

From The Chief Medical Officer:
Dr Henrietta Campbell

Uppe

Castle Buildings
r Newtownards Road
Belfast BT4 3SJ

Telep

hone: 028 90 520563
Fax: 028 90 520574

E
h

-Mail:
enrietta.campbell@dhsspsni.gov.uk

To:

All General Practitioners HSS(MD)24/2001
Hospital Consultants
Family Planning Doctors 19th

October 2001

Dear Colleague

Increased transmission of Infectious Syphilis in Northern Ireland

This letter is to inform you of a recent increase in the number of cases of infectious syphilis diagnosed at Genitourinary Medicine (GUM) clinics in the province since the beginning of this year and to advise you of the appropriate action to be taken should you suspect one of your patients has acquired this infection.

Since 1 January 2001 a total of 13 cases of infectious syphilis have been confirmed at Northern Ireland GUM clinics, this compares with 2 cases last year and one case in each of the recent years. Initial epidemiological evidence would suggest that the majority of these cases are among men who have sex with men (MSM), but there are also some early indications of possible transmission in the heterosexual community. Genitourinary Medicine, Public Health and Sexual Health Promotion professionals are currently undertaking active case finding and implementing a number of control measures to prevent further transmission.

Background

Infectious syphilis is a serious disease, left untreated it has a number of potentially devastating health sequelae including neurosyphilis, cardiovascular disorders and, in pregnancy, stillbirth and congenital syphilis. There have been a number of large outbreaks of infectious syphilis in England over the last four years. These have predominantly affected MSM, but also the heterosexual population. A case of congenital syphilis was associated with one of these outbreaks. There is currently an ongoing outbreak of infectious syphilis among MSM in Dublin; to date over 170 cases have been confirmed.

Documented risk factors for syphilis transmission include – unprotected intercourse, including oral sex; links to high-risk social and sexual networks characterised by high rates of partner change and anonymous contacts, use of illicit drug use during sexual intercourse and concomitant HIV infection.

Effective treatment is available for infectious syphilis and it is thus important that all clinicians are aware of the symptoms and signs of infection in order to make prompt referral for diagnosis and treatment.

Diagnosis of Infectious Syphilis

The symptoms and signs of infectious syphilis are shown below:

Infectious Syphilis Classification	Time after Exposure	CLINICAL PRESENTATION
Primary	0-90 days	1 or more chancres (ulcers) at oral or anogenital sites, 'Any anogenital ulcer is syphilis until proven otherwise'. Regional lymphadenopathy.
Secondary	6 weeks – 6 months	Localised or diffuse mucocutaneous ulcers. Generalised lymphadenopathy. Rash – may affect palms & soles, may be itchy. Condylomata lata. Less commonly: Alopecia, iritis, uveitis, meningitis, hepatitis, cranial nerve palsies, splenomegaly
Early latent	≤ 2 years	May be no clinical symptoms apart from lymphadenopathy.

The differential diagnosis of primary syphilis would include herpes simplex infection and perianal fissures and while classically painless may be painful. The primary lesion develops at the site of exposure. The diagnosis must therefore be considered in any oral or anogenital ulcer. The clinical manifestations of secondary syphilis are protean, other common differential diagnosis would include; glandular fever and Stevens Johnson syndrome. The rash can mimic a drug eruption, psoriasis, erythema multiforme or scabies. Condylomata lata may be confused with anogenital warts.

The mainstay of syphilis diagnosis is serological testing.

Action required of GPs, Family Planning Doctors and Hospital Consultants

- ❖ All clinicians are asked to familiarise themselves with the risk factors for acquisition, and symptoms and signs of syphilis infection.
- ❖ A diagnosis of syphilis should be considered in any patient whose recent sexual behaviour puts them at risk of acquiring a sexually transmitted infection.
- ❖ Any patient suspected of having infectious syphilis should be referred promptly to the nearest open GUM clinic where appropriate investigations, treatment and contact tracing will be undertaken. (Details of these clinics and their opening times are attached at Annex 1).

- ❖ All women should continue to be offered and recommended antenatal syphilis screening in every pregnancy.

Concerted public health action is required to interrupt the transmission of infectious syphilis in our population. I would urge all clinicians to support this action by being vigilant to the possibility of syphilis infection in patients at risk.

For clinical advice about infectious syphilis please contact:

Dr Dinsmore/Dr McBride/Dr Maw - Tel No: 02890 894777
Consultants in Genitourinary Medicine
Royal Hospitals

For further information please contact any of the following:

Dr. Lorraine Doherty - Tel No: 02890 520717
Senior Medical Officer
Department of Health, Social Services & Public Safety

Dr Morgan/Dr Cullen - Tel No: 02890 553951/47
Public Health Medicine
Eastern Health & Social Services Board

Dr Brian Smyth - Tel No: 02890 263765
Regional Epidemiologist
Communicable Disease Surveillance Centre (NI)

Yours sincerely

HENRIETTA CAMPBELL (Dr)

cc: Directors of Public Health
Consultants in Communicable Disease Control
Chief Executives of HSS Trusts
Dr Gaffney, Health Promotion Agency (NI)
Area Health Promotion Departments

ANNEX 1

Organisation: Royal Group of Hospitals Trust

Service: Genito-Urinary Medicine

Address: Royal Hospitals, Belfast

Tel No: 028 90 894777

Area Serviced: Northern Ireland

Opening times: Monday, Wednesday, Friday 8.30-11.30am, 1.30-3pm
Tuesday, Thursday 8.30-11am

Sexual Health Advisers Direct Line: 02890 328222

Organisation: Altnagelvin Hospital

Service: Genito-Urinary Medicine

Address: Anderson House, Londonderry

Tel No: 028 71 611269

Area Serviced: Western Health & Social Services Board

Opening Times: Monday, Wednesday & Friday 9.30am – 11.30am

Organisation: Coleraine Hospital

Service: Genito-Urinary Medicine

Address: Mountsandel Road, Coleraine

Tel No: 028 70 350077

Area Serviced: Northern Health Board

Opening Times: Tuesday 5.30pm, Friday 2pm

Organisation: Daisy Hill Hospital

Service: Genito-Urinary Medicine

Address: Hospital Road, Newry

Tel No: 028 30 385050

Area Serviced: Southern Health & Social Services Board

Opening Times: Every Wednesday from 9.00am to 11.30am
