 Department of Health Government of Nunavut		Medical Directives and Delegation Public Health and Community Health Nurses (RNs)	
TITLE:		SECTION:	POLICY NUMBER:
Testing, diagnosing, and treating syphilis infections for Public Health and Community Health Nurses (RNs)		Nursing Practice	07-032-00
EFFECTIVE DATE:	REVIEW DUE:	REPLACES NUMBER:	NUMBER OF PAGES:
August 30, 2024	August 30 th , 2025	Updated	13
APPLIES TO: Public Health and Community Health Nurses (RNs) who have completed the mandatory syphilis learning module and the quality assurance training via the Territorial POCT coordinator for the syphilis and HIV POCT test kits as specified in the directive			

1. BACKGROUND:

The rates of sexually transmitted infections (including chlamydia, gonorrhea, and syphilis) in Nunavut are higher than the Canadian average. In particular, the territory has been experiencing a syphilis outbreak since 2012. Prior to that time there were 0-5 cases per year; from 2012 to 2022 the case count has varied between 30-120 cases per year. Compared to rest of Canada, reports of confirmed congenital case counts is rare in Nunavut but the rising reports of probable congenital cases is a concern.

Public Health Nurses (PHN) and Community Health Nurses (CHN) in the territory can help to decrease the risk of transmission and possible complications of syphilis by supporting prompt diagnosis and treatment of syphilis.

PHNs and CHNs are expected to practice within their own level of competence and consult with their supervisor, a nurse practitioner (NP), Regional Communicable Disease Coordinator (RCDC) or a physician (MD) as required. Interviewing cases and contacts and completing a physical assessment are within the RN scope of practice. Drawing blood is also within the RN scope of practice provided the nurse has acquired the appropriate competencies. **Diagnosis and treatment are not within the RN regulated scope of practice and therefore, RNs require additional training and a medical directive to perform these functions.**

2. MEDICAL DIRECTIVE AND/OR DELEGATED PROCEDURE:

This medical directive includes testing (2.1), diagnosing (2.2), and treating (2.3). Please note that this directive is intended to be used by RN's who have completed the mandatory Nunavut syphilis learning module as well as must have completed the quality assurance training via the Territorial POCT coordinator for the syphilis and HIV POCT prior to use and with appropriate remote training when available in conjunction with southern partners as per this directive, in Nunavut communities. The syphilis learning module and the remote learning in the south are both supported but the

remote learning in the south is not mandatory to act out this directive. See Section 6.4.1 Syphilis in the Nunavut Communicable Disease Manual for detailed clinical information.

2.1 TESTING: Public Health Nurses (PHN) and Community Health Nurses (CHNs) may order syphilis serologic tests (e.g., EIA, TPPA and RPR) as well as utilize the POCT INSTI multiplex HIV and Syphilis test kit for patients presenting to the clinic without a direct Physician or Nurse Practitioner (NP) order when any of the following conditions in Table 1 are met. If additional testing methodologies become available, they will be considered for inclusion in this medical directive.

2.1.1 The PHN or CHN may utilize the POCT INSTI multiplex HIV and Syphilis test kit and order syphilis EIA, TPPA, RPR, HIV, Hepatitis B Surface Antigen and Hepatitis C antibody without a physician or NP order as per the PHN Chlamydia and Gonorrhea medical directive; as well as per this medical directive and based on recommendations from the *Canadian Guidelines on Sexually Transmitted Infections*.

Table 1: Inclusion Criteria for ordering blood tests for syphilis & utilization of the POCT INSTI multiplex HIV and Syphilis test kits.

<i>Syphilis</i>
Female or Male
Individuals with signs/symptoms of syphilis and/or sexual contact of a known case of syphilis
Higher risk – MSM unprotected sexual activity in contact with oral, genital mucosa or anal intercourse
Persons with multiple/casual/anonymous partners
Higher risk – males under 29 years of age
Patient self identifies at least 1 risk factor for STIs as outlined in the Government of Nunavut Communicable Disease Manual (GN CD Manual)
Anyone requesting an STI screen
During pregnancy as per GN Prenatal Guidelines
Follow-up of individual previously diagnosed with syphilis

Nunavut Communicable Disease Manual, 2013

Table 2: Exclusion Criteria for the utilization of the POCT INSTI multiplex HIV and Syphilis test kits.

