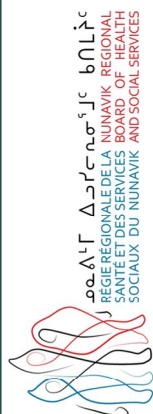


# Info-MADO

## Newsletter of the Nunavik Department of Public Health on Notifiable diseases

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REGIONALE DE LA  
NUNAVIK REGIONAL  
SANTÉ ET DES SERVICES BOARD OF HEALTH  
SOCIAUX DU NUNAVIK AND SOCIAL SERVICES

### CALL FOR VIGILANCE: SYPHILIS

Draft by the infectious-diseases team  
based on *INSPQ*, *INESSS* and *MSSS* communications  
Nunavik Dept. of Public Health

#### CONTEXT

- Nunavik is a region at elevated risk of STBIs, including chlamydiosis and gonorrhea.
- In Nunavik, one case of syphilis was reported to the DPH in 2013 and another has just been confirmed.
- Since 2012, Nunavut has seen outbreaks of syphilis. Our Cree neighbours also saw aggregate cases in 2013.
- In Québec, a resurgence of infectious syphilis has been observed since the early 2000s, first among MSM (men who have sex with men), followed by an increase in the number of cases among young persons aged 15 to 24 years (with no link to MSM), including women of childbearing age, with the risk of onset of related congenital syphilis.
- Syphilis is not easy to diagnose due to multifiform clinical manifestations. Sometimes it can even remain asymptomatic in the primary, secondary and latent stages. Untreated, it can be communicable for one year and be linked to higher rates of morbidity and mortality (tertiary or congenital syphilis).
- Syphilis-related lesions increase the risk of HIV infection by two to five times.
- Syphilis is a disease reportable by physicians and laboratories .

#### Transmission

- Vaginal, anal or oro-genital sexual contact, with or without penetration: highest risk.
- Transplacental transmission from infected mother to foetus.
- Direct contact with exudate from skin or mucosal lesions.
- Indirect contact (e.g., sexual toys).
- Less-frequent methods of transmission:
  - blood transfusion when transfusion safety measures are not applied (e.g., in certain foreign countries).
  - sharing of injection materials.

Syphilis is deemed **infectious** when the contagion is highest, i.e., during the primary, secondary and early-latent stages. These stages correspond to the first year of the disease.

#### Screening: regional recommendations for asymptomatic individuals

Besides laboratory tests for diagnostic purposes among **all individuals with signs or symptoms** compatible with syphilis, screening for syphilis should be performed among:

- **all pregnant women** at the first visit for pregnancy, at 28 weeks (at the same time as repeat screening for gonorrhea and chlamydiosis) and at 36 weeks (or at time of delivery if not performed at 36 weeks).
- **all asymptomatic individuals with risk factors**
  - See factsheet on *Screening according to Risk Factors*, used in Nunavik clinics for follow-up to consultations related to sexual health and STBIs. **Consult the guide: Nunavik Sexual Health and STBIs, January 2015, section 1.**
- **partners**
  - a. All partners of an individual with confirmed syphilis should be tested according to the period of contagiousity, through a clinical and serological examination (request *Serology for syphilis*).  
If negative, the test should be repeated three months later, to take into account the window period (10 days to three months): average of three weeks post infection, unless the last sexual relations date back more than three months from the initial test.
  - b. All pregnant partners of a confirmed case must be reported.

- c. Epidemiological treatment, i.e., without waiting for serology results, is recommended for all contacts of a confirmed case or a case with classic primary (chancre) or secondary lesions supported by an epidemiological context.

### **Clinical manifestations and infectious period**

For the stages of the disease and their most-common clinical manifestations, consult :  
[www.inesss.qc.ca/fileadmin/doc/INESSS/Outils/Guides\\_ITSS/INESSS\\_STBBI\\_Guide\\_Syphilis\\_EN.pdf](http://www.inesss.qc.ca/fileadmin/doc/INESSS/Outils/Guides_ITSS/INESSS_STBBI_Guide_Syphilis_EN.pdf)

### **Laboratory test**

Refer to the INSPQ document *Mise à jour des algorithmes de sérodiagnostic de la syphilis : avis scientifique*, Québec, INSPQ, 2016. (French version only)  
[https://www.inspq.qc.ca/sites/default/files/publications/2064\\_algorithmes\\_serodiagnostic\\_syphilis.pdf](https://www.inspq.qc.ca/sites/default/files/publications/2064_algorithmes_serodiagnostic_syphilis.pdf)

### **Treatment**

Refer to the MSSS document *Mise à jour Mars 2016. Traitement pharmacologique ITSS. Syphilis. (French version only)*  
<http://publications.msss.gouv.qc.ca/msss/fichiers/2015/15-308-07W.pdf>

### **In brief**

- The first choice is penicillin G benzathine (Bicillin L-A), 2.4 million IU, long-acting penicillin.
- The number of required treatments and the type of antibiotics used depend on the stage of syphilis, as well as other factors (e.g., HIV status, allergy to penicillin, pregnancy and breast-feeding, etc.). It is therefore recommended to consult an infectiologist before treating any case of syphilis.
- **Serological follow-up with a quantitative RPR test** is required to evaluate the reaction to treatment 3, 6 and 12 months after administration thereof.

### **Physicians of the Nunavik DPH and Designated Infectiologists of the MUHC**

The physicians below can reply to queries on sexually transmitted infections. **Outside normal office hours**, refer to the **List of physicians on duty for the Nunavik DPH**.

#### **Dr. Jean-François Proulx**

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#### **Dr. Véronique Morin (as of June 2017)**

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#### **Dr. Michael Libman**

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Schedule: Mon. to Fri., 8:00 a.m. to 4:00 p.m.  
Infectiologist on duty weekends

#### **Dr. Cédric Yansouni**

Infectiologist, MUHC  
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### **Resources for Information and Counselling for Clients**

#### **Faye Le Gresley**

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- Consult Nunavut sexual-health Website: <http://www.irespectmyself.ca/>
- CATIE (Canada's source for HIV and hepatitis C information): [www.catie.ca](http://www.catie.ca)