



We acknowledge that this land is the traditional lands of the Kurna people and we respect their spiritual relationship with their country. We also acknowledge the Kurna people as the custodians of the Adelaide region and that their cultural heritage and cultural beliefs are still as important to the living Kurna people today.



**Government
of South Australia**

SA Health



Syphilis Update

AHCSA

August 2019

Dr Alison Ward
Consultant Sexual Health
Physician
Head of Unit
Adelaide Sexual Health Centre

Please note – This presentation includes some graphic images of genital infection and other STI manifestations



**Government
of South Australia**

SA Health



About Adelaide Sexual Health Centre (previously known as Clinic 275)

- > Free and confidential STI/HIV testing and treatment
- > No Medicare card required
- > Not visible on EPAS
- > State-wide specialist STI service
- > Location: 275 North Terrace “Chest Clinic Building” – opposite old RAH

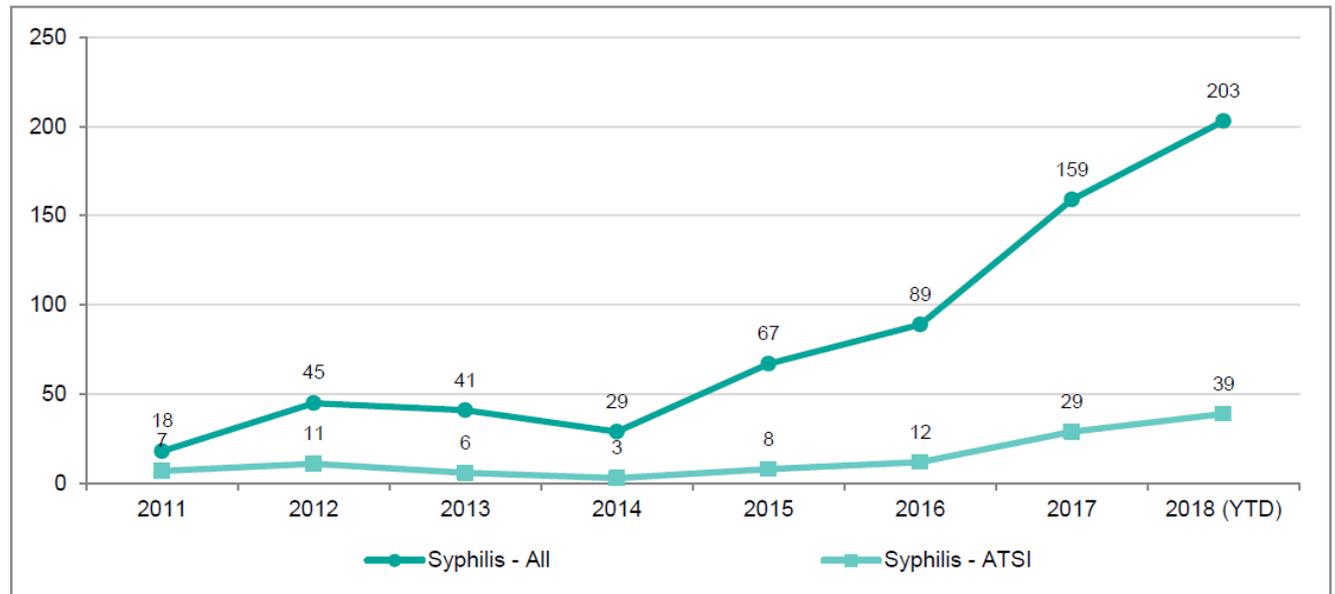


Government
of South Australia

SA Health



Infectious syphilis: Number of cases notified per year, South Australia, 2011 – 2018



**Government
of South Australia**

SA Health

Figure 4.3.1 Infectious syphilis notification rate per 100 000 population, 2008–2017, by sex

