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REDE
DE RASTREIO

SYPHILIS

WHAT IS IT

It is a sexually transmitted infection caused by the bacterium *Treponema pallidum*.

HOW IT MANIFESTS

The infection manifests itself in three stages: primary, secondary, and tertiary. Without treatment, the infection progresses from one stage to the next. The incubation period (time from exposure to first symptoms) is usually around 21 days, but it can range from 10 to 90 days.

In the primary stage, one or more painless sores appear at the site where the bacteria entered (mouth, penis, vagina, or anus). The sore may be visible (external) or not visible (internal). The sores heal spontaneously within 3 to 6 weeks. The regional lymph nodes may swell, causing lumps to appear on the neck or groin, for example.

In the secondary stage, while the sores are still present or a few weeks after they have healed, reddish-brown spots appear on the skin, often affecting the palms of the hands and soles of the feet. Malaise, fever, swollen glands, and headaches may also be present.

In the tertiary stage, years later, lesions appear in the heart, brain, and nervous system. Between the secondary and tertiary stages, there may be no symptoms.

A latent stage (without symptoms) separates the secondary and tertiary stages and not everyone progresses to tertiary syphilis.

HOW IT IS TRANSMITTED

Syphilis is transmitted through sexual contact with a person who has a syphilis sore, that can be visible or not. It can be transmitted through oral, vaginal or anal sex, even when there are no apparent symptoms.

Pregnant women can transmit syphilis to their babies during pregnancy.

In Portugal, blood and/or organ donations do not transmit syphilis, because all donors are screened. Hemodialysis and surgery do not transmit syphilis, since in Portugal the equipment used is sterilized and for single use.

HOW IT IS DIAGNOSED

The rapid syphilis test looks for antibodies in a small blood sample. All infected people have antibodies after 12 weeks, before that they may not have enough to be detected by the rapid test. A non-reactive result indicates that there has been no infection for more than 12 weeks. A reactive result indicates that there has been contact with syphilis but does not distinguish between an old/treated infection and a current/untreated infection.

The tests to confirm infection are specific blood tests (VDRL and TPHA) and/or testing directly for the bacteria genetic material in the sore, if present.

HOW IT IS TREATED

Treatment is with antibiotics. In most cases injectable penicillin, but there are some alternatives if the primary regimen cannot be used.

It is important to abstain from unprotected sexual intercourse until the 7th day after treatment to prevent transmission of the infection.

Sexual partners of people diagnosed with syphilis benefit from being treated at the same time, as this prevents reinfection.

HOW TO PREVENT IT

Condoms: using condoms during oral, vaginal, or anal sex can prevent infection. Condom use is recommended for all sexual practices, including oral sex, during syphilis treatment.

Regular testing: Regular screening can result in early detection and treatment, preventing the transmission of infection. Screening for syphilis is recommended every 6 months, and up to every 3 months depending on individual risk assessment and in cases of pregnancy, diagnosis of other sexually transmitted infections, use of HIV prophylaxis

Reviewed by the GAT Health Coordination. The information in this leaflet is not intended to replace the one provided by healthcare professionals. Decisions related to prevention, diagnosis, and treatment should always be validated by healthcare professionals.

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