**Syphilis**

**MANAGEMENT SUMMARY**

**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](http://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

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<tr>
<th><strong>PARTNER NOTIFICATION AND MANAGEMENT OF SEXUAL CONTACTS</strong></th>
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<td><strong>Referred or discussion with a sexual health specialist if high index of suspicion of infectious syphilis</strong> (e.g. symptoms and/or signs, or contact of index case), or if pregnant.</td>
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<td>It is recommended to discuss all positive syphilis serology with a sexual health specialist.</td>
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**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](http://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

**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.

**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

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- A sexual contact of a person with syphilis
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The Ministry of Health supports the use of these clinical guidelines, developed by clinical experts and professional associations to guide clinical care. Further guideline information – [www.nzshs.org/guidelines](http://www.nzshs.org/guidelines) or phone a sexual health specialist. This STI Management Guideline Summary has been produced by NZSHS. Every effort has been taken to ensure that the information in this guideline is correct at the time of publishing (September 2017).