island health

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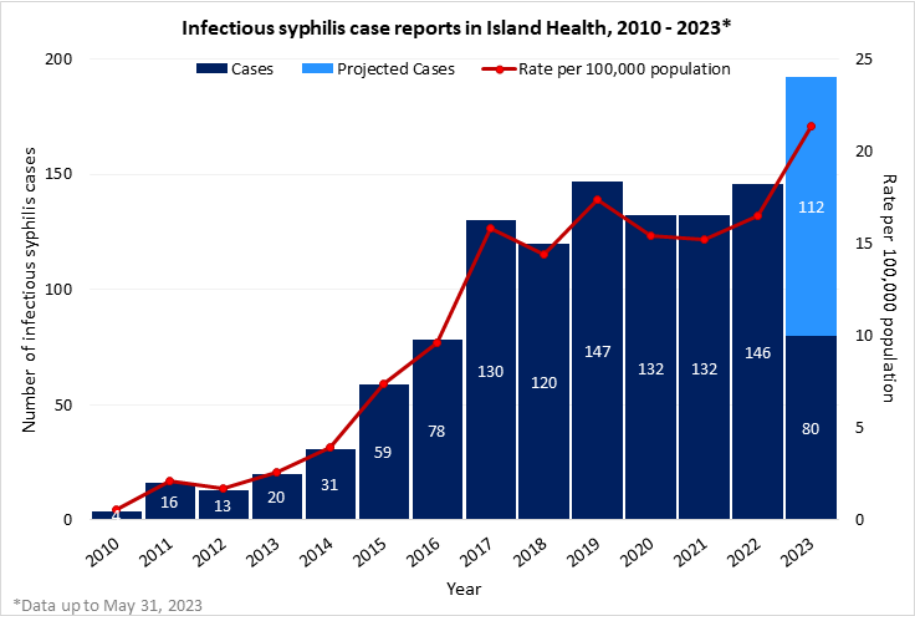
Escalating Syphilis Outbreak

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) has 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 increases 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. May go unnoticed. Regional lymphadenopathy may also occur.
- **Secondary syphilis:** Typically 2-13 weeks after infection, but can occur up to 6 months after infection. Characteristic rash is rough, red/brown maculopapular including palms and soles, but rashes with different appearances and on other parts of the body may also occur. Fever, malaise, headaches, mucosal lesions, condylomata lata (painless wart-like lesions on genitals), lymphadenopathy, and alopecia may occur. More severe neurosyphilis symptoms may occur.
- **Latent syphilis:** Categorized into early (<1 year) and late latent (>1 year) syphilis. May be asymptomatic by this stage.
- **Tertiary syphilis:** Although rare, can occur as early as 1 year after infection and can occur anytime after. Manifestations include cardiovascular syphilis (large vessel disease such as aortitis), gummatous syphilis (granulomatous lesions occurring on skin, subcutaneous tissue, bones, or viscera), and neurosyphilis (see below).

- **Neurosyphilis**: May occur at ANY stage of syphilis and may involve the spinal cord or brain. Early signs can include meningitis, hearing and/or vision loss, and meningovascular disease. Longer-term manifestations are wide-ranging and can include dementia, psychiatric disease, and mobility issues.

- **Congenital syphilis**: Fetal infection occurring in pregnant women with untreated early infectious syphilis.
    - **Early congenital syphilis:** Symptoms typically occur before 2 years of age but 2/3 of infections may be asymptomatic. Manifestations include prematurity, IUGR, anemia, neurosyphilis, rhinitis (sniffles), osteochondritis, hepatosplenomegaly, mucocutaneous lesions, fulminant disseminated infection, and fetal and neonatal death.
    - **Late congenital syphilis:** Usually identified after 2 years of age. Manifestations include anemia, neurosyphilis, bone involvement, interstitial keratitis, craniofacial malformation, hearing loss, lymphadenopathy, hepatosplenomegaly, and dental abnormalities.

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:
    1) Sexually active people 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.
    2) 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 http://www.perinatalservicesbc.ca/about/news-stories/stories/new-recommendations-for-syphilis-screening.
- 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 bit.ly/BCCDCsyphilisswab, 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.
- Consider syphilis in people presenting with rashes or genital ulcerative disease and/or proctitis.
- 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 bit.ly/BCCDCstiorder**.**
- Reinfection is possible after treatment thus contact tracing is important for control.
- 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 smartsexresource.com/clinics-testing/