

July 3, 2015

**Re: Rise in infectious syphilis and gonorrhea**

Dear Colleagues,

This letter is to inform you that Alberta is experiencing a rise in infectious syphilis and gonorrhea cases. Preliminary data show that more than 110 cases of infectious syphilis have been reported in the first 5 months of 2015 as compared to 155 cases in 2014. Over 80% of cases have been diagnosed among men who have sex with men (MSM). No congenital syphilis cases have been reported in 2015. In addition, preliminary data for the first 5 months of 2015 report more than 1,200 gonorrhea cases across the province compared to 1,909 cases in all of 2014.

Given the rising rates of syphilis and gonorrhea in Alberta, screening for sexually transmitted infections (STI), should be discussed with all sexually active persons during routine office visits. All persons reporting sex with new, anonymous or multiple partners should be re-screened every 3-6 months.

For *asymptomatic* individuals the following screening tests are recommended:

- **Urine (males and females):** Genprobe Aptima Combo-2 test, a nucleic acid amplification test (NAAT) for GC and Chlamydia (CT).
- **Serology: Syphilis enzyme immuno-assay (EIA), anti-HIV antibody and Hepatitis B surface antigen (HBsAg)** if there is no history of hepatitis B immunization or immunization status is unknown. Anti-HBsAg levels should be checked in individuals at high risk for hepatitis B infection unless there is previous documentation of immunity.
- **For MSM:** routine screening of **extragenital sites for gonorrhea and chlamydia with NAAT** is recommended at least every 6-12 months.

For appropriate tests in *symptomatic individuals*, please consult with a STI expert or clinic (see contact numbers below).

For **treatment of a case with infectious syphilis** please contact AHS Centralized STI Services or refer your patient to one of the Alberta STI clinics in Calgary, Edmonton and Ft. McMurray (see contact information below).

As per Alberta Treatment Guidelines for Sexually Transmitted Infections (2012) <http://www.health.alberta.ca/documents/STI-Treatment-Guidelines-2012.pdf>, the recommended **treatment for gonorrhea** is as follows:

- Heterosexual persons: cefixime 800 mg orally plus azithromycin 1 g orally single dose.
- MSM/pharyngeal cases: ceftriaxone 250 mg by intramuscular injection plus azithromycin 1 g orally single dose.
- Sexual contacts to suspected or confirmed gonorrhea cases as well as to chlamydia and mucopurulent cervicits/ non-gonococcal urethritis where negative gonorrhea test results are unavailable: cefixime 800 mg orally plus azithromycin 1g orally single dose.

All patients with a positive test result for gonorrhea should undergo a **test of cure** 2-4 weeks after completion of treatment if NAAT is performed and 3-7 days after completion of treatment if a culture based test is used. For alternate treatment recommendations, please consult the Alberta Treatment Guidelines for Sexually Transmitted Infections (2012). <http://www.health.alberta.ca/documents/STI-Treatment-Guidelines-2012.pdf>

**For consultation please call:**

AHS Centralized STI Services: 780-735-1466 or, toll free, 1-888-535-1466

STI Clinics: Calgary 403-955-6700; Edmonton: 780-342-2300; Ft. McMurray: 780-791-6182

Sincerely,

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