<i>Syphilis/HIV</i>
Female or Male
Persons known to be previously syphilis positive on serologic testing where only syphilis testing required; the syphilis test will remain positive for life. However, persons with a history of syphilis may be tested for HIV.

Persons known to be HIV positive where only HIV testing required; the HIV test will remain positive for life. However, persons living with HIV may be tested for syphilis.

The following individuals should be treated empirically for syphilis regardless of rapid syphilis test results:

- Symptomatic clients with a lesion(s) suggestive of a primary chancre and/or rash that may be due to syphilis and/or;
- Sexual contacts to confirmed cases of infectious syphilis in the past 12 months.

Utilization of Syphilis and HIV Point of Care Test- IHS and the Department of Health SOP

2.2 DIAGNOSIS:

A PHN or CHN may communicate a diagnosis of syphilis infection to the patient once the blood and serologic tests are result and reviewed. If applicable, POCT test results may be communicated as a preliminary diagnosis to be confirmed by serological tests.. This diagnosis can only be done once the PHN or CHN has completed the mandatory syphilis learning module and has completed the quality assurance training via the Territorial POCT coordinator for the syphilis and HIV POCT test kits.

Table 3: Clinical manifestations of syphilis based on stage of infection.

	Syphilis		
Stage	Infectious Syphilis	Incubation period	Clinical manifestations
Primary	Yes	3 weeks (9 to 90 days)	Chancre, regional lymphadenopathy (please refer to Syphilis module slide 12 and 14 for reference)
Secondary	Yes	2 to 12 weeks (2 weeks to 6 months)	Rash, fever, malaise, lymphadenopathy, mucus lesions, condyloma lata, patchy or diffuse alopecia, meningitis, headaches, uveitis, retinitis (See Syphilis module slide 12 and 14 for further reference)
Early Latent	Yes	Early latent : < 1 year	Asymptomatic
Late Latent	No * <i>consult the MD or NP prior to treatment</i>	Late latent : ≥ 1 year	
Tertiary:	No * <i>consult the MD or NP prior to treatment</i>	10 to 30 years	Aortic aneurysm, aortic regurgitation, coronary artery ostial stenosis
Cardiovascular syphilis	No * <i>consult the MD or NP prior to treatment</i>		
Neurosyphilis	No * <i>consult the MD or NP prior to treatment</i>	<2 years to 20 years	Ranges from asymptomatic to symptomatic with headaches, vertigo, personality changes, ataxia, presence of

			Argyll Robertson pupil, meningitis, stroke, hearing changes, cognitive changes
Gumma	No * <i>consult the MD or NP prior to treatment</i>	1 - 46 years (most cases 15 years)	Tissue destruction of any organ; manifestations depend on site involved
Congenital:		Onset <2 years	2/3 may be asymptomatic; fulminant disseminated infection, mucocutaneous lesions, osteochondritis, anemia, hepatosplenomegaly, neurosyphilis
Early	No * <i>consult the MD or NP prior to treatment</i>		
Late	No * <i>consult the MD or NP prior to treatment</i>	Persistence >2 years after birth	Interstitial keratitis, lymphadenopathy, hepatosplenomegaly, bone involvement, anemia, Hutchinson's teeth, neurosyphilis

2.3 TREATMENT: PHN and CHN may initiate, dispense, and administer drug treatment for syphilis without a direct physician or NP order when any of the following conditions in Table 3 apply. The physician or NP must be consulted prior to treatment for all children 16 years of age and younger, all pregnant individuals, if penicillin-allergic and those who have a non-infectious syphilis diagnosis.

Table 4: Inclusion Criteria for Initiating Drug Therapy

<i>Treponema pallidum</i> (syphilis)
A serological blood test is positive for infectious syphilis infection as outlined in the diagnostic section of 6.4.1 Syphilis protocol in the Communicable Disease Manual and in Table 2.
A POCT result is positive for syphilis with no prior history of a known positive syphilis result.
Patient reports syndrome compatible with a syphilis infection (without waiting for test results) as outlined in Table 2 of this directive.
Sexual partner(s) of known infectious cases

