

# Info-MADO

## Evolution of Syphilis in Nunavik: Improving Protection of Pregnant Women

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### Context

The number of cases of syphilis remains alarmingly high in the region. Although regular community transmission occurs in a limited number of communities, in the past few months we have noted the presence of cases in six different communities, and this on both coasts.

In the fall 2020, a newborn was diagnosed with congenital syphilis. This is the third such case since the start of the outbreak (two confirmed diagnoses and one probable). Several pregnant women are presently infected with syphilis in the region, and this in many different communities.

### Recommendation

These two events led to a revision of existing protocols with the midwifery team to ensure rapid diagnosis and treatment of pregnant women and newborns. For the sake of caution, the following recommendation should apply to both coasts. **Here, note the addition of post-partum testing**, which enables diagnosis and care for a child in whom the infection might not have been detected. Given our regional epidemiology, the simplicity of the procedure and the great benefit for an infected child, **we thus recommend a fifth post-partum test for syphilis** (see table).

Testing for syphilis recommended among pregnant women in Nunavik					
Period for test	First visit	Second trimester	Third trimester	34 to 36 weeks	6 to 8 weeks post-partum
Test for syphilis	Yes	Yes (6 to 8 weeks after initial test)	Yes	Yes	Yes

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**For syphilis, diagnosing and treating all infected persons also means protecting pregnant women and newborns of the community.**

Syphilis remains a serious public-health issue in many communities. We invite all clinicians to learn more about the clinical signs of syphilis and to be vigilant for them:

- Primary syphilis manifests as a syphilitic canker that does not always occur singly, and the lesion or lesions can sometimes be painful. In the endemic communities, the presence of any lesion should trigger a test for STBBIs and treatment without waiting for laboratory results.
- Secondary syphilis is underdiagnosed in Nunavik. It generally manifests as a diffuse rash that is often maculopapular (torso, palms of the hands, soles of the feet, genital area, etc.), sometimes isolated. It can also manifest as a flu-like symptom, condyloma lata and alopecia.

**Testing for STBBIs should be offered regularly to asymptomatic individuals, depending on their risk factors: once a year for individuals at low risk (for example, one partner) and every three months for individuals at higher risk (for example, multiple partners, sexual relations under the influence of alcohol or drugs). Testing for STBBIs systematically includes gonorrhoea, chlamydia, syphilis and HIV, regardless of the individual's risk factors.**