

January 25, 2016

Alert re: Concerning Rise of Infectious Syphilis and Gonorrhoea in Alberta

Dear Colleagues,

This letter is to provide you with an update on the concerning resurgence of infectious syphilis and gonorrhoea (GC) in Alberta. In 2015,

- Over 300 cases of infectious syphilis were reported, doubling case counts from 2014 (n=153), and surpassing the peak of the most recent outbreak in 2009 (n=283). 85% of cases are among men who have sex with men (MSM) and one quarter are co-infected with HIV.
- Over 3,400 cases of GC have been reported, an 80% increase from 2014. One third of cases are among Aboriginal people and one quarter of male cases are among MSM.

Why is it important to screen for syphilis and gonorrhoea?

Although patients with infectious syphilis may present with symptoms (ano-genital or oral ulcers, rash, fever, malaise and/or lymphadenopathy), up to one third of cases will report no symptoms. Untreated syphilis can have serious sequelae with significant morbidity (e.g. neurosyphilis, cardiovascular syphilis). Of particular concern is infectious syphilis during pregnancy with the potential for infection of the fetus and congenital syphilis. Most cases of gonorrhoea are asymptomatic but untreated infection can lead to serious and permanent health problems such as epididymitis, chronic pelvic pain, or infertility. Syphilitic ulcers or presence of gonorrhoea increase the risk of transmission or acquisition of HIV.

Who should be screened for sexually transmitted infections (STI)?

- All persons with STI related symptoms such as dysuria, vaginal or penile discharge, ano-genital or oral ulcers, unexplained rashes or skin eruptions, or lymphadenopathy.
- All persons with new, anonymous or multiple sex partners should be screened every 3-6 months.
- All pregnant females should be tested in the first trimester and again after 35 weeks.
- All persons who engage in or who are partners with those in sex-trade or use illicit drugs.
- All sexual contacts of clients with STI, regardless of symptoms or signs, should be tested and immediately treated.
- Consideration should also be given to screening those presenting for routine medical visits.

What tests should be requested?

- For **asymptomatic** individuals: **urine for GC and Chlamydia (CT) nucleic acid amplification test (NAAT), serology for syphilis antibodies, anti-HIV antibody and Hepatitis B surface antigen (HBsAg).**
- For **MSM**: **pharyngeal and rectal swabs for GC/CT NAAT** in addition to above named tests.
- All **individuals with symptoms** of infectious syphilis: **PCR for *Treponema pallidum*** with a Dacron swab from a moist lesion or rash in addition to above named tests.

For guidance on treatment, please consult the Alberta Treatment Guidelines for Sexually Transmitted Infections (2012) <http://www.health.alberta.ca/documents/STI-Treatment-Guidelines-2012.pdf>, or 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).

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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