

June 7, 2017

## Re: STI outbreak in Alberta

Dear Colleagues,

This letter is to provide you with an update on the gonorrhea and infectious syphilis outbreak in Alberta. Gonorrhea rates in 2015 (81/100,000) and 2016 (88/100,000) were nearly double the rate in 2014 (45/100,000). In 2017, monthly case counts are above that of 2015 and 2016. One-quarter of male cases report same-sex partners and nearly one-half of female cases self-report Indigenous (First Nations, Métis, and Inuit) ethnicity. Infectious syphilis rates in 2015 (9/100,000) and 2016 (10/100,000) have more than doubled compared with 2014 (4/100,000). 85% of cases have been reported among men and the majority of these cases have reported same sex partners; however, the proportion of cases among women and heterosexual men has been increasing over time.

After reporting no congenital syphilis cases in Alberta since 2011, an infant with probable congenital syphilis was born in 2015. Two additional infants with probable congenital syphilis and one infant with confirmed congenital syphilis were born in 2017. Because of the potential for serious sequelae of congenital syphilis, infectious syphilis among pregnant females is a special concern. Untreated syphilis during pregnancy can lead to fetal infection with stillbirth, prematurity or congenital abnormalities such as cerebral palsy, musculoskeletal abnormalities and blindness. Congenital syphilis can be prevented in the majority of cases by early detection of maternal infection and immediate treatment. Maternal syphilis screening should be performed in the first trimester and repeated at 35 weeks or later. In addition, repeat screening may be indicated at more regular intervals in women at particularly high risk of acquisition of syphilis (e.g. engaged in sex trade work).

Screening for sexually transmitted infections should be offered to all sexually active persons. 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 **Gonorrhea and Chlamydia**.
- **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 Men reporting same sex partners:** routine screening of **extragenital sites (rectum/pharynx) for Gonorrhea and Chlamydia with NAAT** is recommended at least every 6-12 months.

If you have any questions about STI testing in **symptomatic** individuals, please consult with an STI expert or clinic (see contact numbers below). For guidance on treatment of STI, please consult the Alberta Treatment Guidelines for Sexually Transmitted Infections (2012) at <http://www.health.alberta.ca/documents/STI-Treatment-Guidelines-2012.pdf>, or AHS STI Centralized Services, or refer your patient to one of the Alberta STI clinics in Calgary, Edmonton and Ft. McMurray (see contact information below). Treatment and follow-up of all suspected or confirmed cases of syphilis should be done in consultation with STI Centralized Services.

### 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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