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NUNAVIK PUBLIC HEALTH NEWSLETTER

CALL FOR VIGILANCE – SYPHILIS

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TRADUCTION

Context:

In 2025, the incidence rate of syphilis in Nunavik remained very high, at 11 times the rate observed for the province of Quebec as a whole. Since the beginning of 2026, an increase in the number of syphilis cases has been observed in certain communities where no community transmission had previously been identified. In this context, increased vigilance is recommended for all clinicians practicing in the region.

Clinical presentation:

The clinical presentation of syphilis varies depending on the stage of infection (primary, secondary, latent, or tertiary).

During the early stages (syphilis acquired less than one year ago), the most common clinical manifestations include:

- Single or multiple chancres at the site of inoculation (e.g., genital, anal, or oral);
- Skin rash, often observed on the palms of the hands, soles of the feet, and trunk, but which may be generalized;
- Condyloma lata;
- Regional lymphadenopathy;
- Flu-like syndrome;
- Oral, lingual, or genital mucocutaneous lesions;
- Alopecia;
- Neurological manifestations (including otic and ophthalmic involvement).

Syphilis is often referred to as ‘’the great imitator’’ because of its wide range of clinical manifestations, which can mimic other conditions.

It is also important to note that infection may be asymptomatic or go unnoticed (e.g., intravaginal chancre).

For more information, see Appendices 1 and 2 of the INESSS Optimal Usage Guide.

Diagnosis:

Diagnosis is based on clinical history, presentation, and the results of current and past serological tests to determine the stage of infection. Cerebrospinal fluid analysis may be required in cases of suspected neurosyphilis.

In Nunavik, serological testing requires the collection of two gold/yellow tubes:

- One specimen is analysed locally (Puvirnituq and Kuujjuaq) for a qualitative RPR test (reactive or non-reactive), allowing early intervention for individuals with no history of syphilis.
- The second specimen is sent to the McGill University Health Centre (MUHC):
    - An EIA (antibody test) is performed; if reactive, a qualitative RPR test (positive or negative) is conducted. If the qualitative RPR is positive, a quantitative RPR (titer/dilution) is then performed.

In certain situations, confirmatory tests (TP-PA and INNO-LIA), performed at the *Laboratoire de santé publique du Québec* (LSPQ), may be required to confirm the diagnosis.

For more information, see Appendix 3 of the INESSS Optimal Usage Guide.

Treatment:

In the epidemiological context of Nunavik, it may be appropriate to initiate treatment immediately in suspected cases, particularly when clinical presentation is suggestive of syphilis or when a preliminary positive result is pending confirmation.

First-line treatment is Benzathine Penicillin G 2,4 million units administered intramuscularly. The number of doses (generally 1 or 3) depends on the stage of infection and whether the patient is pregnant.

For cases of neurosyphilis, a different treatment regimen must be used. Consultation with an infectious disease specialist is recommended whenever neurosyphilis is suspected.

Serological follow-up is essential after treatment to assess therapeutic response.

Refer to the INESSS Optimal Usage Guide.

Contact tracing and management:

The partner identification period depends on the stage of syphilis (probable or confirmed) of the index case. Partner management includes clinical and serological evaluation and may include immediate empiric treatment.

Preventive intervention with partners (IPPAP) is an essential measure to break chains of syphilis transmission in Nunavik.

Refer to the INESSS Optimal Usage Guide, particularly Appendix 4, for partner identification.

What is expected of clinicians:

The Nunavik Public Health Department invites clinicians to:

1. **Increase their clinical vigilance** for this infection, which may go unnoticed or resemble other conditions;
2. **Enhance STBBI screening, including opportunistic screening,** for gonorrhea, chlamydia, syphilis and HIV among all sexually active individuals aged 14 and over.
3. **Promptly initiate partner identification** whenever an STBBI is suspected, in order to enable timely preventive intervention with partners (IPPAP);
4. **Report all confirmed or suspected cases of syphilis to the Public Health Department,** according to the following procedures:
   - Complete the AS-770 form **OR** the sexual health consultation form and submit it via:
     - Email: stbbi.nrbhss@ssss.gouv.qc.ca **OR** mado-declarations.rr17@ssss.gouv.qc.ca

     OR
     - Fax: 1-866-867-8026