



SEXUAL HEALTH *Update*

Provided by Local Sexual Health Clinics

INFECTIOUS SYPHILIS ROUND-UP

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SYMPTOMS

Syphilis typically presents in men with an ano-genital or throat/mouth ulcer, usually 2-4 weeks after infection. If this occurs on the penis, it will often cause the person to seek medical advice, but because other potentially infected sites are more hidden, then there are often no symptoms. The initial lesion is a papule that quickly becomes eroded forming an ulcer, which is characteristically indurated and is not particularly tender. This is the chancre of primary syphilis. Regional lymph nodes may become enlarged. The ulcer spontaneously resolves in a few weeks.

TESTING

Blood tests for primary syphilis are usually positive, but sometimes the blood tests are still negative because serology for any infection take a bit of time to become reactive. So repeating the tests a week later might be very important. Also, a PCR test from syphilis from a swab of the lesion is now available at Westmead Hospital. Because genital herpes is a common cause of genital ulcer, it is often necessary to perform a swab for herpes as well.

Testing for other STIs is also important, especially for HIV infection. This should usually be repeated approximately 3 months later. In gay men, throat and rectal swabs and a urine sample, should be tested for gonorrhoea and chlamydia.

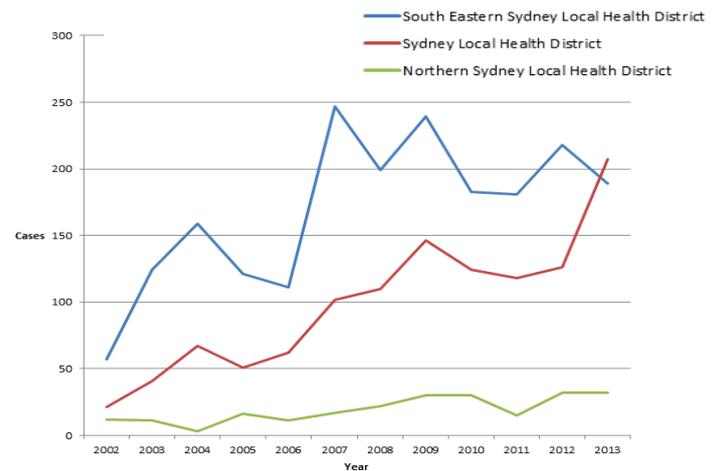
EARLY SYPHILIS TREATMENT

Treatment for early syphilis has remained the same for many years – **it can be a single stat dose of benzathine penicillin 1.8gm. This comes in 900mg vials, so two are needed as a stat intramuscular injection. Alternatively, daily procaine penicillin 1.5gm imi for 10 days can be used. Do not use benzyl penicillin.** If there is true penicillin allergy, then treatment can be with oral doxycycline 100mg bd for 2 weeks.

SECONDARY SYPHILIS TREATMENT

If this early stage of syphilis is not treated, then the bacterium spreads throughout the body to cause the systemic symptoms of secondary syphilis. There may be a rash over the body with reddish macules on the trunk and arms, and on the palms of the hands or soles of the feet. There may be general malaise, lymphadenopathy, hepatomegaly, patchy hair loss, or superficial lesions on the mucosa of his mouth. At this secondary stage, the serology tests are always positive, and the titre of the RPR test (or VDRL) is usually quite high and greater than 1:16. Treatment at this stage is the same as for primary syphilis.

Figure 1: Infectious Syphilis notifications in male residents of Sydney, South Eastern Sydney & Northern Sydney Local Health Districts, 2002 – 2013



Source: Public Health Units from Sydney, South Eastern Sydney and Northern Sydney Local Health Districts

LATENT SYPHILIS TREATMENT

If secondary syphilis is not treated, then the infection progresses to a stage of latency, in which the patient is well without symptoms or signs of infection, but serology tests are positive, and the RPR titre is usually quite low. The patient is usually (but not always) uninfected. Treatment is with a longer course of benzathine or procaine penicillin. Latent syphilis can progress to tertiary syphilis with disease affecting any part of the body, but especially the CNS and aorta.

CONTACT TRACING

Our role and responsibility in managing infectious syphilis also includes helping any sexual partners to get treatment. Infectious syphilis is a very important STI for contact tracing. Most patients will be able to notify recent partners themselves, but they often need some help. Firstly, a contact of infectious syphilis should be tested and also presumptively treated for syphilis (without awaiting the results of tests). The index person should be informed of this. Secondly, a patient may be quite anxious about contacting a sexual partner for a variety of reasons. Often, patients will prefer to make such contact anonymously.



Rashes indicating Infectious Syphilis

continued next page

For gay men: there is a dedicated website that allows a SMS or email to be sent from the website anonymously to a partner.

This is www.thedramadownunder.info

For heterosexuals: a similar site is www.letthemknow.org.au

CONTACT TRACING SUPPORT FOR GPs

It may be necessary to get sexual partners from as long as one year ago tested. If you need help in contact tracing, please refer to:

- **Your nearest sexual health clinic** (see opposite)
- **Sexual Health Infolink** on 1800 451 624
- **STI Contact Tracing Tool for GP** <http://stipu.nsw.gov.au/wp-content/uploads/GP-Contact-Tracing-Tool.pdf>

RE-INFECTION

Finally, after successful treatment of syphilis, the serology syphilis tests will usually remain positive for life. However, the RPR titre should drop at least 2-fold, 6 months after treatment, and settle thereafter at a low titre. Given the syphilis tests remain positive, the only useful test to use thereafter is the RPR titre, which should not rise 2-fold. If it does, this might indicate re-infection. Gay men should be regularly screened for syphilis, as well as for HIV and other STIs as per guidelines: www.stipu.nsw.gov.au/stigma/sti-testing-guidelines-for-msm/ www.stipu.nsw.gov.au/stigma/sti-testing-guidelines-for-msm/

GP SURVEY: HAVE YOUR SAY ON STI TESTING IN MSM

You are invited to participate in a 5 minutes survey of the 'Study of the impact of 2014 STI and HIV Testing Guidelines for Asymptomatic Men who have Sex with Men and barriers to testing practice among general practitioners (GPs) in Sydney'.

