# ALBERTA PRECISION LABORATORIES

### **Laboratory Bulletin**

Leaders in Laboratory Medicine

DATE:	14 November 2023
то:	Physicians & Staff at the Grande Prairie Regional Hospital; and North Zone Medical Officers of Health; Chief Medical Officer of Health, Alberta Health
FROM:	Alberta Precision Laboratories (APL) – Public Health Laboratory
RE:	Implementation of Rapid Syphilis & HIV antibody testing at Grande Prairie Regional Hospital, APL Acute Care Laboratory

### PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

#### Key Message

- Commencing 14<sup>th</sup> November 2023, rapid syphilis and HIV antibody testing will be performed at the acute care APL laboratory at the Grande Prairie Regional Hospital.
- Rapid syphilis testing is intended to assist with clinical diagnosis to provide treatment while the patient is in the Emergency Department (ED) or an inpatient or select ambulatory clinics.
- Rapid testing is recommended for persons with unknown syphilis status or who have previously tested negative and have one of the following indications:
  - Pregnant person with unknown status
  - Pregnant with ongoing risk factors and a negative syphilis test in the current pregnancy
  - o Person at risk for syphilis/HIV infection and at risk of loss to follow-up
  - Recent contact with a person with suspected and/or HIV infection
  - Person with syphilis and/or HIV in the differential diagnosis
- At the participating hospitals, the syphilis orderable "Syphilis Screen" has been replaced with the "Syphilis Screening Order Panel", which can be found by searching for order sets in the facility list, the ED quick picks and other order sets. The screens will guide the ordering provider to order the appropriate tests (including Rapid Syphilis/HIV) based on the testing indication.
- In the "No Prenatal Care" order panel, "rapid HIV" testing will be replaced by "rapid Syphilis and HIV".
- The positive predictive value (PPV) of this test in persons with a rapid plasmin reagin (RPR) antibody titre of 1:8 is 99.1% (95% CI 96.9 to 99.8%). These RPR titres are usually found in primary, secondary, and early latent syphilis infections, when the infection is most transmissible.
- This test is not recommended for patients with previous positive syphilis serology and will be automatically cancelled by a Best Practice Advisory (BPA) rule during the ordering process.
- A positive rapid syphilis result is a strong indication to treat.

#### Background

In July 2021, a provincial syphilis outbreak was declared with the highest rates recorded in the Edmonton & North zones, with >10% of female cases occurring in pregnant persons in 2021. In 2022, over 3,300 new cases were reported. Since 2014, 290 cases of congenital syphilis cases in babies have been recorded, the expected number of congenital syphilis cases in a first world country should be zero (<u>Syphilis Outbreak |</u> <u>Alberta Health Services</u>). Treating infected persons early in their pregnancy can significantly reduce the later adverse manifestations of a congenital syphilis infection.



Grande Prairie Regional hospital is the second facility to be selected in the first phase of a provincial rollout for rapid syphilis/HIV testing due to high numbers of congenital syphilis babies and persons diagnosed with infectious syphilis. On October 10th, the Royal Alexandra Hospital went live. Testing will become available both at additional acute care sites as well as community locations such as STI Clinics and Partner Notification Offices in other zones soon; additional communications will follow.

Many of these infected persons come to EDs for unrelated medical issues and outpatient follow-up of positive results from standard syphilis & HIV testing in this population can be difficult. Therefore, the availability of rapid syphilis testing in hospitals managing persons with high-risk behaviors for sexually transmitted and blood-borne infections is intended to identify and treat infected persons immediately.

The rapid test offers a one-hour turnaround time to a result after blood collection. In comparison, standard syphilis and HIV serology that can take up to 2-3 days to complete. A clinical evaluation of this rapid assay showed that a positive result correlated very closely with RPR titres of  $\geq$  1:8 dilutions, that are documented in primary, secondary and early latent syphilis. The PPV and specificity are 99.1% (95% CI 96.9-99.8%) and 99.8% (95% CI 99.2-99.9) respectively (Singh *et al.*, 2023), therefore making the decision to treat a practical approach while the person is still in the ED or a short stay in-patient. Positive rapid results will be phoned to the ordering healthcare provider to facilitate the evaluation for immediate treatment.

