Government of Newfoundland and Labrador
Department of Health and Community Services
Office of the Chief Medical Officer
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From: Dr. Janice Fitzgerald, Chief Medical Officer of Health

To: Newfoundland and Labrador Health Services, Physicians and Other Primary Care Providers

Re: Screening Recommendations for Syphilis and other Sexually Transmitted and Bloodborne infections

Date: September 24, 2024

The Department of Health and Community Services (DHCS) is monitoring an increase in cases of syphilis in Canada and provincially. The 10-year average annual number of syphilis cases in NL is 37. The rate of syphilis infection in NL has remained higher in men compared to women, but in 2023, syphilis cases in women doubled compared to 2022. Most infections occurred in individuals aged 20 to 40 years old. From January 1, 2024, to September 17, 2024, 19 cases of syphilis were reported from the Labrador-Grenfell Zone (LGZ). The 10-year annual average number of syphilis cases in LGZ was 1.3 cases per year.

Sexually transmitted and bloodborne infections (STBBI) are often asymptomatic. To prevent the spread of syphilis and congenital syphilis, DHCS recommends:

- **When screening for one STBBI, screen for all STBBI**
- Offer all sexually active individuals screening for STBBI annually as recommended by the Public Health Agency of Canada's (PHAC) STBBI: Guides for health professionals.
- STBBI screening can be offered every 3 to 6 months for sexually active persons with new or multiple partners, for communities experiencing high prevalence of STBBI and/or upon request as per the National Advisory Committee on STBBI.

Prevention of Congenital Syphilis

Congenital syphilis is preventable through antenatal screening and timely treatment of pregnant individuals. Vertical transmission risk is highest (70%) when there is untreated primary and secondary syphilis during pregnancy, compared to 40% in early latent and 10% for late latent syphilis. Spontaneous abortion, fetal demise and late-term stillbirth occur in about one third of untreated early pregnancy infections. DHCS recommends:

Universal syphilis screening:

- In the first trimester or at the first prenatal visit AND
- At 28 to 32 weeks gestation (or as close to this interval as possible) AND
- For all people who deliver a stillborn infant after 20 weeks of gestation

Syphilis Serology should be done during labor or at delivery if:

- No prenatal screening has occurred, or results are unavailable
- The 3rd trimester screening did not occur
- Syphilis was diagnosed during pregnancy

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- The pregnant person or their partner had a new sexual partner after the third trimester syphilis screen or a sexual contact with a known case of syphilis or other STBBI
- There is ongoing risk of syphilis infection or re-infection of syphilis

If there was inadequate prenatal care, testing for syphilis, HIV, hepatitis B surface antigen, and urine for gonorrhea and chlamydia PCR is recommended for the pregnant person. If their serum cannot be drawn, syphilis serology screen should be performed on the newborn prior to discharge. **Newborns should not be discharged from hospital until the birthing individual's and/or infant's serum is drawn, and follow-up plans are ensured.**

Pediatric Infectious Disease should be consulted for infants with suspected or confirmed congenital syphilis, or whose pregnant parent was diagnosed or treated for syphilis during pregnancy. All cases of syphilis and congenital syphilis must be reported to Public Health in writing within 24 hours of laboratory or clinical diagnosis using the Notifiable Disease and Notification Form.

For more information on congenital syphilis, please see: Canadian Paediatric Society: Diagnosis and management of congenital syphilis – Avoiding missed opportunities

For more information on the prevention, appropriate specimen and screening tests, and management of STBBI for healthcare professionals, please see the Public Health Agency of Canada's STI Recommendations Tip Sheet.

STBBI testing available through the NL Public Health Laboratory:

- **Syphilis Serology**: "Syphilis screen" on the Outpatient Specimen Collection Requisition will detect *T. pallidum* antibodies and if positive, RPR titer will be reported the next business day to be used to assess treatment response and as a marker of infectiousness.

- ***C. trachomatis* and *N. gonorrhoeae* multiplex PCR (CT/NG PCR)** on urethral, vaginal, cervical, rectal, or pharyngeal swabs or first void urine

- **HIV Antibody/Antigen**

- **Hepatitis B and C:** "HEPDX" on the outpatient requisition will include: Hepatitis B surface antigen, Hepatitis B core antibody, and Anti-Hepatitis C antibody.
    - For individuals with previous Hepatitis C infection or concerns about re-infection, please send Hepatitis C virus RNA (HCV RNA)
    - Reflex Hepatitis C RNA is done on positive Anti-Hepatitis C antibody serum

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