



MEDICAL HEALTH OFFICERS **ALERT**

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Regional increase in infectious syphilis

Interior Health is experiencing a significant increase in the number of infectious syphilis cases reported in the Thompson Cariboo Shuswap region. From January to May 2022, the number of cases reported in Thompson Cariboo Shuswap have already surpassed the total number of cases reported in all of 2021.

There has been a shift in the epidemiology with the majority of recent cases identified among heterosexual males and an increasing proportion among females. The majority of cases observed are 20 to 60 years of age. Congenital syphilis has also been reported.

A provincial syphilis outbreak was declared in BC in 2019. In the context the recent local increase in cases the following **actions are requested** of primary care providers in the Thompson Cariboo Shuswap region:

- 1. Increase opportunistic sexual health history taking among sexually active 20 to 60 year-olds, including identification of symptoms and risk factors for syphilis infection.**
 - Symptoms
 - Primary syphilis (3 to 90 days after exposure):
 - Painless oral, genital or anal lesion (chancre) and regional lymphadenopathy
 - Secondary syphilis (2 weeks to 6 months after exposure):
 - rash on the palms of the hands and the bottom of the feet, fever, malaise, headaches, mucosal lesions, lymphadenopathy, patchy or diffuse alopecia, painless lesions on the genitals or mouth (condylomata lata)
 - Latent syphilis (6 months or more after exposure):
 - asymptomatic infection that persists for years
 - Risk factors
 - Unprotected sexual activity involving contact with oral, genital, or anal mucosa
 - One or more anonymous sexual partners
 - Sexual contact with a known case of syphilis
 - Previous syphilis, HIV, or other sexually transmitted or blood-borne infection
 - Member of a vulnerable population including those who are under-housed, street-involved, and use substances

2. **Include Syphilis serology testing as part of all sexual health screening even if asymptomatic and no risk factors are identified.**
3. **Test for Syphilis screen at least twice in pregnancy:**
 - During the first trimester of pregnancy or at the first prenatal visit
 - If there is any clinical suspicion for ongoing risk during pregnancy
 - At the time of admission for delivery or any time after 35 weeks for those planning home births
4. **Obtain a swab specimen for Syphilis PCR testing, in addition to Syphilis serology, when clinically concerning genital, anal and/or oral ulcer(s) or lesion(s) are present.**

Follow up of all syphilis test results indicating infection is performed by the BC Centre for Disease Control, who may contact you to arrange treatment if necessary.

Testing recommendations (urgent tests will be prioritized by lab collection sites – please write “Urgent” or “priority testing” on the requisition):

Test	Site	Specimen container	Notes
Syphilis serology	Venipuncture	Serum separator tube (SST)	<ol style="list-style-type: none"> 1. Serology for syphilis screening is indicated on the lab requisition as syphilis (nonprenatal), syphilis antibody TPE. 2. The diagnostic platform is an enzyme immune assay (EIA). If the EIA is reactive, further confirmatory testing will be automatically completed by the lab.
Syphilis PCR	Genital and/or oral ulcers or lesions	Copan Blue lid UTM with FLOQswab® OR Aptima® multitest swab	<ol style="list-style-type: none"> 1. All syphilis lesion specimens must be accompanied by serology. 2. PCR is available on painless chancre swabs. For painful lesions, Herpes PCR should be ordered as well, and if it’s negative then syphilis PCR may be performed on the same swab 3. Write “Syphilis PCR” on the requisition 4. Contact the Medical Microbiologist on call to facilitate/ triage approval for PCR testing with BCCDC.



Resources

www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Forms/Labs/SerologyReq.pdf

www.perinatalervicesbc.ca/Documents/Guidelines-Standards/Maternal/Guideline-syphilis-screening-in-pregnancy.pdf

www.elabhandbook.info/phsa/

We recognize and acknowledge that we are collectively gathered on the traditional, ancestral, and unceded territories of the seven Interior Region First Nations. This region is also home to 15 Chartered Métis Communities. It is with humility that we continue to strengthen our relationships with First Nation, Métis, and Inuit peoples across the Interior.