



Facilitator Discussion Prompt Sheet

Syphilis Clinical Education/Upskill Session

Discussion Point	Key Messages
Why is syphilis back on the STI radar?	<ul style="list-style-type: none"> • An infectious syphilis outbreak was identified in the Kimberley region in mid-2014 with related clusters identified in mid-2018 in the Pilbara region and the Goldfields in mid-2019. • In mid-2020 the Chief Health Officer authorised a state-wide public health response to infectious syphilis in identified at-risk populations after increased cases emerged in the Perth metropolitan area and South West region. Of concern is the increasing occurrence of congenital syphilis.
How can the epidemic be effectively eliminated?	<p>Successful elimination of the epidemic requires the application of all four of the Four Ts:</p> <ul style="list-style-type: none"> • Talk • Test • Treat • Trace
What is involved in the first T – TALK ?	<p>Talking about sexual health can be challenging, but studies show that patients want to be asked about sex. The following tips can help to ensure the most productive conversations with your patients:</p> <ul style="list-style-type: none"> • Help foster trust with your patient before their visit even starts by creating a welcoming and inclusive clinic or office environment. • Make sure your patients are comfortable and in a private space, especially before asking sensitive questions; this includes assuring patients their confidentiality is being protected by everyone in your office. • Help normalize sexual health questions and STI testing recommendations by letting your patients know you ask these questions and offer these services to all patients, as sexual health is a normal part of a person’s overall health and well-being. • Avoid making assumptions about your patients; asking is the only way to know for sure. Standardize sexual orientation/gender identity (SOGI) questions and use open-ended questions when taking a sexual history. • If your patient is hesitant to answer a question, try rephrasing it or briefly explain why you are asking it. • Ensure that you and your patient share an understanding of the terms being used to avoid confusion. • Certain STI diagnoses can cause fear and anxiety in your patient. Counsel your patients on safe sex and ensure that they know about today’s many prevention options.
What is involved in the second T – TEST ?	<ul style="list-style-type: none"> • Most syphilis is asymptomatic. Don’t wait for symptoms to test and offer testing to everyone! • High risk groups include: <ul style="list-style-type: none"> ○ Anyone who has symptoms ○ Anyone who is asymptomatic but is asking for an STI screen ○ A sexually active Aboriginal person under 35 years, or a person of any age who has changed sexual partners in the last 12-months ○ Pregnant and post-partum women ○ Men who have sex with other men ○ A sexual contact of a person who has been diagnosed with infectious syphilis ○ People who inject illicit drugs, are experiencing homelessness, or are from a culturally or linguistically diverse background ○ Returned overseas travelers from high prevalence countries (e.g., South-East Asia, Africa, New Zealand). • Specimens required for testing are:

	<ul style="list-style-type: none"> ○ venous blood ○ PCR swab of any genital lesion ○ pregnancy test (females of childbearing age who are not already pregnant or using long-acting reversible contraception).
What is involved in the third T – TREAT ?	<ul style="list-style-type: none"> ● Treat any person presenting with a genital ulcer or signs/symptoms of secondary syphilis at time of syphilis testing. ● Patients being treated for primary and secondary 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. ● Pregnant women should be treated with penicillin as per the schedule, according to stage of infection, and referred for specialist advice. Pregnant women with penicillin allergy should be desensitised and subsequently treated. ● Contacts of a person diagnosed with infectious syphilis should receive treatment on first presentation.
What is involved in the fourth T – TRACE ?	<ul style="list-style-type: none"> ● People often do not know they have an STI or BBV and unknowingly spread it to others. Contact tracing is important to: <ul style="list-style-type: none"> ○ stop the spread of infection in the community ○ prevent long-term health problems. ● A contact is anyone with whom an infected person has had unsafe sex. <ul style="list-style-type: none"> ○ Sex includes unprotected vaginal, anal and/or oral sex. ● Ask the patient to list the names and other details of people with whom they have had unsafe sex. ● Negotiate with the patient about which people they want to tell about the infection and which ones they would prefer you, the health professional to advise that they: <ul style="list-style-type: none"> ○ could have the infection ○ need to get tested. ● Online notification platforms are available such as www.letthemknow.org.au and www.thedramadownunder.info/let-them-know/ ● Reassure the patient that contact tracing is confidential. The patient's name or any identifying information will not be disclosed to the contact by you, their health professional. ● Contacts of people with infectious syphilis should be treated at time of testing.
What else can you do to increase your knowledge and skills?	<p>Continuing Professional Development:</p> <ul style="list-style-type: none"> ● WACHS LMS eLearning – <i>Syphilis Training for Clinicians Declaration (SYPH EL2)</i> <p>Useful Resources:</p> <ul style="list-style-type: none"> ● Refer to Silver book - Syphilis for further guidance on syphilis treatment and testing.