

Dear _____ ,

You have been given this letter because it is likely that you have been exposed to Syphilis. Syphilis is easily treated.

Please take this information below this line to your doctor.

CONFIDENTIAL

Date

Dear Doctor

A partner of your patient has been diagnosed with syphilis, either:

- | | |
|---|---|
| <input type="checkbox"/> Primary syphilis | <input type="checkbox"/> Early latent syphilis (< 2 years duration) |
| <input type="checkbox"/> Secondary syphilis | <input type="checkbox"/> Late latent syphilis (> 2 years duration) |

Syphilis is becoming increasingly common in our community. We recommend that you test your patient for syphilis by ordering RPR & EIA serology. Note: Negative serology 90 days after exposure excludes transmission. It is recommended that individuals exposed to someone with primary, secondary or early latent syphilis less than 90 days ago are treated presumptively.

Please discuss testing for HIV with anyone with positive syphilis serology.

The current recommendations for treatment of syphilis are:

Early syphilis infection (less than 2 years duration)

- Procaine penicillin G 1 g IM daily for 10 days ^{1,2}
or
 - Benzathine penicillin G 1.8 g IM single dose ^{1,2}
- Doxycycline 100 mg bd for 14 days may be considered if allergic to penicillin. However it may not be as effective as the penicillin based regimens above, and should not be considered first-line therapy ^{1,2}

Late latent syphilis in HIV negative patients (more than 2 years duration)

- Procaine penicillin G 1 g IM daily for 15 days ^{1,2}
or
 - Benzathine penicillin G 1.8 g IMI single dose per week for 3 weeks ^{1,2}
- Doxycycline 100 mg bd for 28 days may be considered if allergic to penicillin. However it may not be as effective as the penicillin based regimens above and should not be considered first-line therapy ^{1,2}

All patients with symptomatic late latent syphilis should be referred for specialist management and require a lumbar puncture before therapy is initiated. Patients with HIV infection and syphilis should be discussed with a sexual health or infectious diseases physician

Note: A lumbar puncture to exclude neurosyphilis is recommended for the following:

- Any abnormal neurological signs or symptoms
- In cases of late latent syphilis with an RPR \geq 1:16
- In late syphilis if a non-penicillin regimen is used
- In cases of latent syphilis and co-existing HIV infection
- Treatment failures (case reports suggest more common in HIV-infected patients)

Follow-up after treatment of syphilis

Quantitative serology should be taken at 6 and 12 months following treatment of early syphilis and up to 24 months after treatment of late latent syphilis. Individuals with possible treatment failure should be discussed with a sexual health or infectious diseases physician.

Re-treatment should be considered if a 4 fold increase in RPR titre is detected and a lumbar puncture included

1. Guidelines Antibiotic. Version eTG Complete April 2006 available from the Therapeutic Guidelines Limited
2. Sexually Transmitted Diseases Treatment Guidelines 2006; Morbidity and Mortality Weekly Report, August 4 2006, Vol. 55 available from the Centers for Disease Control and Prevention web site www.cdc.org.