

DATE:	14 November 2023
TO:	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 14th 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*
 - 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 $\geq 1:8$ 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 ([Syphilis Outbreak | Alberta Health Services](#)). 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

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Approved by

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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. <https://doi.org/10.1016/j.cmi.2023.02.015>

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

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.



Syphilis Screening Order/Smart Panel

syphilis/HIV testing only



Suspect Syphilis Order/Smart Set

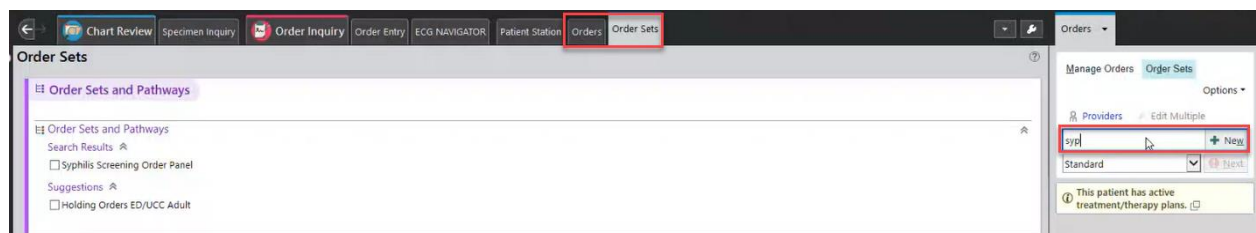
syphilis/HIV testing, other STBBI testing, syphilis treatment and follow up

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.

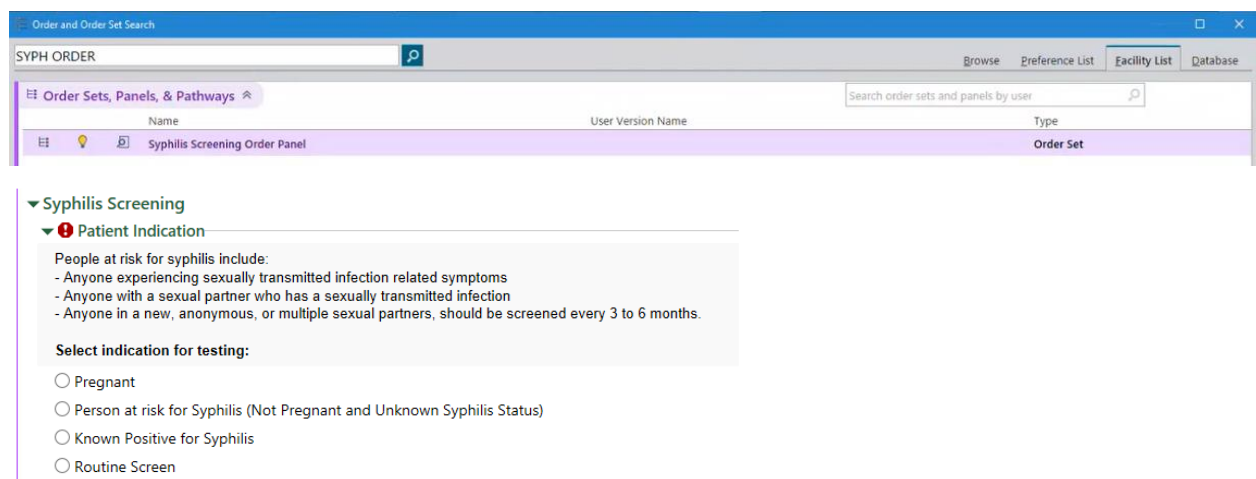
The Rapid Syphilis/HIV test can also be found in the “No Prenatal Care Panel” for these sites. On this panel, it replaces the rapid HIV test.

How to Order – Syphilis Screening Order Panel

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



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





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.

Orders Clear All Orders

Syphilis Screening Order Panel

Syphilis Screening

Patient Indication

People at risk for syphilis include:

- Anyone experiencing sexually transmitted infection
- Anyone with a sexual partner who has a sexually transmitted infection
- Anyone in a new, anonymous, or multiple sexual partnership

Select indication for testing:

☐ Pregnant

☒ Person at risk for Syphilis (Not Pregnant and Unknown Syphilis Status)

☒ Rapid Syphilis and HIV -- Blood
This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteria and are not known Syphilis serology positive.

