# An Audit of Syphilis screening on an annual basis in a single-centre outpatient setting for people living with HIV infection

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## Background

Syphilis is a sexually transmitted infection caused by the spirochete bacterium Treponema Pallidum. Syphilis can manifest in symptoms such as a chancre in early primary infection, rash or uveitis in secondary infection and tertiary cardiovascular or neuro-ocular sequelae in later stages if left untreated.

Syphilis screening consists of serological testing which is widely available in the Infectious Diseases outpatient setting as part of the standard of care for people living with HIV infection. It is important to note that people living with HIV may be at risk of developing more severe presentations of syphilis infection.

## Aims

To assess opportunistic syphilis screening in an outpatient setting for people living with HIV compared to the standard outlined by the 2021 European AIDS Clinical Society (EACS) Guidelines which recommends annual testing.

## Methods

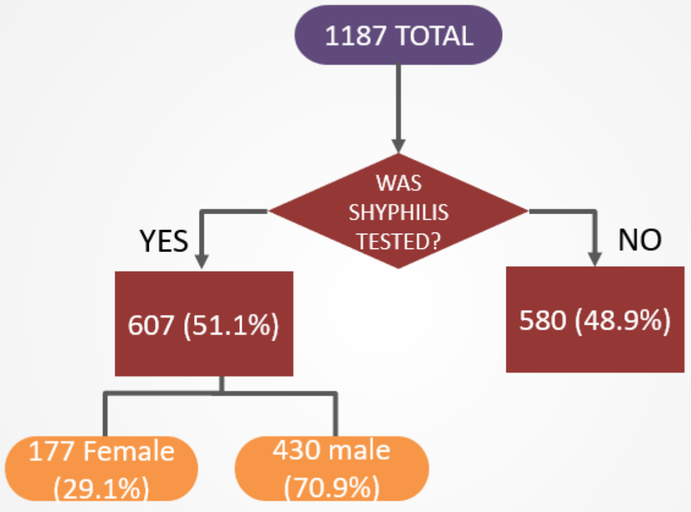
Details for patients on anti-retroviral therapy attending the clinic were obtained from the Infectious Diseases Pharmacy. Audit approval was obtained locally.

Those included had a known diagnosis of HIV infection and had attended the Infectious Diseases Clinic as part of their routine review from January to December 2021.

The electronic patient record was analysed to see which patients had a syphilis serology screen ordered as part of their routine blood tests.

The audit tool utilised was a password protected Excel Spreadsheet which was populated by Dr Maria McWalter and Dr Annmarie White. Data was rendered anonymous by the collection process and analysed using Microsoft Excel software

## Results




The mean age of patients was 44 years and the mean number of attendances in clinic was 2.15.

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| Total Who Had Syphilis Tested | 607 |
| Previous Negative Syphilis Serology | 405 (66.7%) |
| Known Prior Infection | 178 (29.3%) |
| New Syphilis Diagnosis | 16 (2.6%) |
| Evidence of Re-Infection | 13 (2.1%) |

## Conclusion

Identifying syphilis infection in an outpatient setting is an important means of instigating early treatment for those attending the HIV clinic and curtailing further transmission of syphilis infection in the community.

Opportunistic screening for syphilis infection as part of the routine blood tests for people living for HIV was suboptimal. Further efforts can be made to improve screening rates by providing education for those working in the Infectious Diseases Clinic with further re-audit to evaluate for improvements in screening