The rapid test is not recommended for patients with previous positive syphilis serology and will be automatically cancelled by a BPA rule during the ordering process. The rule will place an order for RPR instead. All rapid Syphilis and HIV orders must be accompanied by a Syphilis Screen and HIV 1 and 2 Serology, which will be automatically selected if you order using the "Syphilis Screening Order Panel".

In non-pregnant adults, including HIV-infected persons, with primary, secondary, or early latent syphilis, a single dose of long acting benzathine penicillin G is the preferred treatment. Treatment of pregnant persons and children should be in consultation with STI Centralized Services and Pediatrics Infectious Diseases Specialist (Refer to Alberta STI Treatment Guidelines or the "Suspect Syphilis" order/smart sets in Connect Care).

#### How this will impact you

#### **Action Required**

- The responsible healthcare provider should determine if the patient is at-risk for syphilis and other STI/Blood Borne infections and exposures.
- Order Syphilis and other STI/Blood Borne infection tests (HIV, HCV, HBV, CT/GC) for patients at risk.
- If the rapid Syphilis/HIV test is positive in a person at risk and not previously syphilis positive, then treat the patient. Waiting for confirmatory testing and a RPR result is not necessary.
- Refer to the "Suspect Syphilis Order Set" for guidance on testing and treatment for inpatients (ED and in-patient). Use the "Suspect Syphilis Smart Set" for ambulatory patients.
- Review the Connect Care tip sheet on ordering syphilis for sites going live (appended)

#### Effective

#### **Questions/Concerns**

Dr. Kevin Fonseca, Clinical Virologist, APL - Public Health Microbiology (<u>kevin.fonseca@albertaprecisionlabs</u>.ca) Dr. Hong Yuan Zhou, Medical Microbiologist, APL – Public Health Microbiology (<u>hong.zhou@albertaprecisionlabs.ca</u>)



Dr. William Stokes, Medical Microbiologist – Public Health Microbiology (<u>william.stokes@albertaprecisionlabs.ca</u>) Dr. Cari Egan, Lead, Provincial Population & Public Health, Alberta Health Services (<u>cari.egan@albertahealthservices.ca</u>)

#### Approved by

- Dr. Graham Tipples, Medical-Scientific Director, Public Health, APL
- Dr. Byron Berenger, Medical Microbiologist and Provincial Microbiology Section Chief, APL

Dr. Michael Mengel, Medical Director, North Sector, APL

#### **References, Guidelines & Connect Care Tip Sheet:**

Singh AE, Ives N, Gratrix J, Vetland C, et al., Sensitivity and specificity of two investigational Point of care tests for Syphilis and HIV (PoSH Study) for the diagnosis and treatment of infectious syphilis in Canada: a cross-sectional study. Clin Microbiol Infect, 2023:29(7):940.e1-940.e7. <a href="https://doi.org/10.1016/j.cmi.2023.02.015">https://doi.org/10.1016/j.cmi.2023.02.015</a>

Alberta Treatment Guidelines for Sexually Transmitted Infections (STI) in Adolescents and Adults (2018) <u>https://open.alberta.ca/dataset/93a97f17-5210-487d-a9ae-a074c66ad678/resource/bc78159b-9cc4-454e-8dcd-cc85e0fcc435/download/sti-treatment-guidelines-alberta-2018.pdf</u>

Syphilis Screening Order Panel - Tip Sheet - See Below

Effective September 1, 2023, APL has become the sole provider of all public lab services in Alberta. As a result, community lab services formally provided by DynaLIFE Medical Labs will become the responsibility of Alberta Precision Labs (APL). This change impacts all zones.



### Syphilis Screening (Rapid Syphilis/HIV)

#### Background

Effective on October 10, 2023, rapid testing for syphilis will be made available at the Royal Alexandra Hospital with more sites to follow for both inpatient and outpatient use by order panel or order set.





Suspect Syphilis Order/Smart Set

syphilis/HIV testing only

syphilis/HIV testing, other STBBI testing, syphilis treatment and follow up

The "Syphilis Screening Order Panel" order set will replace the "Syphilis Screen" order for these sites. This order set will guide the user to order the appropriate test based on the indication for testing.

The Rapid Syphilis/HIV test can also be found in the "No Prenatal Care Panel" for these sites. On this panel, it replaces the rapid HIV test.

