

INFORMATION FOR

HEALTH PROFESSIONALS

ON SYPHILIS



Syphilis is on the rise in Australia among women of childbearing age, men who have sex with men and Aboriginal and Torres Strait Islander peoples. You may see patients presenting at your clinic who require testing and treatment.

KEY INFORMATION ABOUT SYPHILIS AND SYMPTOMOLOGY

Syphilis is a sexually transmissible infection (STI) caused by the bacterium *Treponema pallidum*. It can cause short and long-term health issues if left untreated. With early diagnosis, most people can receive treatment and recover from syphilis.

Clinical presentation may be highly variable and many cases do not follow the classical stages listed below. Syphilis can be asymptomatic. Symptoms vary depending on the stage of infection.

● Primary syphilis

The primary lesion, a chancre, begins as a papule 10 to 90 days after infection. It ulcerates to form a relatively painless lesion at the site of infection (e.g. lip, tongue, pharynx, anus, rectum) and may be accompanied by regional lymphadenopathy. However, atypical multiple and painful lesions can occur. The ulcer usually heals spontaneously over the course of a few weeks.

● Secondary syphilis

Secondary syphilis usually occurs 4 to 10 weeks after the onset of the primary lesion. Symptoms include headache, fatigue, lymphadenopathy, low grade fever, sore throat, rash, mucocutaneous lesions and alopecia. Ocular and neurological symptoms may also occur. Untreated secondary syphilis symptoms persist for 3 to 12 weeks, after which an untreated patient enters the early latent phase. An untreated patient can remain infectious for up to two years until the disease progresses to the late latent stage.

● Latent syphilis

Syphilis of more than two years duration, in the absence of clinical signs or history of treatment, is called late latent syphilis. People with late latent syphilis can be asymptomatic for many years. The patient is still infected with syphilis, however the infection remains latent or progresses to tertiary syphilis.



● Tertiary syphilis

About one-third of people with untreated syphilis develop tertiary syphilis. This can cause brain infections, dementia, lung and heart failure, blindness and death if left untreated.

● Congenital syphilis

Vertical transmission can occur anytime during pregnancy and at any stage of syphilis. Untreated syphilis during pregnancy can lead to miscarriage, stillbirth, premature births, low birth weight and death of the baby shortly after birth.

A baby with congenital syphilis can experience serious health issues that affect their growth and development, such as permanent organ and brain damage. Some infants won't show symptoms until they're older, which can lead to a delay in diagnosis and treatment.

SYPHILIS IN AUSTRALIA

In 2022, notifications of infectious syphilis in Australia more than doubled from recorded rates in 2015. There is an ongoing outbreak of infectious syphilis affecting young Aboriginal and Torres Strait Islander peoples, mainly aged between 15 and 34 years.

For more information on the outbreak regions, go to health.gov.au and search "syphilis outbreak".

There is also an increase in infectious syphilis among non-Indigenous and Aboriginal and Torres Strait Islander women outside of outbreak declared regions, including in major cities. Between 2016 and 2022, rates of infectious syphilis in women aged 15 to 44 increased by 158 per cent*.

* Australian Department of Health and Aged Care, (2023). National Notifiable Diseases Surveillance System. Available at: <https://nindss.health.gov.au/pbi-dashboard/> [Accessed 21 December 2023]

Due to the dynamic nature of the NNDSS, data are subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories.

TESTING

It is important that you regularly screen your patients for syphilis once they become sexually active. Regular and comprehensive STI testing should be offered to patients belonging to priority populations, and men who have sex with men, women of childbearing age, and those residing in outbreak regions, including Aboriginal and Torres Strait Islander communities.

If your patient is pregnant, it is recommended that they be tested at their first antenatal visit to prevent congenital syphilis. If they live in areas impacted by the ongoing syphilis outbreak, they should be tested at the following intervals:

- the first antenatal visit
- 28 and 36 weeks
- the time of birth
- six weeks after the birth

Contact tracing is also recommended under the Pregnancy Care Guidelines - Contact tracing and treatment for the woman's partner(s) are critical to minimise the potential for re-infection as this represents a particular threat to the unborn baby.

Refer to local guidelines for further information, especially in regions where an outbreak has been declared, as advice regarding repeat testing may differ.



FURTHER INFORMATION

- www.health.gov.au/syphilis
- www.health.gov.au/resources/pregnancy-care-guidelines/part-f-routine-maternal-health-tests/syphilis
- www.racgp.org.au/download/Documents/Guidelines/Redbook9/17048-Red-Book-9th-Edition.pdf
- www.sti.guidelines.org.au/sexually-transmissible-infections/syphilis

