STIGMA
SEXUALLY TRANSMISSIBLE INFECTIONS IN GAY MEN ACTION GROUP

- ***Procaine Penicillin:*** only Procaine Penicillin 1.5G/3.4ml injection is available in Australia now. It is suggested the full contents of this preparation be administered rather than attempting to approximate the correct volume for 1G.

Some guidelines also suggest adding treatment to standard therapy for infectious/early syphilis in people with HIV. This is based on some specialists' opinions and includes, for example, 'Benzathine Benzyl Penicillin administered at 1-week intervals for 3 weeks, as recommended for late syphilis'.

Bearing in mind that CSF abnormalities are common in people with HIV, some specialists also recommend an additional management consideration of 'CSF examination before treatment of HIV-infected persons with early syphilis, with follow-up CSF examination conducted after treatment in persons with initial abnormalities'[4]. This is considered excessive and impractical in most situations.

All guidelines emphasise the importance of close follow-up at 3, 6, 9, 12 and 24 months after therapy to ensure serological and clinical resolution.

If you need advice about syphilis management, please contact your local sexual health service. http://www.racp.edu.au/public/sh_contact.htm#register

Thanks to Dr Carol Emerson for her assistance.

1 Jin F, Prestage GP, Kippax SC, et al. Epidemic syphilis among homosexually active men in Sydney. *Med J Aust* 2005; 183: 179-183.

2 http://www.cdc.gov/std/treatment/2006/genital-ulcers.htm#syphpartners; http://www.bashh.org/guidelines/draft/SyphilisGuideline2007Draft.pdf

3 Nandwani R, Fisher M. Clinical standards for the screening and management of acquired syphilis in HIV positive adults. BASHH guidelines. http://www.bashh.org/

4 Parkes R, Renton A et al. Review of current evidence and comparison of guidelines for effective syphilis treatment in Europe. *Int Journal of STD and AIDS* 2004;15:73-88

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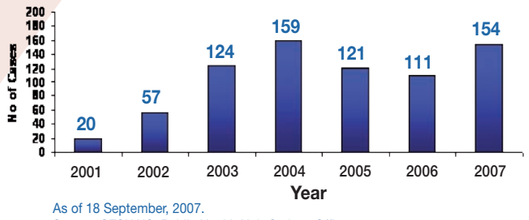
STIGMA UPDATE
SEXUALLY TRANSMISSIBLE INFECTIONS IN GAY MEN ACTION GROUP
October 2007

SYPHILIS CAMPAIGN

Over the last nine months, we have observed a dramatic increase in infectious syphilis notifications among inner-Sydney men. Evidence from the enhanced surveillance program conducted by the Public Health Units in South Eastern Sydney Illawarra Health Service and Sydney South West Area Health Service since April 2006, confirms that most infectious syphilis cases have occurred among gay men of whom approximately 50% are HIV positive.

Infectious syphilis notifications, south-eastern Sydney residents



As of 18 September, 2007.
Source: SESIAHS, Public Health Unit-Sydney Office.

The sub-group of gay men considered at greatest risk of syphilis transmission are those men practicing esoteric/adventurous sex (including group sex). HIV positive men account for a significant proportion of this group. Over half of the men believe they had contracted syphilis through oral sex.[1]

STIGMA will implement a targeted syphilis campaign in October 2007. Key messages regarding syphilis transmission, prevention, symptoms and treatment will be directed to this group through the distribution of social marketing materials in key venues, websites and through gay community media. These men are being encouraged to test and treat for syphilis in the month of October and to notify their friends and sexual partners.

STIGMA is a partnership between
South Eastern Sydney and Illawarra Area Health Service, Sydney South West Area Health Service, Northern Sydney Central Coast Health, People Living with HIV/AIDS NSW, ACON, National Centre in HIV Social Research and General Practioners

STIGMA
SEXUALLY TRANSMISSIBLE INFECTIONS IN GAY MEN ACTION GROUP

WHAT ARE WE ASKING OF GENERAL PRACTITIONERS?

General practice is the most common setting for STI testing of gay men in inner-Sydney. We anticipate that more men will see their GPs for a syphilis test during the month of October. We would like you to:

- Respond to patient requests for syphilis testing and treatment.
- Initiate syphilis testing and treatment in those patients not requesting a test.
- Initiate partner contact tracing, testing and treatment.
- Reinforce the need for frequent (3 monthly) testing for STIs for men within the sub-group.
- Discuss with HIV positive patients the particular implications of infectious syphilis on their health.
- Discuss with patients: modes of transmission, prevention of syphilis and other STIs by reinforcing condom use, decreasing partner numbers and frequent testing and treatment (if necessary).

