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## Increase in Syphilis Cases in Simcoe Muskoka Consider Asymptomatic Screening and Testing in Those with Symptoms

**Attention:** Physicians, Emergency Departments, Infection Control Practitioners, Walk-In Clinics/Urgent Care Clinics, Nurse Practitioners, Midwives, Family Health Teams, Pharmacies, Beausoleil First Nation, Moose Deer Point First Nation, Rama First Nation, Wahta First Nation

**Date:** April 27, 2022

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**Syphilis infection can be asymptomatic and does not always present with the classic painless genital ulcer (chancre). It can also present with a non-specific body rash, among other symptoms. Consider asymptomatic screening in those at risk and testing in those with compatible symptoms by using a public health lab requisition and ordering “syphilis serology”.** Use this [guide](#) to interpret the serology results and to decide on appropriate treatment. First line treatment for syphilis is Benzathine Penicillin G (Long Acting) given IM and can only be obtained from public health. Sex partners of infected persons should also be offered treatment regardless of their serology results. Further information on syphilis diagnosis and treatment can be found on the Government of Canada website here: [Sexually Transmitted and Blood-Borne Infections: Guides for health professionals](#).

There has been a steady increase in infectious syphilis cases within Simcoe Muskoka since 2019. In 2021 the incidence rate of infectious syphilis cases was 7.9 cases per 100,000 population, representing approximately 50 cases in our region. Prior to 2019, the annual number of cases averaged less than 10. Infectious syphilis has also been increasing year-over-year across Ontario. Locally, cases have been identified in both men and women, but remains higher in men, with 80% of cases reported in males since 2019. Cases have reported both male and female partners and nearly half of all cases report multiple sexual partners in the six months prior to infection. Many cases also identified the following risk factors:

- Unprotected sex (75%)
- Anonymous sex (24%)
- HIV status (20%)
- Drug and/or alcohol use (15%)



## What you can do as a Health Care Provider:

1. Assess for vulnerabilities to syphilis:
  - Be sex positive and use open ended questions to encourage the patient to give in depth descriptions
  - Ask patients if they are sexually active
  - Ask about sexual partners (e.g. Tell me about your recent sexual partners?)
  - Ask about sexual practices (e.g. What kind of sex do you have or have had in the past?)
  - Ask about experience using condoms or other prevention
  - Ask about HIV and sexually transmitted and blood-borne infection (STBBI) status of patients and partners
  
2. Test sexually active persons who:
  - Have signs or symptoms of sexually transmitted and/or blood borne infections
  - Have not been tested in the last year
  - Are men who have sex with other men (MSM)
  - Are taking pre-exposure prophylaxis (PrEP) for HIV Prevention
  - Have had sex without a condom or other barrier methods
  - Have had multiple sexual partners and/or anonymous partners
  - Meet partners through online apps/sites
  - Are pregnant or thinking of becoming parents
  
3. Discuss HIV PrEP with your patients. PrEP is available virtually through the PrEP Clinic ([www.preventionclinic.ca/theprepclinic/](http://www.preventionclinic.ca/theprepclinic/)) or through GoFreddie ([www.gofreddie.com/](http://www.gofreddie.com/)) or through the Gilbert Centre, [InclusHIV Care clinic](#).

The Simcoe Muskoka District Health Unit (SMDHU) will be sending out a Media Release to raise awareness about STBBIs so health care providers may notice an increase in patients requesting testing.

## Information about Syphilis:

Syphilis is spread by direct contact with a syphilis chancre/lesion, which occurs mainly on the external genitals, vagina, anus or in the rectum. Lesions can also occur on the lips and in the mouth. Transmission occurs during vaginal, anal or oral sex. In addition, an infected mother can pass syphilis to her baby during pregnancy or delivery. Lesions are often not recognized as they are painless, thus most transmission is caused by people who are unaware of their infection. If syphilis is not treated early, it can progress to cause complications of the nervous system, cardiovascular system or tissue destruction of any organ.

Individuals diagnosed with primary, secondary, or early latent syphilis are considered infectious with various clinical presentations that may mimic other illnesses or, may be asymptomatic. Co-infection with HIV may alter its clinical presentation and increase the risk of neurological complications. Syphilis progresses in multiple stages:

**Primary** – Usually the first three weeks after infection but can range from 3 to 90 days. The primary manifestation is a painless lesion (chancre) which can be located intra-anal or intra genital depending on the receptive sex practices and may go unnoticed.

**Secondary** – Symptoms can start as early as two (2) weeks but up to six (6) months. Symptoms usually start with the development of a rash. Other common symptoms include: fever, malaise, headaches, mucosal lesions and lymphadenopathy.

**Early latent** – Asymptomatic infection of less than one year duration since exposure.

For details on syphilis testing, staging and treatment, please refer to the Government of Canada at [Sexually Transmitted and Blood-Borne Infections: Guides for health professionals](#).

**Additional Information:**

- Ontario HIV Treatment Network: [Interventions and best practices to address increasing rates of syphilis transmission](#)
- Public Health Ontario: [Syphilis](#)
- Public Health Agency of Canada: [CCDR: Volume 48-2/3, Feb/March 2022: Syphilis Resurgence in Canada](#)
- Public Health Agency of Canada: [Infectious Syphilis and Congenital Syphilis in Canada \(infographic\)](#)

**Treatment for Syphilis:**

First line treatment for syphilis is Benzathine Penicillin G (Long Acting) given IM. Please note that this is a specialized long-acting penicillin and is NOT comparable to Penicillin G. This treatment can only be accessed through the SMDHU STI Medication Program, at no charge, by completing the [order form](#) or by calling the Sexual Health Program at 705-721-7520 ext. 8376. Partners of cases should be offered treatment as well, regardless of test results.

Please report any cases or contacts of syphilis to the SMDHU, Infectious Diseases Program at (705) 721-7520 or 1-877-721-7520, extension 8809 during business hours (Monday-Friday 8:30am-4:30pm).

**Ukrainians Fleeing War:**

At this time, Ukrainians arriving in Ontario may not have had the traditional Immigration Medical Examination (IME). As a health care provider, if you are providing care to an individual who has recently arrived from the Ukraine, it is recommended their immunization history be reviewed and they be offered the following screening: HCV, HBV, Chlamydia, Gonorrhea, HIV, and TB. Individuals who have been granted emergency authorization to enter into or remain in Canada are eligible for OHIP.