

Syphilis fact sheet

Syphilis is a sexually transmissible infection that can be treated and cured with antibiotics. If not treated it can affect the brain, spinal cord and other organs. The use of condoms and dams can prevent transmission.

What is syphilis?

Syphilis is a highly infectious sexually transmissible infection (STI) caused by the bacteria *Treponema pallidum*. Syphilis can be treated and cured with antibiotics. Without treatment, syphilis can cause serious health problems.

How does syphilis spread?

Syphilis is spread:

- by having unprotected vaginal, anal, or oral sex (without a condom or dental dam) with someone who has the infection
- from mother to their baby during pregnancy or childbirth (this is known as ‘congenital syphilis’)
- in rare cases, syphilis can spread through skin to skin contact.

What are the symptoms of syphilis?

Sometimes people with syphilis will have no symptoms. This means that people may not know they have it unless they get a blood test. There are three stages of infection known as primary, secondary and tertiary syphilis.

Each stage of the infection has different symptoms.

Common symptoms include:

- a sore or ulcer in the genital areas, anus, cervix or mouth, known as a “chancre”. The sore, usually appears about 3 weeks after infection, but can range from 10 days to 3 months.
- rash
- skin lesions
- swollen lymph glands
- fever
- patchy hair loss
- muscle and joint aches
- headaches

- tiredness
- warty lumps may develop in groin, anal area, underarm or corner of the mouth.

If left untreated, the infection can be life threatening. It can spread to the brain, nerves, eyes, heart, blood vessels, spinal cord, liver, bones, and joints. This stage is known as tertiary syphilis.

Neurosyphilis and ocular syphilis

Syphilis can spread to the nervous system (the brain, spinal cord and nerves) at any stage of infection. This is called neurosyphilis. Symptoms may include headache, altered behaviour, difficulty coordinating muscle movements, paralysis, numbness, and dementia.

Syphilis can spread to the eye at any stage of infection (this is called ocular syphilis). Symptoms may include vision loss, blurry vision, eye pain, eye redness or even permanent blindness.

Who is most at risk of syphilis?

All sexually active people are at risk of infection. People at highest risk of being infected with syphilis are:

- people who have unprotected sex with someone who has syphilis
- people who have multiple sexual partners
- gay, bisexual, and other men who have sex with men
- female sexual partners of men who have sex with men
- Aboriginal and Torres Strait Islander people
- babies of mothers who have not had proper syphilis testing and treatment during pregnancy
- people who take drugs, particularly methamphetamine and injectable drugs
- people who have previously been diagnosed with syphilis.

How do I protect myself from syphilis?

Syphilis infection can be prevented by:

- always using condoms, dental dams and water-based lubricant for vaginal, anal and oral sex (if a rash is present, condoms may not be 100% effective but can reduce the risk)
- not having sex with someone who has an ulcer or sore on their genitals
- not having any sexual activity with someone diagnosed with syphilis until 7 days after their treatment is finished and symptoms are fully resolved.

Untreated syphilis can be very serious. Regular STI check-ups with your doctor (including a syphilis blood test) can help identify and treat syphilis early.

Syphilis in pregnancy

Pregnant people, should be test for syphilis:

- in the first 12 weeks of pregnancy or at the first antenatal visit
- again at 26-28 weeks

- again at 36 weeks and delivery if at increased risk of infection.

Treatment of syphilis is safe. If syphilis is treated during the early stage of pregnancy, it is very effective at preventing syphilis in unborn babies. The earlier the infection is treated, the lower the risk of the baby being affected by syphilis.

If a pregnant person has syphilis, the infection can be passed to the unborn baby (this is called congenital syphilis). An infected foetus may die in the womb (stillbirth), or the baby may be born early and with birth abnormalities. Babies born with congenital syphilis may have deformed bones, severe anaemia (a low blood count), enlarged liver or spleen, yellowing of the skin or eyes (jaundice), brain and nerve problems such as blindness and deafness, infection of the covering of the brain (meningitis) or skin rashes. If these babies are not treated, they may become developmentally delayed, have seizures, or die.

How is syphilis diagnosed?

Syphilis is diagnosed by a laboratory test with your doctor or nurse. The test for syphilis can be collected from either a:

- blood test
- swab of the ulcer or sore.

The specimen is then sent to a laboratory for testing. There are currently no reliable self-tests approved for use in Australia.

If you have an ulcer or sore, it is recommended that you have a swab test. This is because it can take longer for positive results to appear in blood tests. Because of this, your doctor or nurse may recommend a repeat test at 12 weeks after a recent exposure.

Call [healthdirect](https://www.healthdirect.gov.au/) [<https://www.healthdirect.gov.au/>] (1800 022 222) to find a testing service near you.

How is syphilis treated?

Syphilis is usually treated with penicillin injections. Penicillin is an antibiotic. The number of injections will vary depending on the stage of infection. Follow-up blood tests are needed to check that the treatment has worked.

People who have had syphilis can get it again. People who have had syphilis may continue to test positive on blood tests even after they have recovered. A combination of treatment history and blood tests can help determine if the infection is new or a previously treated infection.

Sexual partners need to be tested and treated. This is important to prevent re-infection and to prevent the infection spreading to others.

What should I do if I test positive to syphilis?

- book an appointment with your doctor to understand what the next steps are. Your doctor might recommend further testing before starting you on a treatment.
- talk with your doctor or nurse which sexual partners you think may be at risk. Your doctor or nurse can help you to contact them. This can be done anonymously and they do not need to know who you are.

Further information

- **[Sexual Health Infolink \(SHIL\)](https://www.shil.nsw.gov.au/)** [https://www.shil.nsw.gov.au/] for free and confidential sexual health help including a confidential help line available from Monday to Friday, 9am to 5.30pm by calling 1800 451 624.
- **[Play Safe](https://playsafe.health.nsw.gov.au/sti-testing/sti-test-like/)** [https://playsafe.health.nsw.gov.au/sti-testing/sti-test-like/] for young people to access information about safe sex and STI prevention, testing and treatment.
- **[Let them know](https://letthemknow.org.au/)** [https://letthemknow.org.au/] for advice and help with confidential and anonymous contact tracing for all sexual partners.
- **[Better to Know](https://www.bettertoknow.org.au/)** [https://www.bettertoknow.org.au/] for Aboriginal and Torres Strait Islander people to get information about STIs and where to get tested. The site also offers a way to tell sexual partners if you have an STI without them knowing who you are.
- **[International Student Health Hub](https://internationalstudents.health.nsw.gov.au/)** [https://internationalstudents.health.nsw.gov.au/] for international students to get information about safe sex, STIs, contraception and pregnancy.
- **[Family Planning NSW Talkline](https://www.fpnsw.org.au/talkline)** [https://www.fpnsw.org.au/talkline] for reproductive and sexual health information and advice. It is free, confidential and available Monday to Friday, 8:00am-8:00pm, on 1300 658 886.

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