#### How to Order - Syphilis Screening Order Panel

1. Search for the Syphilis Screening Order Panel from the Orders activity tab.

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2. Double-click to open the order panel order set.





### Connect Care Quick Start Guide



3. Select an indication for testing. All required tests will be pre-selected. Users can de-select tests that are not needed. Note that all rapid syphilis/HIV tests require additional Syphilis serology (Syphilis Screen) and HIV 1 and 2 Serology orders as follow up.

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		serology positive.	
People at risk for syphilis include: - Anyone experiencing sexually transmitted infection			
- Anyone with a sexual partner who has a sexually			
- Anyone in a new, anonymous, or multiple sexual			
Select indication for testing:	Reference Links:	APL Guide to Lab Services	
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4. Sign the order.

NOTE: a pop-up will appear if the patient was previously positive for Syphilis or HIV. For syphilis, the system will automatically order Rapid Plasma Reagin (RPR) instead. Once a person is confirmed positive for Syphilis, they need the RPR for follow up on the infection status. Accept these changes and the Syphilis Screen (antibody screen) order will be removed and the RPR will remain.

EI Order Sets and Pathways	BestPractice Advisory - Chilled,	Espresso				Options •
	Important (2)			*		🔒 Providers 💉 Edit Multiple
E Order Sets and Pathways			firmed HIV POSITIVE. Additional HIV serology is not necessary. If testing e ProvLab Microbiologist On-Call MUST be consulted before ordering or		*	Place orders, order sets, or p + New
✤ Orders	the testing will be ca	and the second			Clear All Orders	Standard 🕑 🕅 Mext
Syphilis Screening Order Panel *	Refer to Lab#: 23PN Remove the follow		28/03/2023		× Remove Order Sets	This patient has active treatment/therapy plans.
	Remove	Keep	HIV 1 and 2 Serology (Antigen and Antibody) - Blood Once, today at 15:31, For 1 occurrence			E Orders from Order Sets
Patient Indication - IP     People at risk for syphilis include:	① Warning: This indiv	idual has previousl	y tested positive for Syphilis Serology.			Syphilis Screening Order Panel Rapid Syphilis and HIV
<ul> <li>Anyone experiencing sexually transmitted</li> <li>Anyone with a sexual partner who has a se</li> <li>Anyone in a new, anonymous, or multiple s</li> </ul>	This is suidence of c		illis infection.	1		Blood Bo This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteria and are not known
Select indication for testing:	Syphilis Screen will Plasma Reagin (RPR		or previously positive patients. Accept this advisory to order Rapid			Syphilis serology positive. STAT, today at 15:31, For 1 occurrence
O Pregnant with No Prenatal Screening	If testing is still requir		obiologist On-Call MUST be consulted before ordering or the testing will			HIV 1 and 2 Serology (Antigen and Antibody) Blood
O Pregnant with Prenatal Screening in cur	ACCOUNT OF A COMPANY AND A COMPANY AND A COMPANY					Once, today at 15:31, For 1 occurrence
Person at risk for Syphilis (Not Pregnan						Syphilis Screen Blood
Rapid Syphilis and HIV Blood This test detects antibodies to Syphilis and	Remove the follow		Syphilis Screen Blood			Once, today at 15:31, For 1 occurrence
STAT, today at 15:31, For 1 occurrence	Remove	Кеер	Once, today at 15:31, For 1 occurrence			
HIV 1 and 2 Serology (Antigen and A	Remove	Keep	Rapid Syphilis and HIV Blood This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteri.			
Once, today at 15:31, For 1 occurrence	Apply the following	1?				
Syphilis Screen Blood Once, today at 15:31, For 1 occurrence	Order	Do Not Order	A RPR			
O Known Positive for Syphilis				-		
O Routine Screen			✓ <u>Accept</u> <u>C</u> ancel			
- Additional SmartSet Orders						
${\cal P}$ Search for additional order set orders						
You can search for an order by typing in the he	eader of this section.					
						X Remove All
						aft Caus Mark

NOTE: if you choose to keep the current orders, another pop-up will appear to alert you that the patient was previously positive and to advise you on what to do.



5. Enter in a name for the ordering provider to proceed to place the RPR order.

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	,
✓ Accept	× Cancel





**Connect Care** 

**Quick Start Guide** 



#### **Suspect Syphilis Order Set – Inpatient View**

To order, search for the Suspect Syphilis Order Set from the Orders activity tab and compete the form.

