Increase in syphilis in men who have sex with men (MSM)

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Issued to: Health professionals, including those working in sexual health.

Key messages

- Victorian syphilis notifications have increased in the last few years, with cases reported predominantly in men who have sex with men (MSM).
- Screen all MSM for syphilis at least annually, and screen men who have had more than 10 partners in the past year more often (e.g. every 3 months).
- Screen all HIV positive MSM for syphilis as part of routine HIV monitoring (e.g. implement an opt-out strategy).
- Ensure that all possible attempts are made to contact sexual partners of MSM with syphilis at the time of diagnosis.
- Treat all sexual contacts of syphilis cases without waiting for serological results if their exposure to syphilis was in the last 90 days.
- Educate patients about prevention strategies and early symptom recognition.

What is the issue?

Infectious syphilis is defined as infection less than 2 years duration and includes primary, secondary and early latent clinical presentations.

A total of 467 infectious syphilis cases were notified in Victoria in 2012. In 2013, 663 cases were notified (based on preliminary data), the highest annual number since the Department of Health electronic records began in 1991. This is a 42% increase from 2012 and a 126% increase from 2010. The large majority of notified cases are in MSM. Around half of the cases are in HIV positive MSM, and of these, a significant proportion are reinfections. Increases in syphilis cases have also been seen elsewhere in Australia; however the largest increase in 2013 was reported in Victoria.

Syphilis is highly infectious, and can be transmitted by unprotected vaginal, anal and oral sex and skin to skin contact during sex. Syphilis is often asymptomatic or presents atypically without the chancre characteristic of primary syphilis or the rash of secondary syphilis. Syphilis infection is of particular public health importance because it increases both susceptibility to acquiring HIV infection and transmissibility of HIV infection.

Screening of groups at risk is essential for syphilis control, along with partner notification and prevention education.
Clinicians play a vital role in syphilis control and prevention through early detection and treatment of cases and their contacts.

**What is the action required?**

**Screening**

- Screen all MSM for syphilis at least annually, and screen men who have had more than 10 partners in the past year more often (e.g. every 3 months).
- Screen all HIV positive MSM for syphilis as part of routine HIV monitoring (e.g. implement an opt-out strategy).

**Treatment of cases and contacts**

- Treat all cases of infectious syphilis in accordance with the current guidelines: [www.mshc.org.au/syphilis/](http://www.mshc.org.au/syphilis/)
- Treat all sexual contacts of syphilis cases without waiting for serological results if their exposure was in the last 90 days. Individuals exposed to syphilis should be given a single dose of intramuscular benzathine penicillin 1.8 g (2.4mU). Doxycycline 100mg twice daily for 14 days can be used in individuals who are allergic to penicillin. Immediate treatment of contacts prevents re-infection of the index case and further transmission.

**Partner notification**

- Ensure that all possible attempts are made to contact sexual partners of MSM with syphilis at the time of diagnosis.
- Innovative partner notification tools are now available to contact partners anonymously via SMS or email. You can undertake partner notification at the time of consultation or strongly encourage your patients to contact their partners themselves. Partner notification tools are available at:
  - Let them know website: [www.letthemknow.org.au/](http://www.letthemknow.org.au/)
  - Drama Downunder website: [www.thedramadownunder.info/introduction](http://www.thedramadownunder.info/introduction).
- The partner notification officers (PNOs) from the Department of Health are available to assist with partner notification. The PNOs can contact the sexual partners of a person diagnosed with an STI, provide advice and referral to testing. Any identifying information about your patients is kept confidential. The PNOs can be contacted at 9096 3367.

**Patient education**

- Provide advice regarding prevention strategies, early symptom recognition and periodic screening to all MSM patients. Patient resources available online are listed below (under Patient information).
More information

Clinical information
• Advice on the diagnosis and management of syphilis and other STIs can be obtained from Melbourne Sexual Health Centre through a doctor’s only information line: **1800 009 903** (Mon-Fri 9:30-12:30, 1:30-5:00) or through their website [www.mshc.org.au](http://www.mshc.org.au)
• STI testing guidelines for MSM: [http://www.stigma.net.au/stitesting.html](http://www.stigma.net.au/stitesting.html)

Patient information
• The Drama Down Under website: [http://www.thedramadownunder.info/bugs/syphilis](http://www.thedramadownunder.info/bugs/syphilis)

Department of Health contact
• Communicable Disease Prevention and Control Unit: Telephone: 1300 651 160 Fax: (61 3) 9096 9174 Email: infectious.diseases@health.vic.gov.au

Yours sincerely

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Authorised by the Victorian Government, Melbourne.