



SYPHILIS

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WHAT IS SYPHILIS?

- Syphilis is a highly infectious sexually transmissible infection (STI) caused by a bacteria called *Treponema pallidum*.
- The number of people with infectious syphilis has been increasing rapidly in Victoria.
- Of concern is the rising rates of syphilis cases in women of childbearing age. Syphilis can be transmitted from mother (or pregnant person) to baby during pregnancy. Syphilis during pregnancy can cause problems for your baby, like miscarriage, premature birth, stillbirth and death after birth.
- Syphilis is curable but if left untreated can lead to serious health issues

WHAT ARE THE SYMPTOMS OF SYPHILIS?

Not all people with syphilis have symptoms, so you may not know you have it unless you have a blood test.

If you do have symptoms of syphilis these depend on the stage of infection: primary, secondary, latent and tertiary.

Stage of Syphilis	Symptoms
Primary	<ul style="list-style-type: none"> • The first sign of syphilis is a firm, round sore (called a chancre) which appears at the site of infection. • Chancres may be on the penis, vagina, cervix, anus, or in the mouth. • They are usually painless and may be hidden, so they may not be noticed. • Chancres usually appear 3 weeks after infection, but this may range from 10 days to 3 months, which may make it difficult to know when you became infected with syphilis. • The chancre usually heals itself within about 3 to 4 weeks. Even though the sore heals itself, if you have not had treatment, you still have syphilis and can pass it onto others. Untreated primary syphilis may lead to secondary syphilis.
Secondary	<ul style="list-style-type: none"> • Symptoms may occur 2 to 4 months after initial syphilis infection and can include: • Rashes in one or more areas of your body (red/reddish-brown spots on palms of hands, soles of feet); • large, raised, grey or white warty lumps in warm, moist areas such as the groin, anal area, underarm or corner of the mouth; • swollen lymph glands; • patchy hair loss; • muscle and joint aches; and • headaches and tiredness. <p>Symptoms can last for 3-12 weeks and will usually disappear with or without treatment.</p> <p>If you have not had treatment, you can still pass syphilis onto others. If syphilis is not treated in the primary or secondary phase, it becomes latent syphilis.</p>



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Latent	<ul style="list-style-type: none">• When secondary syphilis symptoms disappear, the disease enters the latent or “hidden” stage.• There are no visible signs or symptoms and syphilis can only be detected by a blood test.• Latent syphilis is infectious in the first 12 to 24 months, after which it becomes less infectious.• If you have latent syphilis you may need further tests, specialist review and longer treatment.• If syphilis is not treated at this stage, it may remain in your body for years and can develop into tertiary syphilis.
Tertiary	<ul style="list-style-type: none">• Tertiary syphilis develops in about 1-in-3 people who have not received treatment for syphilis.• Tertiary syphilis can appear 10-30 years after first infected.• Syphilis is not infectious at this stage but can still be treated.• Symptoms may vary depending on the organ system affected.• Tertiary syphilis can cause serious health problems, mainly in the brain, nerves, eyes and heart.

ARE THERE ANY COMPLICATIONS IF SYPHILIS IS NOT TREATED?

Without treatment, syphilis can spread to:

- The brain and nervous system (neurosyphilis);
- The eye (ocular syphilis); and/or
- The ear (otosyphilis).

This can happen during the primary, secondary, latent, or tertiary stages of infection with varying symptoms.

SYPHILIS IN PREGNANCY - HOW WILL SYPHILIS AFFECT MY BABY?

If a pregnant woman has syphilis, the unborn baby is likely to become infected. Having syphilis while pregnant can lead to:

- An infected foetus that may die in the womb (stillbirth);
- Baby being born too early with or without abnormalities caused by syphilis infection; and/or
- Low-birth-weight baby.

All pregnant women should receive syphilis testing at their first prenatal visit. Some pregnant women need to receive syphilis testing again during the third trimester at 28 weeks and at delivery. If you test positive, you should receive treatment right away.

HOW IS SYPHILIS SPREAD?

- Syphilis is passed on by direct contact during oral, vaginal or anal sex with a person who has syphilis.
- Syphilis is highly contagious when sores or rashes are present.
- Syphilis can be transmitted during pregnancy or childbirth, a mother may transmit syphilis to her baby.



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WHO IS AT RISK OF GETTING SYPHILIS?

The people who are most at risk are:

- Anyone who has had vaginal, anal, or oral sex without a condom or dam with someone who is infected with syphilis.

