



Sexually Transmitted Diseases

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Disclaimer Statement

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Sexually Transmitted Diseases



Principles

The principles for case management of STDs are:

1. All STDs are followed-up in a timely manner while PPNG and primary and secondary syphilis require urgent response.
2. All identified contacts of STDs will be followed-up in a timely manner while PPNG and primary and secondary syphilis require urgent response.
3. All new cases of STDs will be added to the provincial database for notifiable diseases.
4. All cases and contacts followed up by Public Health Services are counselled and educated about prevention, treatment and transmission.

General Guidelines for Sexually Transmitted Diseases (STD)



These guidelines aim to define general control measures for sexually transmitted diseases in Nova Scotia. Specific procedures for each of the STDs may be found under each disease.

Note: Hepatitis B, C, and HIV/AIDS are covered in the Blood Borne Diseases Section.

The following STDs require follow-up by Public Health staff:

Name of STD	PHS Response Time as per "At a Glance" (mandated) (Case Management issue)	Public Health Follow-up (needs to be flexible as per PHSSA abilities)
PPNG	within two working days	Yes, with physician and client
Chlamydia	within four working days	Yes, with physician and client or follow-up with physician only*
Chancroid	receive for information and may provide advice and assistance if asked	Yes, with physician and client
Gonorrhoea	within four working days	Yes, with physician and client
Syphilis	within four working days	Yes, with physician and client
Genital Herpes	Passive	Yes, with physician and client or follow-up with physician only or no follow-up*

* The decision to devote time and resources to these follow-ups is decided at the Public Health Services level, and all options should be available. To eliminate an option is too restrictive.

Use the following general guidelines for follow-up on referred cases.

1. Roles and Responsibilities

1.1. Role of the Medical Officer of Health:

1.1.1. Determine investigative responsibility.

It is the responsibility of the Medical Officer of Health (MOH) or designate to ensure that reports of sexually transmitted diseases once received are disseminated in a timely manner, to the appropriate personnel for investigation within each district.



1.1.2. **Ensure confidentiality**

It is the role of the MOH or designate to ensure that **confidentiality is maintained** for all records of STD cases and information.

1.1.3. **Ensure consistent follow-up of STD cases on the part of physicians in the community.**

The MOH or designate is responsible for contacting physicians to encourage timely follow-up where and when necessary and to offer Public Health Services (PHS) assistance with these procedures.

1.2. **Role of the Investigator:**

Effective follow-up will occur in discussion between the investigator and the physician or designate. A helpful document for the management of sexually transmitted diseases that is useful for both physicians and Public Health Services (PHS) staff is *Canadian STD Guidelines, 1998 Edition, Health Canada*.

1.2.1. **Contact physician named in lab report.**

Discuss the status of the case. Ask the following questions:

- Has the individual been informed?
- Has treatment (if appropriate) been initiated?
- Has education been done?
- Have partners been notified? If “no” to any of the above, assistance is offered.

It may be useful to supply the physician with a fact sheet about the related disease to facilitate contact between the physician’s office and the client. A call is not necessary when the physician refers a case to PHS.

1.2.2. **Discuss investigator’s responsibilities.**

- Inform the physician that you will contact the individual for all cases of syphilis, chancroid, gonorrhea and PPNG. Explain your role in interviewing the client, partner notification and education. If the physician asks that you do not become involved, stress that it is the role of Public Health and that if the physician insists on doing the follow-up, it is crucial that the physician complete the education and partner notification.

- Inform the physician that follow-up for chlamydia is done only with the physician unless assistance is needed by the client or the physician. Explain your role in assisting with education and partner notification if required.
- Herpes is not actively followed-up by Public Health.

1.2.3. Contact individual.

Telephone or visit the individual to begin investigation.

a. Ensure the confidentiality of the case.

Do not relate that you are calling from PHS if someone else answers the phone. Ask if the individual is alone and comfortable talking. This interview may be done over the phone or in person depending on what is appropriate for the investigator and the client.

b. Set the tone for the conversation.

Do not appear judgemental. Be supportive and accepting and inform the individual that everything is confidential. Discussion of various sexual activities and preferences should be open and comfortable, so that the individual feels free to ask questions regarding modes of transmission and risks of future sexual practices.

c. Ascertain if the individual is aware of the diagnosis.

Is he or she receiving treatment (if relevant)? Discuss treatment regimen and answer questions for clarification.

d. Educate the individual about the STD.

Provide information on the specific STD, including how it is transmitted, treated and prevented.

e. Stress the need for partner notification.

There are disease specific guidelines in terms of how far back to go in sexual history for contact tracing which are included in Canadian STD Guidelines, 1998 Edition, Health Canada. Ascertain whether all partners have been notified.

f. Explain how confidential partner notification works and offer assistance in notifying partners.

You may need to discuss concerns about and strategies for talking to past sexual or other partners. It should be made clear to the individuals that notification will not involve their own identification. Indicate that partner notification is a service that PHS provides to assist the individual in possibly uncomfortable situations, instead of as a method of policing the case. Be sure that the individual understands that confidentiality is maintained.

If the individual is very reluctant to name his/her partners, instruct the individual that they are now responsible for reaching their contacts. Stress the importance of this for future health and fertility of contacts, especially for partners who may be pregnant.

- g. Encourage the individual to go for another test after treatment*
Encourage the individual to go for another test as appropriate for the specific STD.
- h. Give your name and work telephone number*
Give your name and work telephone number in case the individual wishes to contact you with/for more information.

1.2.4. Notify sexual partners.

Notification of past and present sexual partners should be started as soon as the names are obtained, except in the event that an individual asks the investigator to wait so that he or she may inform the partners first.

- a. Keep the partner notification confidential.*
Partners may be reached by telephone, through confidential, registered letter, or in person at the discretion of the investigator. Sample letters are attached at the end of these general guidelines. Letters designed to reach individual partners should be in a plain envelope. Ensure that phone calls to partners are made using a telephone for which call display has been blocked. Telephone messages should be discreet, and the investigator should only leave their first name and telephone number. Use professional judgement. Other procedures may also be used (i.e. visiting the school).
- b. Educate each individual partner.*
Educate each individual partner about the STD, transmission, symptoms, testing, treatment, long-term outcomes and further prevention. Use fact sheets where appropriate.

It is important to be sensitive to the issues that may surround a positive test result in a relationship that has been monogamous. Issues such as fidelity and vulnerability may be of concern to clients and their partners. Stress the need for testing and treatment in terms of future health and fertility.
- c. Partner notification may stop at the first round.*
There is no need to do partner notification on the partners of the partners unless an individual is confirmed for the STD, or unless the partner is considered high risk (e.g. injection drug user).

d. Never fax information on STD's.

All information for infected individuals or partners must leave PHS in envelopes marked **Medical Confidential** or **Personal and Confidential** to ensure privacy. Letters sent by registered mail may help to ensure that the individual has been contacted. Envelopes sent or left for an individual or contact should be in plain envelopes and the letter should not contain information as to the specific disease. Information about contacting PHS because of the possibility of infection may be included (sample letter is attached at the end of these general guidelines).

e. If a report is received in PHS of an STD in a child younger than 16 years, the investigator must call the family physician.

Nova Scotia Law states that any suspicion of sexual abuse in a child under the age of sixteen must be reported immediately to local Children's Aid Society or Child and Family Services Department of the Provincial Community Services Office. (Children and Family Services Act 1991. C.5. - Mandatory Reporting Provisions section 23).

Procedure For Potential Cases of Child Abuse

- In speaking with the physician mention the law and the report and ask if the physician, clinician and/or nurse practitioner are suspicious of abuse and what has been done about this. If the physician is certain that the STD is not a result of sexual abuse then reporting is unnecessary.
- However, if the physician is uncertain and has not reported the possible case, discuss the case and your reporting responsibilities with the physician and ensure that one of you will take responsibility to **report it immediately** to the Child Protection (in the provincial blue pages under child/family benefits of your local telephone book), if deemed necessary. After working hours report to the local police or RCMP; they will put you in touch with the caseworker on call at that time. If you have any doubt about the physician reporting the case then call Child Protection and report it again. The situation should never **"be handled within the family."**

1.3. Role of the Family Physician

Reference has been made previously in this manual to the document, *Canadian STD Guidelines, 1998 Edition, Health Canada*. Use of this document ensures consistent management of STDs in the community, and its use is recommended when dealing with individuals, partners, and families in cooperation with PHS staff.