3. AUTHORIZED IMPLEMENTERS:

3.1 To enact this medical directive, the PHN or CHN is required to complete the additional mandatory NU syphilis learning module and have received quality assurance training via the Territorial POCT coordinator for the syphilis and HIV POCT which has been approved by the Chief Public Health Officer (CPHO). Additional supportive remote hands-on training {only when available, but not mandatory} in conjunction with southern partners may include: (1) training at a clinic (e.g., Edmonton, Ottawa, Iqaluit Public Health or as determined by CPHO) and (2) review the relevant chapters in the Nunavut Communicable Disease Manual and *the Canadian Guidelines on Sexually Transmitted Infections*. Completion of the mandatory NU

syphilis learning module and successful completion of the exam will be tracked by the territorial Public Health Nursing Consultant. The mandatory NU syphilis learning module will need to be re-certified every 5 years. The office of the CNO will keep a written list of all those who are authorized implementers. The successful completion of the POCT quality assurance training is tracked by the Territorial POCT coordinator. In addition, periodic case audits and reviews may be conducted. Individuals using this directive are expected to review any questions with the RCDCs, and, where necessary, the territorial syphilis consultant.

- 3.1.1** Sub delegation is not permitted to another regulated or non-regulated health care professional who (1) are not listed in the directive/ delegation policy and (2) are not authorized to perform that procedure through other authorizing mechanisms like departmental policies, professional regulation acts and associations.

4. INDICATIONS AND CONTRAINDICATIONS

The physician or NP must be consulted when any of these conditions exist:

4.1 GENERAL:

- 4.1.1** The patient's history or exam findings do not match the criteria stated in this directive.
- 4.1.2** The patient reports neurological symptoms or symptoms consistent with non-infectious syphilis as outlined in table 2.

TREATMENT - Specific:

- i. The patient is younger than 16 years of age;
- ii. Patient has a contraindication to the preferred treatment (benzathine penicillin – G long acting [Bicillin-LA]) stated in the product monograph or CPS;
- iii. All pregnant individuals;
- iv. Those who have a non-infectious syphilis diagnosis (late latent, etc)

5. PROCEDURE:

Prior to implementation of this directive, a patient assessment must be conducted. At minimum, the assessment should include the following as outline in Syphilis module slide 29-32. For any patient that is 16 years of age or younger reporting sexual abuse, consult with MD/NP without delay and consider referral to mental health and victim services.

5.1 TESTING:

- 5.1.1** When the patient meets the conditions stated in medical directive statement 2.1 and the Utilization of Syphilis and HIV Point of Care Test - IHS and the Department of Health SOP the PHN or CHN may order syphilis serology.

- 5.1.2 In addition to ordering bloodwork for syphilis or utilizing the Syphilis and HIV Point of Care Test, the nurse should consider ordering urine for chlamydia and gonorrhea and bloodwork Hepatitis B, Hepatitis C, and HIV screening, as per *Canadian Guidelines on Sexually Transmitted Infections*.
- 5.1.3 Obtain informed consent prior to collecting a specimen and initiating drug treatment – ensure the patient understands the mandatory reporting, contact tracing requirements and limitations of the Syphilis and HIV Point of Care Test if applicable associated with positive results.
- 5.1.4 The specimen is to be collected, labelled, handled, and transported as per relevant GN laboratory and Meditech policy and procedures.
- i. Requisitioning through Meditech: Enter the PHN or CHN's Personal Identification Number in the signature line.
 - ii. Review the Utilization of Syphilis and HIV Point of Care Test- IHS and the Department of Health SOP for specimen collection procedures
- 5.1.5 The PHN/CHN is responsible and accountable for reviewing and following up on lab results once available. Every attempt shall be made to promptly notify the patient of the results once available and if the patient is lost to follow-up and had a positive test result, attempt follow-up by phone at least three times and by mail at least once.
- i. When HIV, Hepatitis B and Hepatitis C screening serology was ordered as part of this medical directive, all positive results must be referred to a physician or NP. If the PHN or CHN is unsure of the interpretation of any lab result, the RCDC should be consulted.
- 5.1.6 This medical directive does not authorize the PHN/CHN to assess, diagnose and treat HIV, Hepatitis B or Hepatitis C and thus physician or NP referral is required upon receipt of positive laboratory results. Consultation with the physician or NP should follow usual consultation practices already established locally.
- 5.1.7 When a positive syphilis test result is reported, the PHN/CHN will document findings in Meditech under the "Sexual Health Report", complete and submit the GN *Syphilis Case Report Form*, conduct case management and contact tracing in compliance with the CPHO-directed protocol in the CD manual and submit case report forms to the RCDC within one week of diagnosis.
- 5.1.8 For children 16 years and younger, the PHN/ CHN can initiate screening for syphilis, however, the physician or NP must be consulted prior to treatment, as there may be additional assessments, swabs and referrals required. NOTE: Mandatory reporting protocols are to be enacted when child abuse is suspected. Refer to *Appendix B: Age of Consent to Sexual Activity*.

