

**MAY 2026
HIPC NEWSLETTER**

In This Issue

- SYPHILIS
- >INTRODUCTION
- >DEFINITION
- >STAGES AND
- >SYMPTOMS
- >RISK FACTORS
- >DIAGNOSIS
- >PREVENTION
- >TREATMENT

- HAI DATA-MAY 2026
- HAND HYGIENE COMPLIANCE AUDIT DATA

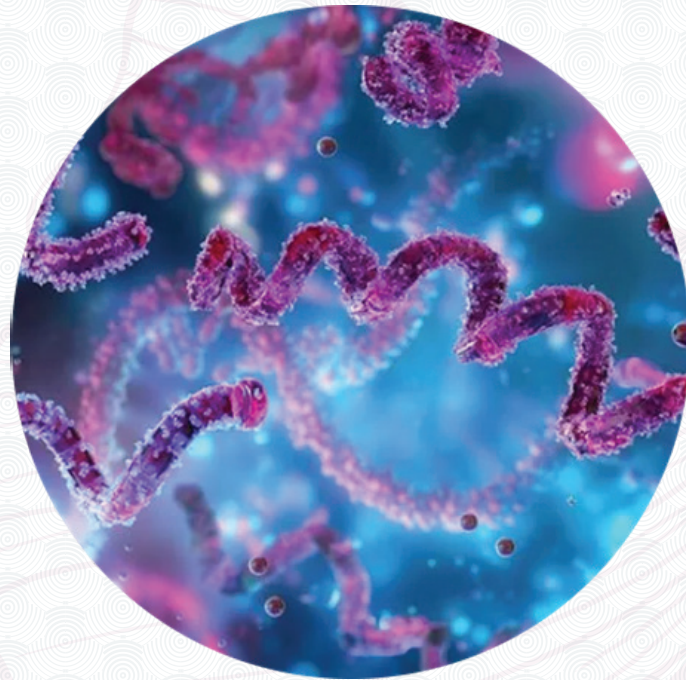
**Guideline Updates
Quick Links**

<https://www.who.int/news-room/fact-sheets/detail/syphilis>
https://www.google.com/search?q=RISK+FACTORS+OF+SYPHILIS+ACCORDING+TO+CDC+GUIDELINES&sca_esv=80ac5b3147037537&ei=pxL7aZKRMd3TwcsPpsi4mAY&biw=1366&bih=647&ved=0ahUKEwjSgKSLtaSUAXdaXADHSYkDmMQ4dUDCBE&uact=5&oq=RISK+FACTORS+OF+SYPHILIS+ACCORDING+TO+CDC+GUIDELINES&gs_lp=Egxnd3Mtd2l6LXNlcniAinFJJU0sgRkFDV

SYPHILIS

INTRODUCTION

Syphilis is a sexually transmitted infection (STI) that can cause serious health problems without treatment. Infection develops in stages; primary, secondary, latent, and tertiary. Each stage can have different signs and symptoms.



DEFINITION

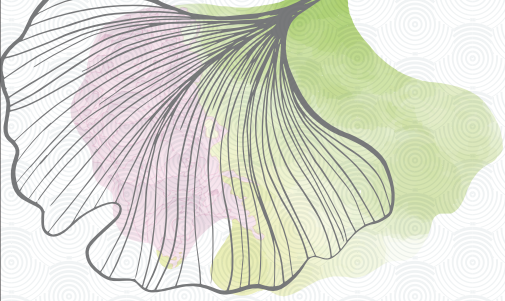
Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum* that can lead to serious health complications if left untreated.

The infection progresses through four distinct stages

Primary syphilis (first stage):

- usually lasts around 21 days
- round, painless, usually hard sore (chancre) appears on the genitals, anus or elsewhere
- the chancre may not be noticed and will heal in 3–10 days
- progress to the second stage if untreated.