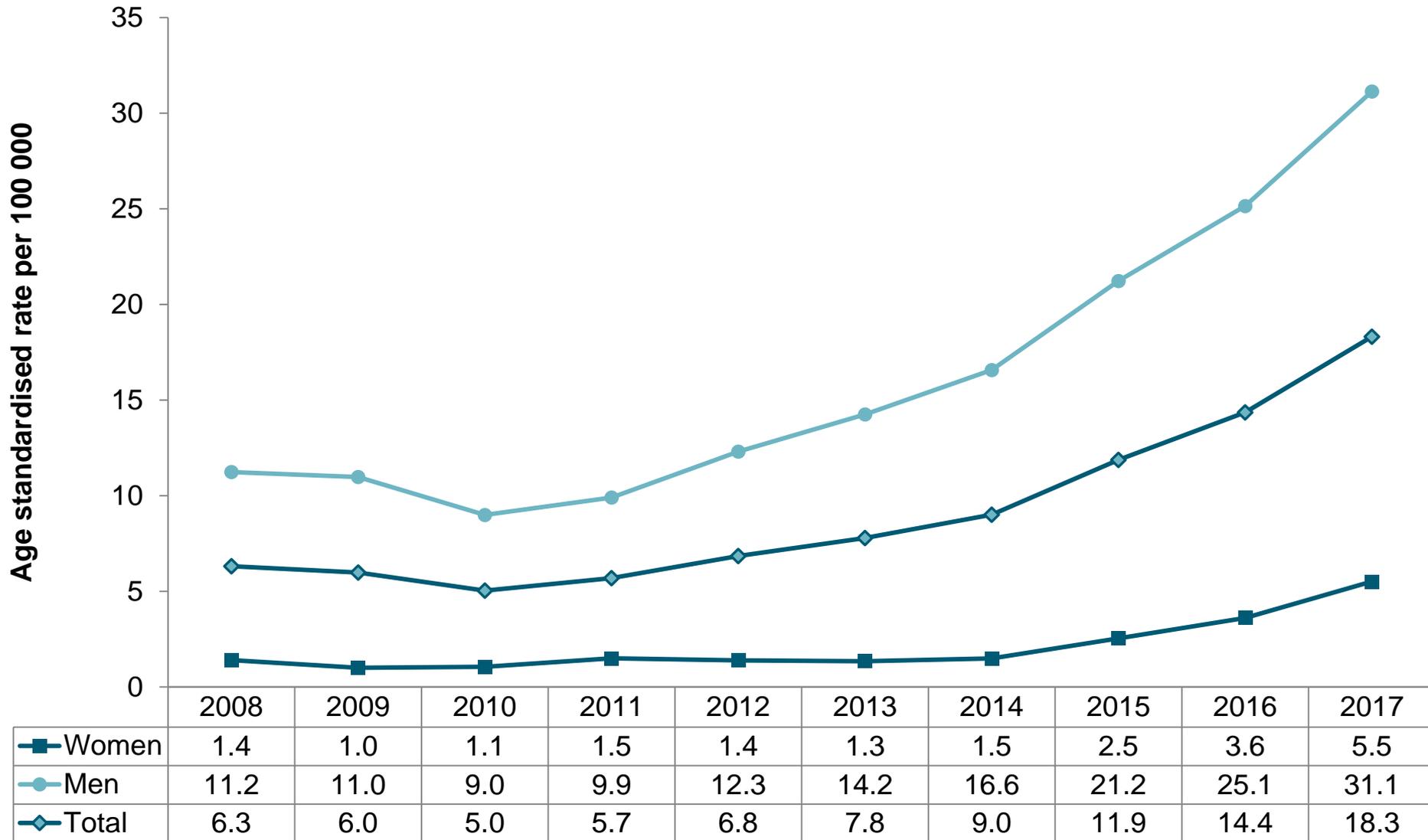
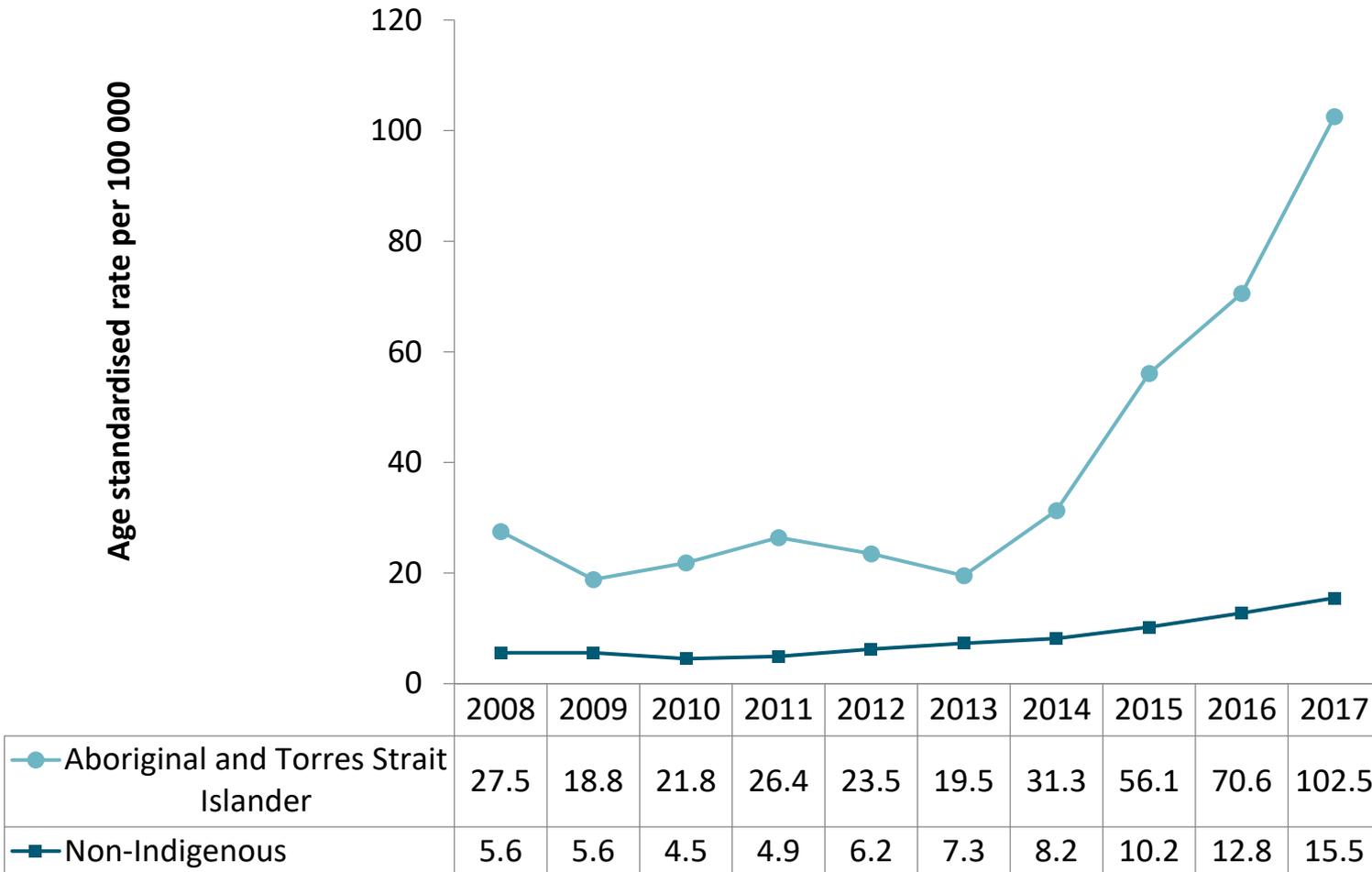


Figure 4.3.1 Infectious syphilis notification rate per 100 000 population, 2008–2017, by Indigenous status





Current SA recommendations for syphilis screening in pregnancy for indigenous women

South Australian Perinatal Practice Guidelines 2018

- > Screen pregnant indigenous women for syphilis 5 times, at
 - first visit (10-12 weeks)
 - 28 weeks
 - 36 weeks
 - at delivery
 - at the six week post-natal check



Government
of South Australia

SA Health

Resources

South Australian Perinatal Practice Guideline

Syphilis in Pregnancy

© Department for Health and Wellbeing, Government of South Australia. All rights reserved.

Note:

This guideline provides advice of a general nature. This statewide guideline has been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. The guideline is based on a review of published evidence and expert opinion.

Information in this statewide guideline is current at the time of publication.

SA Health does not accept responsibility for the quality or accuracy of material on websites linked from this site and does not sponsor, approve or endorse materials on such links.

Health practitioners in the South Australian public health sector are expected to review specific details of each patient and professionally assess the applicability of the relevant guideline to that clinical situation.

If for good clinical reasons, a decision is made to depart from the guideline, the responsible clinician must document in the patient's medical record, the decision made, by whom, and detailed reasons for the departure from the guideline.

