
Syphilis Treatment Aftercare Information

☐ ***Bicillin Injection Medication (Penicillin)***

- Perform **several deep knee bends** to get the medication moving into the muscle.
- Stay in the clinic waiting room for **20 minutes** after treatment for observation.
 - Alert someone if you suddenly develop an allergic reaction which may include: difficulty breathing, fast heart rate, dizziness, itching, rash or hives.
- Prepare for **possible discomfort**, which may include:
 - Pain or bruising at injection site
- Watch for **possible response** to penicillin, which may occur 2- 24 hours following injection: (*Jarish-Herxheimer*)
 - Fever, muscle soreness, chills and/or body shakes
 - These symptoms **will resolve** within 24 hours. Acetaminophen (Tylenol) or Ibuprofen (Advil) can be used.

OR

☐ ***Doxycycline Capsule Medication (Tetracycline)***

- Complete all capsules as directed; skipping doses may increase your risk for further infection that is resistant to antibiotics.
- Drink plenty of liquids while you are taking it, and should not be taken with alcohol.
- Your skin may feel more sensitive when exposed to sunlight or tanning beds, use sunscreen, protective clothing and sunglasses.
- Females: - You may experience a yeast infection, treat accordingly.
 - This will make your birth control less effective, use a backup method.
 - Not recommended in pregnancy or breastfeeding

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Follow-up Plan:

- Provide the names of your **sexual partners** to Public Health to allow them an opportunity to be tested and treated.
 - **Inform** all of your sex partners up to _____ (date) to get tested for syphilis.
 - Provide details of how you met, such as names of websites, bars, clubs and email addresses.
- Abstain from all sexual activity for **2 weeks** following the final treatment dose.
 - If there are sores, the 2 week period of abstinence should be extended until all lesions are healed. This may mean a period longer than the two weeks.
- **Return** to your doctor or STI Clinic (*circle one*) for **repeat syphilis blood work**. This is required and very important part of your care. These dates are:

<u>Infectious:</u>	<u>Non-Infectious:</u>
- 1 month: _____	- 12 months: _____
- 3 months: _____	- 24 months: _____
- 6 months: _____	
- 12 months: _____	
- 24 months: _____ (<i>when indicated</i>)	
- Repeat STI testing when out of window period on _____.
- Use a condom for all sexual activity, including oral sex.