### 10.10 SYPHILIS

<table>
<thead>
<tr>
<th>TITLE</th>
<th>DESCRIPTION</th>
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<tr>
<td>DEFINITION:</td>
<td>Syphilis is a systemic disease caused by T. pallidum. Clients with Syphilis may seek treatment for signs or symptoms of primary, secondary, or tertiary infections. CDC recommends testing regularly for syphilis in pregnancy and high-risk individuals including MSM, HIV infection, and/or partners who have tested positive for syphilis. Syphilis is considered a reportable condition in the state of Montana.</td>
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<tr>
<th>SUBJECTIVE:</th>
<th>May Include:</th>
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<td>1. Lesion or ulcer, usually firm, round, and painless. Located at site syphilis entered the body. Common sites include genitals, pharynx, lips, anus, cervix, and breast.</td>
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<td>2. Skin rashes, lesions, ulcers, or bumps in the mouth, vagina, or anus.</td>
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<td>3. Fever, sore throat, swollen lymph glands.</td>
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<td>4. Headache or muscle aches.</td>
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<td>5. Weight loss or fatigue.</td>
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<td>6. Hair loss.</td>
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<td>7. May be asymptomatic.</td>
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<th>OBJECTIVE:</th>
<th>The disease has been divided into stages based on clinical findings, helping to guide treatment and follow-up:</th>
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<td>Primary Stage:</td>
<td>- The classical chancre is a painless indurated ulcer located at the site of exposure. The differential diagnosis for all genital lesions should include syphilis.</td>
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Secondary Stage may include but is not limited to: |
- Lymphadenopathy. |
- Highly variable skin rash. |
- Neurologic infections, mucocutaneous lesions, cranial nerve dysfunction, meningitis, CVA, acute or chronic altered mental status, loss of vibration sense, auditory, or ophthalmologic abnormalities. |
- Condylomata lata (fleshy moist growths). |

Latent: |
- Serological evidence of untreated syphilis without clinical signs of infections. |

Tertiary: |
- Evidence of tertiary disease (e.g. cardiac, gummatous (granulomathous) lesions, tabes dorsalis, and general paresis. |

Neurosyphilis: |
- CNS involvement can occur during any stage of syphilis (e.g. cognitive dysfunction, motor or sensory deficits, cardiac problems, ophthalmic or auditory symptoms, cranial nerve palsies, and symptoms or signs of meningitis). |
### LABORATORY:

**May Include:**

1. Serologic tests for syphilis.
2. Pregnancy test.
3. STI and HIV screening (CDC recommends all clients who have syphilis should be tested for HIV infection).

### ASSESSMENT:

Syphilis.

### PLAN:

1. Treat according to regimens recommended by the current CDC STI Treatment Guidelines.
2. Screen for HIV and other STIs as appropriate.
3. Clients who are allergic to penicillin whose compliance with therapy or follow-up cannot be ensured should be referred to their PMD for desensitization and treatment with benzathine penicillin.
4. Post-exposure prophylactic treatment is recommended for asymptomatic persons exposed or possibly exposed to syphilis. This would be considered in a case by case basis and should involve consultation with the field epidemiologist.
5. Repeat testing for primary and secondary syphilis at 6 and 12 months. For latent syphilis, quantitative nontreponemal serologic tests at 6, 12, and 24 months.

### EDUCATION:

1. Provide education handout, review symptoms, treatment options, and medication side effects, including Jarisch-Herxheimer reaction.
2. Advise client to avoid intercourse until course of treatment is completed for client and partner(s).
3. Stress importance of follow-up for sexual contact(s).
4. Discuss HIV and other STI testing as appropriate.
5. Review safer sex education, as appropriate.
6. Repeat testing as indicated above in Plan #5.

### REFERRAL TO MEDICAL PROVIDER:

1. HIV infected clients, and other immunocompromised clients.
2. All pregnant clients.
3. Children.
4. Clients with evidence of tertiary Syphilis or neurosyphilis should be referred to and managed in consultation with an infectious diseases specialist.
5. Clients with penicillin allergies.
6. Refer/consult all clients to State Health Department or PMD for continued treatment and follow up.

### REFERENCES: