ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revisions to the Communicable Disease Control Manual –
Chapter 5 Sexually Transmitted Infections

Please note the following changes to the Communicable Disease Control Manual –
Chapter 5 Sexually Transmitted Infections:

(1) BCCDC SYPHILIS DECISION SUPPORT TOOL – Updated – Discard and
Replace Entire DST

Please note changes to pages 1-12

• page 1 - Preamble – included “Blood work for Syphilis is processed through the
BC Public Health Microbiology Reference Laboratory (BC-PHMRL).”

• page 1 - Preamble – included “RN(C)s may independently treat syphilis contacts
using the CRNBC Treatment of STI Contacts DST.”

• page 1 – Definition – revised - “For the purposes of this document, the
managing physician or NP in community is working in coordination with a
BCCDC Provincial STI/HIV Clinic physician and may provide a client specific
order for syphilis treatment” replaced under – Preamble.

• page 2 – Typical Findings – under Sexual Health History - revised for
clarification. “Early Syphilis” and “Late Syphilis” included identifying syphilis
staging and diagnosis along with infectiousness in relation to symptoms and
stage of infection.

• page 3 – Typical Findings – under Early Latent Syphilis (SEL) revised for
clarification - “…identified by a negative test within the past year and the client is
asymptomatic.”
• page 3 – **Typical Findings** – under *Late Latent Syphilis (SLL)* revised for clarification – “…or duration of infection may be unknown and the client is asymptomatic.”

• page 3 – **Typical Findings** – under *Tertiary Syphilis* – “dementia and ataxia” included as neurological manifestations.

• page 3 - **Diagnostic Tests** – under *Syphilis Serology - Syphilis Screen* – removed rapid plasma regain (RPR) screening - replaced with - “order with routine STI screening. The lab test will show an Enzyme Immune Assay (EIA) result.”

• page 4 - **Diagnostic Tests** – under *Syphilis Serology – Syphilis Confirmation* - removed *T. pallidum* particle agglutination [TP-PA] – treponemal specific test - replaced with – “if the EIA is reactive further testing will be completed by the lab to confirm Syphilis infection.”

• page 4 - **Diagnostic Tests** – under *Lesion Specimen Collection* – included “Send all specimens to the BC-PHMRL” and “PCR Swab (if available – appropriate for endemic regions). Transport medium available from BC-PHMRL upon request.”

• page 4 - **Diagnostic Tests** – under *Follow up Diagnostic Testing Post Treatment* – Primary, secondary, early latent syphilis (SEL) - removed “RPR” - replaced with “Syphilis test.”

• pages 6, 7, 8 & 9 – **Treatment of Choice** – removed “Bicillin” - replaced with “Bicillin LA®” throughout treatment tables.

• page 6 – **Treatment of Choice** – under *Primary, Secondary, Early Latent Treatment – First Choice – Note 1* - removed “Separate dose into 2 separate injection sites into ventral gluteal or dorsal gluteal sites.” – replaced with – “Bicillin LA® 2.4 MU comes divided into 2 separate injections (1.2 MU each) to be administered IM into ventral or dorsal gluteal sites on the same visit.”

• page 6 – **Treatment of Choice** - under *Primary, Secondary, Early Latent Treatment – First Choice – Note 5* – revised – “Clients should be made aware of this possible treatment reaction that presents as an acute febrile illness with headache, chills, and rigor, may occur soon following treatment, and is expected to resolve within 24 hours. This is not an allergic reaction.”

• page 7 – **Treatment of Choice** - under *Primary, Secondary, Early Latent Treatment –Second Choice – Note 1* – revised – “Clients should be made aware of this possible treatment reaction that presents as an acute febrile illness with
headache, chills, and rigor, may occur soon following treatment, and is expected to resolve within 24 hours. This is not an allergic reaction.

- **page 8 – Treatment of Choice** – under Late Latent OR Syphilis of unknown duration - Treatment – First Choice – Note 1- removed “Separate dose into 2 separate injection sites into ventral gluteal or dorsal gluteal sites.” – replaced with – “Bicillin LA® 2.4 MU comes divided into 2 separate injections (1.2 MU each) to be administered IM into ventral or dorsal gluteal sites on the same visit.”

- **page 8 – Treatment of Choice** – under Late Latent OR Syphilis of unknown duration - Treatment – First Choice – Note 6 - revised “Clients should be made aware of this possible treatment reaction that presents as an acute febrile illness with headache, chills, and rigor, may occur soon following treatment, and is expected to resolve within 24 hours. This is not an allergic reaction.”

- **page 9 – Treatment of Choice** – under Late Latent OR Syphilis of unknown duration - Treatment – Second Choice – Note 1- revised "Clients should be made aware of this possible treatment reaction that presents as an acute febrile illness with headache, chills, and rigor, may occur soon following treatment, and is expected to resolve within 24 hours.

- **page 10 – Management of Syphilis Contacts** – under Contacts to Primary, Secondary or Early Latent Syphilis – removed- “note contact to syphilis and include both syphilis screening and syphilis confirmatory tests on the lab requisition.”

- **page 10 – Management of Syphilis Contacts** – under Contact to Late Latent Syphilis – removed – “note contact to syphilis and include both syphilis screening and syphilis confirmatory tests on lab requisition.”

- **page 11 – Potential Complications** – revised - “all body systems including cardiovascular and neurologic can be affected by untreated syphilis.”
Please remove the following page from the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI:

• BCCDC Non-certified practice decision support tool – Syphilis June 2012 (pg. 1-12)

Please insert the following updates to the Communicable Disease Control Manual, Chapter 5 Sexually Transmitted Infections, Section I – STI

• BCCDC Non-certified practice decision support tool – Syphilis Sept 2014 (pg. 1-12)

A teleconference facilitated by BCCDC Clinical Leadership members will be available on October 29, 2014 from 2pm – 3pm to answer questions regarding changes to Syphilis diagnostic testing:

Dial-in Phone Numbers:
1-877-291-3022 Toll Free - North America
604-681-0455 Vancouver Local
Participant Access code: 906651

If you have any questions regarding these practice changes, please contact Cheryl Prescott, Nurse Educator, Clinical Prevention Services at 604-707-5651 cheryl.prescott@bccdc.ca or Manav Gill, Manger, Public Health and Education Services at 604-707-2746 manav.gill@bccdc.ca.

Sincerely,

Gina Ogilvie MD MSc CCFP FCFP
Medical Director
Clinical Prevention Services
BC Centre for Disease Control
pc: Ministry of Health

Dr. Perry Kendall  
Provincial Health Officer

Dr. Bonnie Henry  
Deputy Provincial Health Officer

Dr. Bob Fisk  
Medical Consultant 
Non-Communicable Disease

Craig Thompson  
Director, CD Prevention – Immunization

Warren O’Briain  
Executive Director 
Communicable Disease and Addiction Prevention