1.3.1. Report.

It is the responsibility of the physician to report STDs to the Medical Officer of Health as follows:

- *Within 1 working day by telephone:* PPNG
- *Within 5 working days by reporting form:* chancroid, chlamydia, gonorrhea and syphilis

1.3.2. Client treatment and follow-up.

It is useful to discuss roles and responsibilities with the PHS staff so that there is consistent and effective management of STD cases.

1.3.3. Client education and partner notification.

If the physician's office staff cannot provide effective partner notification within 4-5 days of report, the physician should contact PHS for assistance. Even if completed by the physician, PHS may still follow-up with the individual and his or her partners unless specifically asked not to do so by the physician. **Confidentiality will be maintained throughout the partner notification procedure.** Only in extreme cases should the physician request that PHS not become involved. It is important to discuss these kinds of situations beforehand, in order to facilitate effective testing, treatment and follow up of each case and to ensure responsibility is designated and clarified in each case.

1.3.4. Encourage the individual to be retested.

The family physician should encourage the individual to be tested at the end of the treatment or course of the illness (when relevant) to determine if the infection has cleared.

1.3.5. Any suspicion of sexual abuse in a child under the age of sixteen must be reported *immediately*.

Report to the local Child Protection Agency (in the blue pages). After working hours, contact the local police or RCMP to reach the after hours authorities on call.

1.4. Role of the Laboratory:

It is the responsibility of the laboratory to report STDS to the Medical Officer of Health or designate as follows:

- *Within 1 working day by telephone:* gonorrhoea (PPNG)
- *Within 5 working days by reporting form:* chancroid, chlamydia, genital herpes, gonorrhoea and syphilis

2. Surveillance Forms

Refer to the *Working Guide: Notifiable Disease Reporting System in Nova Scotia*.

3. Safer Sex Practices

3.1. Counselling About Safer Sex

The following is reproduced from the Safer Sex Guidelines published by the Royal Adelaide Hospital (www.stdservices.on.net/std/prevention/safersex_guidelines.htm).

At present there are no absolute guidelines for some sex practices. Recommendations are necessarily based on epidemiologic investigations and as new evidence becomes known there can be alterations in the advice which should be given. This of course can complicate the education and counselling of clients especially when some people expect precise information about what to do or what to avoid.

Safer sex recommendations also vary with the particular STD - for example safe sex guidelines for avoiding herpes or chlamydia will vary slightly from specific advice given for avoiding HIV infection (one needs to be aware of the mode of transmission of each STD). Therefore, general guidelines for safer sex should focus on, non-exchange of body fluids and to a lesser extent on avoiding penetrative sex (see Table below).

Safer sex means avoiding sexual contact where semen, blood or vaginal secretions of one person can enter the body or bloodstream of another person. Condoms, used properly, are the most effective means of reducing the transmission of semen or vaginal fluids from one person to another. It is necessary to continuously reinforce the correct use of condoms and encourage people to use them. Although it has been clearly shown that condoms effectively reduce the transmission of most STDs many people are still reluctant to use them. This is due to many factors—but often it relates to a lack of perception of being ‘at risk’. It has also been reported that even in motivated

gay men who practise safer sex ‘always’, there are times when condoms are not used—for example when under the influence of alcohol. Safer sex guidelines therefore need to focus on general principles of moderating behaviour and lifestyle as well as specific advice with regard to sexual practices. Other reasons given for not using condoms include decreased sensation, unacceptability to the sexual partner, embarrassment associated with purchase or lack of knowledge or interest.

Some examples of safer sex guidelines

SAFE	POSSIBLY SAFE	UNSAFE
<ul style="list-style-type: none"> • Mutual Masturbation (male or female) • Social kissing (dry) • Body Massage, hugging • Body-to-body rubbing (frottage) • Light S/M activities (without bruising or bleeding) • Using one’s own sex toys 	<ul style="list-style-type: none"> • Anal intercourse with a condom • Fellatio interruptus • Mouth-to-mouth kissing • Urine contact • Vaginal intercourse with a condom • Oral-vaginal contact (cunnilingus) 	<ul style="list-style-type: none"> • Receptive anal intercourse without a condom • Insertive anal intercourse without a condom • Manual-anal intercourse • Fellatio • Oral-anal contact • Vaginal intercourse without a condom

Source: www.stdservices.on.net/std/prevention/safersex_guidelines.htm

3.2. Core Messages for STD Prevention

- Limit the number of sexual partners.
- Practice safer sex.
- Learn about prevention and control of STDs.

Additional prevention messages are included in the specific disease sections.

References:

Canadian Guidelines for the Diagnosis and Management of Sexually Transmitted Diseases, by Syndrome, in Children, Adolescents and Adults. Canada Diseases Weekly Report, March 1989 Vol.15S1.

Canadian Guidelines for the Prevention, Diagnosis, Management and Treatment of Sexually Transmitted Diseases in Neonates, Children, Adolescents and Adults Canada Communicable Disease Report, Health and Welfare Canada, April 1992 Vol.18S1 .

Canadian STD Guidelines, 1998 Edition. Health Canada.

Report of the Committee on Infectious Diseases, 1991. American Academy of Pediatrics.

Nova Scotia Children and Family Services Act, 1991.

Working Guide: Notifiable Disease Reporting System in Nova Scotia, 1998. Nova Scotia Department of Health.

Sample Letter to Contact

Date _____

Dear _____

This is to inform you that you have been in contact with someone who has an infectious disease. It is important that you call me so that we can discuss this as soon as possible.

Thank you for your cooperation.

Sincerely,

Public Health Nurse

Phone _____



Sample Letter



Sample Letter to Be Sent to the Office of Provincial Medical Officer of Health for Referral to Out of Province

Date _____

Dear Provincial Medical Officer of Health:

This is to inform you about a case/contact of a notifiable disease case who resides outside this province.

Name _____; phone number (____)____ - _____, living at _____ within the province of _____, has been named as a case/contact of _____ as a result of data collected in the _____ District in Nova Scotia.

The date of the last contact with the index case was approximately _____.

This is for your information and follow-up, as you may deem necessary.

Sincerely,

Medical Officer of Health

Telephone: _____

Date: _____

Sample Letter

Chancroid

1. Information

1.1. Case definition:

Clinically compatible symptoms and a culture taken from an ulcerated lesion in the genital area, positive for *H.ducreyi*.

1.2. Causative agent:

Haemophilus ducreyi (*H. ducreyi*), a gram-negative coccobacillus

1.3. Symptoms:

Chancroid is most often seen in non-white males, with only 10% occurring in females. The lesion begins as a tender papule with surrounding erythema, which becomes pustular and then erodes to form an ulcer. There is tenderness at the site of the lesion and it becomes painful when the ulcer erupts. The lesion is found in the preputial orifice, the internal surface of the prepuce, and the frenulum in men. Lesions are found on the labia, clitoris, cervix and anus in women. Tenderness in the inguinal lymph glands is present in about half of the cases of chancroid. The symptoms can be confused with syphilis and a culture is needed to confirm diagnosis.

1.4. Incubation:

From 3- 5 days, up to 14 days.

1.5. Transmission:

Sexual contact (genital-genital or genital-anal contact) with a person who has been infected. Nonsexual transmission is rare. It is possible to become infected by an asymptomatic carrier of *H.ducreyi*. Sexual abuse must be considered when chancroid is found in children beyond the neonatal period. ***H.ducreyi* is often found in the presence of syphilis and HIV infection and consideration should be given to testing for syphilis and HIV in individuals who may be at high risk.**



1.6. Communicability:

Ulcers usually clear within 1-2 weeks after treatment begins although the disease may continue to be communicable for several weeks, especially if the individual becomes a carrier.

1.7. Treatment:

A seven-day regimen of oral erythromycin or a single intramuscular dose of ceftriaxone have both been found to be effective. Also azithromycin or ciproflaxin for adults. Many strains of *H. ducreyi* have been found to be resistant to tetracycline, which should no longer be used in the treatment of chancroid.

1.8. Core Messages for Prevention:

Use core messages in general guidelines (section 3.2). Other messages include:

- Refrain from sexual contact if ulcers/lesions are observed in the genital area.

1.9. Prophylaxis:

None.

2. Procedure

Use the *General Guidelines for Sexually Transmitted Diseases* at the beginning of this section. The following are additional guidelines for chancroid.

2.1. Roles and Responsibilities

2.1.1. Medical Officer of Health:

Use general guidelines. No additional guidelines.

2.1.2. Investigator:

Use general guidelines. Also use additional guidelines re:

a. Treatment follow-up.

When contacting the client for partner notification, ensure that the treatment regimen is being followed and that the client returns to their physician for a recheck after the treatment.

b. Partner notification.

