

Disclaimer: The following recommendations may be divergent from Public Health Agency of Canada, Public Health Ontario and Toronto Public Health guidance. They are mainly based on the CDC STI guidelines from 2021 to account for up-to-date evidence. See [FAQ document](#) for more information.

TREATMENTS

Stage of syphilis	Treatment	Infectious Diseases consultation recommended
<ul style="list-style-type: none"> ✦ Primary syphilis ✦ Secondary syphilis ✦ Early latent syphilis 	✦ Penicillin G benzathine 2.4 million units IM as a single dose	No
<ul style="list-style-type: none"> ✦ Late latent syphilis ✦ Syphilis of unknown duration ✦ Tertiary syphilis 	✦ Penicillin G benzathine 2.4 million units IM weekly for 3 doses (total 7.2 million units)	No
✦ Neurosyphilis (<u>includes ocular and otosyphilis</u>)	✦ Penicillin G sodium 3-4 million units IV every 4 hours for 10-14 days	<u>Yes</u>
✦ Congenital syphilis	✦ Infectious Diseases consultation	<u>Yes</u>

- ✦ The recommended treatments are the same for pregnant patients and people with HIV
- ✦ An acute febrile reaction accompanied by headache, myalgia, rash and mild hypotension may occur within 24 hours of starting therapy (Jarisch-Herxheimer reaction); this is a non-allergic inflammatory reaction
 - ✦ Usually resolves in 12-24 hours; manage with NSAIDs or acetaminophen if needed
 - ✦ Pregnant patients should be told to contact their provider if symptoms occur since the reaction may precipitate uterine contractions, preterm labor or fetal distress in the 2nd half of pregnancy
- ✦ All patients with syphilis should be tested for HIV

PENICILLIN ALLERGY

- ✦ Many people who report a penicillin allergy can safely receive penicillin
- ✦ If true penicillin allergy, consult Infectious Diseases

TESTING & TREATMENT OF SEXUAL CONTACTS

- ✦ The public health authority where the patient resides should be notified (Toronto Public Health STI Program at 416-338-2373)
- ✦ All partners who have had sexual contact with an index case of primary, secondary or early latent syphilis **within 90 days** should be presumptively treated for infectious syphilis (even if serology is negative)
- ✦ Partners who have had sexual contact with an index case of primary, secondary or early latent syphilis **after 90 days** should be treated based on clinical assessment and serology; if test results are not available, they should be presumptively treated for infectious syphilis

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TERMINOLOGY

- ✦ Primary syphilis: New infection with *T. pallidum*; most commonly manifested as painless chancre and regional adenopathy
- ✦ Secondary syphilis: May follow untreated primary infection; manifests as systemic illness with spirochetemia (disseminated rash, condylomata lata, lymphadenopathy, alopecia, hepatitis, glomerulonephritis)
- ✦ Latent syphilis: Patient has no clinical signs or symptoms of syphilis but has serologic evidence of infection
 - ✦ Early latent syphilis: infection was acquired within 12 months
 - ✦ Late latent syphilis: infection was acquired greater than 12 months ago
 - ✦ Latent syphilis of unknown duration: latent syphilis infection without clear timing of acquisition
- ✦ Tertiary syphilis: Late syphilis (acquired > 12 months before diagnosis) with manifestations involving the cardiovascular system or gummatous syphilis
- ✦ Neurosyphilis: neurological manifestations that can occur at any stage of infection

REFERENCES

1. Government of Canada. Section 5-10: Canadian Guidelines on Sexually Transmitted Infections – Management and treatment of specific infections: Syphilis. Updated Dec 2016. <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/syphilis.html>
2. Workowski KA, Bachmann LH, Chan PA, Johnston CM, Muzny CA, Park I, et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep. 2021;70(4):1-187.
3. Clement ME, Okeke NL, Hicks CB. Treatment of syphilis: a systematic review. JAMA. 2014;312(18):1905-17.

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