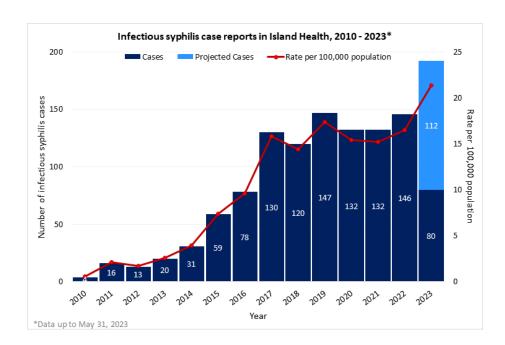


# **Escalating Syphilis Outbreak**

## **Epidemiology**

• Over the past decade the incidence of infectious syphilis in BC has increased dramatically, including in Island Health. In 2022, 146 cases were detected in Island Health, compared to only 13 in 2012:



- The largest recent increase of infections (nearly two thirds of cases in 2023) have occurred in heterosexual populations with a consequent alarming increase in congenital syphilis cases. In BC, between 2019 and 2022, 12 cases of congenital syphilis were reported, compared to no cases in 2014 to 2018. In 2022 there were **three** probable congenital syphilis cases reported in Island Health.
- Currently, the largest increase in syphilis rates are in North and Central Island.

#### **Clinical Features**

- **Primary syphilis:** Occurs 3-90 days after exposure (typically 3 weeks) and manifests as a painless lesion (chancre) on external or internal genitalia, intra-anally, or orally.
- Secondary syphilis: Typically 2-13 weeks after infection, but can occur up to 6 months after infection. A symmetrical maculopapular rash involving the palms and soles with associated lymphadenopathy is classic. All untreated cases will go on to latent infection. occur.
  - Latent syphilis: Categorized into early (<1 year) and late latent (>1 year) syphilis. May be asymptomatic by this stage.

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- **Tertiary syphilis:** Is rare and develops in a subset of untreated syphilis infections. Can appear up to 30 years after the infection. Tertiary syphilis can affect multiple organ systems.
- Congenital syphilis: is the result of fetal infection occurring in pregnant women with untreated early syphilis infections. Frequently results in stillbirth, preterm delivery and low birth weight. Most neonates are asymptomatic at birth. Clinical manifestations in untreated infants usually appear by 3 months

#### Prevention

- Consistent use of condoms decreases transmission risks. Barriers for oral-genital sex should also be considered.
- Low barrier access to testing and treatment, especially contacts and people at higher risk.

### Screening (testing for asymptomatic infection)

- it can take up to 90 days after exposure for a syphilis test to be positive.
- Syphilis screening as well as for gonorrhoea, chlamydia and HIV should be considered particularly for these high risk groups:
- Sexually active adults of all genders, especially those where there are new or multiple sexual partners or other risk factors, every 3-12 months. Increased rates are noted for females in the 25-39 age group and individuals who are transgender, gay, bisexual or men who have sex with men.
- Pregnant individuals during first trimester AND at delivery or after 35 weeks gestation. If there are additional risk factors for acquisition (e.g. new sexual partners, transactional sex, substance use, unstable housing) additional testing should be done at 28-32 weeks of gestation. See <a href="http://www.perinatalservicesbc.ca/about/news-stories/stories/new-recommendations-for-syphilis-screening.">http://www.perinatalservicesbc.ca/about/news-stories/stories/new-recommendations-for-syphilis-screening.</a>
- Testing: Use the PHSA Serology Screening Requisition or write "SYPHILIS (BCCDC)" on any outpatient requisition.
- Testing can be accessed without seeing a health care provider through the BCCDC GetCheckedOnline service (currently available in Greater Victoria and Duncan): getcheckedonline.com

#### **Diagnosis and Management**

- If suspicious of primary syphilis (painless chancre), swab as per <a href="bit.ly/BCCDCsyphilisswab">bit.ly/BCCDCsyphilisswab</a>, order syphilis serology as above, consult BCCDC STI physician and consider treating empirically with IM benzathine penicillin G. Aptima, UTM viral transfer and BC Pro Tech swabs are acceptable.
- All positive syphilis tests are reviewed by BCCDC physicians, where they determine the stage of infection, recommend treatment and supervise follow-up and contact tracing. Primary care providers may be contacted to facilitate treatment for cases and contacts.
- Syphilis is **curable** with IM benzathine penicillin G (PenG). May require multiple doses depending on staging. Benzathine penicillin G is publicly-funded and can be ordered through <a href="mailto:bit.ly/BCCDCstiorder">bit.ly/BCCDCstiorder</a>.
- Most contacts with recent exposure should receive testing AND immediate treatment. Do not wait for test results as results may be negative on initial testing, due to the long incubation period of syphilis.
- BCCDC STI physicians can be consulted at 604-707-5610 or via the RACE line at 604-696-2131
- Clinics providing STI management can be found at <u>smartsexresource.com/clinics-testing/</u>

# **Mpox UPDATE**

### Epidemiology:

- Even though the Mpox outbreak was declared over in BC in January 2023, it is still possible that the virus may be introduced through travel.
- Routine provincial surveillance for Mpox continues.

#### Clinical Features:

 Mpox is transmitted primarily during intimate sexual contact, but can be spread through contact with items such as towels or bedding that have been used by someone with Mpox or through animal to human spread.

### Implications for Practice:

- Although the risk to the general population is considered low, there are certain sub-populations
  particularly at risk including 2STGBMSM (two spirit, transgender, cis-gender gay, bisexual or men who
  have sex with men). A valuable patient resource is: <a href="https://checkhimout.ca/mpox/">https://checkhimout.ca/mpox/</a>
- Vaccination is with two doses of Imvamune 28 days apart to prevent Mpox, but it can also be given following exposure (ideally within 4 days of known contact). Public health units provide all Mpox vaccination. Vaccine efficacy is estimated to be 85%.
- Individuals eligible for the Mpox vaccine who have not yet been vaccinated individuals can make an appointment via: <a href="https://waitwhile.com/welcome/r">https://waitwhile.com/welcome/r</a> 2023-07-20 23:20:00 mber or BC Services Card are not required by Island Health.

  List who is eligible