Advise the client to notify any individual with whom they had sexual contact up to 14 days before the appearance of the lesions. If the client is uncomfortable with this, offer to do the partner notification yourself.

2.1.3. Physician:

Use general guidelines. Evaluate for other sexually transmitted diseases, including syphilis, HIV/AIDS and hepatitis B virus.

2.1.4. Laboratory:

Use general guidelines. No additional guidelines.

References:

Control of Communicable Diseases Manual, 17th edition. 2000. James Chin, editor. American Public Health Association.

Principles and Practices of Infectious Diseases, Third Edition, 1990. Mandell, G., Douglas, Gordon Jr. and John Bennett. Churchill Livingstone, New York.

Working Guide: Notifiable Disease Reporting System in Nova Scotia. 1998. Nova Scotia Department of Health.



Chancroid Fact Sheet



What is Chancroid?

Chancroid is a sexually transmitted disease caused by a bacteria. This infection is most often seen in men; however, women can get this infection as well.

Who Can Get Chancroid?

Chancroid is transmitted from person to person through sexual contact. The infection starts usually 3-5 days after contact with an infected person (sometimes it takes up to 14 days).

What are the Symptoms?

Symptoms include:

- Tender blisters in the genital area that become ulcers.
- Redness around the area of the ulcers.
- Tenderness and swelling in the glands surrounding the pubic area.

The symptoms may be confused with syphilis. It is important to be tested by your doctor. Some individuals will be carriers of this infection though they may not have symptoms of the disease. These carriers may infect others.

What is the Treatment?

Chancroid can be treated with antibiotics, taken either by an injection or by mouth. Your doctor can prescribe the best treatment for you.

How Can You Prevent Chancroid?

You can reduce your risk of getting chancroid by:

- Limiting the number of sexual partners you have.
- Using condoms and rubber dams for all sexual contact.
- Seeing your doctor if you have any of the above symptoms.
- Having no sexual contact if there are ulcers in your or your partner's genital area.
- Learning about prevention and control of sexually transmitted diseases.

fact sheet

Chlamydia

1. Information

1.1. Case definition:

Laboratory confirmation of the infection:

- Detection of *Chlamydia trachomatis* by appropriate laboratory techniques in genitourinary specimens.

1.2. Causative agent:

Chlamydia trachomatis, a bacterium with many serologic variants.

1.3. Symptoms:

More than 50% of males and 70% of females are asymptomatic. Symptoms may include:

Females

Genital discharge
Dysuria
Abdominal pain
Abnormal vaginal bleeding
Dyspareunia

Males

Urethral discharge
Dysuria
Urethral itch
Epididymal pain

Neonates & Infants

Conjunctivitis (neonates)
Pneumonia (infants < 6 mos.)

1.4. Incubation:

2-6 weeks, but it can take longer.

1.5. Source:

C. trachomatis grows in the vagina and/or urethra of infected persons. It may be found in the rectum as well. The bacteria may spread to other parts of the reproductive tract and cause cervicitis, pelvic inflammatory disease (PID), epididymitis, proctitis, urethritis, perihepatitis, conjunctivitis, Reiter's syndrome and lymphogranuloma venereum.

1.6. Transmission:

Exchange of infected secretions during intimate contact is necessary for infection. Vaginal, oral and anal intercourse is the primary source of transmission, however newborns delivered vaginally are at risk and may develop conjunctivitis and pneumonia. As well, prepubertal children who have genital, urethral or rectal infections should be considered for possible cultures to rule out sexual abuse.



1.7. Communicability:

Extent unknown. Infectious as long as bacteria are present in the genital or rectal tract, even without symptoms. Individuals are advised to refrain from sexual contact until the course of antibiotic therapy is completed.

1.8. Treatment:

For youth and adults, azithromycin in a single dose (preferred), doxycycline or erythromycin usually taken orally for a period of 7-14 days. It is important that all sexual partners of the infected person be tested and treated, whether symptomatic or not. See Canadian STD Guidelines.

1.9. Core Messages for Prevention:

Chlamydia is currently the most common sexually transmitted disease in Canada and has the potential to affect the fertility of each individual who becomes exposed. Education of those populations that are at risk is important, i.e.: adolescents and young adults 15-25 yrs. of age or anyone with multiple sexual partners.

Use core messages in general guidelines (section 3.2).

1.10. Prophylaxis:

If there is contact with a known or suspected case of Chlamydia, report to a physician immediately for testing. Prophylactic antibiotic treatment of sexual partners is recommended (without waiting for the confirming test results).

2. Procedure

Use the *General Guidelines for Sexually Transmitted Diseases* at the beginning of this section. The following are additional guidelines for chlamydia.

2.1. Roles and Responsibilities

2.10.1. Medical Officer of Health:

Use general guidelines. No additional guidelines.

2.10.2. Investigator:

Chlamydia is followed up with the physician only, unless assistance is requested.

Use general guidelines. Also use additional guidelines re:

a. *Treatment follow-up.*

When contacting the client for partner notification, ensure that the treatment regimen is being followed and that the client returns to their physician for retesting after the treatment. Ensure client is comfortable with the treatment regimen and discuss risks to pregnant women and newborns, where appropriate.

2.10.3. Physician:

Use general guidelines. No additional guidelines.

2.10.4. Laboratory:

Use general guidelines. No additional guidelines.

References:

Canadian STD Guidelines, 1998 Edition. Health Canada.

Centers for Disease Control, Morbidity and Mortality Weekly Report; Recommendations and Reports. U.S. Department of Health and Human Services Public Health Services, Vol. 38, No.S-8, September 1989.

Control of Communicable Diseases Manual, 17th edition. 2000. James Chin, editor. American Public Health Association.

What You Need to Know About STDs. Health Canada. 1997. Population and Public Health Branch.

Report of the Committee on Infectious Diseases, 1991. American Academy of Pediatrics.



Chlamydia Fact Sheet



What is Chlamydia?

Chlamydia is sexually transmitted disease caused by a bacteria. Chlamydia is the most common sexually transmitted disease in North America.

Who Can Get Chlamydia?

Chlamydia is only spread through oral, vaginal or anal intercourse. Babies can also get infected during vaginal delivery when a mother has Chlamydia.

What are the Symptoms?

More than 50% of males and 70% of females have no symptoms.

For those people who get symptoms, the symptoms may appear 2-6 weeks after the person has had sexual contact with anyone with Chlamydia. Symptoms may include:

Females

Discharge from vagina
Pain in the lower abdomen
Bleeding after intercourse
Pain when urinating
Pain during sex

Males

Discharge from penis
Pain when urinating

What is the Treatment?

A doctor will test you for chlamydia and prescribe an antibiotic if positive. The doctor may retest you after the treatment stops.

If chlamydia is not treated, it may cause an inflammation in a woman's pelvis. This is called Pelvic Inflammatory Disease (PID). PID can be very serious and may later affect a woman's ability to get pregnant.

How Can You Prevent Chlamydia?

You can reduce your risk of getting chlamydia by practising safer sex.

How Can I Practice Safer Sex?

You can practice safer sex by:

- Limiting the number of sexual partners you have.
- Learning all about prevention and control of sexually transmitted diseases.

If you are having sex, remember:

- Use a latex condom every time—it's the most important thing you can do.
- IT TAKES TWO! The birth control pill prevents pregnancy, and the condom prevents STDs.
- Consider doing other things with your partner, like kissing, caressing and touching, instead of having intercourse
- The riskiest way of having sex in terms of catching an STD is anal sex (for both males and females).

fact sheet

Genital Herpes



1. Information

1.1. Case definition:

Positive HSV type I or II from a genital lesion.

1.2. Causative agent:

Herpes simplex virus type 1 (HSV-1) or *herpes simplex virus* type 2 (HSV-2).

1.3. Symptoms:

First symptomatic episode

Initial infections are often asymptomatic. Symptoms when present may include lesions that appear as blisters on the genital area as a single blister or in clusters. Lesions are sometimes itchy and often very painful and affect the vulva, vagina, and/or cervix, penis, urethra, rectum, thighs and buttocks. Often in women these lesions are accompanied by a grey-white exudate. Other symptoms may include dysuria, muscle ache, fever and swollen glands in the groin area. The primary lesions usually form scabs and heal in about 3-4 weeks.

Recurrent episodes

Some individuals may not have recurrences. Frequency of recurrences for HSV-2 is very high (98%) of patients. Symptoms are usually less severe and of shorter duration than the primary episode, and are usually limited to the external genitalia.

1.4. Incubation:

Usually 2-21 days after sexual contact with infected person.

1.5. Source:

The virus is present in the lesions or blisters. Some individuals may never develop symptoms or blisters, but may transmit the virus in oral or genital fluids.

