Inuulitsivik

RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

BH10103

Last name:
First name:

Date of birth:

Sex:

File number:

RAMQ number:

## Syphilis protocol for pregnant woman

**Goal:** Standardize the management of syphilis cases during pregnancy in Nunavik and ensure the required follow-up in order to prevent congenital syphilis.
**Indication:** This protocol must be initiated at the time of diagnosis or in case of suspected syphilis in a pregnant woman by the prescriber (physician, nurse practitioner (IPS), midwife after consulting with the physician). The protocol does not apply to tertiary syphilis or neurosyphilis. In case of suspected tertiary syphilis or neurosyphilis, consult the infectious-diseases specialist for adults.
**Instructions on use of the protocol:** The present protocol serves as prescription for the management and follow-up required for pregnant women with syphilis. The nurses, midwife or physician shall initial and indicate the date as the tasks are carried out. This protocol does not replace the note in the record or the sexual health consultation sheet. The prescriber must fill out the last sheet, which is the prescription sheet, and send it to the pharmacy. The protocol must always remain in the record. In case of reinfection, a new protocol must be initiated.
**Monitoring of newborns**: Refer to the protocol for newborns of mothers with a reactive syphilis serology during pregnancy.

Created by: Audrey Jade Paris-Migneault and Dr Jean-Sébastien Touchette
Revised by: Dr Christos Karatzios, Sonia Lamontagne, Kimberly Moorhouse, Johanne Pépin, Claudine Pringle, Dr Joanie Tremblay-Pouliot and Dr Cedric Yansouni

**Allergy**: _____
In case of allergy to penicillin, specify nature and date of last reaction: _____ YYYY/MM/DD

| **Diagnosis of syphilis in pregnant women** | |
|---|---|
| EDD: YYYY/MM/DD Number of weeks of pregnancy at diagnosis: _____<br>Date of initial positive syphilis serology for this episode: YYYY/MM/DD | |
| Suspected case | |
| **A. Case suspected due to**<br><br>Clinical case:<br>☐ Clinical suspicion (chancer(s) at examination or in history, rash or flu-like syndrome, history suggestive of syphilis)<br><br>Positive preliminary result in patient without history of syphilis:<br>☐ Qualitative reactive RPR analyzed in Nunavik<br>☐ Reactive EIA (pending RPR)<br>☐ Negative or low RPR (pending confirmatory tests)<br><br>Positive preliminary result<br>☐ Positive preliminary POCT-syphilis | **B. Case not retained due to first test results:**<br>• EIA: _____<br>• RPR : _____<br>• TP-PA: _____<br>• INNO-LIA: _____<br><br>**If suspected case not retained, proceed with serological control 2 to 4 weeks later**<br>Date of control: YYYY/MM/DD<br>Results of serological control:<br>• EIA: _____<br>• RPR: _____<br>• TP-PA: _____<br>• INNO-LIA: _____<br>☐ After control, case invalidated on: YYYY/MM/DD<br>Discontinue initiated syphilis protocol for pregnant woman |

Prescriber's signature and title: _____ Practice no.: _____ Date: YYYY/MM/DD

**First and last names:** _____
**Record no.:** _____ **DOB:** YYYY/MM/DD

| Confirmed case | |
|---|---|
| **C. Case confirmed with**<br>Date of syphilis serology: YYYY/MM/DD<br>• EIA: _____<br>• RPR: _____<br>• TP-PA: _____<br>• INNO-LIA: _____ | **D. Stage**<br>**Early syphilis:**<br>☐ Primary syphilis<br>☐ Secondary syphilis<br>☐ Early latent syphilis<br>**Late syphilis:**<br>☐ Late latent syphilis<br>☐ Latent syphilis of unknown duration |

**Care management**

The protocol must be initiated for all confirmed cases or all highly suspected cases[1] of syphilis during pregnancy.

| Syphilis serology on the day of treatment | | |
|---|---|---|
| | **Date** YYYY / MM / DD | **Initials** |
| Proceed with another syphilis serology on start date of treatment, if more than 1 week has elapsed since initial serology. Performed on: | | |

Treatment

**Benzathine penicillin G, 2.4 million units IM for 3 doses at 7 days' (maximum 10 days') interval.[2-3]**
There is no recognized substitute antibiotic for treating syphilis during pregnancy. In case of proven allergy to penicillin, consult allergist and infectious-diseases specialist for adults.

