



# LET'S TALK ABOUT

# SYPHILIS

Tips for health professionals on the screening and management of syphilis in Canada

Health professionals play a pivotal role in the prevention and control of syphilis



## WHAT YOU CAN DO AS A HEALTH PROFESSIONAL



### TALK

Normalize sexual health discussions

Sexual health and STBBI\* prevention are an integral part of everyone's health care. Provide culturally aware and trauma-informed care when counselling people about syphilis.



### SCREEN

Prevent transmission and complications

#### Adults and adolescents

- Screen all sexually active persons with a new or multiple partners, and/or upon request of the individual.
- Screen those with multiple partners every 3 to 6 months.

#### High prevalence groups\*\*

- Consider targeted "opt-out" screening as frequently as every 3 months.
- Consult the [NAC-STBBI syphilis screening recommendations](#) for more information.

#### In pregnancy

- Screen in the first trimester or at the first prenatal visit.
- Re-screen at 28 to 32 weeks and during labour in areas with outbreaks and for people at ongoing risk for infection.

\*STBBI: Sexually transmitted and blood-borne infections

\*\* **Population groups and/or communities experiencing high prevalence of syphilis include:** Gay, bisexual and other men who have sex with men; people living with HIV; people who are or have been incarcerated; people who use substances or addiction services; and some Indigenous communities. When determining which groups/communities to prioritize, consider local epidemiology. For specific individuals, consider travel history and patient risk factors.

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# WHAT YOU CAN DO AS A HEALTH PROFESSIONAL



## TREAT

Early diagnosis and treatment lead to better health outcomes

Preferred treatment for syphilis in the absence of contraindications or allergies.

### Primary, secondary, and early latent syphilis

**Benzathine penicillin G-LA 2.4 million units IM x 1 dose**

### Late latent and tertiary syphilis

**Benzathine penicillin G-LA 2.4 million units IM weekly x 3 doses**

- Manage syphilis in pregnancy in consultation with an obstetric/maternal-fetal specialist. Some experts recommend 2 doses of benzathine penicillin G-LA 2.4 million units 1 week apart for primary, secondary and early latent syphilis in pregnancy, particularly in the third trimester.
- Refer individuals with neurosyphilis to a neurologist or infectious disease specialist.
- Inform patients about the Jarisch-Herxheimer reaction after treatment with penicillin.
- Consider treating sexual contacts of primary, secondary and early latent syphilis from the previous 90 days, especially if they may be lost to follow-up.
- Recommend to individuals and partners to abstain from sexual contact for 7 days after treatment.



## FOLLOW-UP

Monitor patients and notify contacts

Confirm response to treatment with serologic testing. Notify, assess, and test contacts.

### Stage

### Follow-up serological testing

### Trace back period

**Primary, secondary, and early latent syphilis**

At 3, 6, and 12 months  
**Pregnancy:** At 1, 3, 6, and 12 months (monthly if at risk of re-infection)

Primary: 3 months  
Secondary: 6 months  
Early latent: 1 year

**Late latent and tertiary syphilis**

At 12 and 24 months  
**Pregnancy:** At delivery, and at 12 and 24 months

Long-term sexual partner(s) and children as appropriate

**Neurosyphilis**

At 6, 12, and 24 months

Not applicable

**Co-infection with HIV**

At 3, 6, 12, 24 months, then yearly

Not applicable



## LEARN MORE

Check out the [STBBI Guides for Health Professionals](#)  
Download the CDN STBBI Guidelines mobile app  
(available on the [App Store](#) or [Google Play](#))