5.2 TREATMENT:

5.2.1 When the patient meets the conditions stated in medical directive statement 2.1.1, the PHN or CHN may Initiate treatment as outlined in the Syphilis Protocol in section 6.4.1 of the Nunavut Communicable Disease Manual and provide patient information about the potential adverse effects of the prescribed treatment.

5.2.2 Any adverse events will be documented and reported to the physician or NP.

5.3 COUNSELING:

5.3.1 The PHN or CHN will provide health counselling information as outlined in the Nunavut Communicable Disease Manual.

5.3.2 Provide information about the conditions in which the patient should seek follow-up medical care; and when to return for follow-up syphilis serology.

5.3.3 Offer publicly funded vaccines for Hepatitis B, HPV and Imvamune if eligible under the GN immunization protocols.

6. DOCUMENTATION:

6.1 The nurse is to document in accordance with RNANTNU and GN documentation standards.

At minimum, the following is to be documented:

- i. The patient assessment findings and care plan;
- ii. The specific laboratory test(s), date and time ordered;
- iii. Medication treatment initiated and administered (include name of medication, dose, route, time of administration, and amount dispensed)
- iv. Patient counselling topics;
- v. All other interventions conducted (including referrals and procedures); and
- vi. The Medical Directive Number if applicable.

6.2 For lab and other diagnostic test requisitions, the implementer must document the name as ordering provider and “as per medical directive.”

7. QUALITY MONITORING

7.1 Any staff that identifies unintended outcomes arising from implementation of this directive or needs clarification of this directive, are responsible to discuss with their supervisor.

7.2 The Department of Health will maintain a list of authorized implementers and may perform random audits.

8. RELATED POLICIES, PROTOCOLS AND LEGISLATION:

Nunavut Communicable Disease Manual. Chapter 6.4.1 Syphilis.

Nunavut Communicable Disease Manual. Chapter 6.2 and 6.3 Chlamydia and Gonorrhea Communicable Disease Protocols.

9. APPENDICES

Appendix A: Decision-Making Model for Performing Additional Functions and Transferred Functions

Appendix B: POCT Syphilis Clinical Pathway

Appendix C: POCT HIV Clinical Pathway

Appendix D: For more information on clinical guidance, please see Chapter 6.4.1 Syphilis in the Nunavut Communicable Disease Manual.

10. DOCUMENTS

- Government of Nunavut (2013). Nunavut Communicable Disease Manual. Chapters: 6.4.1 Syphilis; 6.2.1 Chlamydia; and 6.3.1 Gonorrhea. Available at: <https://www.gov.nu.ca/health/information/manuals-guidelines>.
- Nunavut Drug Formulary
- GN Community Health Nursing Administration Manual. Policy: Documentation Standards
- GN Community Health Nursing Administration Manual. Policy: Transferred Functions
- GN Community Health Nursing Administration Manual. Policy: Medication Administration – Nursing
- GN Community Health Nursing Administration Manual. Policy: Dispensing Medication
- GN Community Health Nursing Administration Manual. Policy: Laboratory Procedures
- Public Health Agency of Canada (2010). *Canadian Guidelines on Sexually Transmitted Infections* from <http://www.phac-aspc.gc.ca/std-mts/sti-its/cgsti-ldcits/index-eng.php#toc>
- Health Centre Lab Manual – Regional Specific
- POCT INSTI Multiplex HIV and Syphilis Ab Test Operational Procedure
- POCT INSTI Multiplex HIV and Syphilis Staff Competency
- Testing, diagnosing, and treating syphilis infections for Public Health and Community Health nurses (RNs) medical directive dated June 2024 or later
- INSTI Multiplex HIV and Syphilis POCT Clinical Education

