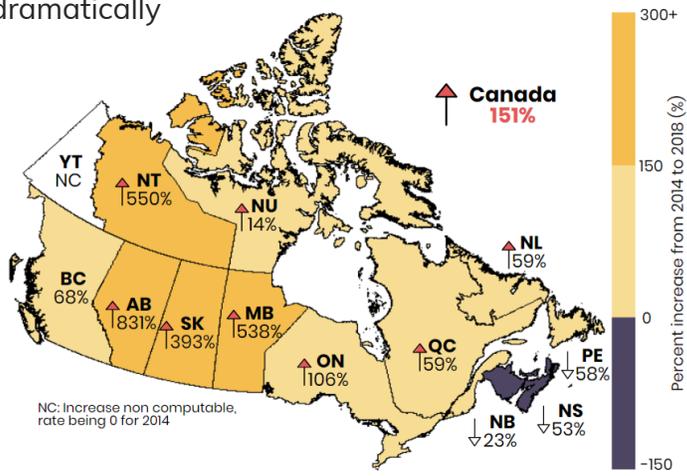


RESPONDING TO SYPHILIS IN CANADA

The number of syphilis cases is increasing dramatically



Outbreaks have been reported in 8 provinces and territories as well as some Indigenous communities

Prior to 2014, over **90%** of cases were among men, primarily gay, bisexual and other men who have sex with men (gbMSM)

More heterosexual men are being diagnosed with syphilis and the rates among women have **tripled** in the past five years

The number of congenital syphilis cases is the highest ever reported (2018), and a further **3-fold** increase is anticipated for 2019

Syphilis is an important public health issue: it can result in significant morbidity such as neuropathologies, decreased visual acuity and hearing, as well as congenital syphilis (stillbirth and birth defects). **It can increase HIV transmission and acquisition risk**

WHAT YOU CAN DO AS A HEALTH CARE PROVIDER

TALK

Start the conversation about syphilis: let your patients know syphilis infection is serious and on the rise. This is particularly important for women of childbearing age and their partners

In a safe and respectful way, let them know you're talking to everyone who is sexually active about:

- **Risk factors** - new, anonymous or multiple partners, condomless sex, substance use (e.g., methamphetamine) and/or previous sexually transmitted and blood-borne infection (STBBI)
- **Risk reduction** - encourage safer sex (use of condoms, reducing the number of partners) and couples testing
- **Signs and symptoms** - (e.g., lesions, rashes, swollen glands) and that syphilis may be asymptomatic

Every encounter is an opportunity to screen and prevent syphilis

TEST

Patients may not be aware they were exposed and/or may not notice lesions

Offer syphilis and other STBBI screening to people with risk factors, sexually active gbMSM and people living with HIV

- Repeat screening for people at ongoing risk
- Offer a pregnancy test to women of childbearing age diagnosed with syphilis

Screen all pregnant women for syphilis, as early as possible

- Repeat at 28-32 weeks of gestation and at delivery in areas with outbreaks or for women at ongoing risk
- Consider more frequent screening for women at high risk

Screen all infants born to mothers who were diagnosed with syphilis during their pregnancy



PREVENT

- ✓ Treat empirically when syphilis is probable, especially when follow-up cannot be assured
- ✓ Screen for HIV in all cases of syphilis
- ✓ Discuss the importance of partner notification and treatment to prevent transmission and/or reinfection*
- ✓ Do follow-up testing (serology) to ensure the treatment was successful*
- ✓ Consider treating sexual contacts who are within the 90 day window period, without waiting for results

* Refer to the Canadian Guidelines on Sexually Transmitted Infections or your provincial or territorial guidelines for information on treatment, post-treatment testing intervals and trace back periods

Your local public health unit can assist you with the management of cases and contacts

RESOURCES

- Canadian Guidelines on Sexually Transmitted Infections
- Infectious syphilis in Canada, 2018
- Discussing sexual health, harm reduction and STBIs: A guide for service providers (CPHA)
- Tips for STI screening, treatment and follow-up

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