This statewide guideline does not address all the elements of clinical practice and assumes that the individual clinicians are responsible for discussing care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes:



Government
of South Australia

SA Health

STI diagnosis and management guidelines

Diagnosis and Management Guidelines

Adelaide Sexual Health Centre, STI Diagnosis and Management Guidelines

<https://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/Health+services/sexual+health+services/Adelaide+sexual+health+centre>

Australian STI Management Guidelines for use in Primary Care

<http://www.sti.guidelines.org.au/>

RACGP Guidelines for preventive activities in general practice, 9th edition

<http://www.racgp.org.au/your-practice/guidelines>

STI Screening guidelines:

STIPU (NSW Health) screening guidelines

<https://stipu.nsw.gov.au/>

Silver Book (WA) STI screening guidelines

<http://ww2.health.wa.gov.au/Silver-book>

STIGMA Guidelines for STI screening in MSM

www.ashm.org.au/pdfs/STIGMATestingGuidelines

Partner Notification Guidelines:

Australasian Contact Tracing Guidelines

<http://contacttracing.ashm.org.au/>



Government
of South Australia

SA Health

Healthy living

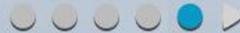
Health topics

Health services

Clinical resources

We can text you
your results

It's easy



About Adelaide Sexual Health Centre ▾

Information for clients ▾

Information for health professionals ▾

Sexual health research

Adelaide Sexual Health Centre

Adelaide Sexual Health Centre (formerly Clinic 275) provides a free and confidential specialist sexual health service for South Australia. This includes medical consultations and advice, testing and treatment for all sexually transmitted infections (STIs) including HIV, on-site laboratory testing, partner notification and support, and much more.



For You



Am I OK?



Stay protected

For Health Professionals



STI guidelines

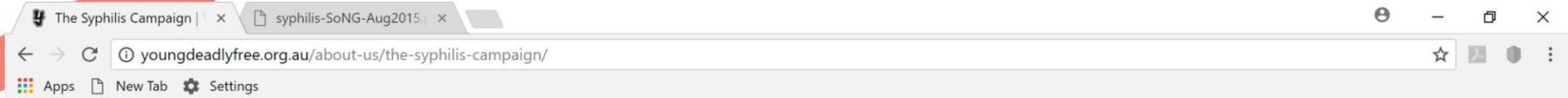


PEP and PrEP

Contact us

Opening times:

Young Deadly Free Resources



THE SYPHILIS CAMPAIGN

Young, deadly, syphilis free is a multi-strategy STI awareness-raising campaign, developed in response to the ongoing syphilis outbreak affecting regional and remote Aboriginal and Torres Strait Islander communities in:

- northern and western Queensland, including Torres Strait Islands
- the Northern Territory
- the Kimberley region of Western Australia
- the Far North and Western regions of South Australia.

The campaign has been developed by the [South Australian Health and Medical Research Institute \(SAHMRI\)](#), in consultation with the



Case – syphilis exposure in pregnancy

- > Angie, 21 yo asymptomatic Aboriginal woman whose regular male partner has recently travelled to Alice Springs, and remote Northern SA.
- > Angie has reactive syphilis serology at booking visit, at 12 weeks pregnancy
- > Angie feels well herself and has not noticed any genital ulcers or rash on her skin, but she reports her partner had a painless, non-itchy, rash in the last month.



Government
of South Australia

SA Health





Bacterial infection caused by spirochaete
bacterium *Treponema pallidum*



**Government
of South Australia**

SA Health



Studies of natural history of syphilis

Natural history of syphilis is known because of unethical studies including the “Tuskegee study” performed on African American subjects who were not told they were in a study and from whom penicillin was withheld.

I acknowledge the injustices done to the participants in these studies.



**Government
of South Australia**

SA Health



Stages of syphilis

◆ **Primary**

◆ **Secondary**

◆ **Latent – early, late**

◆ **Tertiary**



Government
of South Australia

SA Health

Syphilis – clinical stages

- > **Primary syphilis**
 - chancre
 - incubation period 9 - 90 days

- > **Secondary syphilis**
 - 50% asymptomatic
 - Rash involving palms and soles
 - Oral and genital mucosal lesions, lymphadenopathy, hepatitis, rarely systemic manifestations such as neuro- or ocular syphilis
 - Presents 2 to 3 months after primary syphilis appears

- > **Latent syphilis**
 - Early latent (<2 yrs since acquisition)
 - Late latent (>2 yrs since acquisition)
 - Asymptomatic

- > **Tertiary syphilis**
 - 10-30yrs later
 - cardiovascular
 - neurological or ocular
 - gummatous syphilis

- > **Clinical manifestations of syphilis are not altered in pregnancy**

- > **Congenital syphilis - discussed later**



Tertiary Syphilis

Gummas

- Locally destructive lesions
- commonly in skin and bone
- Destroys tissue

Cardiovascular

- 15-30 years later
- Ballooning of big blood vessels (aortic aneurysm)
- heart valve damage

Neurological

- Any neurological or psychiatric symptom
- Meningitis, seizures, stroke
- Deafness, blindness, cranial nerve abnormalities
- Ocular syphilis
- Tabes dorsalis – posterior column spinal cord damage
- Psychiatric symptoms – General Paresis of the Insane (GPI)



Government
of South Australia

SA Health

Treatment regimen is determined by stage of syphilis

- > Infectious syphilis (primary, secondary, early latent) (<2yrs duration)
 - **Single dose** 1.8gm (2.4 million units) benzathine penicillin
 - **Two doses** one week apart if diagnosed in third trimester of pregnancy

- > Late latent syphilis
 - **Three weekly doses** 1.8gm (2.4 Million Units) benzathine penicillin

- > Tertiary syphilis (refer to specialist)
 - **10-14 days** iv benzyl penicillin 4 hourly or
 - **10 days** daily procaine penicillin imi plus probenecid QID orally



Government
of South Australia

SA Health

Treatment

- > Alternative treatment (if possible desensitise to penicillin)
 - Infectious syphilis: Doxycycline 100 mg orally twice a day for 14 days
 - Late latent syphilis: Doxycycline 100mg orally twice a day for 28 days



**Government
of South Australia**

SA Health

Route of transmission and duration of infectivity

- > Sexual transmission by direct contact with chancre or rash (generally through oral, vaginal or anal sex)
- > Sexually transmissible within first 2 years of acquisition
- > Vertical transmission through placental infection during maternal spirochaetaemia.
- > Vertical transmission possible for many years
 - At least 8 years
 - Frequency and severity of foetal disease decrease with duration of maternal syphilis

Ref: KK Holmes, et al, 4th Edition



**Government
of South Australia**

SA Health

Outcomes of untreated syphilis in pregnancy

- Mid-trimester spontaneous miscarriage – most common outcome of syphilis in pregnancy
- Preterm birth
- Stillbirth
- Neonatal death
- Congenital syphilis



**Government
of South Australia**

SA Health



Outcomes of syphilis in pregnancy by maternal stage of syphilis

- > Primary or secondary syphilis in pregnancy
 - Virtually 100% fetuses affected
 - 50% preterm delivery or perinatal death
- > Early latent syphilis in pregnancy
 - 40% prematurity or perinatal death
- > Late latent syphilis in pregnancy
 - 10% rate of congenital infection
 - perinatal death increased approximately 10 fold



Government
of South Australia

SA Health

Treatment regimens for use in pregnancy

- > Treat as for same stage of infection in non-pregnant cases
- > For infectious syphilis treated in third trimester, add second dose Benzathine Penicillin



**Government
of South Australia**

SA Health

How to stage syphilis?

