

# 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, gonorrhoea, 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- 975-481 1), Kate Darling (867-975-4814)

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Respect yourself, respect your body, respect your partner!

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

### CONGENITAL SYPHILIS

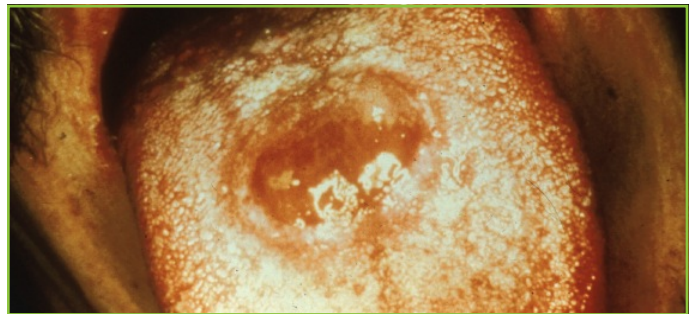
- May lead to stillbirth, neonatal death, and infant disorders such as deafness, neurologic impairment, and bone deformities.
- Wide spectrum of severity.



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



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