



## RECIPIENT LIST

23<sup>rd</sup> January 2018

Dear Colleague

### **Re: Increase in syphilis in Devon and Somerset: Briefing for primary and secondary care**

Over the past six months there has been a notable increase in the number of cases of syphilis diagnosed by local Sexual Health services in Devon and Somerset, with cases also seen across the wider South-West. Cases have been seen in men who have sex with men (MSM), but women and heterosexual men have also been affected.

These cases have been diagnosed at various stages of syphilis infection; primary, secondary and early latent and I am writing to you to raise awareness of this situation to help us identify cases early and ensure that the subsequent treatment and partner notification, which is vital to reduce ongoing transmission in the community, can be initiated.

#### **Primary syphilis:**

Primary syphilis usually presents at the site of inoculation with a chancre (painless ulcer) (e.g. genitals, rectum or mouth) around three weeks after contact (range 9-90 days). Chancres in the rectum or mouth often go unnoticed and heal without intervention, usually within six weeks. Ulcers may occasionally be multiple or painful and may be clinically indistinguishable from genital herpes.

#### **Secondary syphilis:**

Following untreated primary syphilis most cases will develop secondary syphilis 4-10 weeks after the initial chancre.

Manifestations of secondary syphilis include:

- Rash – Widespread muco-cutaneous rash, classically non- itchy and may involve palms and soles
- Constitutional symptoms that may be mild
- Mucous patches (buccal, lingual and genital)
- Condylomata lata (highly infectious, mainly affecting perineum and anus)

- Hepatitis – especially if secondary to anal transmission
- Splenomegaly
- Glomerulonephritis
- Neurological complications including acute meningitis, cranial nerve palsies,
- Uveitis, optic neuropathy, interstitial keratitis and retinal involvement.

### **Routes to Diagnosis**

If you suspect syphilis please advise your patient to avoid any sexual contact and refer them to local sexual health services for a clinical opinion and testing, serology may be negative early in the course of infection. In secondary syphilis serology will be positive so a serology sample can be sent for testing via local microbiology services; advice can be sought from microbiology or sexual health services. **We would recommend that anyone with a suspected diagnosis is referred to sexual health.**

### **Sexual contacts of syphilis:**

Syphilis has a long incubation period of up to 90 days. Anyone presenting as a possible contact of infectious syphilis should be referred to Sexual Health services for consideration of treatment, rather than just testing.

- **Anyone presenting with sexual health concerns and anyone diagnosed with a sexually transmitted infection should be encouraged to have a complete sexual health screen including serology for syphilis and HIV.**
- **All men who have sex with men should be encouraged to have sexual health testing including tests for syphilis and HIV annually, or 3 monthly if they report frequent partner change.**

Contact details of Sexual Health Clinics in the area are:

**North Devon and Exeter:** Exeter: 01392 284982 / 284983 North Devon 01271 341562  
[www.thecentresexualhealth.org.uk](http://www.thecentresexualhealth.org.uk)

**Somerset:** 0300 124 5010  
[www.swishservices.co.uk/wheretofindus](http://www.swishservices.co.uk/wheretofindus)

**Plymouth:** 01752 431 124  
[www.yourship.uk](http://www.yourship.uk)

**Torbay and South Devon** 01803 656 500  
[www.torbayandsouthdevon.nhs.uk/services/sexual-medicine-service/clinic-opening-times/](http://www.torbayandsouthdevon.nhs.uk/services/sexual-medicine-service/clinic-opening-times/)

**Cornwall** 01872 255044

<https://www.royalcornwall.nhs.uk/services/sexual-health/>

Further information and resources are available at:

<https://www.bashh.org/>; or

<https://www.fpa.org.uk/sexually-transmitted-infections-stis-help/syphilis>

Yours faithfully,

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