> Gather all available information from:

- Sexual history
- Clinical symptoms and signs of primary, secondary or tertiary syphilis (history and examination - genital, skin, neuro and cardiovascular systems)
- Current and previous serology results
- Treatment history, and follow up RPR results
- Can always seek assistance with staging from ASHC or CDCB



Government
of South Australia

SA Health



Primary and secondary syphilis

Warning: numerous photos of male and female genitalia showing syphilitic lesions



**Government
of South Australia**

SA Health



**Government
of South Australia**

SA Health

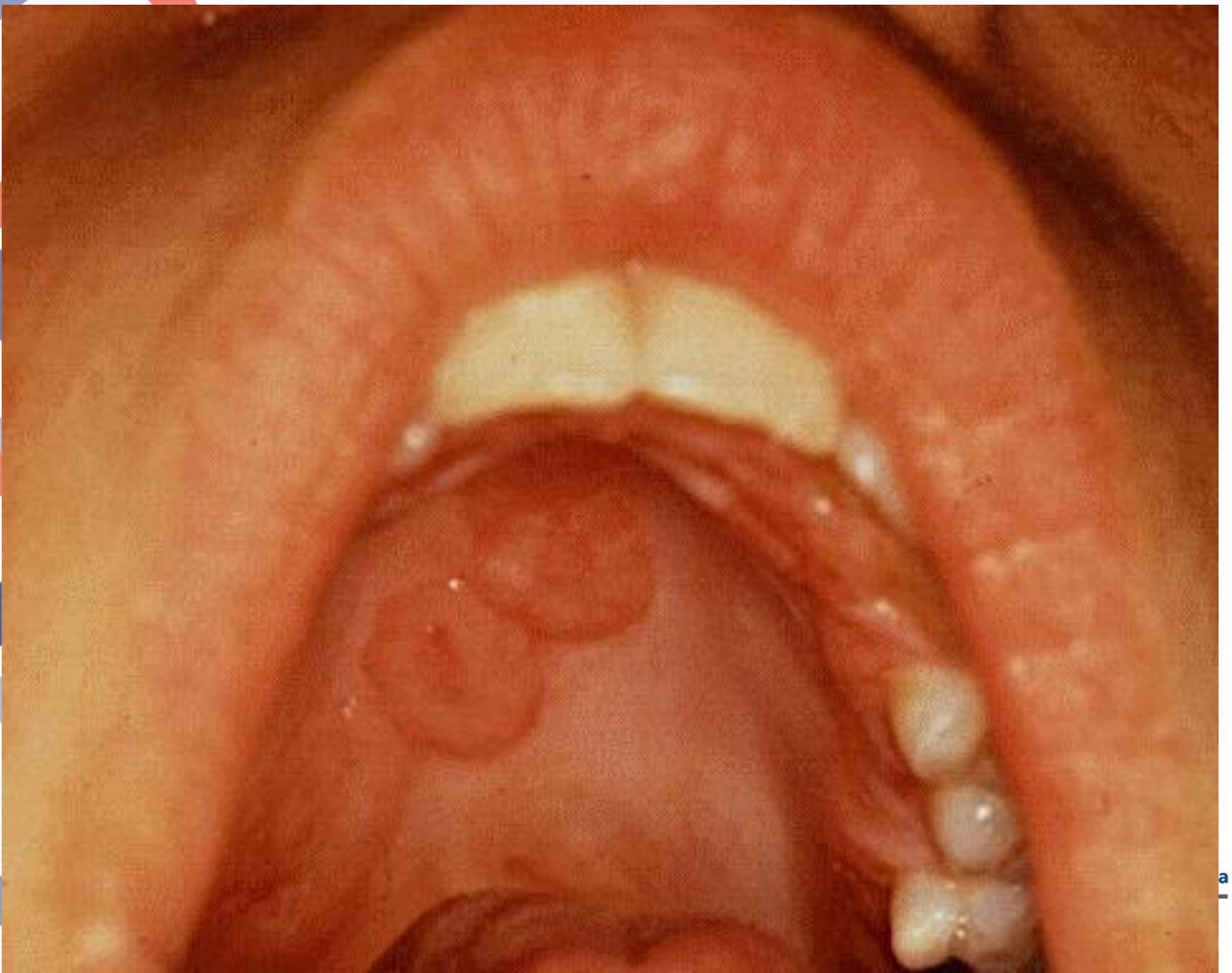


© Cornell University Medical College



**Government
of South Australia**

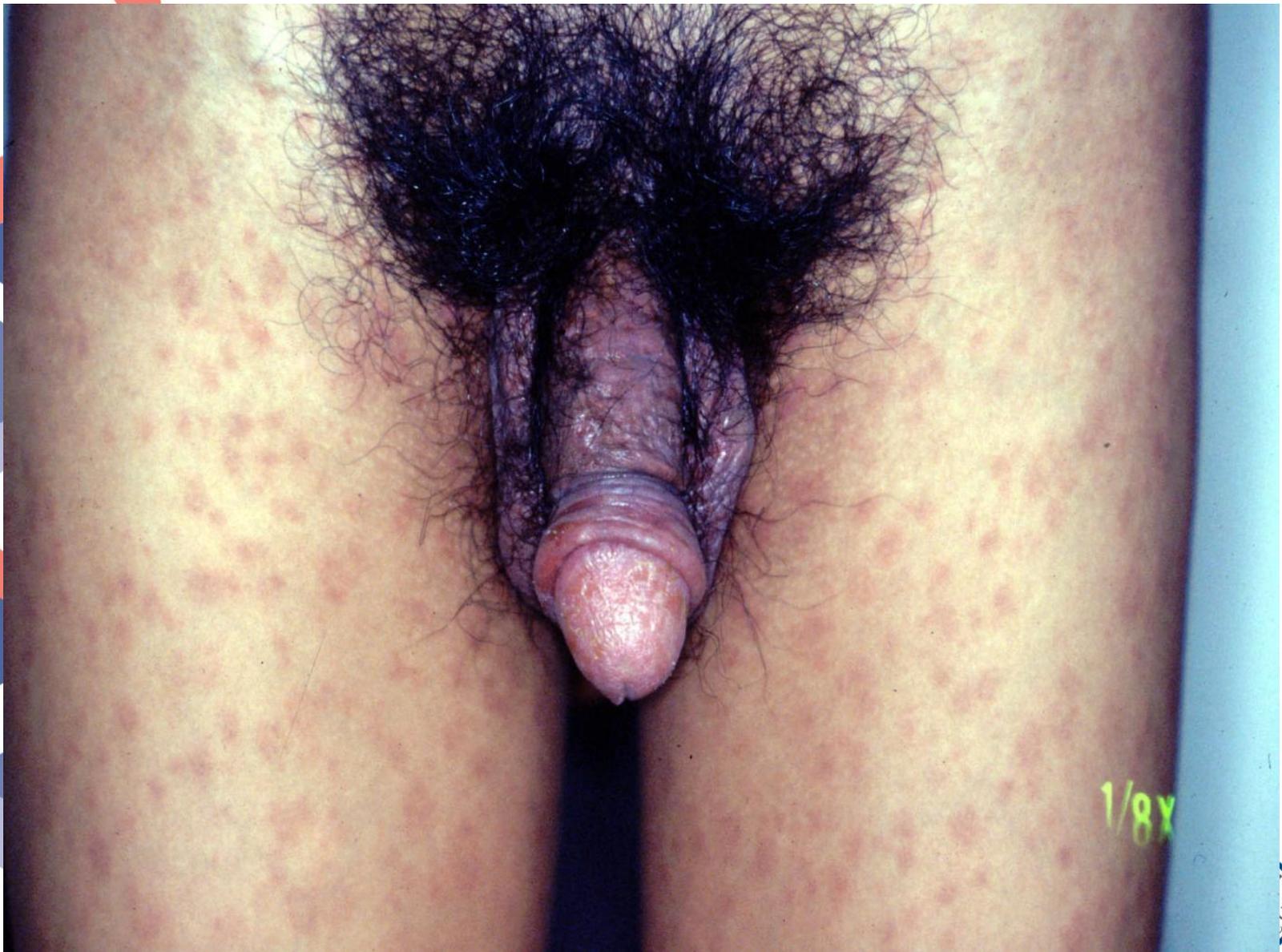
