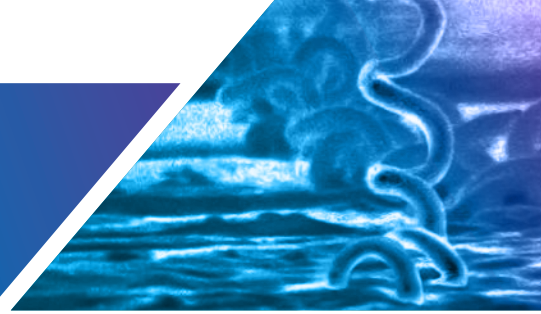
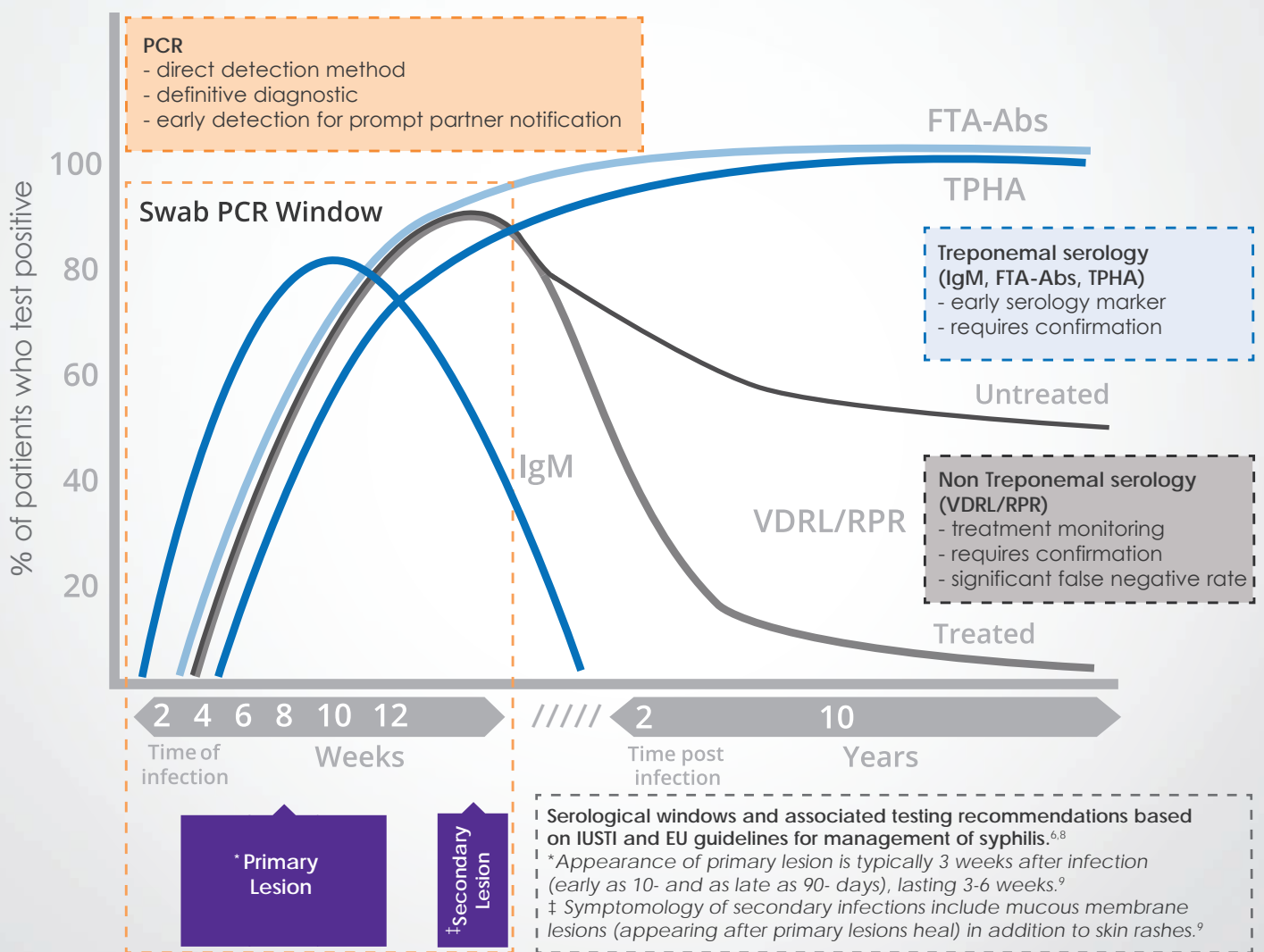


Syphilis on the rise



- ▶ Infection with the bacterium *Treponema pallidum* (TP), which causes syphilis, is now the second most likely cause of genital ulceration.¹
- ▶ This past decade has seen a major increase in syphilis infection rates, reaching levels not seen since the 1940's.²⁻⁴
- ▶ Syphilis lesions can present atypically, be painful, and appear indistinguishable from herpes.⁵⁻⁷
- ▶ Dark-field microscopy is not suitable for oral or anal lesions, and is a skilled technique requiring experienced operators.^{6,8}

Serology is not a definitive diagnostic tool



Genital/Oral Lesions

Diagnostic challenges

- ▶ Ulcerations or lesions in the ano-genital and oral regions can be caused by a variety of bacterial and viral infectious agents.^{1,10}
- ▶ Symptomatic diagnosis of genital ulcers is often unreliable, with accuracy ranging from 33 to 80%.¹¹⁻¹³
- ▶ Herpes simplex viruses (HSV-1 & HSV-2) are the most prevalent causative agents, however reported syphilis cases are increasing, particularly in high-risk populations.^{1-4,14-16}
- ▶ Nucleic acid amplification tests (NAATs) can improve accuracy of ano-genital ulcer diagnosis.^{1,6,8,10,17}

Treatment pathways differ significantly. Accurate diagnostics will inform appropriate patient management and improve patient outcome.^{6,10,18,19}



Syphilis infection rates increasing worldwide^{2,3}



HSV-1 becoming more prevalent in genital infections^{20,21}

1-3% genital lesions may be atypical zoster (VZV) presentations^{18,22,23}

Infectious Agent	HSV-1	HSV-2	TP	VZV
Treatment	Antiviral: Aciclovir/Famciclovir/Valaciclovir*		Antibiotics: Benzathine penicillin*	Antiviral: recommended within 72hrs of symptoms**
Patient Management	Counselling: genital Type-1 has lower recurrence frequency	Counselling: genital Type-2 has higher recurrence frequency	Partner notification: Primary – past 90 days Secondary – past 2 years	Partner notification: Potential pain-management for Zoster-related neuralgia

Variations in patient management for different etiological agents of genital and oral lesions

* Based on IUSTI guidelines for management of HSV and Syphilis^{6,9}
 **Based on EU guidelines for the management of Herpes Zoster²³

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Australia - SpeedX Pty. Ltd.

+61 (0)2 9209 4170

sales@speedx.com.au

Suite G16, National Innovation Centre
4 Cornwallis Street, Sydney NSW 2015 Australia

Europe - SpeedX Ltd.

+44 (0)333 577 5210

sales.uk@speedx.com.au

Kemp House 152-160 City Road
London EC1V 2NX United Kingdom

Find out more plexpcr.com