Syphilis is more common in:

- Men who have sex with men;
- Partners of men who have sex with men;
- Females of child-bearing age (15-49 years of age);
- Aboriginal and Torres Strait Island people;
- Anyone who has been diagnosed with an STI (such as HIV, gonorrhoea, chlamydia);
- Anyone who often has different or multiple sexual partners; and
- Babies of mothers who have not had appropriate syphilis testing and treatment during pregnancy.

HOW CAN I AVOID GETTING SYPHILIS?

- Using a condom or dam during sex (practicing safe sex) reduces the risk of STI transmission.
- It is recommended that you visit your doctor (or local sexual health service) if you have a new sexual partner or every 6 months (or more often) if you regularly change sexual partners.
- **If you are pregnant make sure you have the syphilis screening blood test in your first trimester or anytime throughout your pregnancy if you have new sexual contacts.**

HOW IS SYPHILIS DIAGNOSED AND TREATED?

- **Syphilis is an easily diagnosed and treated STI**

Diagnosis	<ul style="list-style-type: none"> • Syphilis can be detected by taking a swab test from a sore or rash (if you have symptoms). However, a blood test is always done for complete diagnosis • The blood test for syphilis measures antibodies (your bodies response to infection). It can take up to 3 months to develop antibodies, so the tests may be negative early on and you may need a repeat test. • Blood tests are also used to monitor your body’s response to treatment and may help work out how long you have been infected. • People who have had syphilis will always test positive on some of the blood tests used to diagnose syphilis (even if they have had treatment in the past).
Treatment	<ul style="list-style-type: none"> • Syphilis is usually treated with penicillin: • Follow-up blood tests are important to check that treatment has worked. • If you are allergic to penicillin, there are other treatment options available. • After treatment with penicillin, some people may have a reaction (also known as a Jarisch–Herxheimer reaction) and have a flu-like illness for 24 hours. These symptoms may last for 12-24 hours and do not require any extra treatment, except plenty of rest and fluids.



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Pregnancy	<ul style="list-style-type: none">• All women should have a syphilis test in the first 12 weeks of pregnancy or at the first antenatal visit and again at 26-28 weeks.• Additional screening at 36 weeks and birth should occur for pregnant women identified at risk of infection despite already being screened at the recommended intervals.• Treatment of syphilis early in pregnancy is very effective in preventing syphilis in the unborn baby.• The earlier the infection is treated, the lower the risk that the baby will be affected by syphilis.
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To avoid getting reinfected and passing syphilis onto anyone else:

Having syphilis once does not protect you from getting it again. People can get re-infected with syphilis after successful treatment.

You should not have any sexual contact until five days after your treatment is completed or until your symptoms are completely resolved (whichever is longer), including sex with a condom or dam.

You should not have sex with any sexual partners who may be at risk of having syphilis until they have been tested and successfully treated (if needed).

If any of your sexual partners have tested positive to syphilis you should not have any sexual contact with them until 5 days after their treatment is completed or until their symptoms are completely resolved (whichever is longer).

Repeat blood tests are recommended at 3, 6 and even 12 months after treatment to make sure your treatment has been successful.

WHAT IS THE PUBLIC HEALTH RESPONSE?

Syphilis is a notifiable condition in Victoria.

Gippsland Region Public Health Unit will be notified of cases of syphilis within the Gippsland Region. To protect your privacy, all case information is deidentified and treated as confidential.

Public Health staff use this data to better understand who is at risk and help plan activities to prevent new infections in the future.

To avoid further transmission and help protect you from getting an STI like this again, it is important that all your sexual partners (regular and casual) from the last few months are contacted for testing and treatment (if needed).

If you have difficulty telling your partners, you can use [Let Them Know](#) website for sample conversations, emails, text messages and letters you can send your partners either personally or anonymously.

Your doctor will talk to you about this and can help support you if needed.



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WHERE CAN I GO TO GET HELP?

[1800 My Options](#) for local GP clinics who offer health services along with options outside Gippsland
[Clinic 281, Sexual Health and Wellbeing at Gippsland Lakes Complete Health in Bairnsdale](#)

Ph: (03) 5168 9639

[Sexual Health in Practice Service at Grandview Family Clinic in Cowes](#)

Ph: (03) 5951 1860

[Sexual Health in Practice Service at Yarram and District Health Service in Yarram](#)

Ph: (03) 5182 0222

[Sexual and Reproductive Health Service at Latrobe Community Health Service in Morwell](#)

Ph: (03) 1800 242 696

MORE INFORMATION:

[Syphilis – Better Health Channel](#)

[Syphilis \(healthtranslations.vic.gov.au\)](http://healthtranslations.vic.gov.au)

