

SYPHILIS

FACT SHEET

What is syphilis?

Syphilis is a sexually transmitted infection (STI). It is caused by a bacterial infection and can cause serious health problems if left untreated. However, syphilis is easy to cure if found early.

What are the symptoms?

There are four stages of syphilis infection: primary, secondary, latent and tertiary.

In the primary syphilis stage (10-90 days after infection) symptoms include a painless sore (or sometimes multiple sores) called a 'chancre' which can appear in the mouth, anus, penis, vagina or cervix. It looks like a roundish area of broken skin which often goes unnoticed because it is usually painless and may be hidden from view (e.g. in the rectum or on the cervix). This usually clears up after two to six weeks but the infection remains in your body.

In the secondary syphilis stage (7-10 weeks after infection) symptoms include a red rash on the palms, soles, chest or back, fever, enlarged glands in the armpits and groin, hair loss, headaches and tiredness. The rash is slightly lumpy, but not itchy or painful. Again the symptoms may go unnoticed in this stage.

In the latent syphilis stage there are no noticeable symptoms, but the body is still infected. If syphilis is not treated at this stage it may remain latent (hidden) for life or it can develop into tertiary syphilis.

Tertiary syphilis develops in about one third of people with untreated latent syphilis. In this stage, the bacteria can damage almost any part of the body including the heart, brain, spinal cord, eyes and bones, resulting in mental illness, blindness, deafness, neurological problems, heart disease and even death. This can happen many years after the primary infection.

Syphilis can cause birth defects or even death in an unborn baby.

How is syphilis spread?

Syphilis is usually passed on during anal, oral or vaginal sex. It is transmitted through skin-to-skin contact with an infected area.

Syphilis is highly infectious during the stages when the sore or rash is present. It can also be passed on during the early part of the latent phase.

Some people may not have any sores, but still pass on the infection. Syphilis can be passed on during pregnancy. If the baby is born with syphilis this can lead to birth defects, seizures, developmental delay and sometimes death.

When should I have a syphilis test?

You should have a syphilis test if:

- you have had unprotected sex
- you have recently changed sexual partner/s
- you have more than one current sexual partner
- you have signs or symptoms of genital infection, an unusual sore or an unexplained rash
- you have been diagnosed as having another STI, for example chlamydia, herpes or warts
- you have a sexual partner who has been diagnosed as having syphilis or another STI
- you are pregnant – syphilis should always be tested for at the beginning of pregnancy to prevent infection of unborn babies

Pregnant people who are at higher risk of syphilis also need a repeat syphilis test in the third trimester. This includes people who inject drugs, Aboriginal people, people with another STI, a partner of someone with an STI or BBV, late, limited or no antenatal care (routine health care appointments during pregnancy), homeless people and those with a recent partner change.

Syphilis outbreak and testing in pregnancy

In South Australia there is currently a syphilis outbreak. This means that additional testing for syphilis in pregnancy is necessary for those at a high risk. Pregnant people who live in outbreak areas, or have partner/s that live in outbreak areas need to be tested for syphilis at the beginning of pregnancy, at 28 weeks, 36 weeks, at birth and at the 6-week post-natal check.

How is syphilis tested?

Syphilis can be detected with a blood test. The blood test measures your body's response to infection and looks for current and past infection. It can take 3 months to see this response, so the tests may be negative early on. If there is a sore, a health professional will take a swab and test it.

How is syphilis treated?

Syphilis is treated with antibiotics given as an injection. Often only one injection is needed, although this depends on the stage of infection. You will need to have follow up blood tests to make sure the infection is gone. You can still be reinfected if you are exposed to syphilis again after treatment.

It's important to avoid sexual intercourse for one week after treatment so that you don't pass on the infection or become reinfected yourself.

Your recent sexual partner/s will need to be notified so they can also be tested and treated. Your health professional can help you with notifying sexual partner/s and there are websites where partner notification can be done anonymously.

Syphilis is a notifiable STI. This means that the doctor has a legal requirement to notify the Department of Health of the syphilis infection. This information will be confidential.

Prevention of syphilis

- Use condoms, dams and gloves when you have sex.
- Make sure semen, blood, vaginal or anal fluid are not passed between partners.
- Talk about any past infections with your sexual partner/s.
- Get tested regularly.

Where can I get tested?

You can visit SHINE SA for further information, testing and treatment.

You can also:

- Make an appointment with your local doctor, health care provider or Aboriginal Health service.
- Contact Adelaide Sexual Health Centre: drop in or phone. 275 North Terrace, Adelaide
Tel: 7117 2800

CONTACT
SHINE SA

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SHINE SA fact sheets are regularly reviewed and updated. To download the most recent version visit www.shinesa.org.au

Clinic & Counselling Appointments and General Enquiries

Tel 8300 5300

Clinic locations and times are available at www.shinesa.org.au

Sexual Healthline

Tel 1300 883 793 **Country callers (toll free)** 1800 188 171

Talk to a sexual health nurse about any sexual health issue.

Available 9am – 12.30pm, Monday – Friday

National Relay Service

www.relayservice.gov.au

133 677 (TTY/Voice) 1300 555 727 (Speak & Listen) 0423 677 767 (SMS Relay)