1.6. Transmission:

Transmission occurs primarily through the spread of secretions. When an infected person has any sexual contact (oral-genital, genital-genital, genital-rectal, oral-rectal) with another individual, transmission can occur. Transmission can also occur if individuals touch an active lesion and then touch a part of their own or someone else's body. In this way it is possible for individuals to autoinoculate from one site to another on their own bodies. There is evidence to suggest that days before active lesions appear viral shedding can occur. Transmission of HSV-2 to other body sites can also occur when infants are born to mothers having genital infection. Genital lesions in prepubertal children may be the result of an HSV-1 autoinoculation, but sexual abuse should not be ruled out.

1.7. Communicability:

Once HSV has invaded the host, it travels to the nerve ganglion along the sensory nerve pathways. It remains latent long after any signs of active infection have disappeared. Reactivation of the virus allows it to travel back down the nerves to the affected area to cause a recurrent infection. For this reason it is important to recognize that once an individual has contracted the virus, he or she continues to be at risk for transmitting the disease for life. Most transmissions occur from a day or two before the lesions are present and up to 72 hours after they have disappeared.

1.8. Treatment:

At present there is no cure for herpes. Some medications reduce pain and aid in healing lesions, however it is only effective if given in the early stages of the symptomatic episode. Acyclovir (Zovirax), famciclovir or valacyclovir are recommended. Topical antivirals are not recommended. Daily suppressive antiviral therapy may significantly reduce viral shedding and therefore reduce the risk of transmission.

1.9. Core Messages for Prevention:

Use core messages in general guidelines (section 3.2). Other messages include:

- Refrain from sexual contact if ulcers/lesions are observed or when there are any signs of herpetic outbreak (tingling or redness in usual outbreak area).
- Use of condoms may have a preventative effect, but only if herpes lesions are restricted to cervix, vagina and penis.
- Because of the suspected link between HSV infection and cervical cancer it is recommended that those women or partners of women with HSV infection have routine pap smears every 6 months.
- Women with HSV infection or female partners of men with HSV may be at risk for transmitting the virus to an infant during childbirth. Talking with the family physician about precautions during pregnancy and childbirth is strongly recommended.

1.10. Prophylaxis:

None. If experiencing any of the symptoms described or if in contact with a known case of HSV, contact physician immediately.

2. Procedure

Use the General Guidelines for Sexually Transmitted Diseases at the beginning of this section. The following are additional guidelines for genital herpes.

2.1. Roles and Responsibilities

2.1.1. Medical Officer of Health:

Use general guidelines. No additional guidelines.

2.1.2. Investigator:

Genital herpes is not actively followed up unless assistance is required.

Use general guidelines. Also use additional guidelines re:

a. *Educating the Client.*

It is important to allow individuals to vent feelings of shame, anger, and resentment about contracting herpes.

Inform clients about the course of the disease, its implications for future health, as well as treatment regimens and outbreak strategies. Most clients will experience at least one further outbreak and it will be important to reassure them about this possibility.

Discuss strategies for informing present and future sexual partners about their condition. Clients need to understand that it is essential that they disclose this information, even though it may be difficult. If they are reluctant to do this, offer to do the contacting yourself.

All clients should be informed about the risk of autoinoculation as well as putting others at risk if there is any spread of the secretions. General cleanliness is required, especially hand washing to prevent spread of the infection.

2.1.3. Physician:

Use general guidelines. No additional guidelines.

2.1.4. Laboratory:

Use general guidelines. No additional guidelines.

References:

Canadian STD Guidelines, 1998 Edition. Health Canada.

Control of Communicable Diseases Manual, 17th edition. 2000. James Chin, editor. American Public Health Association.

Principles and Practices of Infectious Diseases, Third Edition, 1990. Mandell, G., Douglas, Gordon Jr. and John Bennett. Churchill Livingstone, New York.

Working Guide: Notifiable Disease Reporting System in Nova Scotia, 1998. Nova Scotia Department of Health.

Genital Herpes Fact Sheet



What is Genital Herpes?

Herpes is an infection caused by the herpes simplex virus (HSV). This virus has two types: HSV type 1 and HSV type 2. HSV-2 is more often seen in genital infections, but either virus can infect you anywhere.

Who Can Get Genital Herpes?

HSV-1

About 70-90 % of adults have had a HSV-1 infection, a small cold sore on the lip or some other site on the body. Herpes is passed on to others through direct contact, because the virus lives in the fluid in the sore or blister. Activities like kissing someone or touching the blister and then touching some other part of your body or someone else's body can spread the disease.

HSV-2

HSV-2 is mostly spread through sexual contact, from an infected person to their partner. Sometimes if a pregnant woman is infected with genital herpes she can pass the virus on to her baby during childbirth. It is important for her to tell her doctor so that the infant can be protected.

Both of these viruses can live in the nerve cells. They cause infections and symptoms that can come back again and again. The disease never leaves the body and right now, there is no cure.

What are the Symptoms of Genital Herpes?

Symptoms include:

- Painful blisters on the genitals of women and on the penis in men.
- Pain during urination.

HSV-2, which often causes **genital herpes**, can cause symptoms about 2-21 days after the contact occurs. The first outbreak of these symptoms is usually the worst. If the infection is going to reoccur the skin blisters will appear at the same site. Often this can happen when a person is under stress or has an illness. The symptoms usually last a week or two.

What is the Treatment?

A drug called Acyclovir (Zovirax) is often used to decrease the pain and symptoms of herpes and to decrease the healing time. This drug is available from your doctor.

fact sheet



How Can You Prevent Genital Herpes?

You can reduce your risk of getting herpes by:

- Limiting the number of sexual partners you have.
- Using condoms and rubber dams for all sexual contact.
- Learning about prevention and control of sexually transmitted diseases.
- Seeing your doctor if you have any of the above symptoms.

If you have genital herpes you must tell your sexual partners of the infection. You should have no sexual contact if you have lesions. If you are female you should see your doctor regularly for a pap smear and to discuss pregnancy and childbirth options.

Genital Warts



1. Information

1.1. Case definition:

Visible lesions of hyperkeratotic exophytic papules on genital or anal area or in the oral cavity of men and women.

1.2. Causative agent:

Human papillomavirus [HPV], a small DNA virus, usually type 6,11,16,18 or 31. There is evidence that these DNA viruses, especially types 16 and 18 figure prominently in the development of cervical dysplasias.

1.3. Symptoms:

Many people are asymptomatic, even though they carry the virus. Genital warts usually appear as flat growths in moist areas like the vagina or on the cervix and tend to be white or grey. Because the virus lives in skin cells it can be found on other genital areas like the labia and the scrotum. These lesions have a cauliflower-like appearance with jagged edges. Warts may be painless or itchy or tender or cause a burning sensation.

1.4. Incubation:

About 2-3 months, range is 1-20 months.

1.5. Source:

The virus may be present in men on the glans of the penis, under the foreskin and its frenulum, in the coronal sulcus or urethral opening, in the rectum or on the scrotum. In women, the common sites of infection are the labia, the introitus, the vaginal walls and the cervix. Some warts have also been observed in the oral cavity on the tongue.

1.6. Transmission:

HPV is transmitted to sexual partners by direct skin contact or to infants during vaginal childbirth when the delivery is vaginal. Autoinoculation is possible but rare. If genital warts are diagnosed in prepubescent children, sexual abuse must be considered.

1.7. Communicability:

Unknown, but probably as long as visible lesions persist.

1.8. Treatment:

Treatment can reduce but not eliminate the risk of sexual transmission or the risk of cancerous changes at the cervix. See *Canadian STD Guidelines 1998 Edition (page 170)* for details on each of the treatment modalities that are briefly noted below.

- *Cryotherapy*: a procedure where the warts are frozen using liquid nitrogen. This procedure may be necessary every one to two weeks until warts disappear. This is the preferred treatment.
- *Topical treatments*: topical medications are applied several times a week, and include podofilox, podophyllin, and bi- or trichloroacetic acid.
- *Electrocautery*: a surgical procedure that usually requires anaesthesia and is used primarily for lesions in the vagina and rectum.
- *Laser*: a laser therapy treatment is not available in all centres and can be quite costly.

1.9. Core Messages for Prevention:

Use core messages in general guidelines (section 3.2). Other messages include:

- Refrain from sexual contact if lesions are observed in the genital area.
- Condoms may not prevent transmission of genital warts (although the use of condoms should be encouraged during all sexual contacts with new sex partners).

1.10. Prophylaxis:

None. If in contact with a known case, report to a physician for diagnosis and treatment, if appropriate.

