

DATE:	8 April 2024
TO:	Physicians & Staff at the Red Deer & Wetaskiwin Hospitals; Central 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 Red Deer & Wetaskiwin Hospitals, APL Acute Care Laboratories

PLEASE POST OR DISTRIBUTE AS WIDELY AS APPROPRIATE

Key Message

- Commencing 15 April 2024, rapid syphilis and HIV antibody testing will be performed at the acute care APL laboratories at the Red Deer and Wetaskiwin Hospitals.
- Rapid syphilis testing is intended to assist with the clinical diagnosis to provide treatment while the patient is in the Emergency Department (ED) or an inpatient or at 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.
- Four acute care facilities in the Edmonton & North zones are now providing rapid testing in the first phase of a provincial rollout, in response to the high numbers of congenital syphilis babies and persons diagnosed with infectious syphilis. The Red Deer and Wetaskiwin hospitals are the next sites in the provincial rollout of this phased approach.



- 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 due to the 2-to-3-day turnaround time to a result. Therefore, the availability of rapid syphilis testing in hospitals managing persons with high-risk behaviors for sexually transmitted and bloodborne 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. 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 inpatient. 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.
<https://open.alberta.ca/publications/treatment-guidelines-for-sti-2018>
Treatment of pregnant persons and children should be in consultation with STI Centralized Services or Pediatrics Infectious Disease Specialist (Refer to Alberta STI Treatment Guidelines or the "Suspect Syphilis" order/smart sets in Connect Care) as applicable.

Action Required

- The responsible healthcare provider should determine if the patient is at-risk for syphilis and other STI/Bloodborne infections and exposures.
- Order Syphilis and other STI/Bloodborne 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 inpatient). Use the "Suspect Syphilis Smart Set" for ambulatory patients.
- Review the Connect Care tip sheet on ordering syphilis for sites going live (see below)

Questions/Concerns

- Dr. Kevin Fonseca, Clinical Virologist, APL - Public Health Microbiology
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- Dr. Hong Yuan Zhou, Medical Microbiologist, APL – Public Health Microbiology
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- Dr. William Stokes, Medical Microbiologist – Public Health Microbiology
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- Dr. Cari Egan, Lead, Provincial Population & Public Health, Alberta Health Services
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Approved by

- Dr. Graham Tipples, Medical-Scientific Director, Public Health, APL
- Dr. Dylan Pillai, Medical Director, South 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. <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/publications/treatment-guidelines-for-sti-2018>

Alberta Public Health Disease Management Guidelines: Congenital syphilis
<https://open.alberta.ca/publications/congenital-syphilis>

Connect Care Tip Sheet attached.

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

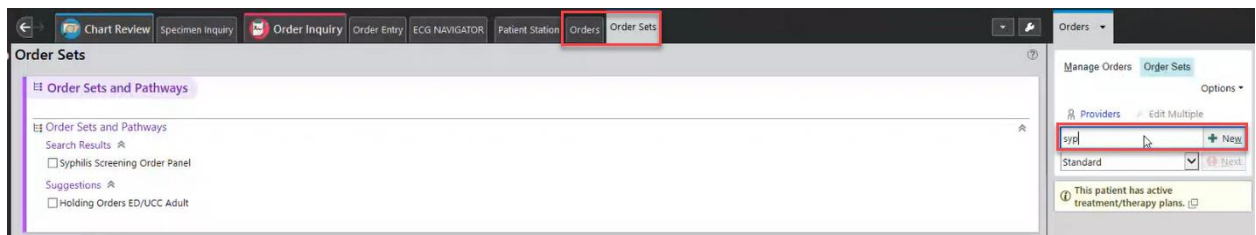
syphilis/HIV testing, other STBBI testing, syphilis treatment and follow up

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.

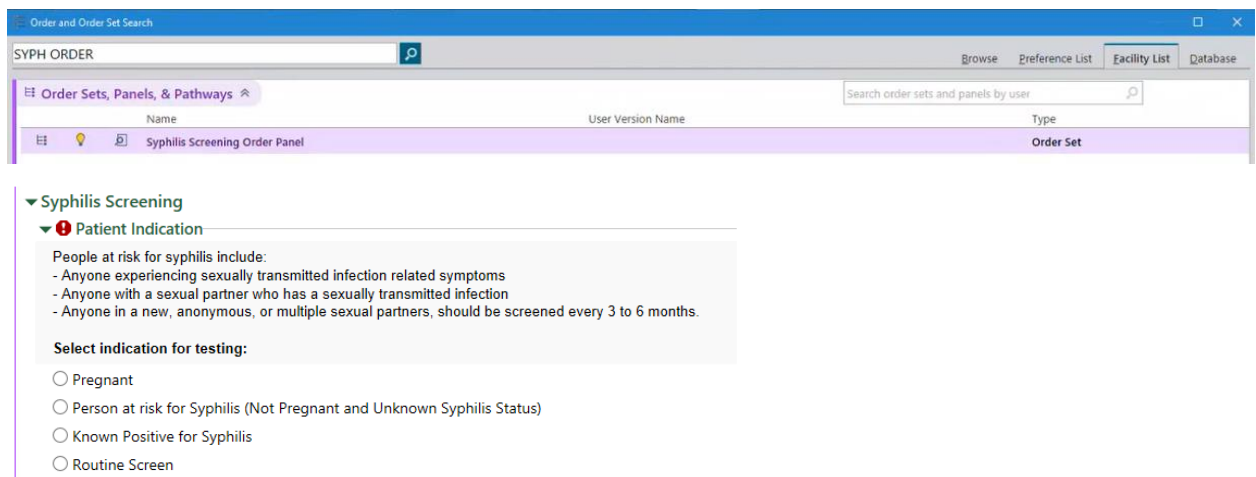
The Rapid Syphilis/HIV test can also be found in the “No Prenatal Care Panel” for these sites. On this panel, it replaces the rapid HIV test.

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.

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 partners

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

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. STAT, today at 15:36, For 1 occurrence
- 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.

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-08750008; 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 and are not known Syphilis serology positive.
STAT, today at 15:31, For 1 occurrence

Apply the following?

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

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

ceTRIAXone injection
2 g, intravenous, every 24 hours, for 14 days

▼ For Primary, Secondary, or Early Latent Syphilis

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/Bafarralle



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



▼ 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