Suspected Syphilis Adult 🛛 😞	X Remove Order Sets
Laboratory Investigations - Routine	
Microbiology	Click for more
▶ Urine	Click for more
▼ Medications	
Syphilis Treatment (adolescents/adults, non pregnant)	Click for more
Syphilis Treatment (adolescents/adults, pregnant)	Click for more
▼ Consults/Referrals	
▼ Consults	
Persons known to be previously syphilis positive on serologic testing may remain positive for	life.
STI Centralized Services (available between 0815h to 1630h Monday to Friday) can provid	e assistance with:
<ul> <li>Accessing treatment history for previous cases of syphilis,</li> </ul>	
<ul> <li>Arranging testing and treatment of partners</li> </ul>	
Contact information available at Alberta Referral Directory	
In addition, for pregnant patients: Contact Obstetrics/Gynecology AND Maternal Fetal Medic	ine
In addition, patients with suspect or confirmed syphilis with neurologic symptoms (including e require a lumbar puncture (test for cell count and differential, protein, glucose, CSF VDRL) a consultation by neurology, ophthalmology or ENT.	
For advice outside of STI Centralized Services hours: Contact infectious disease on-call	
▼ Discharge	
Follow-Up	Click for more
▼Additional SmartSet Orders	
Search for additional order set orders	
You can search for an order by typing in the header of this section.	



Services



## Connect Care Quick Start Guide

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boratory Investigations - Routine /licrobiology	
Syphilis Screening Panel	
People at risk for syphilis include: - Anyone experiencing sexually transmitted infection related symptoms - Anyone with a sexual partner who has a sexually transmitted infection - Anyone in a new, anonymous, or multiple sexual partners, should be screened e	very 3 to 6 months.
Select indication for testing:	
O Pregnant	
$\bigcirc$ Person at risk for Syphilis (Not Pregnant and Unknown Syphilis Status)	
O Known Positive for Syphilis	
O Routine Screen	
🛿 🕒 Treponema pallidum (Syphilis) NAT	
Vesicle or Lesion (Specimen: Skin swab)	
Other Syphilis Infection (Specimen: Blood, CSF, Tissue)	
Herpes Simplex (HSV) and Varicella Zoster (VZV) Virus NAT	
What type of HSV or VZV infection is suspected?	
Eye Infection (Specimen: Vitreous or Aqueous fluid)	
Eye Infection (Specimen: Eye swab or Corneal scrapings)	
Oral Infection (Specimen: Mouth or lip swab)	
Vesicle or Lesion (Specimen: Skin swab)	
Gastrointestinal Infection (Specimen: Tissue (GI))	
Respiratory Infection (Specimen: Tissue)	
Respiratory Infection (Specimen: BAL, BW, or Pleural fluid)	
CNS Infection (Specimen: CSF)	
Diseminated Infection (Specimen: Blood)	
Other HSV or VZV Infection (Specimen: Bone marrow, Tissue (except GI or Res	spiratory))
Physical Contract Con	
What type of Mpox infection is suspected?	
Skin (non-genital) Vesicle or Lesion (Specimen: Swab)	
Genital infection (Specimen: Swab)	
Oral infection (Specimen: Mouth or Lip Swab)	
Eye infection (Specimen: Cornea or Conjunctiva Swab)	
CNS infection (Specimen: CSF)	
Other (Specimen: Nasopharynx, Tissue, Other)	
Chlamydia and Gonorrhea Screen Once, Swab, Throat	
Chlamydia and Gonorrhea Screen Once, Urine, Urine, First Catch	
Chlamydia and Gonorrhea Screen Once, Swab, Rectal	
Chlamydia and Gonorrhea Screen Once, Swab, Cervix	
Chlamydia and Gonorrhea Screen Once, Swab, Vagina	
Trichomonas Vaginalis Screen Once, Swab, Vagina	
Hepatitis B Virus Surface Antigen Once, Blood, Blood	
Hepatitis B Surface Antibody Once, Blood, Blood	
Hepatitis B Core Antibody, Total Blood, Blood	
Hepatitis C Virus Serology Once, Blood, Blood	
Hepatitis C Virus (HCV) NAT Once, Blood, Blood	
HIV 1 and 2 Serology (Antigen and Antibody) Once, Blood, Blood	
HV 1 NAT Once, Blood, Blood	