- 1st dose of **benzathine** penicillin G, 2.4 m.u. IM scheduled for YYYY/MM/DD
- 2nd dose of **benzathine** penicillin G, 2.4 m.u. IM scheduled for YYYY/MM/DD
- 3rd dose of **benzathine** penicillin G, 2.4 m.u. IM scheduled for YYYY/MM/DD

| Dates of administration of doses | | | |
|---|---|---|---|
| 1st dose of benzathine penicillin G, 2.4 m.u. IM | administered on: | | |
| 2nd dose of benzathine penicillin G, 2.4 m.u. IM | administered on: | | |
| 3rd dose of benzathine penicillin G, 2.4 m.u. IM<br>Number of weeks of pregnancy at completion of treatment: ____ | administered on: | | |
| **Dates of administration of doses (second attempt, if applicable)** | | | |
| 1st dose of benzathine penicillin G, 2.4 m.u. IM | administered on: | | |
| 2nd dose of benzathine penicillin G, 2.4 m.u. IM | administered on: | | |
| 3rd dose of benzathine penicillin G, 2.4 m.u. IM<br>Number of weeks of pregnancy at completion of treatment: ____ | administered on: | | |
| **Dates of administration of doses (third attempt, if applicable)** | | | |
| 1st dose of benzathine penicillin G, 2.4 m.u. IM | administered on: | | |
| 2nd dose of benzathine penicillin G, 2.4 m.u. IM | administered on: | | |
| 3rd dose of benzathine penicillin G, 2.4 m.u. IM<br>Number of weeks of pregnancy at completion of treatment: ____ | administered on: | | |

Prescriber's signature and title: _____ Practice no.: _____ Date: YYYY/MM/DD

[1] Depending on the evaluation of the situation, including risk factors, clinical examination and history of the disease, a case of syphilis may be highly suspected in the presence of symptoms compatible with syphilis, the presence of a positive preliminary POCT-syphilis or the presence of positive preliminary results in a patient without a history of syphilis.

[2] In Nunavik, three doses of benzathine penicillin G are recommended for pregnant women, and this for both early and late syphilis (excluding neurosyphilis). This recommendation was formulated due to concerns with the effectiveness of single-dose treatment for pregnant women as well as to reduce the risks of early reinfection.

[3] For late syphilis, if the elapsed time between two doses exceeds 10 days, it is necessary to restart the entire course of treatment. For early syphilis, the ideal time between doses is also 7 to 10 days, but the treatment will be considered complete even if the time elapsed between doses exceeds 10 days, as long as three doses were administered for the same episode. In case of doubt on completion of treatment, consult the infectious-diseases specialist for adults.

**First and last names:** _____
**Record no.:** _____ **DOB:** YYYY/MM/DD

| | **Date** YYYY / MM / DD | **Initials** |
|---|---|---|
| Counseling | | |
| Inform patient of risk of Jarisch-Herxheimer reaction when administering antibiotic treatment for syphilis[4]. | | |
| Sexual abstinence up to 7 days after end of injectable treatment AND until resolution of symptoms, if applicable. | | |
| Counselling on vertical transmission of syphilis and on congenital syphilis | | |
| Counselling on importance of treatment of partners to avoid reinfection and resulting risks for foetus | | |
| **Follow-up and consultations** | | |
| Proceed with identification of partners according to patient's stage of syphilis | | |
| Fill out MADO declaration (Sexual health consultation or AS-770 form) | | |
| Send documents below to DPH at stbbi.nrbhss@ssss.gouv.qc.ca:<br>• Medical progress notes, midwife and/or nurse<br>• Consultation for sexual health, if applicable<br>• MADO declaration (Sexual health consultation or AS 770 form)<br>• *IPPAP* notes sheet or information on partners<br>• Signed syphilis protocol for pregnant women | | |
| Serological follow-up | | |
| **During pregnancy,** proceed with syphilis serological follow-up each month until childbirth, starting 8 weeks after administration of first dose. | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| **During childbirth or immediately post-partum,** proceed with syphilis serological follow-up | | |
| Serological follow-up at childbirth Performed on: | | |
| **During post-partum visit** (ideally 6 to 8 weeks), proceed with syphilis serological follow-up | | |
| Serological follow-up scheduled for YYYY/MM/DD Performed on: | | |
| **Afterward, according to serologies performed during pregnancy,** ensure that usual post-treatment serological follow-up was or will be performed: | | |
| Serological follow-up 3 months post-treatment scheduled for YYYY/MM/DD performed on: | | |
| Serological follow-up 6 months post-treatment scheduled for YYYY/MM/DD performed on: | | |
| Serological follow-up 12 months post-treatment scheduled for YYYY/MM/DD performed on: | | |
| ☐ Serological follow-up 24 months post-treatment scheduled for YYYY/MM/DD performed on: (for cases of late syphilis) | | |
| **Rise in RPR during follow-up serologies** | | |
| If, during follow-up, RPR values rise by at least 2 dilutions (or a 4-fold rise in titre, example: 1:16 to 1:64), notify attending MD or nurse practitioner (IPS) for evaluation of risk of reinfection. Notified on: | | |