References:

- *Canadian STD Guidelines, 1998 Edition*. Health Canada.
- *Control of Communicable Diseases Manual, 17th edition*. 2000. James Chin, editor. American Public Health Association.
- *Report of the Committee on Infectious Diseases, 1991*. American Academy of Infectious Diseases.
- *Working Guide: Notifiable Disease Reporting System in Nova Scotia*. 1998. Nova Scotia Department of Health.

Genital Warts Fact Sheet



What are Genital Warts?

Genital Warts are caused by a virus. Some of the types of viruses that cause genital warts may also cause changes in the cells of the cervix linked to cervical cancer. It is important for every female who has genital warts to have a Pap smear regularly.

Who Can Get Genital Warts?

The virus is spread through skin-to-skin contact. That means that any genital contact, even without having intercourse can spread the virus. The virus can be present from a month to a year or more before the wart appears. It is difficult to know who has the virus and who does not. Usually the warts are found on routine tests like a Pap smear. The warts may cause some tenderness but usually no pain.

What are the Symptoms?

Like other kinds of warts, genital warts look like a raised small cauliflower attached to the skin of the genital area. They may also be hidden and seen only inside the vagina or on the cervix for females, and inside the urethra for males.

What is the Treatment?

There are different ways to treat genital warts. Warts on the cervix are treated with cryotherapy to 'freeze' them off. A cream to put on the warts is sometimes used for warts on the outside of the body. Other kinds of treatments can be used if the warts continue. Your doctor will prescribe the best treatment for you.

How Can You Prevent the Spread of Genital Warts?

You can reduce your risk of getting genital warts by:

- Limiting the number of sexual partners you have.
- Condoms may not prevent the spread of genital warts, so it is important to avoid sexual contact if you or your partner have warts in the genital area. Using a condom is still important to reduce the risk of transmission of other sexually transmitted diseases.
- Seeing your doctor if you have any of the above symptoms.
- Learning all about prevention and control of sexually transmitted diseases.

fact sheet

Gonorrhea/Penicillinase-Producing *Neisseria* Gonorrhea (PPNG)



1. Information

1.1. Case definition:

Gonorrhea:

Laboratory confirmation of infection:

- Detection of *Neisseria gonorrhoea* by appropriate laboratory techniques in genitourinary specimens.

PPNG:

Bacteriological culture showing a chromosomally-mediated resistance to B-lactam antibiotics.

1.2. Causative agent:

Neisseria gonorrhoea (*N. gonorrhoea*), a Gram-negative diplococci.

1.3. Symptoms:

More than 50% of males and females have asymptomatic infection.

Females

Vaginal discharge
Dysuria
Abdominal pain
Abnormal vaginal bleeding
Dyspareunia
Rectal pain and discharge if proctitis

Males

Urethral discharge
Dysuria
Urethral itch
Epididymal pain
Rectal pain and discharge if proctitis

If the infection is located in the pharynx the individual may experience a sore throat and difficulty swallowing. If untreated the gonococcus may settle in other parts of the body, causing infection of the joints, skin, heart and brain.

1.4. Incubation:

2-7 days or longer.

1.5. Source:

Exudate and secretions of infected mucous surfaces. The bacteria grow in infected fluids from the penis, vagina, mouth or rectum.

1.6. Transmission:

Transmission occurs by direct sexual contact from one sexual partner, via oral, vaginal, urethral, rectal or cervical routes. The bacteria may also spread from the primary sites, causing infection of the uterus (endometritis); the fallopian tubes (salpingitis); the abdominal cavity (peritonitis); the glands of the vulvar area (bartholinitis); and the testicles in men (epididymitis).

Occasionally the infection can be spread to infants if the mother is infected at the time of birth. Infection in the newborn usually involves the eye. If genital, rectal or oral infections are diagnosed in prepubescent children, sexual abuse must be considered.

1.7. Communicability:

The infection may extend for months as long as the bacteria are present in the body, even if the individual is asymptomatic. Effective therapy ends communicability within hours.

1.8. Treatment:

The preferred treatment is oral cefixime (alternatives include ceftriaxone or ofloxacin) except for pregnant or nursing mothers. See *Canadian STD Guidelines, 1998 Edition* for further details about treatment (page144).

All partners who have had sexual contact with the client within at least 60 days before the onset of symptoms, parents of infected neonates, and persons implicated in sexual abuse cases must be identified, tested and treated with the same regimen as the client. Person treated for gonococcal infections should also be treated for chlamydia since co-infections are common.

Repeat diagnostic testing is not recommended when a recommended treatment has been given and symptoms disappear. Follow-up testing by culture must be completed if:

- A previous treatment has failed.
- Antimicrobial resistance has been documented.
- Patient compliance with treatment is uncertain.
- Pharyngeal or rectal gonorrhoea is suspected.
- There is re-exposure to an untreated partner.
- There is concern over a false-positive non-culture test.
- Infection occurs during pregnancy.
- PID or disseminated gonococcal infection is diagnosed.
- Client is a child and there is a concern about ongoing exposure.

1.9. Core Messages for Prevention:

Use core messages in general guidelines (section 3.2).

1.10. Prophylaxis:

None. See reference in treatment section above to testing and evaluation of partners.

2. Procedure

Use the General Guidelines for Sexually Transmitted Diseases at the beginning of this section. The following are additional guidelines for gonorrhea/PPNG.

2.1. Roles and Responsibilities

2.1.1. Medical Officer of Health:

Use general guidelines. No additional guidelines.

2.1.2. Investigator:

Use general guidelines. Also use additional guidelines re:

a. Educating the client.

Special attention should be given to those clients with PPNG, so that accurate treatment regimens are followed, retesting is done and diligent partner notification is pursued. Determine if follow-up testing is required (see section on treatment) and encourage client to seek testing if appropriate.

2.1.3. Physician:

Use general guidelines. No additional guidelines.

2.1.4. Laboratory:

Use general guidelines. No additional guidelines.



References:

- Canadian STD Guidelines*, 1998 Edition. Health Canada.
- Centers for Disease Control, Morbidity and Mortality Weekly Report; Recommendations and Reports*. U.S. Department of Health and Human Services, Public Health Services, Vol.38, No. S-8, September 1989.
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- Working Guide: Notifiable Disease Reporting System in Nova Scotia*. 1998. Nova Scotia Department of Health.

Gonorrhea Fact Sheet



What is Gonorrhea?

Gonorrhea is a sexually transmitted disease (STD) caused by bacteria.

Who Can Get Gonorrhea?

Gonorrhea is passed on through sexual contact. The infection passes from one person to another through body fluids from the penis, vagina, mouth or rectum. Babies can get the infection in their eyes at the time of birth if the mother is infected.

What are the Symptoms?

Many people can have gonorrhea without any symptoms at all. Symptoms usually start from 2-7 days after contact with a person who has been infected. There may be other sexually transmitted diseases present, so individuals should be checked for other diseases when they see the doctor.

Symptoms to look for are:

- Unusual discharge from the penis, vagina or rectum.
- Pain or burning when urinating.
- Pain or cramping in the lower abdominal area for women.
- Sore throat or difficulty swallowing.
- Pain in the testicles for men.

What is the Treatment?

Gonorrhea can be treated with antibiotics. A swab is taken and antibiotics are prescribed for the infected individual and their partner(s). In the past, penicillin was the only antibiotic used to treat gonorrhea; now other antibiotics are used against the resistant strains like PPNG (see PPNG Fact Sheet). While on antibiotics the individual should refrain from sexual contact. If you have gonorrhea you should inform all your sexual partners so that they can be tested.

How Can You Prevent Gonorrhea?

You can reduce your risk of getting gonorrhea by:

- Limiting the number of sexual partners you have.
- Seeing your doctor if you have any of the above symptoms.
- Learning about prevention and control of sexually transmitted diseases.
- Practicing safer sex.

fact sheet



PPNG Fact Sheet



What is PPNG?

PPNG or *penicillinase-producing neisseria gonorrhoea* is a strain of gonorrhoea. These bacteria have become resistant to the antibiotic penicillin. They must be treated with a different antibiotic.

Who Can Get PPNG?

PPNG is transmitted by sexual contact, in the same way that gonorrhoea is transmitted. The infection passes from one person to another through body fluids from the penis, vagina, mouth or rectum. Because it is more difficult to treat than gonorrhoea, it is important that sexual partners know that a person has PPNG and that they may need a special antibiotic.

What are the Symptoms?

Many people can have PPNG without any symptoms at all. Symptoms usually start from 2-7 days after contact with a person who has been infected. There may be other sexually transmitted diseases present, so individuals should be checked for other diseases when they see the doctor.

