

# Syphilis screening and management

## Subject

Instructions for syphilis screening in the context of Canadian Immigration Medical Examination (IME).

## Goal/Objective

These instructions are provided to ensure that panel physicians (PPs) follow a consistent and appropriate process for the following:

- identification of clients requiring syphilis testing;
- investigation, management and treatment according to the Canadian protocol of clients with a positive syphilis test in order to assist medical officers to fulfill IRCC's mandate to protect Canadian public health; and
- completion and grading of an IME for a client with a positive syphilis test.

## Instructions

### *Screening and Testing*

Syphilis is endemic in many regions of the world from which IRCC clients originate i.e; **South and Southeast Asia, sub-Saharan Africa, Latin America and the Caribbean.**

PPs must pay special attention during the IME for all clients that have risk factors for syphilis, particularly those originating from the regions of high incidence of syphilis mentioned above.

Syphilis testing is mandatory for **all clients 15 years of age and older.** **Testing is also necessary for all clients below the age of 15 with any of the following risk factors:**

- signs and symptoms compatible with syphilis diagnosis;
- history of unprotected anal or vaginal sex or of pregnancy;
- history of another sexually transmitted infection such as HIV, herpes, chlamydia, gonorrhea, or bacterial vaginosis; or
- history of being born from an syphilitic mother.

Medical history, physical examination and laboratory screening must be done according to Canadian standards with initial Non-Treponemal tests for screening and Treponemal-specific tests for confirmation.

If an interpreter is used, the PP must select and ensure that the interpreter is unbiased and has no connection to the client. Family members or friends cannot act as interpreters for clients. The use of a professional interpreter is at the client's expense.

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## *Special Considerations in Newborn Infants*

Infants presenting with symptoms or signs compatible with early congenital syphilis should be tested for syphilis even if the mother was seronegative at delivery, as she may have become infected very recently.

## *Treatment*

In positive cases, appropriate treatment must be according to the Canadian protocol and a report must be attached indicating: **the name of the medication used, dosages and dates of treatment**. The Syphilis Treatment Form (*see IMM 5965 Syphilis Treatment Form*) must be completed and attached to the immigration medical examination content. A copy of the treatment must also be given to clients with instructions to keep the document for their own personal future reference. Additionally, panel physicians electing to treat the client themselves must also send a copy of the completed Syphilis Treatment Form to the local health unit of their jurisdiction.

If previously administered treatment conformed to the Canadian protocol, its documentary evidence must be obtained and attached to the IME report. When evidence of treatment is not available, re-treatment is required. Proof of re-treatment must then be submitted. The Syphilis Treatment Form must be completed and included in the contents of the immigration medical examination. A copy of the treatment form must be given to the client with instructions to keep the document for their own personal future reference.

## *Reference for Canadian standards for screening and treatment:*

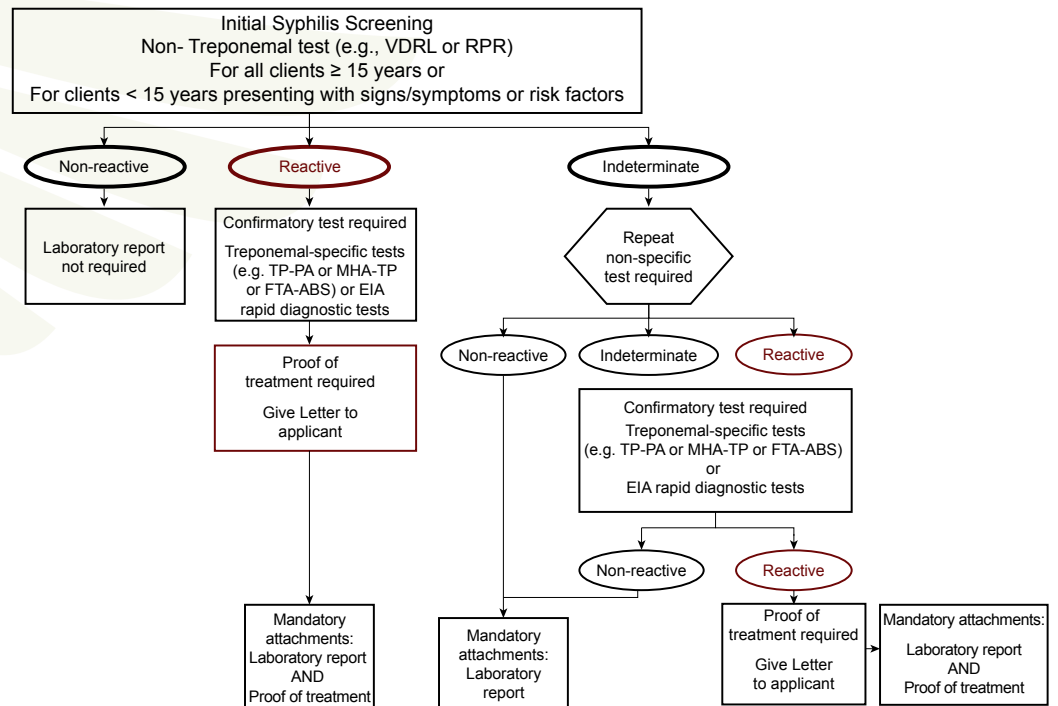
<http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/section-5-10-eng.php>

## **Grading**

All IMEs for clients with abnormal syphilis serology must be graded B.

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## Algorithm



## References

Canadian Guidelines on Sexually Transmitted Infections (STI). 2010. Public Health Agency of Canada

<http://www.phac-aspc.gc.ca/std-mts/sti-its/guide-lignesdir-eng.php>

<http://www.who.int/mediacentre/factsheets/fs110/en/index.html>

Training modules for the syndromic management of sexually transmitted infections, 2nd edition Module 4, Diagnosis and treatment. 2007.

World Health Organization <http://www.who.int/reproductivehealth/publications/rtis/9789241593407/en/index.html>

## Hb Approval and Authority

Director General, NHQ, Migration Health Branch, IRCC

## Implementation Date

2012/12/01

## Revision Date(s)

2015/12/15