1.0 Purpose
   1.1 To improve and focus efforts to treat those at risk for undiagnosed/untreated incubating, primary, secondary, or early latent infectious syphilis.

2.0 Scope and Goal
   2.1 Antibiotic interim treatment for infectious syphilis may be offered by PHNs working within the Healthy Sexuality and Harm Reduction team who have current signed delegation agreements to clients who meet the Antibiotic Interim Treatment for Infectious Syphilis Eligibility Criteria.

3.0 Delegation of Function
   3.1 The Medical Officer of Health (MOH), Winnipeg Regional Health Authority (WRHA), delegates the authority to provide antibiotic interim treatment for infectious syphilis to designated PHNs.

4.0 Definitions
   4.1 Incubating Syphilis: An asymptomatic person with a history of sexual exposure within the past 10-90 days to a partner with a confirmed diagnosis of infectious syphilis; PLUS either a reactive serology (nontreponemal and treponemal); OR at least a four-fold (e.g. 1:8 to 1:32) increase in titre over the last known nontreponemal test. Incubating syphilis is a subset of Early Latent Syphilis (Manitoba Health and Healthy Living, 2007).

   4.2 Primary Syphilis: Identification of T. pallidum by darkfield microscopy, fluorescent antibody, or equivalent examination of material from a chancre or regional lymph node; OR presence of one or more typical lesions (chancres), and reactive treponemal serology, regardless of nontreponemal test reactivity, in individuals with no previous history of syphilis; OR presence of one or more typical lesions (chancres) and at least a four-fold (e.g. 1:8 to 1:32) increase in titre over the last known nontreponemal test in individuals with a past history of syphilis treatment (Manitoba Health and Healthy Living, 2007).

   4.3 Secondary Syphilis: Identification of T. pallidum by darkfield microscopy, fluorescent antibody, or equivalent examination of mucocutaneous lesions and condyloma lata; OR presence of one or more typical mucocutaneous lesions, alopecia, loss of eyelashes and lateral third of eyebrows, iritis, generalized lymphadenopathy, fever, malaise, or splenomegaly; PLUS either
4.4 Early Latent Syphilis: An asymptomatic person with reactive serology (nontreponemal and treponemal) who within the past one year had ONE of the following: 1) non-reactive serology; 2) symptoms suggestive of primary or secondary syphilis; or 3) exposure to a sexual partner with primary, secondary or early latent syphilis (Manitoba Health and Healthy Living, 2007).

5.0 Background

5.1 The prevention and control of sexually transmitted infections (STIs) are important components of a comprehensive communicable disease control strategy. While it is beneficial for all citizens of the Winnipeg Health Region to have a regular primary care provider, many people are do not access care due to health, social and/or economic inequities. Not accessing care poses a potential health risk to the individuals themselves and to the community. To improve and focus efforts to test and treat mobile, marginalized and underserved populations for syphilis infections, designated Public Health Nurses (PHNs) may offer antibiotic interim treatment for infectious (incubating, primary, secondary, or early latent) syphilis to all eligible clients.

5.2 These guidelines are developed using the principles recommended in the Guideline for Shared Competencies and Delegated Physician Services (College of Physicians and Surgeons of Manitoba and College of Registered Nurses of Manitoba, 2002) as indicated in the following 6 sections.

5.2.1 Patients/ Clients

Appropriateness of the client:

- Clients served by this guideline are those seeking sexual health, harm reduction, and/or STI-related public health assessment/education from PHNs with the WRHA Healthy Sexuality and Harm Reduction team.
- These clients expect the public health practitioner to be competent and current; and expect to receive the appropriate testing and treatment for infectious syphilis infection, as necessary.

Appropriateness of the service delegation:
Treatment of clients with infectious syphilis is delegated only to PHNs with advanced education and experience in public health who are working within the WRHA Healthy Sexuality and Harm Reduction team.

5.2.2 Collaboration between delegating MOH and Registered Nurse
- This document, when signed by the delegating MOH and PHN, is a clear agreement regarding delegation of function.
- Points where the delegation of function does not apply. Referral to appropriate medical practitioner/RN(EP) needed:
  - Client with known allergy to macrolide antibiotics,
  - Client with signs, symptoms or other clinical findings that do not fit within definition of infectious syphilis (Manitoba Health and Health Living, 2007),
  - Client does not consent to antibiotic treatment.

5.2.3 Competence
Physician:
- The MOH’s (Dr. Pierre Plourde) professional qualifications include a Certificate of Special Competence, Infectious Diseases, Royal College of Physicians of Canada (FRCPC); Associate Professor, University Manitoba Departments of Medical Microbiology & Community Health Sciences.
- In the absence of the above-named MOH, consultation is available through any of the other MOH’s at the WRHA. All WRHA MOHs have advanced professional qualifications including Certificates of Special Competence with the Royal College of Physicians of Canada (FRCPC).

Public Health Nurse:
- PHN competence will include a Baccalaureate Degree in Nursing with recent PHN experience, in addition to an orientation to specialized healthy sexuality and harm reduction services including delegated antibiotic treatment for uncomplicated chlamydia and gonorrhea, followed by ongoing continuing education. Competency will normally be achieved over a 4-8 week period of apprenticeship with an experienced PHN. As determined in concert with the PHN and staff advisor, this apprenticeship will begin when the PHN has
shown competency in management of sexually transmitted infections with the Healthy Sexuality and Harm Reduction team. Maintenance of competency will be achieved through ongoing review of practice in team meetings with the Manager, MOH, Clinical Nurse Specialist and Communicable Disease Control (CD) Coordinator and annual chart audits.