Prescriber's signature and title: _____ Practice no.: _____ Date: YYYY/MM/DD

[4] The risk of reaction is greatest at the time of administration of the first dose. In rare cases, the Jarisch-Herxheimer reaction may provoke foetal distress and premature labour. The presence of fever, contractions or reduced movements of the foetus constitute reason for consultation.

**First and last names:** _____
**Record no.:** _____ **DOB:** YYYY/MM/DD

| | **Date** YYYY / MM / DD | **Initials** |
|---|---|---|
| Ultrasound monitoring during pregnancy | | |
| Ultrasounds can be done in Nunavik | | |
| Obstetrical ultrasound 1 month post-diagnosis, but no earlier than 18 to 20 weeks of pregnancy. The clinical request should include "Rule out signs of congenital syphilis".<br>Performed on: | | |
| Obstetrical ultrasound for control purposes at 28 to 32 weeks. The clinical request should include "Rule out signs of congenital syphilis".<br>Performed on: | | |
| If patient was not adequately treated and/or her RPR evolution is not optimal, consult specialist in maternal-fetal medicine for course of action concerning ultrasound monitoring. | | |
| Medical consultations[5] | | |
| Systematic | | |
| Consultation with the pediatric infectious-diseases specialist<br><br>**Systematically** inform pediatric infectious-diseases specialist of syphilis diagnosis during pregnancy during perinatal committee (PNC) at approximately 32-34 weeks.<br>Moreover, consult pediatric infectious-diseases specialist in following situations:<br>• premature labour, for management of the newborn;<br>• presence of signs of syphilis in ultrasound[6], with consultation in maternal-fetal medicine ;<br>• non-optimal RPR evolution or reinfection, after discussion with infectious-diseases specialist for adults.<br>Consultation done on: | | |
| As needed | | |
| ☐ Consultation with the infectious-diseases specialist for adults<br><br>Consult infectious-diseases specialist for adults as needed, particularly in following situations:<br>• doubt concerning diagnosis<br>• non-optimal RPR evolution<br>• suspected reinfection<br>• suspected neurosyphilis or tertiary syphilis<br>• proven allergy to penicillin, with consultation in allergology<br>Consultation done on: | | |
| ☐ Consultation in maternal-fetal medicine<br><br>Consult specialist in maternal-fetal medicine as needed, particularly in following situations:<br>• inadequate treatment concerning risk of transmission to foetus (see section on criteria to consider patient as adequately treated concerning risk of transmission to foetus)<br>• non-optimal RPR evolution<br>• presence of signs of syphilis in ultrasound[6]<br>Consultation done on: | | |
| ☐ Consultation in allergology<br><br>Consult the allergist in case of penicillin allergy to consider a challenge and desensitization if needed.<br>Consultation done on: | | |

Prescriber's signature and title: _____ Practice no.: _____ Date: YYYY/MM/DD

[5] During a consultation with a specialist involved in syphilis, always provide the following information: RAMQ number, date of birth, number of weeks of pregnancy, estimated due date, nature of symptoms if applicable, dates of administration of Benzathine Penicillin G doses, RPR progression (results and dates), information on the partner's syphilis status and treatment history, mention if the partner is untreated, and any abnormalities on ultrasound.

