

TEST IF

- MSM (at least annually, but ideally with every sexual health check)
- HIV positive (at least annually, but ideally with every sexual health check)
- Routine antenatal screen; consider rescreening in later pregnancy if partner change
- Routine immigration screen
- A sexual contact of a person with syphilis
- Routine sexual health check

Signs or symptoms of infectious syphilis:

- Genital ulcers (see Genital Ulcer Disease summary www.nzshs.org/guidelines)
- MSM with any genital symptoms or rash
- Any rash affecting the palms of the hands or soles of the feet, or that is persistent or unexplained
- Pyrexia of unknown origin, unexplained persistent lymphadenopathy, unexplained liver function disturbance, alopecia

RECOMMENDED TESTS

- Syphilis serology – if clinical suspicion of infectious syphilis specify on laboratory form
- HIV serology
- Routine STI tests (see Sexual Health Check guideline www.nzshs.org/guidelines)
- In MSM also request hepatitis A and B serology, unless known to be immune
- In persons with a history of IDU, incarceration, or who use recreational drugs during sex, request hepatitis C serology

**Refer or discuss with a sexual health specialist if high index of suspicion of infectious syphilis (e.g. symptoms and/or signs, or contact of index case), or if pregnant.
It is recommended to discuss all positive syphilis serology with a sexual health specialist.**

MANAGEMENT

- Advise to refrain from any sexual activity until assessed or discussed with a specialist service
- Do not use/prescribe any topical agents or oral antibiotics for genital ulcers
- Patients being treated for infectious syphilis should have syphilis serology repeated on the day treatment is commenced to provide an accurate baseline for monitoring treatment
- It is important that any intramuscular penicillin formulation used should be long-acting Bicillin LA (benzathine penicillin) 1.8g, as short-acting formulations are insufficient for syphilis treatment. Treatment should ideally be given at a sexual health service.

PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS

- **Referral or discussion with a sexual health specialist or service is strongly recommended**
- Be clear about language: 'partner' implies relationship
- All sexual contacts within the intervals below should be clinically and serologically evaluated

Infectious syphilis

- **Primary syphilis:** 3 months plus duration of symptoms. Empiric treatment for syphilis is recommended, as serology may be negative
- **Secondary syphilis:** 6 months plus duration of symptoms
- **Early latent syphilis and syphilis of unknown duration where RPR \geq 1:32:** 12 months

Late latent syphilis, syphilis of unknown duration with low RPR and tertiary syphilis

- Serologic evaluation of current or last sexual contact and/or serologic evaluation of children if index case is female

FOLLOW-UP

Infectious syphilis

- Repeat serology at 3, 6 and 12 months
- Serological cure is defined by consistent four-fold (2 dilutions) drop in RPR titre
- Failure of RPR titre to decrease fourfold (2 dilutions) within 12 months indicates treatment failure – re-evaluation is necessary
- A subsequent four-fold (2 dilution) rise in RPR titre is an indication of re-infection – re-evaluation is necessary

Late latent syphilis and tertiary syphilis (excluding neurosyphilis)

- Repeat serology at 6 and 12 months to ensure remains serofast
- Fourfold (2 dilutions) increase in titre indicates either treatment failure or re-infection – re-evaluation is necessary