11. REFERENCES:

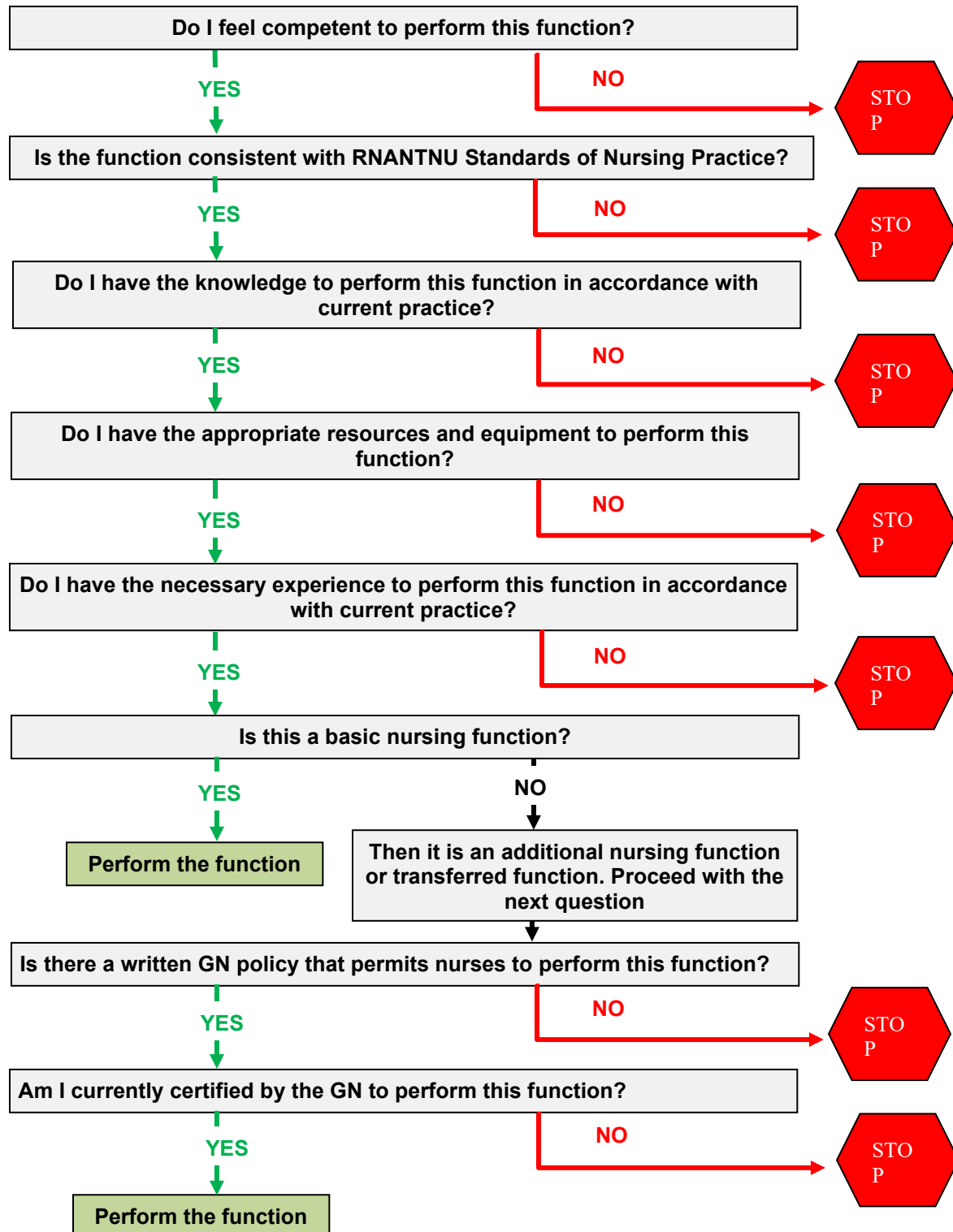
- Government of Nunavut (2013). Nunavut Communicable Disease Manual. Available at: <https://www.gov.nu.ca/health/information/manuals-guidelines>
- Government of Nunavut (2010). Community Health Nursing Administration Manual
- Public Health Agency of Canada (2010). *Canadian Guidelines on Sexually Transmitted Infections*. Available at: <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines.html>
- Alberta Health Services (2023). *Utilization of Syphilis and HIV Point of Care Test by STI*

12. APPROVALS:

A directive, delegation or procedure may require approval from administrative authorities such as the Medical Advisory Committee.

