Syphilis: Clinical overview, screening and treatment

Date: Wednesday 13 February 2019: 12.30pm

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This education has been developed in partnership with Aboriginal Health & Medical Research Council of NSW and NSW Health

Acknowledgement of Country

We recognise the traditional custodians of the land and sea on which we live and work.

We pay our respects to Elders past and present.
Presenters

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Learning Outcomes

• Identify risk factors and appropriate people for testing
• Discuss some of the barriers to effective implementation of syphilis diagnosis and treatment
• Increase appropriate contact tracing for syphilis within a community setting
• Outline specific advice and referral services that can assist Aboriginal and Torres Strait Islander people
Case Study: Jane

- Jane, 22 year old Aboriginal female from (insert your town)
- Presents for contraceptive pill
- Married for 1 year
- Would you offer a syphilis test?

National syphilis outbreak
Infectious syphilis outbreak cases in Aboriginal and Torres Strait Islander people in affected regions of QLD, NT, WA and SA to 30 November 2018
National outbreak: NSW response plan

- Enhanced monitoring of syphilis notifications
  - Aboriginal and Torres Strait Islander status
  - 4 highest risk local health districts
- Alert clinicians, including maternity services
  - Two clinician alerts
  - AHMRC, Centre for Aboriginal Health, sexual health services
- Additional antenatal syphilis screen
- Add syphilis to STI screen
- Support for contact tracing
- Sexual health promotion targeting Aboriginal people

NSW syphilis epidemiology: 2014-2018 overview
**NSW infectious syphilis notifications by Aboriginality 2014-218**

Number of infectious syphilis notifications by Aboriginality, NSW, 1 Jan 2014 – 31 Dec 2018

![Graph showing infectious syphilis notifications by Aboriginality.]

**Infectious syphilis among Aboriginal people**

Number of infectious syphilis notifications in the Aboriginal population by remoteness, NSW, 1 Jan 2014 – 30 June 2018

![Graph showing infectious syphilis among Aboriginal people.]

[Logo: RACGP]
**Infectious syphilis notifications among Aboriginal people**

Number of infectious syphilis notifications among Aboriginal people by gender, NSW, Jan 2014 – June 2018

**NSW infectious syphilis notifications by Aboriginality 2014-2018**

Infectious syphilis notification rate by Aboriginality, NSW, 1 January 2014 – 30 June 2018
What is Syphilis?

- Transmission by direct contact oral/ genital or across placenta
- Highly infectious in early stages
- Primary stage: ulcer (chance)
- Secondary stage: viral-like illness (rash/fever/headache)
- Latent stage: No symptoms
- At any stage: destructive lesions of brain, heart soft-tissue, foetus

When do we test for Syphilis?

- Sexually active people under 30
- People with risk factors for an STI or BBV
- People with symptoms
- People diagnosed with an STI/BBV
- Sexual or injecting partners of someone with an STI/BBV
Case Study: Jane

• Jane, 22 year old Aboriginal female from (insert your town)
• Presents for contraceptive pill
• Married for 1 year
• Would you offer a syphilis test? Yes, she is under 30 and Aboriginal

Test results come back

What does this mean?
Interpreting syphilis serology

- Syphilis antibody (CMIA, CLIA, TPPA, EIA)
  - Reactive result indicate current or past infection
- RPR
  - The titre (number) helps determine if treatment is needed
- Simple approach
  - Treatment is needed if Syphilis Antibody positive AND EITHER
    - RPR is positive and no past treatment OR
    - RPR has increased 4-fold since treatment

Case Study: Jane

- Jane, 22 year old Aboriginal female from (insert your town)
- Test results come back

What does this mean?

