

## **Physicians' and Nurse Practitioners' Update**

June 20, 2023

## From the Office of the Chief Medical Health Officer

## **Outbreak of Syphilis in British Columbia**

An outbreak of infectious syphilis is affecting communities across BC. Since 2012, an outbreak among gay, bisexual, and other men who have sex with men (gbMSM) resulted in 400-500 cases annually. Since 2019, there has also been a rise in cases among heterosexual men and women. In 2022, VCH had 932 cases of infectious syphilis with 40% among the heterosexual community. We are now seeing cases of congenital syphilis, with 15 cases reported in BC since 2019. Heterosexual syphilis cases are being diagnosed in every community, but those at highest risk are unstably housed people in inner cities.

As of June 12<sup>th</sup>, VCH Public Health is providing case and contact management for all syphilis cases in the VCH region, in keeping with the practice for all other reportable communicable diseases. This is a change, as this follow-up was previously done by the BC Centre for Disease Control (BCCDC).

**Testing & Treatment:** Please consider syphilis screening (via serology) for the follow groups of people:

- Sexually Active Adults: Please offer screening for sexually transmitted infections or STIs (gonorrhea, chlamydia, syphilis and HIV) every 3-12 months, when individuals have new, multiple or casual sexual partner(s) or other risk factors. Please offer STI screening at least annually to all gbMSM and individuals under the age of 25.
- Pregnant Patients: We now recommend screening for syphilis in first trimester and at the time of delivery. A third screening at 28-32 weeks is recommended if additional risks are identified (i.e. new sexual partner(s), transactional sex, substance use, or unstable housing).

**Diagnostic tests** for syphilis include serology AND PCR testing on genital (primary chancre) and rectal lesions (e.g. condylomata lata). Physicians can use APTIMA swabs or HSV viral swabs to collect these specimens with inclusion of "Syphilis PCR swab, please send to BCCDC". Further details on PCR testing can be found on the <u>BCCDC eLab Handbook</u>. Given that syphilis can be asymptomatic or present with a myriad of different signs and symptoms, we recommend physicians have a high clinical suspicion for syphilis and a low threshold for syphilis testing.

First-line treatment of syphilis is intramuscular long-acting penicillin G benzathine (i.e. Bicillin<sup>®</sup> L-A). Doxycycline can be used as second line treatment. There is no suitable second-line antibiotic for pregnant persons; penicillin desensitization is best practice. Treatment for syphilis is provided free of charge in BC. Bicillin<sup>®</sup> L-A can be ordered through the BCCDC Pharmacy by using the <u>STI drug order request form</u>.

## Further information and support:

- 1. Questions regarding staging, treatment recommendations or other clinical queries can be directed to the BCCDC STI physicians at 604-707-5610, or via the RACE line, 604-696-2131.
- 2. For support with partner notification or patients needing outreach services to complete treatment, please reach the VCH Communicable Disease Team at 604-562-4521, or via the main switchboard 604-675-3900.
- 3. Additional clinical information and resources for patients and healthcare providers can be found on the <u>VCH Syphilis webpage</u>.

You can reach a Medical Health Officer at 604.675.3900 | Toll free at 1.855.675.3900 For public health emergencies after hours, contact the Medical Health Officer on call at 604.527.4893