



19th April 2018

To: All GPs in London

Walk in Centres

NHS 111 for information

Alert: Syphilis in London

Nearly 3,000 cases of syphilis were diagnosed in London in 2016 and high numbers continue to be diagnosed. Although the majority are in men who have sex with men, heterosexuals are also affected. In 2016 cases came from all local authorities in London, with the following areas having 100 cases or more – Lambeth, Southwark, Westminster, Tower Hamlets, Camden, Hackney, Wandsworth, Islington, Kensington and Chelsea, Hammersmith, and Lewisham.

Why is it important for Primary Care practitioners to consider syphilis?

Many patients with syphilis remain completely symptomless and may only be diagnosed by performing treponemal serology. For those who develop symptoms, some may have an ulcer or sore on the genitals or in the mouth. In most cases the ulcer is completely painless and usually disappears by itself. Then, some weeks later, some people develop a skin rash, fevers and swollen glands. As these symptoms are not very specific, people affected and even doctors may mistakenly believe that the symptoms are due to flu or some other viral illness.

We have attached a summary of the key clinical features of early syphilis. As many patients remain completely symptomless, and may only be diagnosed by performing treponemal serology **please consider syphilis as a diagnosis in sexually active people presenting with suggestive symptoms, particularly genital lesions or generalised rashes**. All women should also receive antenatal syphilis testing and be retested during the pregnancy if there is ongoing risk of acquisition.

If you recognise these symptoms in your patients, or feel your patients may have been at risk, please:

- Send a clotted sample to microbiology stating clearly on the request form possible syphilis case or contact.
- Refer patients with genital or suspicious oral ulcers urgently to your local Sexual Health clinic where dark ground examination may be performed as a rapid diagnostic test.



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- Contact your local Sexual Health department for advice if needed. For general advice, ask to speak to a health advisor. For specific clinical advice, ask to speak to the senior doctor on duty.

Please circulate this letter to relevant healthcare professionals in your setting.

Yours sincerely

Deborah Turbitt

Dr Deborah Turbitt

Deputy Regional Director for Health Protection, PHE London

Cc: Directors of Public Health in London

Medical Directors in London

Sexual Health Clinics in London



Primary Syphilis

- Primary syphilis usually presents as an ulcer (chancre) on the genital area, but may occur at any site where contact has occurred, e.g. mouth, lips, fingers, rectum, perianal area.
- The chancre is usually painless but may be painful or tender in some cases.
- A primary syphilis chancre usually appears within 3 weeks of initial inoculation and is likely to heal spontaneously within three to six weeks.
- The lesion begins as a papule with subsequent erosion and induration.
- The base is usually smooth with raised firm borders.
- Unless secondarily infected it usually appears clean with no exudate.
- The lesion may be atypical in up to 60% of cases and the absence of an identifiable primary skin lesion is also common.
- Local lymph nodes are usually enlarged.
- Multiple lesions may occur.
- **ANY NEW GENITAL LESION SHOULD RAISE THE SUSPICION OF SYPHILIS.**

Secondary Syphilis

- This is when syphilis becomes systemic and usually develops about two to eight weeks after the chancre.
- It may occur in the presence of a primary chancre.
- **Secondary syphilis has widespread and changeable manifestations.** Virtually every organ of the body can be affected.
- It usually causes fevers, malaise, lymphadenopathy and classically a rash.
- **The rash is generalised, symmetrical, usually non-itchy and typically also affects the palms and soles. It may be macular, maculopapular, papular or pustular but not usually vesicular.**
- Oral and genital mucosal ulcers may also occur, as well as wart-like growths perianally.
- There may be pharyngitis or laryngitis, patchy alopecia, arthralgias, anorexia and weight loss, or a variety of gastrointestinal symptoms.
- There may also rarely be CNS, renal or hepatic involvement.
- **Symptoms may be very variable, mild and unnoticed.**



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Subsequent course of illness

- The disease enters a latent asymptomatic phase that may last for many years.
- In the first few years of this phase relapses of secondary syphilis may occur.
- The patient may still be infectious to others in the absence of symptoms. For practical purposes it is generally considered that patients will no longer be infectious four years after their initial infection, however transmission in utero can still occur after this time.
- Late stage syphilis is a slowly progressive inflammatory disease that can result in serious neurological and cardiovascular effects and ultimately in death.