Syphilis can be transmitted through chancres if they are not properly covered by a condom during sexual contact



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gws-wiz-se(2024 CDC Guidelines rp

Secondary syphilis:

- includes a non-itchy rash, usually on the palms and soles of the feet
- white or grey lesions appear in warm and moist areas, such as the labia or anus, at the site of the chancre (given their infectious nature, it is essential to avoid direct contact with these lesions; condom use is a key measure to reduce partner transmission)
- symptoms will go away without treatment.

Latent syphilis:

- often has no symptoms
- progresses to the third and final stage of syphilis (tertiary) after years if untreated
- tertiary syphilis can lead to brain and cardiovascular diseases, among other conditions.

SIGNS AND SYMPTOMS

Babies born with syphilis can experience:

- rashes
- inflammation in the organs
- anaemia
- bone and joint problems
- neurological conditions including blindness, deafness, meningitis
- developmental delays
- seizures

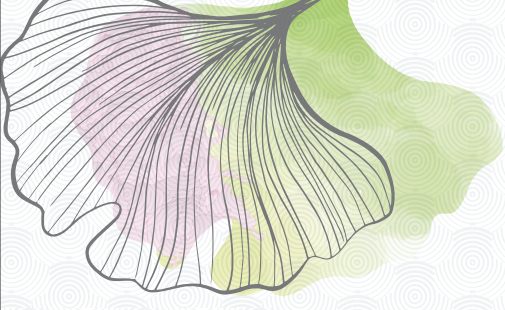
RISK FACTORS AND POPULATIONS

- **Sexual Behavior:** Unprotected sex, anonymous partners, or partners met through social media.
- **Sexual Orientation:** Gay, bisexual, and other men who have sex with men (MSM) are disproportionately affected.
- **Co-infections:** Individuals with other sexually transmitted infections (STIs), particularly HIV, are at higher risk.
- **Substance Use:** Use of methamphetamine, heroin, or recreational drugs associated with sex (chemsex).
- **Social Factors:** History of incarceration, sex work, or unstable housing/homelessness.
- **Pregnancy:** Pregnant women with limited prenatal care, or those with high-risk partners, are high-risk for syphilis.

CDC Screening Recommendations

The CDC recommends routine testing for:

- **Sexually active MSM:** At least annually, with increased frequency based on risk.



- **Individuals with HIV:** Annually.
- **Pregnant women:** At the first prenatal visit, with re-screening in the third trimester and at delivery if high-risk.

DIAGNOSIS

Primary Diagnosis Methods

- **Direct Detection (Definitive):** Darkfield microscopy or PCR tests from lesion exudate or tissue are the most accurate methods for early and congenital syphilis.
- **Serologic Testing (Traditional Algorithm):**
- **Screening:** Nontreponemal test (RPR or VDRL).
- **Confirmation:** Reactive nontreponemal tests must be confirmed with a treponemal test,TPHA (e.g., FTA-ABS, TP-PA, EIA).
- **Reverse Sequence Screening:** Some labs now use an initial automated treponemal test (EIA/CLIA). If positive, it is followed by a quantitative nontreponemal test

PREVENTION

Prevention Strategies

- **Consistent Condom Use:** Correct and consistent use of latex condoms/dental dams is the best way to prevent transmission, although they only protect covered areas.
- **Partner Notification:** People diagnosed with syphilis must notify sexual partners to treat them and prevent re-infection.
- **Reduced Risk Behaviors:** Limiting the number of sexual partners and decreasing high-risk behaviors.
- **Regular Screening:** High-risk populations (men who have sex with men, sex workers) should get tested at least once a year.

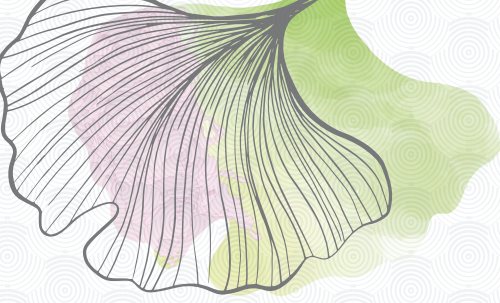
Prevention of Congenital Syphilis

- **Antenatal Screening:** Pregnant women must be tested at the first prenatal visit.
- **Early Treatment:** Treatment should be administered to the mother immediately if the test is positive to prevent adverse fetal outcomes, ideally before the second trimester.
- **Management:** Congenital syphilis is entirely preventable by treating the pregnant woman with penicillin.