☒ HIV 1 and 2 Serology (Antigen and Antibody) -- Blood
Once, today at 11:20, For 1 occurrence

☒ Syphilis Screen -- Blood
Once, today at 11:20, For 1 occurrence

☐ Known Positive for Syphilis

☐ Routine Screen

Rapid Syphilis and HIV -- Blood Accept Cancel

Process Instructions: This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteria and are not known Syphilis serology positive.

Reference Links: [APL Guide to Lab Services](#)

Frequency: **STAT**

At: 04/10/2023 Today Tomorrow 11:20

Specimen Type: **Blood**

Specimen Source: **Blood**

CC Results To: + Add

Comments: + Add Comments

Add-on: No add-on specimen found

Next Required Accept Cancel

Pregnant

☒ No Prenatal Care in Current Pregnancy

☒ No Prenatal Care Panel

☒ CBC, No Differential -- Blood
STAT, today at 15:36, For 1 occurrence

☒ Type and Screen -- Blood
STAT, today at 15:36, For 1 occurrence

☒ Rapid Syphilis and HIV -- Blood
This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteria and are not known Syphilis serology positive.

☒ Prenatal Infectious Disease Panel (Serology) -- Blood
For all STAT requests (e.g. woman in labour with no prenatal care or high-risk) call the virologist on-call. This serology panel tests for Hepatitis B Surface Antigen, Syphilis Antibody, HIV 1 and 2 Serology, Rubella IgG, Varicella Zoster IgG and Hepatitis C Serology. Prenatal Chlamydia/Gonorrhea must be ordered separately.
Once, today at 15:36, For 1 occurrence
Reason for testing? Other (specify)
Enter parity: 0
Is the patient pregnant? Yes

☒ Urine Opioid Dependency Panel -- Urine, Other
Once, today at 15:36, For 1 occurrence

☒ Urine General Toxicology Panel -- Urine, Other
Once, today at 15:36, For 1 occurrence

At Risk for Syphilis, Negative Prenatal Screen in current Pregnancy

☒ Rapid Syphilis and HIV -- Blood
This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteria and are not known Syphilis serology positive, Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood

☒ HIV 1 and 2 Serology (Antigen and Antibody) -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood

☒ Prenatal Syphilis Rescreen -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood
Enter parity: 0

Known Positive for Syphilis

☒ Prenatal Syphilis Rescreen -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood
Enter parity: 0

Routine Rescreen (only order as guidelines)

☒ Prenatal Syphilis Rescreen -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood
Enter parity: 0

Person at risk for Syphilis (Not Pregnant and Unknown Syphilis Status)

☒ Rapid Syphilis and HIV -- Blood
This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteria and are not known Syphilis serology positive, Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood

☒ HIV 1 and 2 Serology (Antigen and Antibody) -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood

☒ Syphilis Screen -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood

Known Positive for Syphilis

☒ Syphilis Screen -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood

Routine Screen

☒ Syphilis Screen -- Blood
Expected: 29/09/2023, Expires: 29/09/2024, Lab Collect, Blood, Blood



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.

BestPractice Advisory - Chilled, Espresso

Important (2)

WARNING: This individual has been confirmed HIV POSITIVE. Additional HIV serology is not necessary. If testing is still required and "Keep" is selected, the ProvLab Microbiologist On-Call MUST be consulted before ordering or the testing will be cancelled by lab.

Refer to Lab#: 23PN-087500008; **Date:** 28/03/2023

Remove the following orders?

HIV 1 and 2 Serology (Antigen and Antibody) -- Blood
Once, today at 15:31, For 1 occurrence

Warning: This individual has previously tested positive for Syphilis Serology.

Date of Previous Positive: 22/03/2023
This is evidence of current or past Syphilis infection.

Syphilis Screen will not be performed for previously positive patients. Accept this advisory to order Rapid Plasma Reagin (RPR) instead.
If testing is still required the ProvLab Microbiologist On-Call MUST be consulted before ordering or the testing will be cancelled by lab.

Remove the following orders?

Syphilis Screen -- Blood
Once, today at 15:31, For 1 occurrence

Rapid Syphilis and HIV -- Blood
This test detects antibodies to Syphilis and HIV and is intended for patients who meet the criteria...

