



Dear Doctor

A partner of your patient has been diagnosed with syphilis of unknown stage of infection. This letter has been generated from the “Let them know” website.

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. We also recommend your patient be tested for other STI’s such as gonorrhoea, chlamydia and HIV.

If your patient has been exposed to someone with primary, secondary or early latent syphilis less than 90 days ago we recommend that they are treated presumptively.

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}
or

If the patient is allergic to penicillin:

Doxycycline 100 mg bd ^{1,2} for 14 days may be considered, however it may not be as effective as the penicillin based regimens above and should not be considered as first line treatment. ^{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}

If the patient is allergic to penicillin:

Doxycycline 100 mg bd for 28 days may be considered, however it may not be as effective as the penicillin based regimens above, and should not be considered as first line treatment. ^{1,2}

If you have any questions regarding the treatment of syphilis, or the availability and administration of Benzathine penicillin G.

You can contact a sexual health physician to discuss this Infection or to arrange for your patient to be tested.



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/VDRL \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 fourfold increase in RPR or VDRL titre is detected and a lumbar puncture should also be performed.

For more information please visit www.mshc.org.au or if you live in NSW visit [Sexually Transmissible Infections \(STIs\) and Blood Borne Viruses \(BBVs\) Factsheets - NSW Department of Health](#) or ring the [NSW Sexual Health Infoline](#) on 1800 451 624.'

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.