Symptoms to look for are:

- Unusual discharge from the penis, vagina or rectum.
- Pain or burning when urinating.
- Pain or cramping in the lower abdominal area for women.
- Sore throat or difficulty swallowing.
- Pain in the testicles for men.

What is the Treatment?

A swab is taken and a laboratory report will clarify if the infection is gonorrhoea and if the strain of gonorrhoea is PPNG or not. If the report is positive for PPNG, a special antibiotic will be prescribed for the infected individual and their partner(s). While on antibiotics the individual should not have any sexual contact.

How Can You Prevent PPNG?

You can reduce your risk of getting PPNG by:

- Limiting the number of sexual partners you have.
- Using condoms and rubber dams for all sexual contact.
- Learning about prevention and control of sexually transmitted diseases.
- Practicing safer sex.
- Seeing your doctor if you have any of the above symptoms.

fact sheet

1. INFORMATION

1.1. Case Definition

Confirmed Case:

Presence of *C. trachomatis* serotype L1, L2, L3 confirmed by DNA sequencing or RFLP.

Probable Case:

Positive result on culture, NAAT or serologic testing for *C. trachomatis* plus the presence of proctitis OR inguinal or femoral lymphadenopathy OR a sexual partner with LGV.

1.2. Causative Agent

Chlamydia trachomatis, a bacterium, serotypes L1, L2 and L3. The serotypes are related to but distinct from the serotypes causing trachoma and oculogenital chlamydial infections.

1.3. Symptoms

LGV is commonly divided into three stages and the manifestations of the disease follow three distinct patterns. It is important to note that some cases may be asymptomatic.

Stage	Incubation Period	Manifestations/Comments
Primary	3 to 30 days	<ul style="list-style-type: none"> • Small painless papule at the site of inoculation (vulva, vagina, penis, rectum, occasionally cervix, oral cavity) that may ulcerate • Self-limited and may go unnoticed in up to 50% of people
Secondary	Within 2-6 weeks of primary lesion	<ul style="list-style-type: none"> • Often accompanied by significant systemic symptoms such as low-grade fever, chills, malaise, myalgias, arthralgias; occasionally by arthritis, pneumonitis or hepatitis/perihepatitis; rarely with cardiac involvement, aseptic meningitis and ocular inflammatory disease • Abscesses and draining sinuses possible (< 1/3 of patients) • Involves the inguinal/femoral lymph nodes and/or anus and rectum: <ul style="list-style-type: none"> ▪ inguinal secondary LGV characterized by painful inguinal and/or femoral lymphadenopathy (usually unilateral) – painful lymph nodes are referred to as buboes ▪ “groove sign” – inguinal nodes above and femoral nodes below the inguinal ligament (once considered pathognomonic for LGV) ▪ cervical lymphadenopathy has been described in cases with oral contact • Anorectal Secondary LGV characterized by acute hemorrhagic proctitis <ul style="list-style-type: none"> ▪ bloody, purulent or mucous discharge from the anus and constipation
Tertiary (chronic LGV occurring in 10-20% of untreated cases)		<ul style="list-style-type: none"> • More common in females than males • Chronic inflammatory lesions lead to scarring: <ul style="list-style-type: none"> ▪ Lymphatic obstruction causing genital elephantiasis ▪ Rectal strictures and fistulae • Possible extensive destruction of genitalia (esthiomene) • Surgery may be required to repair genital/rectal damage of tertiary LGV.

1.4. Incubation

See table above

1.5. Source

Bacteria from a small, painless lesion on the genitalia, anus or in the mouth

1.6. Transmission

Sexual contact (genital-genital, genital-oral, genital-anal or oral-anal) with an infected person

1.7. Communicability

Variable, from weeks to years during presence of active lesions

1.8. Treatment

Doxycycline erythromycin and azithromycin can be used for treatment. For specific treatments consult Canadian STI Guidelines 2006.

1.9. Core Prevention Messages

- Abstinence is the best way to avoid getting an STI
- Limit the number of sexual partners
- Avoid anonymous or casual sexual activity
- Use latex condoms with oral, vaginal or anal sex
- Avoid sharing sex toys
- Clean toys prior to use
- Minimize or avoid sexual activities associated with mucosal damage, such as fisting
- Seek medical attention if an infection is suspected (with or without symptoms)

2.0 PUBLIC HEALTH CASE MANAGEMENT AND CONTROL MEASURES

2.1 General Guidelines

Refer to General Guidelines at the front of the STI Section 5 of the Communicable Disease Control Manual.

2.2. Case

Patients diagnosed with LGV should be followed until chlamydial tests are negative (test of cure) and the patient has clinically recovered. Test of cure should be done 3-4 weeks after completion of successful treatment.

It is important to discuss with the physician the potential for co-infection with HIV, syphilis, HSV, gonorrhoea, hepatitis B, hepatitis C and the importance of testing for these infections.

As well, testing for chancroid and donovanosis (*granuloma inguinale*) should also be considered in persons with LGV, especially if there has been travel to regions where these infections are endemic.

Immunization for hepatitis B should be offered to non-immune cases.

2.2.1. Exclusion

No exclusion required, however cases should refrain from sexual activity until proof of cure or practice safer sex by using latex condoms with oral, vaginal and anal sex.

2.2.2. Education

See Section 1.9, Core Prevention Messages.

2.3 Contact Tracing

2.3.1. Definition of Contacts

An individual who has had sexual contact (genital-genital, genital-oral, genital-anal or oral-anal) with the case in the past sixty days.

2.3.2. Susceptibility

Susceptibility is universal.

2.3.3. Prophylaxis

Sexual partners from the last 60 days should be contacted, tested and treated empirically (regardless of whether signs/symptoms are present) as follows:

- Azithromycin 1 g PO in a single dose OR
- Doxycycline 100 mg PO BID x 7 days

2.3.4. Exclusion

No exclusion required, however contacts should refrain from sexual activity until treatment is completed or practice safer sex by using latex condoms with oral, vaginal and anal sex.

2.3.5. Follow-Up

If test results confirm an LGV infection, case should receive treatment as outlined in Section 1.8, followed by test of cure in 3-4 weeks after completion of treatment.

2.3.6. Education

See Section 1.9, Core Prevention Messages

3.0 SURVEILLANCE

3.1. Notifiable Cases

Confirmed and probable cases are reportable to the District MOH or designate.

3.2. Procedure in the District Health Authority (DHA)

- (i) Notify the OCMOH once a probable or confirmed case is determined
- (ii) Send lab report and Case Management Form to OCMOH when case follow-up is completed

3.3. Procedure in the OCMOH

Staff within the OCMOH will review cases as they are reported from the DHAs. Tracking of cases is done to monitor trends and ensure appropriate actions are taken at the regional/provincial/national level(s) when required. Non-identifiable case data is reported to PHAC as part of the LGV enhanced surveillance system.

3.4. Forms

The following forms must be completed:

- (i) STI Case Management / Surveillance Form (see Appendix 2)
- (ii) LGV Enhanced Surveillance Form (see Appendix 3)

3.5. Database Issues

Database under construction

Source

Canadian Guidelines on Sexually Transmitted Infections (STI) 2006 edition, Public Health Agency of Canada, 2006. Reproduced and adapted with the permission of the Minister of Public Works and Government Services of Canada, 2006.

Appendix 1: Lymphogranuloma Venereum (LGV) Fact Sheet

What is LGV?

LGV is a sexually transmitted infection caused by bacteria called *Chlamydia trachomatis*, serotypes L1, L2 and L3. These serotypes are related to but distinct from other chlamydial infections, which are common in Canada and other developed countries. The infections caused by LGV are more invasive than those caused by other chlamydia infections.

Who Can Get LGV?

A person can become infected if he/she engages in genital-genital sex, genital-oral sex, genital-anal sex or oral-anal sex with an infected person. The bacteria are present in small, painless lesions often found on the genitalia, anus or in the mouth of an infected person. An infected person may not show any symptoms.

What are the Symptoms?

The LGV infection passes through three stages with each stage having different symptoms. The infection will remain in the body until it is cured. The symptoms to look for are:

- A small painless lesion on the genitals, anus or mouth. It may become ulcerated or go unnoticed
- Low grade fever, chills, malaise, painful muscles and joints
- Painful lymph nodes, especially in the groin area
- Bloody, purulent (pus) or mucous discharge from the anus

The final stages of the infection can cause significant scarring and possible destruction of the genitalia

What is the Treatment?

LGV can be treated with an antibiotic. It is important to take all the medication until it is gone. It is also important to have follow-up visit with a doctor to make sure the antibiotic was effective.