5.2.4 **Context**

Supports to meet standards will include access to all current STI guidelines and resources (Healthy Sexuality and Harm Reduction team practice guidelines, Manitoba Health and Healthy Living’s Communicable Diseases Management Protocols, Public Health Agency of Canada’s Canadian Guidelines on Sexually Transmitted Infections). Where there are differences between provincial and national guidelines, provincial guidelines apply. The MOH or designated back-up MOH is available by pager for immediate consultation as required.

Mechanisms to maintain quality and safety will include regular peer review, regular consultation with the MOH through the CD Coordinator, and an annual random chart audit by the CD Coordinator (at least 5 charts per nurse to be reviewed). Every 3 months, the PHN will send to the CD Coordinator, a list of clients who received a delegated function by the PHN. When guidelines and delegations are not followed, this will be documented, investigated and evaluated with the PHN by the MOH in collaboration (as appropriate) with a designated individual (Team Manager, Clinical Nurse Specialist, CD Coordinator). Bi-annual performance reviews with the team manager are required.

All WRHA guidelines for documentation and storage of records will be followed according to existing WRHA standards and protocols.

5.2.5 **Education**

Continued and ongoing competence will be maintained through ongoing education and review of practice. Reliable provincial and national guidelines are available, updated regularly, and used by PHNs for each delegated function. PHNs are competent healthcare
professionals with skills in teaching about risks, benefits, side effects and reporting of adverse events.

5.2.6 **Evaluation**
This delegation of function process will be reviewed every 2 years or more frequently if needed (e.g., change in delegating physician).

6.0 **Procedure**

6.1 Determine eligibility with the **Antibiotic Interim Treatment for Infectious Syphilis Eligibility Criteria**.

6.2 Assess the client’s health status.

6.3 If the client is pregnant/breastfeeding, the PHN will discuss the risk/benefit of treatment as well as other treatment options.

6.4 Obtain informed consent ensuring client has appropriate information and capacity to give such consent.

6.5 Administer single dose oral treatment of azithromycin 2g, under direct observation.

6.6 Draw serology for syphilis screen, reference and confirmatory.

6.7 Assess for eligibility within the following Practice Guidelines with Delegation of Function:

6.7.1 Blood Testing for HIV, Hepatitis C virus, Hepatitis B virus, Hepatitis A virus, syphilis and Communicating Test Results, AND

6.7.2 Urine Testing for Chlamydia & Gonorrhea Genital Infections.

6.8 Ensure the standards of care (below) are met.

7.0 **Standards of Care**

The PHN will:

7.1 Offer treatment to clients who meet the **Antibiotic Interim Treatment for Infectious Syphilis Eligibility Criteria**.

7.2 Counsel the client that medical follow-up for treatment of syphilis is still necessary (note that azithromycin does not replace the need for Bicillin).

7.3 PHN will arrange/refer for medical follow-up, with client’s consent, for syphilis assessment and treatment with Benzathine Penicillin G (Bicillin) by a physician/RN(EP).

7.4 Review risks of infection and benefits of treatment including importance of abstaining from unprotected sex until after adequate treatment with Bicillin.

7.5 Interview for sex contacts and counsel on importance of partner notification.

7.6 Offer risk/harm reduction and prevention information and resources.

7.7 Directly observe single dose oral treatment of azithromycin 2 grams.
7.8 If vomiting occurs within 1 hour of administration of antibiotics and client finds intact tablets in the vomit, the PHN will reassess to see if this delegation procedure should be implemented again.

7.9 Arrange/refer for social support services as needed and with client’s consent.

7.10 PHN will document on the WRHA client record:
   7.10.1 Clients meets **Antibiotic Interim Treatment for Infectious Syphilis Eligibility Criteria**, 
   7.10.2 Client did not report any contraindications to treatment,  
   7.10.3 Client provided informed consent,  
   7.10.4 Type, dose, route, time and direct observation of medication provided,  
   7.10.5 Risk/harm reduction education and resources offered and/or provided,  
   7.10.6 Specific follow-up arrangements made.

**Antibiotic Interim Treatment for Infectious Syphilis Eligibility Criteria**

- Client meets at least 1 of the following 3 criteria  
  - Named as a contact to a case of syphilis.  
  - Clinical symptoms of primary or secondary syphilis as per Communicable Disease Management Protocol Syphilis (Manitoba Health and Healthy Living, 2007).  
  - Presents to PHN with positive syphilis serology regardless of symptoms or contact history (i.e. incubating or early latent syphilis).

**AND**

- Client cannot attend Primary Care Practitioner for assessment/treatment related to syphilis within 1 week.
AND

- Client is able to understand the information, benefits and risks that are relevant to making a decision to be treated. If there are any doubts about the individual’s capacity to consent, the treatment should not be provided by the PHN, and the client should be referred to a physician/nurse practitioner for medical assessment.

AND

- Client has no known allergies or chronic illness that would be a contraindication to azithromycin or macrolide antibiotics (Manitoba Health and Healthy Living, 2008).

AND

- Client is at least 16 years of age. Note: For those clients between the ages of 13 and 15, a reasonable attempt must be made by the nurse to obtain parental/legal guardian consent prior to treatment. For street involved youth, the persistent refusal to disclose guardianship will be considered a reasonable attempt to locate parents/guardians, and the mature minor provision will be followed.

8.0 Validation


### Delegation of Function

*The Medical Officer of Health (MOH), Winnipeg Regional Health Authority (WRHA), delegates the authority to provide antibiotic interim treatment for infectious syphilis to designated PHNs.*

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<thead>
<tr>
<th>Delegation of Function</th>
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<td>Sept 2, 2009</td>
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<thead>
<tr>
<th>Dr. Pierre Plourde</th>
<th>Date</th>
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<tr>
<td>PHN (sign and print name)</td>
<td>Date</td>
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