Apply the following?

RPR

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.

Order Validation

⚠ You cannot sign these orders because information is missing or requires your attention:

Alert - This individual has previously tested positive for Syphilis Antibodies. RPR is the required follow up test. If repeat Syphilis Screen (EIA) or TPPA is required contact the ProvLab Microbiologist On-call. Remove the Syphilis Screen order as it will be automatically cancelled by lab.

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

Providers

Ordering Information

Order mode
Standard

Ordering provider

Authorizing Providers

For procedures
AHMED, SORIA BANO


Cosigners


For procedures



Suspect Syphilis Order Set – Inpatient View

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

Suspected Syphilis Adult 

 [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 provide assistance with:

- Accessing treatment history for previous cases of syphilis,
- Arranging testing and treatment of partners

Contact information available at [Alberta Referral Directory](#)

In addition, for pregnant patients: Contact Obstetrics/Gynecology AND Maternal Fetal Medicine


In addition, patients with suspect or confirmed syphilis with neurologic symptoms (including eye/ear symptoms) may require a lumbar puncture (test for cell count and differential, protein, glucose, CSF VDRL) and may require 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.



⚠ Suspected Syphilis Adult ⚙

✕ Remove Order Sets

▼ Laboratory Investigations - Routine

▼ Microbiology

☒ 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 every 3 to 6 months.

Select indication for testing:

- ☐ Pregnant
- ☐ Person at risk for Syphilis (Not Pregnant and Unknown Syphilis Status)
- ☐ Known Positive for Syphilis
- ☐ 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)
- ☐ Disseminated Infection (Specimen: Blood)
- ☐ Other HSV or VZV Infection (Specimen: Bone marrow, Tissue (except GI or Respiratory))

☒ ⚠ Mpox Virus

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

☐ HIV 1 NAT

Once, Blood, Blood

▼ Urine

☐ Pregnancy Test, Urine

Once, Urine



▼ Medications

▼ 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
2.4 Million Units, intramuscular, once, Administer as 1.2 million units in each ventrogluteal muscle.

☐ penicillin G benzathine IM
2.4 Million Units, intramuscular, weekly, for 3 doses, Administer as 1.2 million units in each ventrogluteal muscle.

☐ Alternate (only for penicillin allergic patients)

☐ OR, For Neurosyphilis

▼ Syphilis Treatment (adolescents/adults, pregnant)

For patient at 20 weeks gestation or greater, consult Obstetrics, Maternal Fetal Medicine and Infectious Diseases prior to treatment

For penicillin allergy, refer to Penicillin Desensitization Order Set

Less than 20 weeks gestation OR 20 weeks or greater gestation AFTER consultation as above:

☒ For Primary, Secondary, or Early Latent Syphilis

☐ penicillin G benzathine IM
2.4 Million Units, intramuscular, weekly, for 2 doses, Administer 1.2 million units in each ventrogluteal muscle.

☐ Late Latent Syphilis

☒ Alternate (only for penicillin allergic patients)

For Primary, Secondary, or Early Latent Syphilis, choose duration of 14 days
For Late Latent Syphilis, choose duration of 28 days

☐ doxycycline capsule
100 mg, oral, 2 times per day, for 14 days

☐ doxycycline capsule ⓘ
100 mg, oral, 2 times per day, for 28 days

☒ OR, For Neurosyphilis

☐ penicillin G sodium IV ⓘ
4 Million Units, intravenous, every 4 hours, for 14 days

☐ ceftRIAXone injection
2 g, intravenous, every 24 hours, for 14 days

▼ Late Latent Syphilis

☐ penicillin G benzathine IM
2.4 Million Units, intramuscular, weekly, for 3 doses, Administer 1.2 million units in each ventrogluteal muscle

Consult/Doferrale



Suspect Syphilis Order Set – Outpatient View

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

Suspected Syphilis Smart Set (non STI Clinic) Adult ↗

▼ Visit Diagnosis

▶ Visit Diagnosis ————— Click for more

▼ Laboratory

▶ Microbiology ————— Click for more

▶ Urine ————— Click for more

▼ Diagnostic Imaging

▶ Ultrasound ————— Click for more

▼ Clinic Administered/Dispensed Medications

Consult Alberta Treatment Guidelines for Sexually Transmitted Infections ([Alberta treatment guidelines for sexually transmitted infections \(STI\) in adolescents and adults, 2018 - Open Government](#)) prior to treatment 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 positive for life.