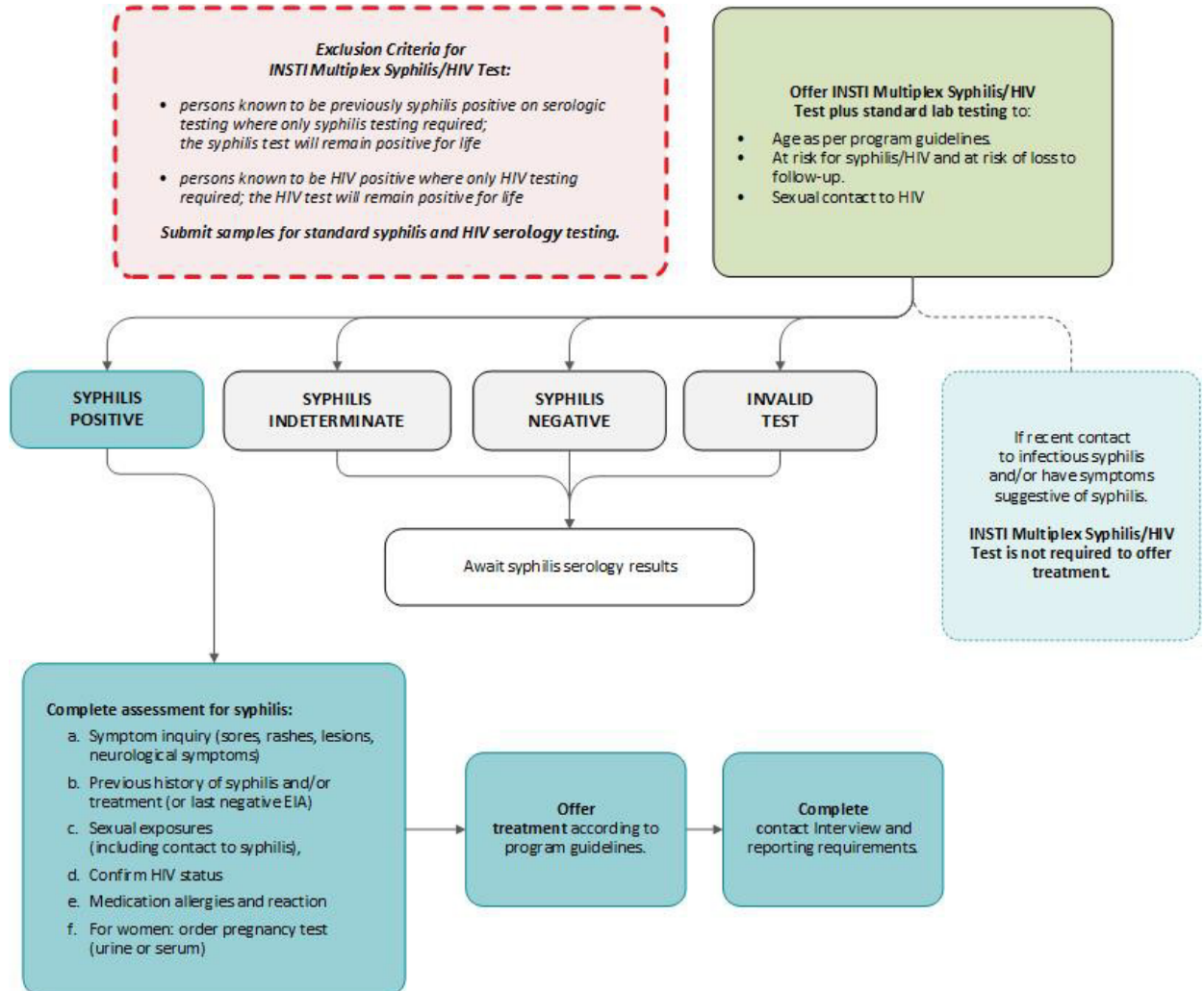
Approved By: 	Date: August 30th, 2024
Dr. Ekua Agyemang, Acting CPHO	