[6] Ultrasound signs of syphilis include: hepatomegaly, hydrops fetalis, polyhydramnios, intra-uterine growth restriction, anomaly in umbilical or middle cerebral artery Doppler and signs of foetal anemia.

**First and last names:** _____
**Record no.:** _____ **DOB:** YYYY/MM/DD

| | **Date** YYYY / MM / DD | **Initials** |
|---|---|---|
| Location for childbirth | | |
| Determine scheduled location for childbirth during meeting of perinatal committee (PNC), with consultation with pediatric infectious-diseases specialist and other specialists, as applicable. Childbirth in Nunavik is possible for a pregnant patient treated for syphilis if all monitoring results are normal (RPR evolution, adequate treatment, normal ultrasounds, etc.).<br>Scheduled location for childbirth: _____ Perinatal committee met on: | | |
| Systematic pathology analysis of placenta | | |
| Pathology analysis of placenta requested, with information of syphilis during pregnancy | | |
| **Criteria to consider patient as adequately treated concerning risk of transmission to foetus** | | |
| To consider mother as adequately treated concerning risk of transmission to foetus, all three criteria below must be met. The achievement of the criteria must be assessed and checked by the prescriber. | | |
| Complete treatment received (3 doses received within recommended time periods) more than 30 days before childbirth Criterion met: | | |
| Benzathine penicillin G received as treatment and not a substitute Criterion met: | | |
| Patient's RPR evolution adequate[7]<br>• 4-fold drop in RPR titre before childbirth **OR**<br>• RPR titre ≤ 1:8 Criterion met: | | |
| **Partner follow-up** | | |
| Directive for partner identification and follow-up<br>• Check pregnant woman's stage of syphilis and identify partners according to related period<br>• Prescribe protocol for syphilis contact for all partners individually | | |
| ☐ **Primary syphilis** | | |
| ☐ Date of onset of case's symptoms known Date: YYYY/MM/DD<br>• Proceed with partner identification up to 3 months before onset of symptoms and up to 7 days post-treatment | | |
| ☐ Date of onset of case's symptoms unknown<br>• Proceed with partner identification up to 4 months and 1 week before date of specimen and up to 7 days post-treatment | | |
| ☐ **Secondary syphilis** | | |
| ☐ Date of onset of case's symptoms known Date: YYYY/MM/DD<br>• Proceed with partner identification up to 6 months before onset of symptoms and up to 7 days post-treatment | | |
| ☐ Date of onset of case's symptoms unknown<br>• Proceed with partner identification up to 8 months before specimen and up to 7 days post-treatment | | |
| ☐ **Early latent syphilis** | | |
| Proceed with partner identification up to 12 months before date of specimen and up to 7 days post-treatment | | |
| ☐ **Late latent syphilis or latent syphilis of unknown duration** | | |
| • Proceed with identification of current and/or former partners who had a long-term relationship with infected individual **AND** partners of last 12 months | | |

Prescriber's signature and title: _____ Practice no.: _____ Date: YYYY/MM/DD

| Signature and license no. | Initials | Signature and license no. | Initials |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

[7] In case of late infection, the mother's RPR may not decrease as much if it was already low to begin with.

**References:**

Agence de la santé publique du Canada. Infections transmissibles sexuellement et par le sang : Guides à l'intention des professionnels de la santé. ASPC; 2021. Available at: https://www.canada.ca/fr/sante-publique/services/maladies-infectieuses/sante-sexuelle-infections-transmissibles-sexuellement/lignes-directrices-canadiennes.html

Fanella S, Bitnun A, Barton M, Sauvé L. Le diagnostic et la prise en charge de la syphilis congénitale : ne laisser passer aucune occasion. Société canadienne de pédiatrie; 2024. Available at: https://cps.ca/fr/documents/position/syphilis-congenitale

Institut national d'excellence en santé et en services sociaux. Syphilis : repérage, diagnostic, usage optimal des antibiotiques et suivi. Rapport en soutien au guide d'usage optimal. Québec, Qc : INESSS; 2023. 152 p.

Institut national d'excellence en santé et en services sociaux. Traitement pharmacologique ITSS : Syphilis. Guide d'usage optimal. INESSS; 2023. Available at: https://www.inesss.qc.ca/fileadmin/doc/INESSS/Outils/Guides_ITSS/ITSS_Syphilis_WEB_FR.pdf