



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](#))