SA Health





**Government
of South Australia**

SA Health



Rash in secondary syphilis



Rash on soles in secondary syphilis



**Government
of South Australia**

SA Health



Mucous patches in secondary syphilis



**Government
of South Australia**

SA Health



Condylomata lata



Copyright © Lasion Europe



Government
of South Australia

SA Health





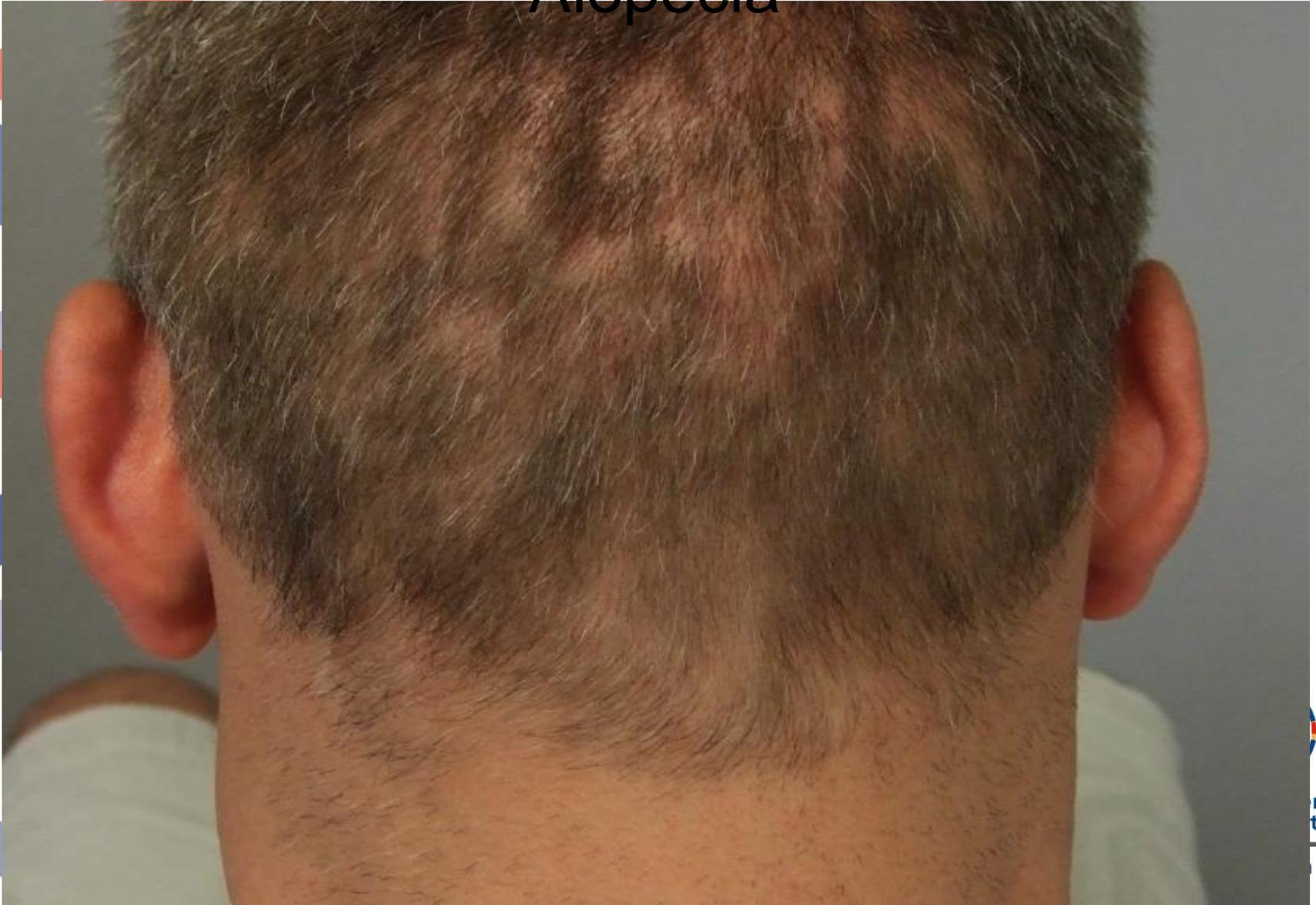
Copyright © Lasion Europe



**Government
of South Australia**

SA Health

Patchy, non scarring Alopecia



Syphilitic gumma



Government
South Australia

SA Health



Congenital syphilis

- > Two categories
 - Early
 - identified within first 2 years of life
 - somewhat analogous to secondary syphilis
 - Late
 - recognised after 2 yo