All sexual partners within the previous 60 days should also be treated.

How Can You Prevent LGV?

Reduce your risk of LGV infection by:

- Having monogamous sex or limiting the number of sexual partners
- Avoiding anonymous or casual sexual activity
- Practicing safer sex by using latex condoms with oral, vaginal or anal sex
- Choosing not to engage in sexual activity if you or your partner has a lesion on the genitals, anus or in the mouth
- Learning about prevention and control of sexually transmitted infections
- Seeking medical attention if an infection is suspected

Appendix 2: STI Case Management / Surveillance Form

**Notifiable Disease Surveillance System Main Questionnaire
PART 1**

Id Number: ____/____/_____
Year / Region / Case Number

Date reported to region: ____/____/_____(yyyy/mm/dd) Date investigation initiated:_____
Birth Date: _____ Gender: Male Female Health Card No: _____
Surname: _____ First name: _____ Middle Initial: _____
If under 16 years, mothers name: _____ fathers name: _____
Civic Address: _____ Civic Postal Code: _____
City/Town: _____ County: _____ Telephone: _____
Reporting Physician: _____ Telephone: _____
Family Physician: _____ Telephone: _____
Specialist: _____ Telephone: _____
Initial Diagnosis: _____ Source of referral: _____

For Tuberculosis, Hepatitis B and Syphilis Cases Only:

If foreign born, immigration status: (current status):
 Landed immigrant/now Canadian citizen Refugee claimant
 Non-resident (migrant worker, visitor, student, illegal alien) Year of Arrival _____
 Unknown Other (specify) _____

If under age 20, country of birth of mother: _____
Country of birth of father: _____
 Status Indian (registered)
Lives on reserve most of the time: Yes No Not Applicable Unknown
 Métis Inuit Other aboriginal (specify): _____

Referred to:

Department of National Defence (DND) Indian and Inuit Health Services (MSB)
 Department of Agriculture & Marketing Department of the Environment
 Another Public Health Region, specify _____

Case: clinical laboratory
Final diagnosis _____ ICD 9 _____ Date Final Diagnosis _____
yyyy/mm/dd
Antibiotic Resistant Organism: Yes No Name of antibiotic _____
Hepatitis B cases only (check one): Acute Carrier Waiting further information
Date of Retest: _____ Date investigation completed: _____
Case completed by: _____ Case Reviewed By: _____

PART 5b CONTACT FOLLOW-UP

1. Partner's Name _____ Address _____ _____ Phone No _____ Date of Birth _____(Yr/Mon/Day) Date Contacted _____ Phone _____ Home Visit _____ Referred for follow-up _____ Referred to whom _____ Education <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Partner's Name _____ Address _____ _____ Phone No _____ Date of Birth _____(Yr/Mon/Day) Date Contacted _____ Phone _____ Home Visit _____ Referred for follow-up _____ Referred to whom _____ Education <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Partner's Name _____ Address _____ _____ Phone No _____ Date of Birth _____(Yr/Mon/Day) Date Contacted _____ Phone _____ Home Visit _____ Referred for follow-up _____ Referred to whom _____ Education <input type="checkbox"/> Yes <input type="checkbox"/> No

Signature of Public Health Nurse _____

Appendix 3: LGV Enhanced Surveillance Form
Public Health Agency of Canada Surveillance Form

LGV Enhanced Surveillance Form

Until recently, LGV has been a rare infection in industrialized countries and was usually acquired from endemic areas. In light of recent cases, the Public Health Agency of Canada is coordinating national enhanced surveillance of LGV in an effort to rapidly identify and describe outbreaks in Canada. This form is intended to serve as a helpful tool for health care providers in collecting key epidemiological information on suspected cases.

1.	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Unknown																																
2.	Date of Birth:																																
3.	Town/City of Residence:																																
4.	What ethnic origin does the patient consider him/herself to be?																																
5.	Date of clinic visit: (yyyy/mm/dd)																																
6.	Date of onset of LGV symptoms: (yyyy/mm/dd)																																
7.	Date of 1 st presentation at the clinic for this episode: (yyyy/mm/dd)																																
8.	<p>What were the patient's presenting symptoms? Please mark an answer for each:</p> <table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Unknown</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proctitis</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Malaise</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Inguinal lymphadenopathy</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital papule/lesion</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bloody stools</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other (please specify):</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>	Yes	No	Unknown		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proctitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Malaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital papule/lesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bloody stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bloody stools																														
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9.	<p>Has the patient experienced any of the following symptoms? Please mark an answer for each:</p> <table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Unknown</th> <th></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Proctitis</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Malaise</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Inguinal lymphadenopathy</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital papule/lesion</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Bloody stools</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other (please specify):</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>_____</td> </tr> </tbody> </table>	Yes	No	Unknown		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proctitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Malaise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inguinal lymphadenopathy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital papule/lesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bloody stools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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10.	<p>How does the patient define him/herself?</p> <p> <input type="checkbox"/> Gay or homosexual <input type="checkbox"/> Two spirited <input type="checkbox"/> Bisexual <input type="checkbox"/> Straight or heterosexual <input type="checkbox"/> Other _____ </p>																																																							
11.	<p>At the time the individual was infected with LGV, was he/she co-infected with any of the following? If yes, please provide the date of that diagnosis:</p> <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Unknown</th> <th>Date of diagnosis _____</th> </tr> </thead> <tbody> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>None</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital warts/HPV _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gonorrhoea _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital Herpes _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Chlamydia (not LGV) _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Syphilis _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>HIV _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hepatitis B _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hepatitis C _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </tbody> </table>		Yes	No	Unknown	Date of diagnosis _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	None		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital warts/HPV _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhoea _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital Herpes _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chlamydia (not LGV) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Syphilis _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIV _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis B _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hepatitis C _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
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11	<p>If Hepatitis B positive, was the infection:</p> <p>a. Acute <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Chronic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>																																																							
11	<p>If Hepatitis C positive, was the infection:</p> <p>b. Acute <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Chronic <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>																																																							
12.	<p>Was the patient Hepatitis C antibody positive?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, the date of this test: (yyyy/mm/dd) _____</p>																																																							
13.	<p>Was the patient Hepatitis C PCR positive?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, the date of this test: (yyyy/mm/dd) _____</p>																																																							
14.	<p>Has the patient engaged in drug use with shared needles, spoons, straws and other drug-related equipment?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>																																																							
15.	<p>Does the patient have a history of blood transfusion or blood product receipt prior to 1992?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>																																																							

16.	<p>Has the patient had tattooing or body piercing with dirty or un-sterile needles and ink?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
17.	<p>Has the patient engaged in sexual activities where exchange of blood may have occurred (sex during menstruation, S&M, unprotected anal or rough sex)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
18.	<p>During any travel outside of the reporting jurisdiction in the 60 days prior to symptoms onset, did the case have sex with a person from the area of travel or another traveler while there?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If yes, city/geographical location: _____</p>
19.	<p>Up to 60 days prior to the onset of LGV symptoms, what was the circumstance(s) in which sexual activity took place? (Check all that apply)</p> <p><input type="checkbox"/> No sexual contacts 60 days prior to LGV symptoms <input type="checkbox"/> Private residence</p> <p><input type="checkbox"/> Rave / circuit party <input type="checkbox"/> Sex trade</p> <p><input type="checkbox"/> Leather scene party <input type="checkbox"/> Internet partnering</p> <p><input type="checkbox"/> Bathhouse / sauna <input type="checkbox"/> Unknown</p> <p><input type="checkbox"/> Other, please specify: _____</p>
20.	<p>How many sexual partners did the patient have in the 60 days prior to the onset of LGV symptoms?</p> <p>Total number of female sexual partners: _____</p> <p>Total number of male sexual partners: _____</p>
21.	<p>Has the patient ever had a sexual partner with known LGV infection?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes, a female partner</p> <p><input type="checkbox"/> Unknown <input type="checkbox"/> Yes, a male partner</p>
22.	<p>If the patient had a sexual partner with known LGV, does he or she recall when the sexual contact took place?</p> <p>_____</p> <p>_____</p>
23.	<p>In the 60 days prior to the onset of LGV symptoms, did the patient engage in the following activities:</p> <p>Rectal enema <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Rectal use of recreational drugs <input type="checkbox"/> Yes * <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>* If yes, which drug(s) were used rectally: _____</p>