Other Prevention Measures

- **Prompt Treatment:** Early diagnosis and treatment of infections stop transmission chains.
- **Sexual Health Education:** Increased awareness and education about sexually transmitted infections (STIs)





TREATMENT

Early Syphilis (Primary, Secondary, Early Latent): Benzathine penicillin G (2.4) million units IM in a single dose.

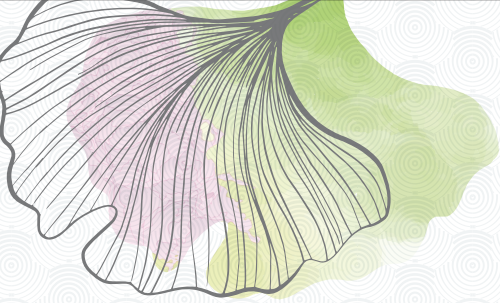
Late Syphilis (Late Latent, Tertiary): Benzathine penicillin G (2.4) million units IM weekly for 3 consecutive weeks (3 doses total).

Syphilis in Pregnancy: Benzathine penicillin G (dosing depends on stage) is the only recommended treatment to prevent congenital syphilis, as it crosses the placenta to treat the fetus.

Alternative Treatment (for non-pregnant, penicillin-allergic patients): Doxycycline (100) mg orally twice daily (14 days for early, 28 days for late).

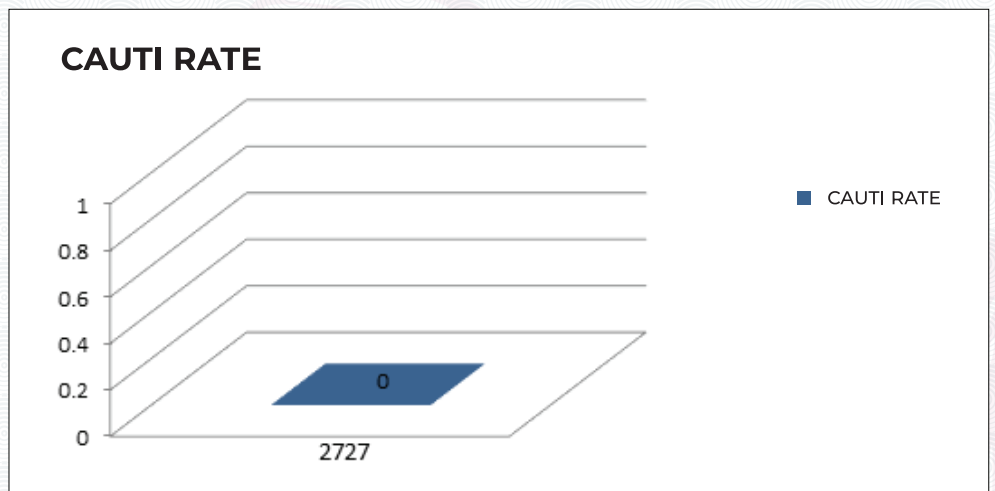
Neurosyphilis: Aqueous crystalline penicillin G (18)–(24) million units daily (administered as (3)–(4) million units IV every 4 hours) for (10)–(14)



