

SEXUAL HEALTH AND BLOOD BORNE VIRUS SERVICES – FROM SHBBV BR 021

SESLHDMG/107 Medicine Guideline Syphilis Management



APPENDIX 1: SHBBV Services SYPHILIS MANAGEMENT SUMMARY

Stage	Clinical features	Diagnosis	Partner Notification	Follow-up
Primary	Chancere Regional Lymphadenopathy	Syphilis PCR swab of lesion(s) Serological testing (repeat again in 2 weeks if initial result negative)	3 months plus duration of symptoms	Review all patients clinically and with repeat reactive plasma regain (RPR) testing at 3 months, then at 6 months and (if necessary) at 12 months after completing treatment.
Secondary	Constitutional symptoms (inc. fever, headache, malaise) Generalised lymphdenopathy Rash Mucocutaneous patches Alopecia (patchy) Ocular or auditory disturbances (neurosyphilis) Condylomata lata	Serological tests invariably all positive – discuss with Staff Specialist if any doubt Syphilis PCR swab of lesion(s) if present May or may not have a history of a preceding chancre FBC, liver and renal function should be checked if clinically indicated	6 months plus duration of symptoms	A fourfold decline in the non-treponemal titre (RPR), equivalent to a change of two dilutions (e.g., from 1:16 to 1:4 or from 1:32 to 1:8), is considered to be an acceptable response to syphilis treatment.
Early Latent	Asymptomatic	Serological evidence that suggests the infection was acquired within the last 2 years.	12 months	
Late Latent or syphilis of unknown duration	Asymptomatic	Serological evidence that suggests that the infection was acquired more than 2 years ago.	Discuss with Senior MO	Patients with late latent syphilis <u>and</u> a reactive RPR should undergo follow-up serologic testing at 6, 12, and 24 months, as some patients with late syphilis may not have an adequate response for up to two years following treatment.
Tertiary (including late neurosyphilis)	Longer than 2 years' duration, or of unknown duration, with cardiovascular, central nervous system or skin and bone (gummatous syphilis) involvement eg gait abnormalities, visual problems, symptoms of aortic regurgitation	No evidence of seroconversion in the past 2 years. Clinical or laboratory evidence of syphilis. No history of previously adequately treated syphilis or endemic treponemal disease (e.g. Yaws)	Discuss with Senior MO	Specialist follow up and consultation required Judged by resolution or stabilization of clinical abnormalities and by normalization of CSF abnormalities

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APPENDIX 2: SHBBV Services SYPHILIS TREATMENT SUMMARY

Treatment		
	INFECTION LESS THAN 2 YEARS DURATION	INFECTION MORE THAN 2 YEARS DURATION
Primary, secondary infection (symptomatic):	Benzathine penicillin 2.4 million units IMI stat	
Latent infection (asymptomatic):	Benzathine penicillin 2.4 million units IMI stat	Benzathine penicillin 2.4 million units IMI stat once weekly for 3 weeks . <i>Maximum interval between doses is 14 days. If more than 14 days restart treatment regimen.</i>
Penicillin allergic <u>and/or</u> Benzathine penicillin unavailable:	Doxycycline 100 mg BD orally for 14 days (contraindicated after first 18 weeks of pregnancy)	Doxycycline 100 mg BD orally for 28 days (contraindicated after first 18 weeks of pregnancy)
Pregnant:	Benzathine penicillin 2.4 million units IMI stat	Discuss with senior MO regarding risk of adverse pregnancy outcome secondary to treatment. <i>Generally, treat as for non-pregnant with Benzathine Penicillin 2.4 million units IMI weekly for 3 weeks.</i>
Pregnant <u>and</u> penicillin allergic:	Refer for Penicillin desensitization. OR Ceftriaxone 500mg IMI daily for 10 days	Refer for Penicillin desensitization.
Secondary syphilis <u>with</u> ophthalmic involvement:	Refer to Sydney Eye Hospital/ Infectious Diseases for assessment and treatment.	
Secondary syphilis <u>with</u> neuro signs /symptoms:	Refer to ID POWH/StVH/ StG. If patient declines referral, discuss with senior MO.	
Tertiary syphilis suspected:		Discuss with senior MO.
Advise abstinence from sexual intercourse for 7 days post treatment completion.		

References:

1. Therapeutic Guidelines. 2022. Antibiotic, Syphilis. Available: [Topic | Therapeutic Guidelines \(hcn.com.au\)](https://www.hcn.com.au/therapeutic-guidelines/antibiotic/syphilis);
2. Australian STI Management Guidelines for use in Primary Care. 2021. Syphilis. Available: [STI Guidelines Australia - STI Guidelines Australia](https://www.sti.gov.au/guidelines)
3. World Health Organization (WHO). 2016. WHO Guidelines for the treatment of *Treponema pallidum* (syphilis) [Internet]. Available: [9789241549806-eng.pdf \(who.int\)](https://www.who.int/publications/m/item/9789241549806-eng); [WHO Guidelines for the Treatment of Treponema pallidum \(Syphilis\) - PubMed \(nih.gov\)](https://pubmed.ncbi.nlm.nih.gov/27011111/)

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Health
South Eastern Sydney
Local Health District

AUTHORISATION	
Author (Name)	Donna Tilley
Position	Quality Improvement Coordinator/ Nurse Practitioner,
Department	SHBBV Services
Position Responsible (for ongoing maintenance of Protocol)	Donna Tilley
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