

Key messages

- Syphilis rates are at epidemic levels in Aboriginal communities in regional WA, and in NT, SA and Qld.
- Syphilis continues to increase in men who have sex with men (MSM).
- Syphilis is an emerging epidemic in heterosexual people throughout WA and many parts of Australia.
- All pregnant people are to be tested for syphilis at the first antenatal visit, at 28 weeks and at 36 weeks or at the time of any preterm birth.
- Most syphilis is asymptomatic. Don't wait for symptoms to test!
- Include syphilis as part of all STI and BBV screens.
- People presenting with symptoms consistent with infectious syphilis (genital ulcer or symptoms/signs of secondary syphilis) and contacts of infectious syphilis should be treated at time of first presentation.
- Be aware of non-genital presentations of infectious syphilis, e.g. rash, hair loss, cranial nerve palsy.
- Offer a pregnancy test to people with syphilis symptoms or confirmed syphilis if they are of reproductive age, have a uterus and are not currently pregnant.



Government of Western Australia
Department of Health

Quick guide for testing and treatment of syphilis infection in WA

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What specimens are required?

- Venous blood for syphilis
- PCR swab of any genital lesion

If syphilis is suspected consider testing for other STIs and BBVs:

- FVU (male) or SOLVS (female) for chlamydia and gonorrhoea.
- Venous blood for HIV and hep B serology. Consider hep C if at-risk.

Note:

- ✓ People who are diagnosed with STIs or HIV should be tested for syphilis at the time of, or within 4 weeks of, diagnosis (baseline) and 3 months later (after the window period).
- ✓ If the patient has clinical evidence of syphilis and their serology is negative, repeat testing after 2 weeks.
- ✓ Syphilis point-of-care testing (PoCT) is available in some health services. ALL patients with REACTIVE syphilis PoCT require venous blood for syphilis serology to be taken at the same time so rapid plasma reagin (RPR) can be measured before and after treatment.

Treatment guidance

- ✓ Empirically treat any person presenting with signs/symptoms of syphilis or who is a contact of syphilis at time of syphilis testing.
- ✓ Patients being treated for syphilis or as a contact of syphilis MUST have venous blood taken on the day treatment is commenced to provide an accurate baseline RPR for monitoring response to treatment.
- ✓ Repeat syphilis serology should be taken 3 and 6 months post-treatment to monitor the response to treatment. Serology may be repeated more frequently in patients at high risk of reinfection. If the RPR has not reduced at least 4-fold (i.e. by 2 titres) at 6 months post-treatment, repeat serology at 12 months post-treatment.
- ✓ Immediate treatment should be performed after a reactive PoCT where the patient has a known previous negative syphilis result or no known history of past syphilis infection.
- ✓ Pregnant people should be treated with penicillin as per the schedule above, according to stage of infection, and referred for specialist advice. Pregnant people with penicillin allergy should be desensitised and subsequently treated.

Refer to Silver book (ww2.health.wa.gov.au/silver-book/notifiable-infections/syphilis) for further guidance on syphilis treatment and testing.

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