

Increase In Heterosexual Syphilis

Infectious syphilis cases in Canterbury continue to be elevated. Nationally 400 cases were reported in 2017 compared with 80 just two years previously. Until recently, most infections had been in men who have sex with men.

A notable change has been the increase in the number of females with syphilis, including during pregnancy. Twenty-eight cases of syphilis were reported from the Christchurch Sexual Health Centre in 2017 including 4 heterosexual males and 4 females. In the first two months of 2018 however, there have been 10 cases including 2 heterosexual males and 1 female.

Clinical

Syphilis may be asymptomatic. The classic first sign – a painless ulcer can go unnoticed and heal without treatment. The secondary syphilis rash is very nonspecific.

Early syphilis can also have negative tests and may need to be repeated in 4 weeks. It is recommended that health providers test for syphilis for the following:

1. any person (male or female) with a HSV-negative genital ulcer/s, atypical or non-healing genital ulcer/s
2. generalised rash – particularly involving the palms or soles
3. lymphadenopathy
4. unexplained liver function disturbance, alopecia or pyrexia of unknown origin
5. annually in any male who has sex with men
6. pregnant females

Serology

Syphilis serology is a recommended part of a routine sexual health check. It is important to note that reactive syphilis serology in antenatal tests may reflect true infection rather than a false positive, especially in those with previous negative tests.

Refer or seek advice from the Christchurch Sexual Health Centre for any positive syphilis tests or where there is diagnostic uncertainty ph: 364 04865, fax 364 0040.

Also see HealthPathways>Syphilis, and >Sexual Health Check for practice guidelines.

Yours sincerely

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