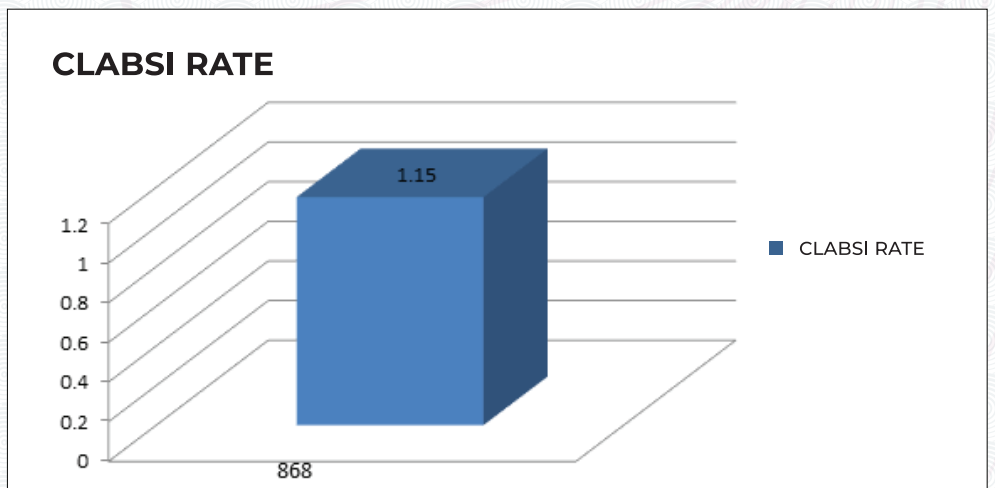


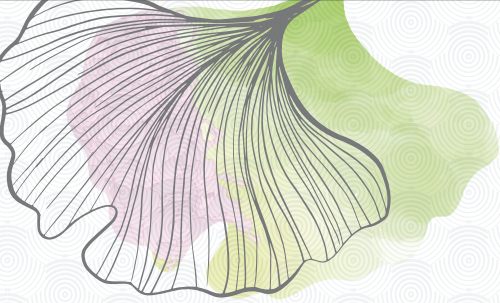
HAI DATA - APRIL 2026

CAUTI RATE - APRIL 2026

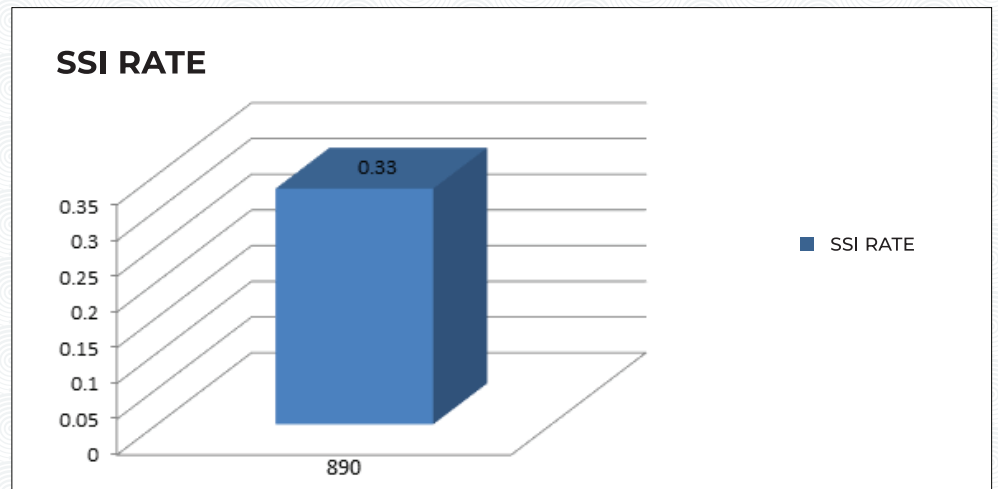


CLABSI RATE - APRIL 2026

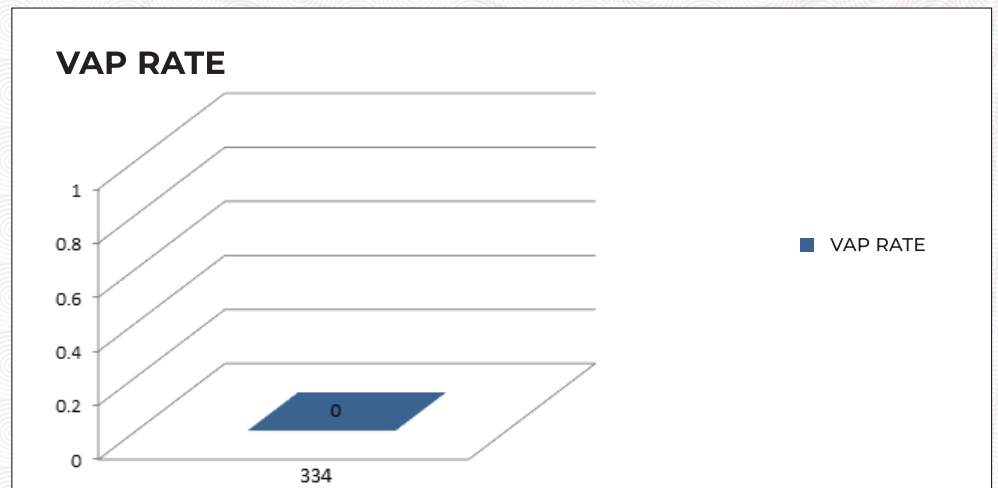




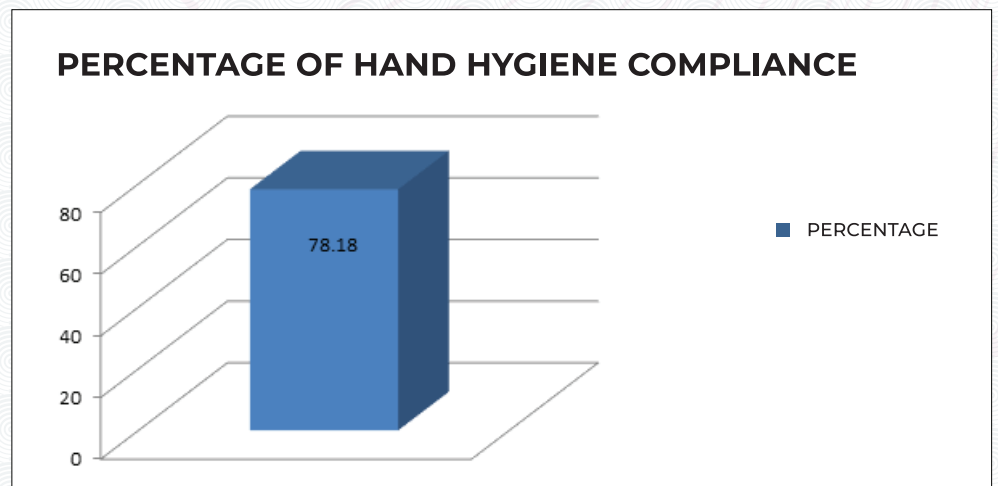
SSI RATE - APRIL 2026

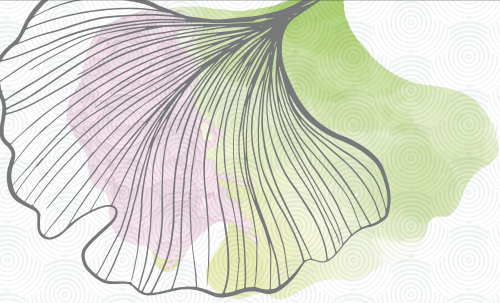


VAP RATE - APRIL 2026



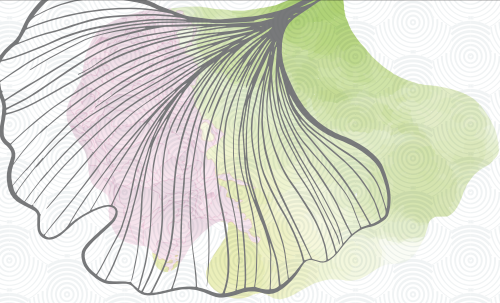
PERCENTAGE OF COMPLIANCE TO HAND HYGIENE- APRIL 2026





WORLD HAND HYGIENE DAY-5 TH MAY 2026





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