Jane reports testing negative last year and no symptoms now, i.e. early latent syphilis
**Syphilis treatment**

- Benzathine benzylpenicillin 1.8G IMI
  - =2 x 0.9G prefilled syringes
- Early latent, secondary or primary
  - x 1 stat dose only
- Late latent or unknown duration
  - x 3 weekly doses

**Cautions**

- any neurosyphilis symptom refer to hospital (headaches, deafness, vertigo, visual changes)
- Penicillin allergic: seek advice
- Pregnant woman: urgent advice and referral

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**Case Study: Jane**

- We treat Jane with a single dose of Benzathine Benzyl Penicillin
- Jane’s partner is also tested and treated
- Jane is tested again 3 months later and her RPR is now non-reactive

- Jane returns 2 years later and is found to be pregnant
- **What syphilis testing will Jane need in her pregnancy?**
Syphilis in pregnancy

- Syphilis crosses placenta at all stages of pregnancy
- Early syphilis is almost 100% fatal to a foetus
- Syphilis in pregnancy must be treated urgently

Clinical features of congenital syphilis

- In-utero death or still birth
- Major organ failure
- Skin lesions
- Inflammation or deformed bones/teeth
- Developmental delay

Syphilis in pregnancy

Infectious Syphilis ALERT
Information for Aboriginal medical services, sexual health clinicians, general practitioners and antenatal services

Key points:
1. A large syphilis outbreak among Aboriginal people in Qld, NT, WA and SA could spread to NSW.
2. Screen Aboriginal clients regularly, particularly:
   - Those under 35 years of age
   - Pregnant women early in gestation AND at 24-28 weeks
   - As part of MBS item 715 health checks
3. Seek help with syphilis testing, treatment and contact tracing from your local sexual health clinic or Sexual Health InfoLink on 1800 451 624
Case Study: Jane

• Jane returns 2 years later and is found to be pregnant
• What syphilis testing will Jane need in her pregnancy?

• We test Jane today and again at her 24-28 week visit
• Jane will remain syphilis antibody reactive but we seek advice if her RPR become reactive again

Contact tracing

• Important to test and treat partners for the recommended look back period of:
  - Primary syphilis – 3 months
  - Secondary syphilis – 6 months
  - Unknown stage – 12 months
How to contact trace

Patient vs provider

Consideration for Aboriginal contact tracing

- Phone Call ensure correct person is getting the communication / message
- Professional Loitering and Weekend Catch-Up / timing of home visits
- Knowing the Community / Safe Links with local SPs / Men’s & Women’s business
- 3 generations of same name living in same household who are all sexually active
- Frequent change of mobile phones & numbers
- Careful of written mail
- AHW use of SP & community networks for family, cultural obligations and seasonal work
- Working with local population health workers

SH / BBV and the Whole Person

- Contact Tracing general information to use & impart
  - Don’t be ‘text book’ with your approach around cultural Men’s / Women’s business. Aboriginal Culture has diversity. Every person needs to be offered ‘choice’ in comfort level if available or through kinship or AHW support.
  - Individual people may have had past ‘negative’ experiences that still have impact
**SH / BBV and the Whole Person (cont.)**

**Main message**
Once people become sexually active – need to see the importance of:

1. **Annual SH / BBV health check or more frequent because of ‘at risk situations’**

2. **Health Screens**
   - for different scenario’s / stages of your life that are separate to SH / BBV screens e.g. Pap Smears, Antenatal, Men’s checks. Just because a ‘check’ happens down there….they are specific and cannot pick up everything.

3. **Sexual Behaviour and Sexuality**
   - do not always match up (MSM)

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**SH / BBV and the Whole Person (cont.)**

4. **Engage Shared / Follow through Care**
   - Client / Patient mobile for cultural or work obligations, also incarceration or residential movement.

5. **Discretion**
   - In test results, the concept of infidelity may be cause for DV / blame if an alternative thought can be offered e.g. if in a relatively new or re-engaged relationship the infection may have been there previously and not known due to being asymptomatic OR has come about from stopping the use of a safe barrier (condoms).

6. **Cultural / Family support**
   - advice should go hand in hand with Clinical advice & support e.g. Mother / Aunts / cousins / sisters. **Things look good on the outside but something serious might be happening on the inside.**
Practical tips

• Do STI testing for all 715 checks under 35 years
• Display material in waiting rooms/website/Facebook
• Make use of the specimens you already have
• Use your recall systems for repeat testing and testing partners

Summary – Q&A

For further support contact your:

• local sexual health clinic (https://www.health.nsw.gov.au/sexualhealth/Pages/sexual-health-clinics.aspx) or
• the sexual health infolink (https://www.shil.nsw.gov.au)

Useful Resources: