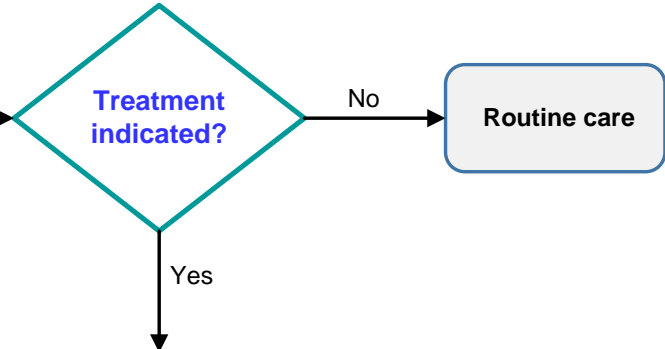


Reactive serology or positive syphilis PCR

If syphilis serology reactive or syphilis PCR positive
Discuss history with QSSS (1800 032 238) and plan care with an expert clinician
Interpretation of syphilis results is complex: seek expert advice

- Initial assessment**
- History of syphilis diagnosis?
 - Previous treatment adequate?
 - Sexual history
 - Contacts/tracing/treatment
 - Risk of reinfection
 - Symptoms of syphilis
 - Offer clinical examination
 - Dry swab syphilis PCR any lesions
 - Confirm if treatment indicated with QSSS and expert clinician



Develop and document plan of care with woman and expert clinician

Immediate treatment

- Identify treatment for stage of syphilis
- Treat as soon as possible
- Repeat syphilis serology on first day of treatment (as baseline)
- Facilitate contact tracing and treatment
- Promote serological follow-up
- Inform QSSS of treatment dates

Treatment by stage of syphilis

Infectious syphilis

- Benzathine benzylpenicillin 2.4 million units (1.8 g) IM once
- Discuss risk of Jarisch Herxheimer reaction

Late latent or unknown duration

- Benzathine benzylpenicillin 2.4 million units (1.8 g) IM weekly for three weeks
- Optimal interval is one dose every 7 days
- If dose missed or there is an interval of > 7 days, consider restarting entire course in consultation with an expert clinician

If penicillin allergy

- Seek expert advice

Repeat serology and monitoring

- Monitor effect of maternal treatment
- First repeat 8 weeks after treatment (or at birth—whichever occurs first)
- Repeat if reinfection or treatment failure suspected

Ongoing antenatal care

- Assess
 - Perinatal assessments
 - Risk of reinfection
 - For other STI
- Discuss
 - Contact tracing and partner treatment
 - Symptoms of syphilis
 - Risk of congenital syphilis
 - Testing and assessments at birth
 - Possible follow-up at 3, 6 and 12 months
- Advise QSS and the service providers involved of follow-up plan

At birth (mother and baby)

- Placenta
 - Histopathology: transport and store entire placenta (fresh not in formalin)
 - Dry swab syphilis PCR
- Syphilis serology
 - Mother and baby in parallel (collect venous samples at same time)
 - Baby: add syphilis IgM
 - Include on request form 'test in parallel with mother/baby name/UR'
- Newborn examination
 - Refer to QCG flowchart: *Newborn baby at risk of congenital syphilis*

IM: intramuscular injection, **PCR:** polymerase chain reaction, **QCG:** Queensland Clinical Guideline, **QSSS:** Queensland Syphilis Surveillance Service, **STI:** sexually transmissible infection

Queensland Clinical Guideline. *Syphilis and pregnancy*. Flowchart: F24.44-3-V1-R29