Patient factsheet on syphilis is available for download from: www.whytest.org

CLINICAL MANIFESTATIONS OF INFECTIOUS SYPHILIS

Syphilis is a systemic rather than a local illness from early stages of infection. For ease of classification and decision-making about treatment, think of syphilis as either 'infectious/early or non-infectious/late'.

Infectious/Early Syphilis

- ***Primary infection:*** ulcer or chancre at the infection site.
- ***Secondary infection:*** manifestations that include, but are not limited to, skin rash, mucocutaneous lesions, lymphadenopathy and sometimes neurological symptoms like uveitis or deafness.
- ***Early latent syphilis:*** those lacking clinical manifestations detected by serological testing and acquired within the preceding year.

Non-Infectious/Late Syphilis

- ***Tertiary infection:*** eg - cardiac or ophthalmic manifestations, auditory abnormalities, or gummatous lesions.
- ***Late latent infections:*** those lacking clinical manifestations detected by serological testing of greater than 12 months duration or of unknown duration.

MANAGING INFECTIOUS SYPHILIS

International guidelines are now in general agreement about the management of syphilis. The current rates of infectious/early syphilis warrant assertive clinical management of people with syphilis and their sexual contacts/partners.[2]

Management of Sex Partners

Sexual transmission of *Treponema pallidum* occurs only when mucocutaneous syphilitic lesions are present, even though the patient may be unaware of any lesions. Although such manifestations are uncommon after the first year of infection, persons exposed sexually to a patient who has syphilis in any stage should be evaluated clinically and serologically as per the following recommendations, and treated with a recommended regimen:

- Persons who were exposed ***within the 90 days*** preceding the diagnosis of primary, secondary or early latent syphilis in a sex partner might be infected ***even if seronegative; therefore, such persons should be treated presumptively***.
- Persons who were exposed >90 days before the diagnosis of primary, secondary, or early latent syphilis in a sex partner should be treated presumptively ***if serologic test results are not available immediately and the opportunity for follow-up is uncertain***.
- For purposes of partner notification and presumptive treatment of exposed sex partners, patients with syphilis of unknown duration who have high non-treponemal serologic test titers (i.e., ≥1:32) can be assumed to have early syphilis. However, serologic titers should not be used to differentiate early from late latent syphilis for the purpose of determining treatment.
- Long-term sex partners of patients who have latent syphilis should be evaluated clinically and serologically for syphilis and treated on the basis of the evaluation findings.
- For identification of at-risk sexual partners, the periods before treatment are:
  - 3 months plus duration of symptoms for primary syphilis,
  - 6 months plus duration of symptoms for secondary syphilis, and
  - 1 year for early latent syphilis.

TESTING AND TREATMENT OF INFECTIOUS SYPHILIS

Testing

Guidelines recommend annual testing for syphilis in MSM however, in an outbreak situation such as this, 3-monthly testing is recommended. It is also recommended in HIV positive men as part of their HIV monitoring consultations.[3]

Diagnosis

A number of case reports describe increased severity of symptoms of syphilis infection, particularly neurological symptoms, in HIV positive patients but reporting bias may account for the differences[4].

For the majority of people with HIV, serologic tests are accurate and reliable for the diagnosis of syphilis and for monitoring their response to treatment.[4] However, there have been reports of atypical serologic test results, for example, unusually high, unusually low, or fluctuating titers, in some people with HIV and syphilis co-infection.[4] When serologic tests do not correspond with clinical syndromes suggestive of early syphilis, use of other tests (eg – biopsy, PCR and direct microscopy) should be considered.

Treatment

There has been considerable debate about the effectiveness and appropriateness of the regimes used for treating all stages of syphilis in people with HIV.[4]

Most guidelines now recommend the same treatment of infectious/early syphilis in patients with HIV as for those without HIV. Penicillin is the treatment of choice as:

- ***Benzathine Benzyl Penicillin 1.8G IMI Stat***
- ***Procaine Penicillin 1G IM daily for 10 days***

Treatment preparation notes:

- ***Benzathine Penicillin:*** comes as 0.9G/2ml to be injected into each buttock but supply interruption has meant a current substitute of 0.9G/4ml is being used. Constitution with 2-4ml Xylocaine 1% in an 18G needle will make administration easier.