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 [Alberta Referral Directory](#)

In addition, for pregnant patients: Contact Obstetrics/Gynecology AND Maternal Fetal Medicine

In addition, patients with suspect or confirmed syphilis with neurologic symptoms (including eye/ear symptoms) may require a lumbar puncture (test for cell count and differential, protein, glucose, CSF VDRL) and may require consultation by neurology, ophthalmology or ENT.

For advice outside of STI Centralized Services hours: Contact infectious disease on-call

▼ Follow-up

▶ Follow Up ————— Click for more

▼ Additional SmartSet Orders



▼ Laboratory

▼ Microbiology

☒ Syphilis Screening Panel

People at risk for syphilis include:

- Anyone experiencing sexually transmitted infections 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 every 3 to 6 months.

Select indication for testing:

☐ Pregnant

☐ Person at risk for Syphilis (Not Pregnant and Unknown Syphilis Status)

☐ Known Positive for Syphilis

☐ 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)

☐ Disseminated Infection (Specimen: Blood)

☐ Other HSV or VZV Infection (Specimen: Bone marrow, Lesion swab, or Tissue (except GI or Respiratory))

☒ Mpox Virus

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
Urine, Urine, First Catch

☐ Chlamydia and Gonorrhea Screen
Swab, Throat

☐ Chlamydia and Gonorrhea Screen
Swab, Rectal

☐ Chlamydia and Gonorrhea Screen
Swab, Cervix

☐ Chlamydia and Gonorrhea Screen
Swab, Vagina

☐ Trichomonas Vaginalis Screen
Swab, Vagina

☐ Hepatitis B Virus Surface Antigen
Blood, Blood

☐ Hepatitis B Surface Antibody
Blood, Blood

☐ Hepatitis B Core Antibody, Total
Blood, Blood

☐ Hepatitis C Virus Serology
Blood, Blood

☐ Hepatitis C Virus (HCV) NAT
Blood, Blood

☐ HIV 1 and 2 Serology (Antigen and Antibody)
Blood, Blood

☐ HIV 1 NAT
Blood, Blood

▼ Urine

☐ Pregnancy Test, Urine
Urine, Urine, Midstream

▼ Diagnostic Imaging

▶ Ultrasound

▼ Clinic Administered/Dispensed Medications



Connect Care

Quick Start Guide

▼ Syphilis Treatment - adolescents/adults (non pregnant)

For Neurosyphilis treatment

Preferred treatment for neurosyphilis is penicillin G 4 million units IV every 4 hours for 10-14 days

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 Calgary zone, refer to Home Parenteral Therapy Program

For non-Neurosyphilis treatment, choose preferred or alternate below

- ☐ Preferred
- ☐ Alternate (only for penicillin allergic patients)

▼ Syphilis Treatment adolescents/adults (pregnant)

For patients at 20 weeks gestation or greater, consult Obstetrics, Maternal Fetal Medicine, and Infectious Diseases prior to treatment

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 Penicillin allergy, refer to Penicillin Desensitization Smart Set

- ☐ Less than 20 weeks gestation or 20 weeks or greater gestation after consultation as above

▼ Referrals

▼ Referrals

☒ 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
2.4 Million Units, intramuscular, once, Administer as 1.2 million units in each ventrogluteal muscle.

- ☐ penicillin G benzathine IM
2.4 Million Units, intramuscular, weekly, for 3 doses, Administer as 1.2 million units in each ventrogluteal muscle.

☒ Alternate (only for penicillin allergic patients)

For Primary, Secondary, or Early Latent Syphilis, choose duration of 14 days

For Late Latent Syphilis, choose duration of 28 days

- ☐ doxycycline capsule (\$0.01)
100 mg, oral, 2 times per day, for 14 days

- ☐ doxycycline capsule (\$0.01)
100 mg, oral, 2 times per day, for 28 days

☒ Less than 20 weeks gestation or 20 weeks or greater gestation after consultation as above

- ☐ 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