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edications	
Syphilis Treatment (adolescents/adults, non pregnant)	
Preferred	
For Primary, Secondary, or Early Latent Syphilis, choose ONE time dose	
For Late Latent Syphilis, choose 3 doses given weekly	
penicillin G benzathine IM	Alternate (only for penicillin allergic patients)
2.4 Million Units, intramuscular, once, Administer as 1.2 million units in each ventrogluteal muscle.	For Primary, Secondary, or Early Latent Syphilis, choose duration of 14 days
penicillin G benzathine IM     24 Million Units, intramuscular, weekly, for 3 doses, Administer as 1.2 million units in each ventrogluteal muscle	For Late Latent Syphilis, choose duration of 28 days
A while ones, mean accurate, weekly, for 3 doses, administer as 1.2 million ones in each vendoglioteal mission	<ul> <li>doxycycline capsule 100 mg, oral, 2 times per day, for 14 days</li> </ul>
OR. For Neurosyphilis	O doxycycline capsule ①
Syphilis Treatment (adolescents/adults, pregnant)	100 mg, oral, 2 times per day, for 28 days
For patient at 20 weeks gestation or greater, consult Obstetrics, Maternal Fetal Medicine and Infectious Diseases prior	
o treatment	
For penicillin allergy, refer to Penicillin Desensitization Order Set	OR, For Neurosyphilis
	penicillin G sodium IV 4 Million Units, intravenous, every 4 hours, for 14 days
ess than 20 weeks gestation OR 20 weeks or greater gestation AFTER consultation as above:	
B For Primary, Secondary, or Early Latent Syphilis	CefTRIAXone injection 2 g. intravenous, every 24 hours, for 14 days
penicillin G benzathine IM     2.4 Million Units, intramuscular, weekly, for 2 doses, Administer 1.2 million units in each ventrogluteal muscle.	C For Finnary Secondary of Carry Carry Carry Carry
Clate Latent Syphilis	💽 😝 Late Latent Syphilis
Lare Laterit apprints	penicillin G benzathine IM     24 Million Units, intramuscular, weekly, for 3 doses, Administer 1.2 million units in each ventrogluteal muscle

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#### Suspect Syphilis Order Set – Outpatient View

To order, search for the Suspect Syphilis Order Set and compete the form.

#### Suspected Syphilis Smart Set (non STI Clinic) Adult &

<ul> <li>Visit Diagnosis</li> </ul>	
Visit Diagnosis	Click for more
- Laboratory	
Microbiology	Click for more
▶ Urine	Click for more
<ul> <li>Diagnostic Imaging</li> </ul>	
▶ Ultrasound	Click for more
<ul> <li>Clinic Administered/Dispensed Medications</li> </ul>	
Consult Alberta Treatment Guidelines for Sexually Transmitted Infections ( <u>Alberta</u> sexually transmitted infections (STI) in adolescents and adults, 2018 - Open Gover selection.	
Syphilis Treatment - adolescents/adults (non pregnant)	Click for more
Syphilis Treatment adolescents/adults (pregnant)	Click for more
▼ Referrals	
▼ Referrals	
Persons known to be previously syphilis positive on serologic testing may remain	
STI Centralized Services (available between 0815h to 1630h Monday to Friday)	can provide assistance with:
Accessing treatment history for previous cases of syphilis,	
Arranging testing and treatment of partners     Contact information available at <u>Alberta Referral Directory</u>	
In addition, for pregnant patients: Contact Obstetrics/Gynecology AND Maternal F	etal Medicine
In addition, patients with suspect or confirmed syphilis with neurologic symptoms ( may require a lumbar puncture (test for cell count and differential, protein, glucose consultation by neurology, ophthalmology or ENT.	
For advice outside of STI Centralized Services hours: Contact infectious disease of	on-call
▼ Follow-up	
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## Connect Care Quick Start Guide

