



# Advisory Alert

## Infectious syphilis cases increasing locally

### Advisory Alert

**April 20, 2023**

*\*Cette information est seulement disponible en anglais.*

To: Local Health System Partners

#### FOR IMMEDIATE ATTENTION

I am writing today to advise you of a recent increase in confirmed cases of infectious syphilis within the Public Health Sudbury & Districts catchment area. This advisory alert provides education on infectious syphilis and serves as a reminder regarding treatment as per the Canadian Guidelines on Sexually Transmitted Diseases.

#### Local Epidemiology

Infectious syphilis cases have been on a rise [across Canada](#), provincially and locally over the last several years. In 2021, 19 confirmed cases of syphilis were reported in Sudbury and districts. In 2022, there were 31 confirmed cases reported and in 2023, 23 confirmed cases have been reported to date.

#### Etiology, Transmission, Signs & Symptoms

Sudbury	Sudbury East / Sudbury-Est	Espanola	Île Manitoulin Island	Chapleau	Toll-free / Sans frais
705.522.9200	705.222.9201	705.222.9202	705.370.9200	705.860.9200	1.866.522.9200




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Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum*. Clinical manifestations vary by stage (primary, secondary, latent, tertiary). Primary, secondary, and early-latent syphilis are considered infectious (see Table 1, below) and are the focus of this Alert. The main mode of transmission is by vaginal, anal, and oral sexual contact. Vertical transmission can occur, resulting in congenital syphilis.

Direct contact with lesions of primary and secondary syphilis pose the greatest risk of transmission. Not all lesions may be readily apparent. A high proportion of individuals fail to recall primary chancre. Signs and symptoms may be modified in the presence of HIV co-infection.

Table 1: Clinical Manifestations of Infectious Syphilis by Stage of Infection

Stage	Clinical Manifestations	Incubation Period	Images
Primary	Chancre, regional lymphadenopathy	3 weeks (10-90 days)	 <p>CDC_17042 Dr. Gavin Hart <a href="#">Home - Public Health Image Library(PHIL) (cdc.gov)</a></p>

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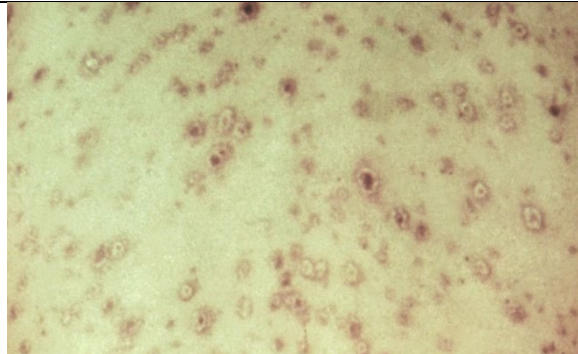
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Secondary	Rash, fever, malaise, lymphadenopathy, mucous lesions, condyloma lata, patchy or diffuse alopecia, meningitis, headaches, uveitis, retinitis	2-12 weeks (2 weeks to 6 months)	 CDC_17838 Dr. Gavin Hart <a href="#">Home - Public Health Image Library(PHIL) (cdc.gov)</a>
Early Latent	Asymptomatic	<1 year	

## Diagnosis: Laboratory Testing

1. Testing from lesions of primary and secondary syphilis: use direct fluorescence for detection of *T. pallidum*. Submit serous exudates from suspected lesions or chancres obtained in accordance with the instructions in the Direct Fluorescence Kit. The slide is to be labelled with the patient’s full name and date of birth. Use the General Test Requisition from Public Health Ontario Laboratory available at: <https://www.publichealthontario.ca/-/media/documents/lab/general-test-requisition.pdf?la=en>
2. Serology: indicated for routine diagnosis of suspected syphilis cases, monitoring of treatment of diagnosed syphilis, and as part of prenatal screening, and donor screening. Submit serum for analysis along with a completed General Test Requisition as above.

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## Treatment

Long acting benzathine penicillin is required to adequately treat infectious syphilis and achieve detectable serum levels of penicillin for two (2) to four (4) weeks. A longer course of treatment is required to cure infections of longer duration (late latent and/or tertiary syphilis).

Short acting penicillin agents are not adequate to cure syphilis. Alternative treatments (e.g. doxycycline, ceftriaxone) may take longer and individuals should be advised to abstain from sexual contact until treatment of the index case and (if indicated) all current partners has been completed and ideally for seven (7) days after completion of treatment. Note: To avoid unnecessary retreatment, obtain and document prior history of treatment for syphilis and prior serologic results.

Table 2: The following table outlines the preferred treatment for infectious syphilis:

Patient	Preferred Treatment
All non-pregnant adults with primary, secondary or early latent syphilis	Benzathine penicillin G-LA (long acting) 2.4 million units IM as a single dose*
Epidemiological treatment* of all sexual contacts in the preceding 90 days to primary, secondary or early latent syphilis	*The medication is dispensed as two separate, preloaded syringes, administered in each dorsogluteal or ventrogluteal muscle, for a total of 2.4 million units.  Benzathine penicillin G-LA must be refrigerated between (2-8 degrees C)
Pregnant women with primary, secondary, or early latent syphilis	Benzathine penicillin G-LA 2.4 million units IM as a single dose [B-II]

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	<p>or Benzathine penicillin-LA G 2.4 million units IM as a single dose weekly for two (2) doses [C- III] (Manage people diagnosed with infectious syphilis during pregnancy in consultation with an obstetric/maternal-fetal specialist)</p>
<p>*Refers to treatment provided when diagnosis is considered likely on clinical, laboratory or epidemiologic grounds, but before results of confirmatory tests are known</p>	

Please consult the Canadian Guidelines on Sexually Transmitted Infections for additional guidance at: <https://www.canada.ca/content/dam/phac-aspc/documents/services/publications/diseases-conditions/sti/64-02-18-2248-STI-Recommendations-Tip-Sheet-EN-Final.pdf>

Health care practitioners can refer for or have access to publicly funded syphilis treatment by contacting the Sexual Health Clinic using the contact information below. Patients who are referred to the clinic for treatment must have a prescription which includes staging.

Health care practitioners are encouraged to call the Sexual Health Clinic at 705.522.9200, extension 482 with any questions or concerns related to infectious syphilis case and contact management.

## Reporting

Report all confirmed and suspected cases of syphilis to Public Health Sudbury & Districts at 705.522.9200, ext. 482.

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**Public Health  
Santé publique**  
SUDBURY & DISTRICTS

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Sincerely,

*Original Signed By*

Dr. Penny Sutcliffe  
Medical Officer of Health and Chief Executive Officer

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NOTE: All [Advisory Alerts](#) are found on our website.

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