- > Most newborns with congenital syphilis have no signs at birth



Government
of South Australia

SA Health

Early Congenital syphilis

Early signs and symptoms

- > Usually occur within 3-7 weeks of birth
- > Hepatosplenomegaly, hepatitis, jaundice, skin lesions and mouth lesions, rhinitis (blood stained “snuffles”), rhagades, inflammation of long bones, (osteochondritis, perichondritis), lymphadenopathy, anaemia, thrombocytopenia
- > Low birth weight
- > Failure to thrive
- > Necrotising funisitis – inflammation of umbilical cord, spiral stripes – red and blue discolouration (“barber’s pole”)



Government
of South Australia

SA Health

Late Congenital syphilis

Late signs and symptoms

“Stigmata of congenital syphilis”

- > Teeth abnormalities
 - short, notched incisors
 - Poorly developed first lower molars with multiple cusps (Mulberry molars)
- > Interstitial keratitis (5-20yrs of age)
- > 8th nerve deafness
- > Saddle nose and protuberant mandible
- > CNS involvement
 - Mental retardation
 - Optic nerve atrophy
 - Seizures
- > Bone or joint involvement:
 - Frontal bossing of the skull, sabre shins, hypertrophy of the sternoclavicular joints



Government
of South Australia

SA Health



**Government
of South Australia**

SA Health



**Government
of South Australia**

SA Health



A



B



**Government
of South Australia**

SA Health





**Government
of South Australia**

SA Health

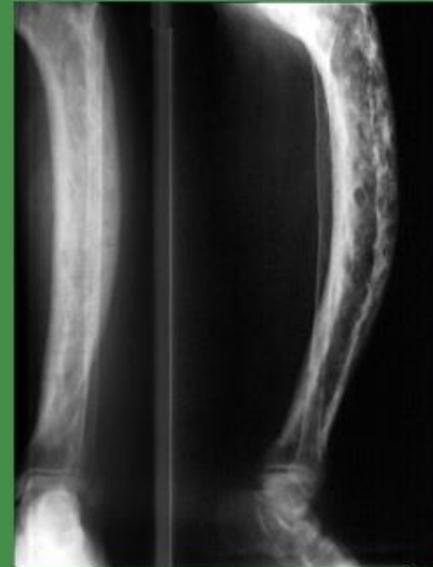
Stigmata of congenital syphilis



**Government
of South Australia**

SA Health

SABER SHINS



www.freelivedoctor.com



**Government
of South Australia**

SA Health



Diagnosis

- > PCR swab from chancre or rash – confirms infectious (early) syphilis
- > Serology



**Government
of South Australia**

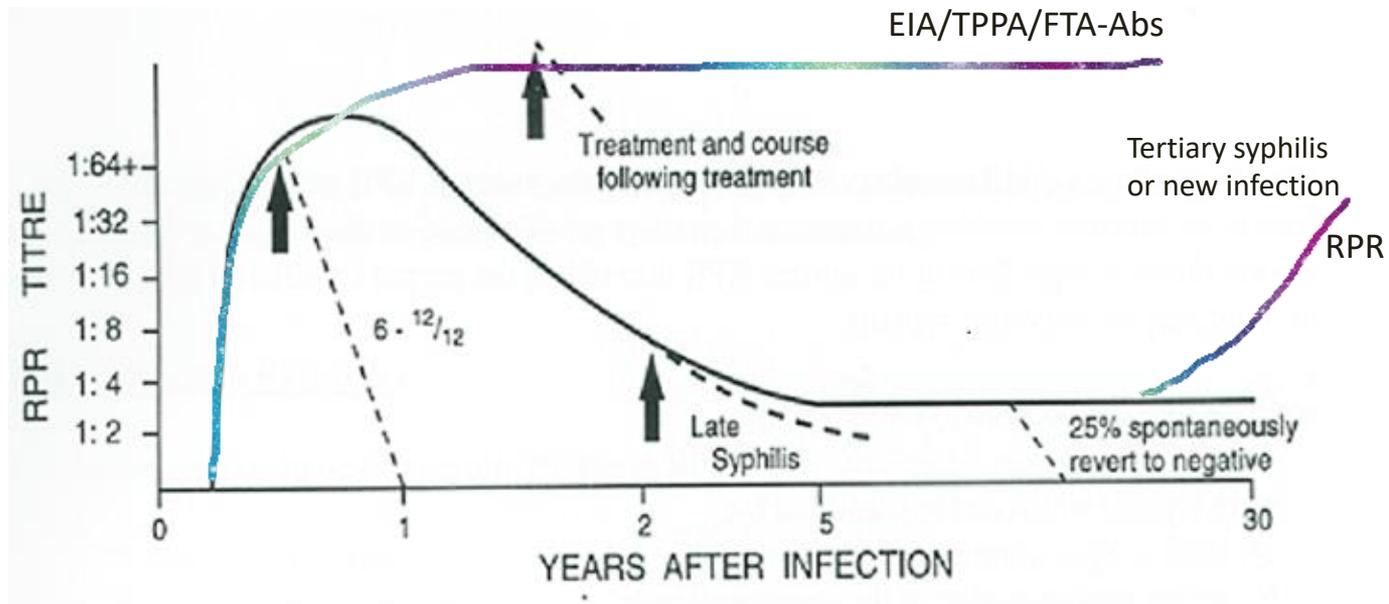
SA Health

Syphilis serology

- ◆ **Two groups of blood tests**
 - ◆ **“treponemal” syphilis blood tests**
 - ◆ **EIA, TPPA, FTA-Abs**
 - ◆ **Two positive tests from this family confirm infection**
 - ◆ **remain positive for life, even after successful treatment**
 - ◆ **“non-treponemal” tests**
 - ◆ **RPR, VDRL**
 - ◆ **Reported in titres (1:1, 1:2, 1:4, 1:8, 1:16....)**
 - ◆ **Used to monitor response to treatment**
 - ◆ **Fall as disease enters latent stage, and with or without treatment**
 - ◆ **Rise in re-infection or reactivation (tertiary syphilis) occurs**
 - ◆ **A four fold change in titre is significant**



Syphilis serology



Government
of South Australia

SA Health

Follow up serology

- > Follow up repeat RPRs very important to:
 - confirm cure (4 fold drop from pre-treatment RPR)
 - document serofast status (2 identical RPR titres three months apart, performed in parallel)
 - Nadir RPR becomes new baseline from which to detect new infection

- > Always do RPR on day of treatment to establish pre-treatment baseline from which to identify 4 fold drop

- > Infectious syphilis: repeat RPR at 1, 3, 6, and 12 months until serofast.