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- Anyone	e experiencing sexually transmitted infections related symptoms with a sexual partner who has a sexually transmitted infection e in a new, anonymous, or multiple sexual partners, should be screened every 3 to 6 months.
Select in	ndication for testing:
O Pregnan	
	at risk for Syphilis (Not Pregnant and Unknown Syphilis Status)
	Positive for Syphilis
O Routine	
	ema pallidum (Syphilis) NAT
	or Lesion (Specimen: Skin swab) yphilis Infection (Specimen: Blood, CSF, Tissue)
	ypnilis infection (specimen: biodo, Csr, rissue) Simplex (HSV) and Varicella Zoster (VZV) Virus NAT
	pe of HSV or VZV infection is suspected?
	ction (Specimen: Vitreous or Aqueous fluid)
Eye Infe	ection (Specimen: Eye swab or Corneal scrapings)
Oral Infe	ection (Specimen: Mouth or lip swab)
Vesicle o	or Lesion (Specimen: Skin swab)
Gastroin	ntestinal Infection (Specimen: Tissue (GI))
Respirat	tory Infection (Specimen: Tissue)
Respirat	tory Infection (Specimen: BAL, BW, or Pleural fluid)
79	ection (Specimen: CSF)
Disemin	nated Infection (Specimen: Blood)
	ISV or VZV Infection (Specimen: Bone marrow, Lesion swab, or Tissue (except GI or Respiratory))
Mpox Vi	
	pe of Mpox infection is suspected? on-genital) Vesicle or Lesion (Specimen: Swab)
	infection (Specimen: Swab)
	ection (Specimen: Mouth or Lip Swab)
	ction (Specimen: Cornea or Conjunctiva Swab)
	ection (Specimen: CSF)
	Specimen: Nasopharynx, Tissue, Other)
Chlamydia :	and Gonorrhea Screen ie, First Catch
Chlamydia Swab, Thro	and Gonorrhea Screen pat
Swab, Recta	
Swab, Cervi	
Swab, Vagi	
Swab, Vagi	
Blood, Bloo	
HIV 1 and 2 Blood, Bloo	2 Serology (Antigen and Antibody) od
HIV 1 NAT Blood, Bloo	
✓ Urine □ Pregnancy	Test, Urine ie, Midstream

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Syphilis Treatment - adolescents/adults (non pregnant)

## Connect Care Quick Start Guide

For Neurosyphilis treatment Preferred treatment for neurosyphilis is penicillin G 4 million units IV every 4 hours for 10-14 days Preferred Alternate: To order cefTRIAXone (2g IV every 24 hours for 10-14 days) use the Antimicrobial Adult Once Daily Therapy Plan and consult Infectious Diseases For Primary, Secondary, or Early Latent Syphilis, choose ONE time dose For Calgary zone, refer to Home Parenteral Therapy Program For Late Latent Syphilis, choose 3 doses given weekly penicillin G benzathine IM For non-Neurosyphilis treatment, choose preferred or alternate below 2.4 Million Units, intramuscular, once, Administer as 1.2 million units in each ventrogluteal muscle OPreferred penicillin G benzathine IM O Alternate (only for penicillin allergic patients) 2.4 Million Units, intramuscular, weekly, for 3 doses, Administer as 1.2 million units in each ventrogluteal muscle. ▼ Syphilis Treatment adolescents/adults (pregnant) For patients at 20 weeks gestation or greater, consult Obstetrics, Maternal Fetal Medicine, and Infectious Diseases prior to treatment Alternate (only for penicillin allergic patients) 2 doses given weekly are recommended in pregnancy for Primary, Secondary, and Early Latent Syphilis. 3 doses given weekly are recommended for Late Latent Syphilis. Ensure follow up is arranged for subsequent doses For Primary, Secondary, or Early Latent Syphilis, choose duration of 14 days For Late Latent Syphilis, choose duration of 28 days O doxycycline capsule (\$0.01) 100 mg, oral, 2 times per day, for 14 days For Penicillin allergy, refer to Penicillin Desensitization Smart Set O doxycycline capsule (\$0.01) Less than 20 weeks gestation or 20 weeks or greater gestation after consultation as above 100 mg, oral, 2 times per day, for 28 days ▼ Referrals Less than 20 weeks gestation or 20 weeks or greater gestation after consultation as above ▼ Referrals

#### penicillin G benzathine IM

2.4 Million Units, intramuscular, once, Administer as 1.2 million units in each ventrogluteal muscle. Long acting, NOT interchangeable with penicillin G sodium

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