

4 December 2018

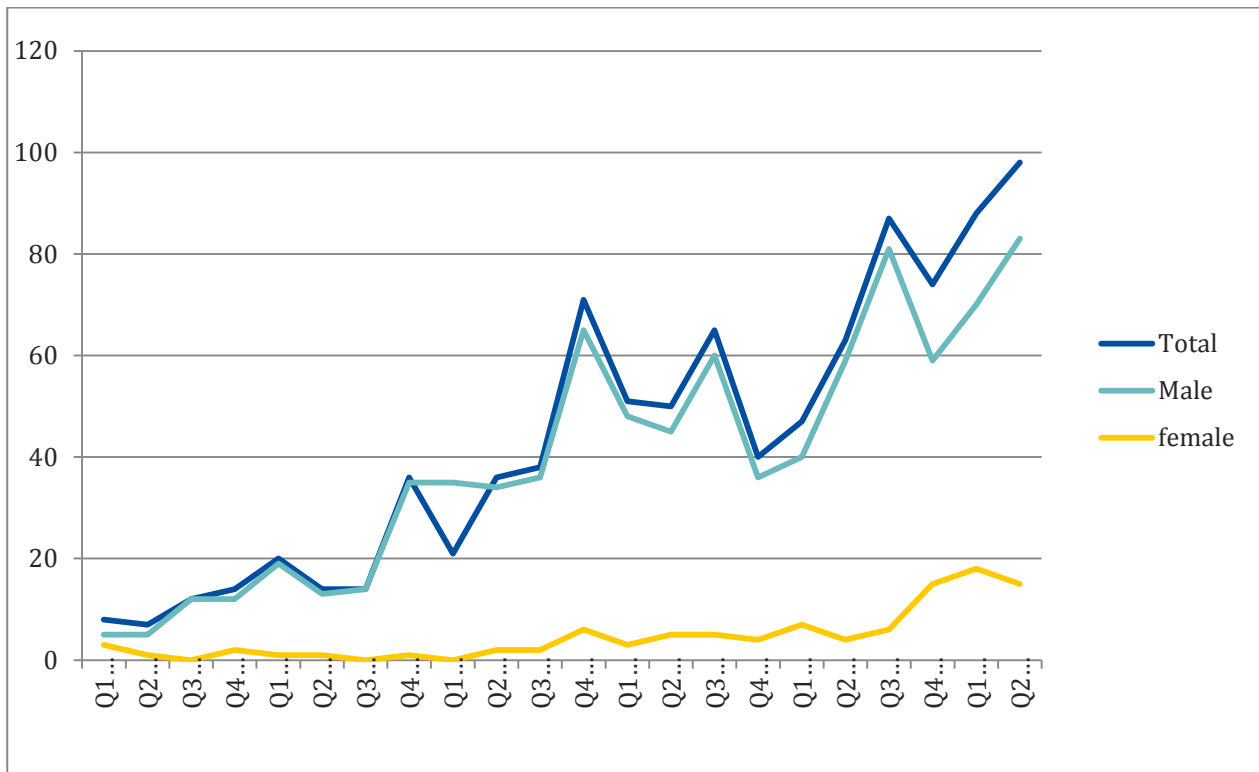
Syphilis Alert – sent on behalf of Auckland Regional Sexual Health Service

- There is currently an outbreak of infectious syphilis in the Auckland region
- Health professionals should have a low threshold for testing for syphilis including asymptomatic cases based on risk profile
- LMCs need to ensure that all antenatal syphilis serology results are checked- offer retesting if there is a partner change, any other STI is diagnosed or if requested by patient
- Discuss any person with positive syphilis serology with the Auckland Regional Sexual Health Service (ARSHS) – phone the ARSHS Registrar on 021 883 703 or nurse triage line 0800739432
- Please advise ARSHS of patients who are new index cases so contacts can be traced. Please let your syphilis patients know that this will occur as syphilis is a notifiable infection.

Current syphilis outbreak

Syphilis is a serious bacterial infection transmitted by intimate sexual contact including oral, vaginal or anal sex. It may be transmitted during pregnancy to the unborn child via the placenta or at delivery. If untreated during pregnancy syphilis has a high chance of causing miscarriage, stillbirth and congenital abnormalities. There have been 4 babies born in New Zealand this year with congenital syphilis-2 were still-born. Treatment is most effective at preventing complications if given in early pregnancy.

The number of infectious syphilis cases diagnosed by the Auckland Regional Sexual Health Service (ARSHS) has been increasing steadily since 2013. While men who have sex with men (MSM) still make up the greater proportion of cases, heterosexual men and women make up nearly a third of new diagnoses in the Auckland region.



Incidence of new syphilis diagnosis in the Auckland region per quarter

Symptoms and signs of syphilis

- Anal or genital ulceration – see Genital Ulcer Disease summary: <http://www.nzshs.org/docman/guidelines/management-of-sexual-health-conditions/161-genital-ulcer-disease-summary/file>
- A generalised body rash (typically can resemble a drug reaction or pyrtiasis rosea)
- Any rash affecting the palms of the hands or soles of the feet
- Pyrexia of unknown origin
- Unexplained persistent lymphadenopathy
- Unexplained liver function disturbance
- Patchy alopecia
- Unexplained neurological symptoms including meningitis, stroke syndromes and cranial nerve palsies
- Important note: **50% of syphilis cases are asymptomatic** and will only be diagnosed through serological testing.

Who should be tested for syphilis?

- Anyone presenting with possible symptoms or signs of infectious syphilis
- Test sexually active MSM at least annually but more frequently (every 3 months) in men who have multiple sexual contacts
- MSM on PrEP must be tested every 3 months based on current guidance. Audits by the DHB on appropriate dispensation and STI testing are expected to occur annually.
- **Pregnant women should be re-tested at 28-32 weeks if at risk of STI eg partner change or diagnosed with another STI**
- Sexual contacts of anyone diagnosed with syphilis – sexual contacts may still be infected despite initial negative syphilis serology, discuss with ARSHS
- All people requesting general screening for sexually transmitted infections
- MSM require throat, urine and rectal specimens for comprehensive STI testing-see sexual health clinical pathways

Management of syphilis

Management of syphilis is complex and requires some expertise. Discuss any cases of suspected syphilis and their sexual contacts with ARSHS – phone the ARSHS Registrar on mobile number 021 883 703.

For more clinical and patient information on syphilis visit: www.nzshs.org.

This Health Professional Advice was sent on behalf of Auckland Regional Sexual Health Service