- > Late latent syphilis: repeat RPR at 3, 6 and 12 months until serofast.

- > Consider building into clinic recall systems

- > If RPR is non-reactive at treatment, one routine follow up serology is required at 3 months to confirm persisting non-reactivity.



Follow up serology

- > A four fold drop is expected within
 - 12 months from treatment of early syphilis
 - 24 months from treatment of late latent syphilis

- > Four fold rise from baseline RPR indicates
 - new infection (where adequate treatment is documented)
 - treatment failure or tertiary syphilis (where no adequate treatment documented)



**Government
of South Australia**

SA Health

Malcolm

- > 29yo man who has sex with men living in Adelaide
- > Travels to Sydney and Melbourne occasionally and has sex with casual partners interstate and in Adelaide. Generally uses condoms for anal sex but never for oral sex.
- > Routine full STI screen has been negative for syphilis, to date, although Malcolm has had two episodes of rectal chlamydia and one episode of pharyngeal gonorrhoea detected on routine STI screening in the past 3 years.



**Government
of South Australia**

SA Health

Date	Clinical findings	EIA (Screen)	TPPA	FTA	RPR	Treatment history and comments
1/1/2016	Asymptomatic screen	Non-reactive				
1/5/2016	Rash noted, involving trunk, palms and soles	Reactive	Reactive	Reactive	1:128	Secondary syphilis Treated x1 Benzathine Penicillin
1/6/2016	Follow up at 1 month	Reactive			1:32	4 fold drop confirmed - cured
1/9/2016	3 mths	Reactive			1:4	Continued monitoring to establish baseline RPR and serofast status
1/12/2016	6 mths	Reactive			1:1	
1/5/2017	12 mths	Reactive			1:1	Serofast
1/5/2018	24 mths, asymptomatic	Reactive			1:64	Repeat infection Early latent syphilis Requesting information on HIV PREP

Vanessa

- > 50 year old Aboriginal woman who recently travelled to your community from the NT, is tested for STIs during the annual six week STI screening program
- > Vanessa's syphilis serology (screen, TPPA and FTA Abs) come back reactive with a non-reactive RPR. All other STI and HIV tests are negative
- > You ask about symptoms such as painless genital ulcers and rashes, and Vanessa has never noticed any of these.
- > Vanessa has three adult children and is married. She reports no other partners than her husband since she was married.



**Government
of South Australia**

SA Health

Date	Clinical findings	EIA (Screen)	TPPA	FTA	RPR	Treatment history and comments
1/4/2018	Asymptomatic	Reactive	Reactive		Non-reactive	Travels from interstate. Tested for the first time at your clinic



**Government
of South Australia**

SA Health



Vanessa

- > You contact the NT syphilis register and ask for previous serology and treatment history



**Government
of South Australia**

SA Health

Date	Clinical findings	EIA (Screen)	TPPA	FTA	RPR	Treatment history and comments
24/3/2002	Asymptomatic screen in NT	Reactive	Reactive	Reactive	Non-reactive	Recalled for treatment
1/4/2002	Asymptomatic. Normal genital, dermatological, neurological, ocular and cardiovascular examination	Reactive	Reactive		Non-reactive	Treated x3 weekly imi Benz Pen for late latent syphilis
1/7/2002	Follow up at 3 months	Reactive			Non-reactive	
1/10/2002	6 mths	Reactive			Non-reactive	
1/10/2002	18 months	Reactive			Non-reactive	
5/5/2013	Asymptomatic	Reactive			Non-reactive	
1/4/2018	Asymptomatic	Reactive			Non-reactive	Travels interstate. Tested for the first time at your clinic

Andrew

- > 52 yo asymptomatic Aboriginal man
- > Has a history of reactive syphilis serology
- > At a routine screen including syphilis testing serology is reactive again



Government
of South Australia

SA Health

Date	Clinical findings	EIA (Screen)	TPPA	FTA	RPR	Treatment history and comments
24/3/2002	Asymptomatic screen	Reactive	Reactive	Reactive	Non-reactive	Recalled for treatment
1/4/2002	Asymptomatic. Normal genital, dermatological, neurological, ocular and cardiovascular examination	Reactive	Reactive		Non-reactive	Treated x3 weekly imi Benz Pen for late latent syphilis
1/7/2004	Asymptomatic	Reactive			Non-reactive	Assumed serological scar. No treatment given
1/8/2019	Asymptomatic	Reactive			Non-reactive	Separated from wife 2005. Discloses "5 or 10" female partners since last test: re-treat?



Will you treat Andrew for late latent syphilis now?

- > What else would be useful further history to assess risk of re-exposure since treated?
- > Sexual history, including epidemiological characteristics of partners
 - Known syphilis diagnoses in partners?
 - paid partners?
 - Remote area of residence?
 - Condom use
- > Travel history
 - Andrew's travel history
 - Partners' travel history
- > History of syphilis testing or treatment elsewhere in intervening years – check syphilis registers
- > History of other STIs, BBVs or IVDU, in intervening years since syphilis treatment? (indicating risk of exposure to syphilis as well)
- > History of rash or chancres, in intervening years, or neurological or cardiovascular symptoms and signs currently
- > Other?