24.	Please indicate if the patient engaged in any of the following, within 60 days prior to the onset of LGV symptoms: "Protected" refers to the use of condoms or other barrier methods.				
		No	Yes, protected	Yes, unprotected	Unknown
	Receptive anal intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insertive anal intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Receptive oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insertive oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sharing sex toys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Receptive fisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Insertive fisting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vaginal intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other relevant sexual activity (please specify): _____					
25.	Type of lab test(s) done and results:				
	Type of test	Specimen (including site)	Date of Collection (yyyy/mm/dd)	Results	
	Non-specific Culture for <i>C. trachomatis</i>			<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Unknown	
	NAAT for <i>C. trachomatis</i>			<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Unknown	
	Serology Microimmunofluorescence (MIF)			Titre:	
	Complement Fixation (CF)			Titre:	
	Confirmatory DNA Sequencing			<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Unknown Seroovar: <input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> L4	
	RFLP			<input type="checkbox"/> + <input type="checkbox"/> - <input type="checkbox"/> Unknown Seroovar: <input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> L4	
	Other (please specify): _____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____	

Syphilis



1. Information

1.1. Case definition:

Laboratory confirmation of infection:

- Identification of *Treponema pallidum* by dark-field microscopy, fluorescent antibody or equivalent examination of material from nasal discharges, skin lesions, placenta, umbilical cord or autopsy material of a neonate (up to 4 weeks of age) OR
- Reactive serology (non-treponemal and treponemal) from venous blood (not cord blood) in an infant/child with clinical, laboratory or radiographic evidence of congenital syphilis, whose mother is without documented evidence of adequate treatment.

1.2. Causative agent:

Treponema pallidum (*T. pallidum*), a bacterium of the order spirochaeta.

1.3. Symptoms:

Syphilis is divided into three stages and the manifestations of the disease follow three distinct patterns. The following table is excerpted from the *Canadian STD Guidelines, 1998 Edition*.

Stage	Incubation Period	Manifestations/Comments (may be asymptomatic)
Primary	10-90 days	<ul style="list-style-type: none"> • Painless, indurated chancre (usually genital). • Non-tender regional lymphadenopathy.
Secondary	4-10 weeks after primary stage	<ul style="list-style-type: none"> • Non-pruritic maculopapular eruption (trunk, palms, soles). • Generalized non-tender lymphadenopathy. • Condyloma lata, mucous patches fever, malaise.
Latent-asymptomatic		<ul style="list-style-type: none"> • Early <1 year's duration – 25% will relapse to secondary. • Late >1 year's duration
Tertiary	10-30 years	<ul style="list-style-type: none"> • Gummatous lesions of skin, bone, subcutaneous tissue • Cardiovascular – aortic aneurysm, aortic regurgitation • Neurosyphilis
Congenital		<ul style="list-style-type: none"> • 50% risk of transmission when mother has untreated primary, secondary or early latent syphilis. • May be asymptomatic in 2/3 of cases. • Low birth weight, rhinitis, hepatosplenomegaly, rash, anemia, metaphyseal dystrophy • Stillbirth • May present with early syphilis in first 2 years of life or with manifestations later in life (e.g. intestinal keratitis).

1.4. Incubation:

See table above.

1.5. Source:

Bacteria (spirochetes) from a chancre in the mouth or on the genitalia. It is also present in the blood of untreated individuals.

1.6. Transmission:

Sexual contact (genital-genital, genital-oral, genital-anal or oral-anal) contact with an infected person. Syphilis is also spread from a infected mother to her unborn baby across the placenta. There is a possibility of transmission through fresh human blood and through accidental inoculation.

1.7. Communicability:

From the onset of symptoms in the primary stage until the individual is successfully treated. The individual becomes gradually less infectious as time goes on. Transmission is rare after the first year.

1.8. Treatment:

Treatment varies according to the stage of the disease. Penicillin remains the drug of choice. For specific treatments recommended for each stage, consult *Canadian STD Guidelines, 1998 Edition*, (page 155). Follow up after treatment of each stage is also outlined in the *Canadian STD Guidelines, 1998 Edition* (page 159).

1.9. Core Messages for Prevention:

Use core messages in general guidelines (section 3.2). Other messages include:

- Be alert to any ulcerations on the genital area of partners, as well as unexplained rashes, especially on the hands and feet.
- Pregnant women should be screened for syphilis as soon as pregnancy is established.
- If high-risk activity, test again in later pregnancy.

1.10. Prophylaxis:

All partners of the client must be contacted, clinically and serologically evaluated, and treated with antibiotics appropriate to the stage of infection. If exposure occurred within past 90 days, presumptive treatment is recommended. If exposure was more than 90 days ago, treatment should be based on serologic test results.

2. Procedure

Use the General Guidelines for Sexually Transmitted Diseases at the beginning of this section. The following are additional guidelines for syphilis.

2.1. Roles and Responsibilities

2.1.1. Medical Officer of Health:

Use general guidelines. No additional guidelines.

2.1.2. Investigator:

Use general guidelines. Also use additional guidelines re:

a. Contacting the physician.

It may be important to establish protocols with the physician with regards to education at different stages of the disease. It is important to follow for 2 years to ensure an adequate response to the treatment. The investigator should follow the client to ensure a steady drop in titre. If titre increases following treatment, the client should be reevaluated.

Interpretation of Serologic Tests for Syphilis

Non-treponemal test: VDRL, RPR, ART, TRUST, RST, EIA	Treponemal-specific test: TP-PA, MHA-TP, FTA-ABS	Possible Reason
+	+	<ul style="list-style-type: none"> • Syphilis – recent or previous. • Yaws or pinta.
+	-	<ul style="list-style-type: none"> • No syphilis – false positive. • Rarely seen in very early syphilis.
-	+	<ul style="list-style-type: none"> • Consistent with syphilis, primary or latent. Previously treated or untreated. • Yaws, pinta or Lyme disease.
-	-	<ul style="list-style-type: none"> • No syphilis or incubating disease.

b. Partner notification.

Make it clear that any sexual partners up to three months preceding the diagnosis are at risk of developing syphilis and should be treated, even if they are seronegative. It is important for pregnant women to be tested and treated to prevent possible congenital syphilis.

2.1.3. Physician:

Use general guidelines. Also use additional guidelines re:

a. Re-testing client.

Serology (non-treponemal test and treponemal-specific test) should be carried out until an adequate response is achieved, using the following as a guide:

Primary, secondary, early latent, congenital:	1, 3, 6, 12 and 24 months after treatment
Late latent, tertiary:	12 and 24 months after treatment
Neurosyphilis:	6, 12 and 24 months after treatment and yearly thereafter
If HIV infected:	1, 3, 6, 12 and 24 months after treatment and yearly thereafter

Results should be communicated to PHS.

2.1.4. Laboratory:

Use general guidelines. No additional guidelines.

References:

Canadian STD Guidelines, 1998 Edition. Health Canada.

Control of Communicable Diseases Manual, 17th edition. 2000. James Chin, editor. American Public Health Association.

Principles and Practices of Infectious Diseases, Third Edition, 1990. Mandell, G., Douglas, Gordon Jr. and John Bennett. Churchill Livingstone, New York.

Report of the Committee on Infectious Diseases, 1991. American Academy of Paediatrics.

Working Guide: Notifiable Disease Reporting System in Nova Scotia. 1998. Nova Scotia Department of Health.



Syphilis Fact Sheet



What is Syphilis?

Syphilis is a sexually transmitted disease caused by a bacteria called *Treponema pallidum*.

Who Can Get Syphilis?

This infection is spread by sexual contact. The bacteria are found in the sores and rashes that can be anywhere on the skin or inside the mouth. Most frequently the sores are found on the genitals. It passes from one person to the other when they have sex. Babies can get syphilis from an infected mother, when the bacteria pass through the placenta during pregnancy

What are the Symptoms?

The syphilis infection will stay in the body until it is cured. While in the body, the disease passes through many stages. At each of these stages there are different symptoms.

The symptoms to look for are:

- A painless sore on the genitals that is round, flat and raised on the sides, like a large boil
- Rashes anywhere on the body, especially on the palms of hands and soles of the feet
- Swollen glands
- Later stages of syphilis can cause symptoms of the heart, brain or other organs.

The first symptoms can start anywhere from 10 to 90 days (1-3 months) after contact with someone with the infection.

What is the Treatment?

Syphilis can be treated with a penicillin injection or with other antibiotics prescribed by a doctor. It is important to take all the medication until it is gone. All partners of persons with syphilis should be treated.

How Can You Prevent Syphilis?

You can reduce your risk of getting syphilis by:

- Limiting the number of sexual partners you have.
- Not having sexual contact if there are ulcers in your/your partner's genital area.
- Learning about prevention and control of sexually transmitted diseases.
- Practice safer sex. Use condoms.
- Seeing your doctor if you have any of the above symptoms.

fact sheet

