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. Consider testing for gonorrhea, chlamydia, HIV, Hepatitis B and C, and HIV, depending on client risk factors as an per the STBBI medical directive for RNs.

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.

- » Sex while drunk or high.
- » History of STI.

Review the Nunavut Syphilis Protocol (Communicable Disease Manual, Section 6.4). Areas to pay particular attention to are:

» Diagnosis (Diagnosing and staging syphilis is complicated and relies on a combination of history, signs, symptoms, and lab tests. Consult with your Regional Communicable Disease Coordinator if you have questions.)



Treatment (Treatment varies with syphilis stage. The recommended drug for syphilis treatment is **long-**» **acting benzathine penicillin G** (Bicillin-LA). Do not confuse it with short-acting benzyl penicillin (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



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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.
- Chancre 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 antibiotics which can unintentionally cure syphilis as well.
- Manifestations include gummatous lesions, neurosyphilis, and cardiovascular syphilis.

CONGENITAL SYPHILIS

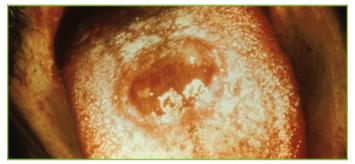
- May lead to stillbirth, neonatal death, and infant disorders such as deafness, neurologic impairment, and bone deformities.
- Wide spectrum of severity.



Primary Syphilis Penile Chancre



Primary Syphilis Labial Chancre



Primary Syphilis - Chancre of the Tongue



Secondary Syphilis Polysquamous Rash



Secondary Syphilis Palmar/ Plantar Rash



Secondary Syphilis Generalized Body Rash



Secondary Syphilis Condylomata Lata





