to prescribed schedule if on oral medications
  - Discuss other testing (especially HIV serology)
  - Assess case’s level of understanding
4.9.3 Counseling/Education

- Risk assessment
- Disease transmission and prevention (include discussion of asymptomatic transmission and long incubation periods)
- Timeframe for sexual abstinence (for 5 days after their contact’s treatment is complete)
- Potential consequences of untreated syphilis
- Potential medication side effects and what to do if unable to complete treatment
- Requirement for follow up serologic testing
- Harm reduction and risk reduction counselling
- Referral to appropriate resources and importance of post treatment serology
- Discuss importance of routine screening and the difficulty in diagnosing subsequent syphilis infections if the client remains at risk for syphilis
- Contact/Partner notification
- To be done as soon as possible (aim for no longer than within 5 working days)
- Discuss partner notification process with case
- For incubating/primary syphilis, obtain names and locating information of all sex partners exposed 3 months before onset of symptoms
- For secondary syphilis, obtain names and locating information of all sex partners exposed 6 months before onset of symptoms
- For early latent syphilis, obtain names and locating information of all sex partners exposed 12 months before onset of symptoms
- Negotiate and review referral options with case regarding how the partner(s) are to be notified, and discuss future communication plans between the case and PHN
- When a case chooses to notify their own contact(s), PHN follow-up will include the following:
  - Negotiate a time frame for calling back to the PHN to confirm date and location of health care of contact(s). This may vary but is usually one week or less.
  - The case is instructed to ask the contact(s) to call the PHN to inform them of the fact they have been informed and to tell
the PHN where and when they will attend for health care. Talk to the contact(s) directly to confirm what they were told.
- The contact(s) need(s) to know the specific infection(s) they have been exposed to.
- The case or contact(s) need(s) to inform the PHN of the clinic location and date of health care. PHN then checks with the clinic(s) that the contact(s) was/were to have attended.
- If there is no or insufficient response (e.g., case or contact(s) not responding in a predetermined time frame, Case or contact(s) leaves a message that leaves you unclear about where or if attended for health care), then follow the Infectious Syphilis Contact Algorithm (Appendix B) or check with the clinic the contact(s) is/are visiting.

4.10 The Syphilis Summary sheet will be maintained for all cases to monitor response to therapy. Any evidence of anomalous follow up serology results should be discussed with the CD Coordinator.

4.11 The PHN will update information (including staging and treatment provided) on the NSTD, or complete the NSTD if the testing practitioner will not.

4.12 PHN follow up is complete when the PHN is reasonably assured that the case has been adequately treated including demonstration of stable or decreasing serology titre on first follow-up testing, and contacts have been notified, tested and epi-treated. If the client receives an alternative treatment for syphilis, serologic response should be monitored for 6 months post treatment. The case will also be closed if all available means of contacting the case and/or contacts have failed (see Infectious Syphilis Case Algorithm – Appendix C).

4.13 All syphilis case files should be reviewed by the CD Coordinator prior to closure. If the case’s staging is inconsistent with the clinical presentation, history, and serology, the CD Coordinator will review with the MOH.

5.0 Procedure for Contacts:

5.1 The contact interview will consist of the following components:

5.1.1 Introduction
- Privacy ensured and contact identity confirmed
- Confidentiality assured
- Introduction of self & PHN role
- Assess contact’s level of understanding

5.1.2 Clinical history
- Symptoms and onset (if applicable)
5.1.3 Counseling/Education
- Need for testing and treatment (see Interim Antibiotic Treatment for Syphilis Guideline – Delegation of Function if appropriate)
- Discuss other testing (e.g., HIV)

5.2 Referral to Primary Care
- Ascertain where contact attends for primary care
- Contact the clinic to discuss need for assessment re: symptoms,
- Advise re: need for serological testing. Ensure requisitions are clearly marked Contact to infectious syphilis or list syphilis symptoms.
- Advise re: process to order Bicillin

5.3 All syphilis contact files should be reviewed by the CD Coordinator prior to closure.
Appendix A

Assessing new Syphilis Case for Late latent vs. Infectious

LAB REPORT
- When dils are not reported on lab slip, confirm with Cadham Provincial Lab.
- Cases that may be less likely to be infectious are those with low dils (e.g. 2 dils) or if VDRL is nonreactive (NR) or weakly reactive (W/R)
- Age of client – Clients over 70 years who have no history of syphilis, are more likely not an infectious case of syphilis
- Name of Physician may indicate likelihood that testing was done as a part of an immigration medical exam. Dr Marty Fogel, Dr Annabel Vattheur, Dr Sandra Lee as they do a fair number of immigration physicals and their patients may be more likely an older case of syphilis or treponemal infection

SEROLOGIC HISTORY
- A client with a history non-reactive syphilis serology in the last 12 months is likely to be infectious. Cadham Provincial Lab. will keep a record of negative serology for three years.

PHYSICIAN CALL
- Key question to ask physician is reason for testing; if just routine screening with no clinical evidence of infectious, then may not be a case of infectious syphilis (especially if above criteria are noted in the lab report)
- Any history of previous syphilis testing, diagnosis or treatment?
- Was physical assessment done? Any findings indicative of infectious syphilis?
- Any neurological symptoms?
- Plan for management – is LP indicated? Referral to ID for staging, treatment? Is there a long-term partner who should also be tested?
- Would repeat serology be indicated?

Although latent syphilis is lower priority than infectious syphilis, there are still public health implications. Pregnant women with untreated late latent syphilis have a 10% risk of vertical transmission. Testing of children born to women diagnosed with late latent syphilis is usually indicated.
Appendix B

Infectious Syphilis Contact Algorithm
August 2012

Infectious Syphilis Contact

Open to PHN

All syphilis contacts are considered “high risk” STI

If limited or unreliable information available, check alternate sources of locating information

Phone/Leave up to 2 Messages with contact

If unable to reach contact, attempt home visit (leave letter)

Attempt 1-2 home visits

If no response or unable to reach, consult with CD coordinator

Out of town address refer to Mb Health

Educate and determine where attending for medical care. Speak to physician to ensure appropriate assessment, testing and treatment. Call to ensure treatment. If symptomatic, do presumptive case interview for contacts. If no results within 3 days, call CPL for syphilis serology results. Forward file to CD Coordinator when follow up is complete.
Appendix C

Infectious Syphilis Case Algorithm
August 2012

**Case is not infectious syphilis** (i.e., late latent, tertiary syphilis)

- Open to PHN for case interview/treatment
- **DO NOT DIARIZE SYPHILIS CASES**
- Phone call by PHN to physician
- Document staging and treatment, forward file to CD Coordinator
- Close Case Investigation

**Case is confirmed as infectious syphilis** (i.e., incubating, primary, secondary, early latent)

- Phone/Leave Message with case
- Attempt up to 2 home visits, leave letter if not home
- If not able to locate or refuses, discuss with CD coordinator

**Case is not infectious syphilis** (i.e., late latent, tertiary syphilis)

- Phone/Leave Message with case
- Attempt up to 2 home visits, leave letter if not home
- If not able to locate or refuses, discuss with CD coordinator

If able to locate, perform face-to-face interview (unless circumstances make this impossible); consider re-interviewing at least once (i.e., 2 total interviews) for further contact information. Forward file to CD Coordinator when follow up is complete.