**SEXUALLY ACTIVE CLIENT? THINK SYPHILIS!**

**KEY MESSAGES FOR HEALTH CARE PROVIDERS IN NUNAVUT**

- Maintain a high level of suspicion for syphilis in Nunavut - Syphilis is known as “the great imitator” because it presents in many different ways. Almost any rash can be syphilis.

- If a patient is tested for any STI, offer testing for the “Top 5” STIs – syphilis, chlamydia, gonorrhea, HIV, and Hepatitis B.

- Normalize sexual health by offering testing regularly and by offering sexual health promotion messages to your sexually active clients.

- Know your patients’ risks:
  - Uses condoms incorrectly or not at all.
  - Multiple partners.
  - Trades sex for alcohol, drugs, or a place to stay.
  - Sex while drunk or high

- Review the Nunavut Syphilis Protocol (see Communicable Disease Binder, Section 6).

  Areas to pay particular attention to are:
  - Diagnosis (Diagnosing syphilis can be complicated. Consult with your Regional Communicable Disease Coordinator if you have questions.)
  - Treatment (The recommended drug for syphilis treatment is long-acting benzathine penicillin G (Bicillin-LA). Do not confuse it with short-acting benzylpenicillin [penicillin G sodium], which is not adequate for treating syphilis.)
  - Serology monitoring (Confirmed cases require regular follow-up for 12-24 months, depending on the stage of syphilis. Consult the Nunavut Syphilis Protocol for details.)
  - Treatment of contacts (Contacts of a confirmed case should be tested and receive empiric treatment without waiting for their test results. Contacts may be required for the past three to 12 months, depending on the stage of syphilis.)
  - Treatment of pregnant women (Consult the Nunavut Syphilis Protocol and your Regional Communicable Disease Coordinator.)

**REGIONAL COMMUNICABLE DISEASE COORDINATORS**

- **Qikiqtaaluk** – Barb Beattie (867-975-4811), Kate Darling (867-975-4814)
- **Kivalliq** – Cielo Smith (867-645-8072)
- **Kitikmeot** – Frances Uwazie (867-645-8072)

Respect yourself, respect your body, respect your partner!

[www.irespectmyself.ca](http://www.irespectmyself.ca)
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SYPHILIS: CLINICAL MANIFESTATIONS

- Syphilis often has no symptoms; when it does, it can present in many different ways.
- Syphilis is transmitted sexually and from pregnant women to their unborn child. It is most contagious during the primary and secondary stages.

PRIMARY SYphilis (THREE TO 90 DAYS)

- Chancre (painless, open sore) and regional lymphadenopathy.
- Heals spontaneously within three weeks.
- Serologic tests may not be positive during early primary syphilis.

SECONDARY SYphilis (TWO WEEKS TO SIX MONTHS)

- Lesions occur several weeks after primary chancre, and may persist for weeks to months.
- Patient may experience rash, lymphadenopathy, fever, malaise, mucous patches, condylomata lata, alopecia, meningitis, headaches, uveitis, retinitis.
- Serologic tests are highest in titre at this stage.

LATENT SYphilis

- Asymptomatic. A positive serological test is the only evidence of infection
- Early latent < one year duration; late latent > one year duration.

TERtiARY (LATE) SYphilis (ONE TO 30 YEARS)

- Approximately 30 per cent of untreated patients progress to tertiary stage.
- Rare because of widespread availability and use of anti-biotics which can unintentionally cure syphilis as well.
- Manifestations include gummatous lesions, neurosyphilis, and cardiovascular syphilis.

CONGENITAL SYphilis

- May lead to stillbirth, neonatal death, and infant disorders such as deafness, neurologic impairment, and bone deformities.
- Wide spectrum of severity.

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Adapted from the Nunavut Syphilis Protocol and CDC Syphilis Clinical Training (http://www2a.cdc.gov/stdtraining/readytouse/Manuals/Syphilis/syphilis-slides-2013.pdf). All photos from CDC Syphilis Clinical Training.