



HEALTH ADVISORY: CONTINUING SYPHILIS OUTBREAK AND OCULAR SYPHILIS PRESENTATION

Friday, April 15, 2016

SITUATIONAL UPDATE

Since January 1, 2014, a total of 33 cases of infectious syphilis have occurred in SHR. In the first three months of 2016, 6 cases were reported -- in comparison to a total of 10 cases for the entirety of 2015. While all cases of infectious syphilis are new infections, the networks of transmission are similar to 2014 and represent, in some cases, re-infection. **Of note, amongst the most recent case presentations is a more severe form of syphilis; ocular syphilis/neuro-syphilis.** All of the affected individuals are male who all report having sex with men (MSM) and three are HIV-infected. Co-infection with other STIs is an observation common among cases and their sexual contacts: previous (treated) cases of *chlamydia trachomatis* (50%) and *Neisseria gonorrhoea* (38%).

ACTIONS REQUESTED OF CLINICIANS

1. **Test for syphilis in patients presenting with visual complaints**, as well as in patients presenting with genital, oral, or anal ulcers, or rash. The most common eye finding in ocular syphilis is uveitis. Optic neuropathy, keratitis and retinal vasculitis can also occur.
2. **Ask patients with known or suspected syphilis about changes in their vision** and about headache and changes in their hearing (including hearing loss or tinnitus) in order to identify persons who may have ocular syphilis, otologic syphilis, or neurosyphilis.
3. **Refer** patients with syphilis and ocular complaints for immediate ophthalmologic evaluation.
4. **Obtain a lumbar puncture** to evaluate for neurosyphilis in all patients with syphilis and suspected neurologic, otologic or ocular disease.
5. **Promptly treat** patients with ocular syphilis according to CDC guidelines for CNS syphilis, regardless of lumbar puncture results (i.e. intravenous penicillin G for 10-14 days) (see: <http://www.phac-aspc.gc.ca/std-mts/sti-its/>)
6. **Report suspected and confirmed syphilis cases.** Call 306-655-4664 or fax a confidential STI case report form (<http://www.ehealthsask.ca/services/manuals/Documents/5-STI-Notification-Form-fillable.pdf#search=STI%20Case%20report%20form>) to Saskatoon Public Health Communicable Disease Control 306-655-3433.

ADDITIONAL GUIDANCE RELATED TO DIAGNOSIS AND THERAPY OF SYPHILIS

Please keep in mind the following:

- All patients being evaluated for syphilis should be tested for HIV infection unless they already have a prior HIV diagnosis.
- Initiate treatment in all patients in whom syphilis is suspected without waiting for laboratory confirmation of the diagnosis.



Cases of Infectious Syphilis (primary, secondary and early latent)

- Treat with Bicillin

Contacts to Infectious Syphilis Use

- Doxycycline for presumptive treatment or await test results
- Exception – Bicillin is available for use for presumptive treatment of PREGNANT women

Non-infectious syphilis

- Defer treatment until Bicillin supplies have been restored or treat with Doxycycline

ADDITIONAL GUIDANCE RELATED TO STD PREVENTION

Rates of gonorrhea, chlamydia and syphilis continue to rise in MSM in the Saskatoon Health Region, and >90% of all our syphilis cases occur among MSM:

- Test for syphilis, gonorrhea, chlamydial infection and HIV ***at least annually*** in all MSM who have had anal or oral sex in the prior year and who are not in a long-term, mutually monogamous sexual relationship¹.
 - MSM at elevated risk (e.g. those who report multiple sex partners or substance use) should be tested every 3 months.
 - Gonorrhea and chlamydial testing should include testing of the pharynx and rectum if those sites have been potentially exposed to infection.
- Test for syphilis ***at each medical visit*** in HIV-infected MSM who are sexually active, unless the patient is in a long-term, mutually monogamous relationship¹

HIV NEGATIVE PATIENTS MAY WANT TO DISCUSS HIV Pre-Exposure Prophylaxis (HIV PrEP)

- Call 306 655-0008 ACAL and request for a consultation with an Infectious Disease (ID) Specialist.

¹Medical providers should not assume that patients in long-term relationships are mutually monogamous and should ask patients about their number of sex partners and the gender of those partners.