**Government
of South Australia**

SA Health



Syphilis Treatment

- > Cured by penicillin at any stage
- > Existing damage is not reversible
- > Goal is to prevent:
 - Further tissue destruction
 - Infecting other individuals
 - Tertiary syphilis



**Government
of South Australia**

SA Health

Jarisch-Herxheimer Reaction (JHR)

- > Acute febrile reaction - headache, myalgia, fever, rigors
- > Within 24 hours of initiation of therapy for early syphilis (<2yrs duration)
- > Resolves spontaneously
- > Reaction to endotoxin-like products (lipoproteins, cytokines, TNF alpha, interleukin-6, interleukin-8) released by lysis of bacterial cell membrane
- > Systemic inflammatory response.
- > Rx: Antipyretics - paracetamol



**Government
of South Australia**

SA Health

Jarisch-Herxheimer Reaction in pregnancy

- > Can induce early labour or foetal distress in pregnancy beyond 20 weeks
- > Should not prevent or delay therapy
- > 67% pregnant women with JHR
 - uterine contractions
 - decreased foetal movement
 - signs of foetal distress
- > Hospitalisation recommended for treatment of early syphilis beyond 20 weeks gestation
 - close observation during initiation of therapy
 - foetal monitoring
 - early tocolytic therapy
- > Some guidelines recommend:
 - 20mg oral prednisolone BD x 3 doses before treating syphilis in the second half of pregnancy





Follow up - non-pregnant patients

- > Follow up blood tests at 1 month, 3, 6 and 12 months
- > then 6 monthly RPR until negative or serofast status documented
- > Four fold drop in RPR titre after treatment indicates cure
- > Four fold rise in RPR indicates treatment failure and tertiary syphilis, or new infection



**Government
of South Australia**

SA Health

Follow up in pregnancy

- > Monthly RPR until delivery
- > Aim is to document a 4-fold drop before delivery
- > Repeat RPR at 3, 6, 12 months after delivery
- > Titres showing 4 fold rise or not dropping appropriately suggest reinfection or treatment failure – retreat



**Government
of South Australia**

SA Health

Other management steps

- > Notify CDCB – notifiable infection
- > Partner notification and treatment
 - All partners for last 2 years in infectious syphilis
 - Triggered by Notification to CDCB
 - Local clinicians best placed to determine if Partner Notification will be best done by local staff, Syphilis Register staff (can also seek support from Adelaide Sexual Health Centre staff)– on case by case basis.
 - Consider individual factors affecting confidentiality and stigma in each case.
- > Full STI screen, including HIV test



Government
of South Australia

SA Health

Syphilis – Notification, and Partner Notification

- > Syphilis is a notifiable disease – notify CDCB – forms available on line
- > Partner Notification – important to stop onward spread and prevent re-infection of index case
- > PN support will be available from Syphilis Register team
- > ASHC can also provide PN support. ASHC provides Partner Notification state-wide for syphilis, but only cases referred to ASHC by CDCB after notifications received.
- > Partner Notification websites:
 - Letthemknow.com.au
 - Bettertoknow.com.au
 - Drama Downunder
- > Partners are often asymptomatic and not aware of infection nor infection risk, and can re-infect index case



**Government
of South Australia**

SA Health

Other management issues for Syphilis in pregnancy

- > Missed doses are not acceptable for pregnant women - repeat full course of therapy
- > Foetal sonogram recommended for syphilis diagnosed in the second half of pregnancy
- > Still birth or nonimmune hydrops indicates syphilis testing



**Government
of South Australia**

SA Health

Lucy

- > 28 yo asymptomatic Aboriginal woman living in a remote community, comes into the clinic at 28 weeks pregnancy for a routine check up.
- > Her earlier antenatal syphilis screen was negative.
- > Syphilis serology is reactive: screen detected, TPPA detected, RPR 1:32



Government
of South Australia

SA Health

Date	Clinical findings	EIA (Screen)	TPPA	FTA	RPR	Treatment history and comments
24/3/2018	Asymptomatic antenatal screen at 12 weeks pregnancy	negative	negative	negative	Non-reactive	
20/7/2018	Asymptomatic. 28 weeks pregnant. On examination faint maculopapular rash on trunk, palms and soles	Reactive	Reactive		1:32	Secondary syphilis. Treated x1 Benz Pen, monitored in hospital for JHR and preterm labour (as treated in second half of pregnancy)
21/8/2018	Follow up at 1 month, 32 weeks pregnant	Reactive			1:16	
20/9/2018	Follow up at 36 weeks pregnant	Reactive			1:4	Four fold drop demonstrated before delivery

Lucy's further management?

- > Full STI/BBV screen
- > Notify syphilis case to CDCB
- > Partner notification – testing and treatment to prevent reinfection, especially prior to delivery
- > RPR monthly till delivery, then repeat RPR at 3, 6, 12 months after delivery till serofast state documented
- > Assess baby at birth – seek paediatric advice if any concerns
- > Other? (eg education, safer sex information, free condoms and lubricant, social and emotional support)



**Government
of South Australia**

SA Health

Penicillin Allergy

- Penicillin is the recommended treatment for syphilis
- Doxycycline is an alternative therapy, (contraindicated in pregnancy)
- Desensitize to penicillin
- In non-pregnant patient start doxycycline while awaiting desensitisation
- Penicillin is the only treatment proven to be efficacious in pregnancy
- N.B. SA Perinatal Practice Guideline states
 - “in penicillin allergy in pregnant women, doxycycline could be used up to 18 weeks of pregnancy, (after which tetracyclines cause discoloration of the baby’s teeth)”



Decision to treat the baby

> Difficult to diagnose because maternal nontreponemal and treponemal IgG antibodies cross placenta to foetus

> The baby should be treated at birth

IF

> maternal treatment was

- inadequate
- given <4 weeks before birth
- was a non-penicillin regimen

> adequate follow up of the baby cannot be assured

> clinical, laboratory, or radiographic evidence of syphilis in the neonate



**Government
of South Australia**

SA Health

Cases - Syphilis management in pregnancy

- > Unbooked mother presents in labour, with reactive syphilis serology at time of delivery, and no history adequate syphilis treatment
 - Seek specialist paediatric assessment
 - Examination and serology of neonate
 - Request placental pathology/syphilis PCR
 - CSF, skeletal XRays, PCR of lesions, as indicated by examination findings

- > Decision to treat infant based on
 - Maternal and neonatal RPR
 - Maternal treatment history
 - Clinical, lab and radiology findings
 - Ability to follow up baby



When I need advice?

- > Phone the **Adelaide Sexual Health Centre Duty Doctor phone line**
- > **and/or CDCB, and Syphilis Register team**
- > Available every weekday
- > Speak to Consultant Sexual Health Physician for clinical advice
- > Speak to Partner Notification Officer for support with Partner Notification

> **ASHC Ph: (08) 7117 2800**



Government
of South Australia

SA Health



Thank you

Any questions?



**Government
of South Australia**

SA Health