APPENDIX A: DECISION-MAKING MODEL FOR PERFORMING ADDITIONAL FUNCTIONS AND TRANSFERRED FUNCTIONS

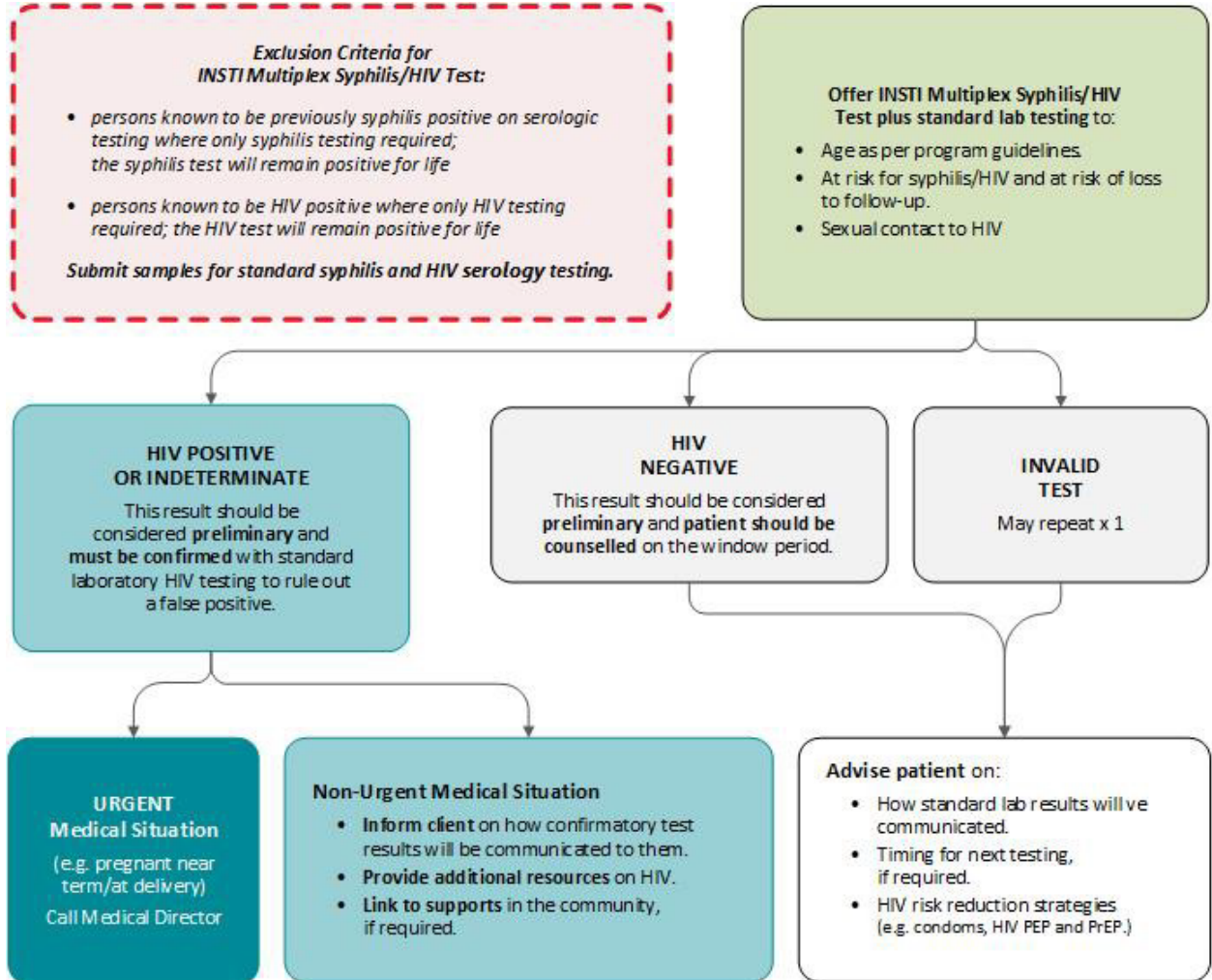


RNANT/NU (2010). *Scope of Practice for Registered Nurses*, p. 9

APPENDIX B: POCT Syphilis Clinical Pathway



APPENDIX C:



Appendix D:

For more detailed clinical guidance, please see Chapter 6.4.1 Syphilis protocol in the Nunavut Communicable Disease Manual (last updated in 2018).

It includes a 2-page decision support tool with information on staging, contact tracing, treatment, and follow-up.