To participate, you can either complete an online questionnaire via www.surveymonkey.com/s/stigmagpsurvey or a hard copy enclosed with this newsletter.

Your assistance in completing this survey is greatly appreciated. This study has been approved by Ethics Review Committee.



Sexually transmitted infection (STI) testing in men who have sex with men (MSM) - Study of the impact of 2014 STI and HIV Testing Guidelines for Asymptomatic MSM and barriers to testing practice among general practitioners in Sydney

Information statement

Introduction

You are invited to participate in a study assessing STI testing in men who have sex with men (MSM) in clinical practice among general practitioners (GPs) in Sydney. We look to learn about the testing practices of GPs, and how this compares with current recommendations. The questions will also explore your barriers and factors that influence testing practice and awareness of recommendations.

This study is a collaborative project supported by STIGMA (STIs in Gay Men Action group), a public health partnership formed in 2009 to provide a coordinated response to reduce and prevent STIs in men Sydney gay men.

Study Procedures

If you decide to participate, you will be asked to take 5 minutes to complete this online questionnaire via SurveyMonkey. The questionnaire asks for no identifying information or personal practice.

News

COMMUNITY HIV TESTING SITES a[TEST] HIGH POSITIVE STI YIELD FOR NON-GENITAL SITES REPORTED

To increase HIV testing in NSW, community-based HIV testing sites called "a[TEST]" have been established as partnerships between Sydney Sexual Health Centre and ACON in Elizabeth Street, Surry Hills (June 2013) and RPA Sexual Health and ACON in King Street, Newtown (November 2013). There was a temporary 6 weeks a[TEST] on Oxford Street, Darlinghurst and a pop-up caravan at Taylor Square for 5 days over Mardi Gras 2014 period.

RESULTS:

Across a[TEST] Surry Hills/Darlinghurst to July 2014, 1,358 men visited for 1,544 HIV tests of which 18 were positive (1.2%). Concurrent syphilis serology in all these men yielded 23 cases of syphilis (1.5%) and →95% of men accepted the offer of concurrent gonorrhoea and chlamydia tests of rectal, throat and urine, irrespective of sexual behaviour.

There was a high positive STI yield for non-genital sites: rectal chlamydia 72 cases (5.0%), throat gonorrhoea 73 (4.8%), rectal gonorrhoea 29 (2%), urine chlamydia 25 (1.7%), throat chlamydia 4 (0.2%), urine gonorrhoea 1 (0.1%).

RECOMMENDATIONS FOR GP:

To offer ALL gay and bisexual men STI testing especially rectal and throat swabs when undertaking HIV testing as recommended in 2014 MSM HIV/STI testing guidelines. www.stipu.nsw.gov.au/stigma/sti-testing-guidelines-for-msm/

Acknowledgement: Sydney Sexual Health Centre

THE GAY FRIENDLY GP LIST

www.acon.org.au/mens-health/gay-friendly-gps-in-sydney

If you would like to nominate yourself on this Gay friendly GP list so that we may refer gay men to GPs with particular interest in and knowledge of working with gay men,

Please contact Shih-Chi Kao, ph: 9515 1293 or email: shih-chi.kao@sswahs.nsw.gov.au

SUBSCRIBE

We extend an invitation to GPs, practice nurses and relevant clinicians to receive this free twice-yearly newsletter and updates on sexual health.

To subscribe please email your name, job title and workplace to:

Jeffrey.Dabbhadatta@sesiahs.health.nsw.gov.au

SEXUAL HEALTH SERVICES

RAPID HIV TESTING AVAILABLE AT THESE CLINICS



Health
South Eastern Sydney
Local Health District

Sydney Sexual Health Centre
www.sshc.org.au
Macquarie St, Sydney
ph: 02 9382 7440

Short Street Centre
Short Street, Kogarah
ph: 02 9113 2742

SouthZone Sexual Health Centre
Community Health Centre,
Sutherland Hospital
ph: 02 9113 2742

The Albion Centre
www.thealbioncentre.org.au
150 Albion Street, Surry Hills
ph: 02 9332 9600

Clinic 180
180 Victoria Street, Kings Cross
ph: 02 9357 1299



Health
Sydney
Local Health District

RPA Sexual Health
www.slhd.nsw.gov.au/communityHealth/sexualHealth.html
Marsden Street, Camperdown
ph: 02 9515 1200



Health
Northern Sydney
Local Health District

Clinic 16
www.clinic16.com.au
Herbert Street, St Leonards
ph: 02 9462 9500

SEXUAL HEALTH INFO link
1800 451 624



www.playsafe.health.nsw.gov.au



STIs in Gay Men Action Group

This newsletter is an initiative of the STIs in Gay Men Action group (STIGMA). It is written for general practitioners, practice nurses and relevant clinicians in Metropolitan Sydney.

Partners include:

South Eastern Sydney Local Health District, Sydney Local Health District, Northern Sydney Local Health District, Ministry of Health, ASHM NSW, Eastern Sydney Medicare Local, Inner West Sydney Medicare Local, Sydney North Shore and Beaches Medicare Local, Centre for Social Research in Health, The Kirby Institute, Australian Federation of AIDS Organisations (AFAO), Positive Life NSW and ACON.

Feedback and suggestions to:

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