



SYPHILIS

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| DEFINITION | Syphilis is a systemic disease caused by <i>T. pallidum</i> . Clients with Syphilis may seek treatment for signs or symptoms of primary, secondary, or tertiary infections. |
| SUBJECTIVE | May include: <u>Primary Stage:</u> (10-90 days, average 21 days) 1-6 weeks after sexual contact: Chancre; a punched out, painless ulcer with a clean base and raised edges. Common sites include genitals, pharynx, lips, anus, cervix, and breast. (May be asymptomatic.) <u>Secondary Stage:</u> 2 weeks to 6 months later: fever, rash, sore throat, lymphadenopathy, or condylomata lata. <u>Latent Syphilis:</u> Syphilis acquired within the preceding year is referred to as early latent syphilis; all other cases of latent syphilis are either late latent syphilis or latent syphilis of unknown duration. |
| OBJECTIVE | <u>Primary Stage:</u> The classical chancre is a painless indurated ulcer located at the site of exposure. The differential diagnosis for all genital lesions should include syphilis. <u>Secondary Stage may include but is not limited to:</u> <ol style="list-style-type: none">LymphadenopathyHighly variable skin rash.Neurologic infections, mucocutaneous lesions, cranial nerve dysfunction, meningitis, CVA, acute or chronic altered mental status, loss of vibration sense, auditory or ophthalmologic abnormalities.Condylomata lata (fleshy moist growths). <u>Latent:</u> <ol style="list-style-type: none">Serological evidence of untreated syphilis without clinical signs of infection. <u>Tertiary:</u> <ol style="list-style-type: none">Evidence of tertiary disease (e.g., gumma, and cardiovascular syphilis). <u>Neurosyphilis:</u> CNS involvement can occur during any stage of syphilis. (e.g., cognitive dysfunction, motor or sensory deficits, cardiac problems, ophthalmic or auditory symptoms, cranial nerve palsies, and symptoms or signs of meningitis). |
| LABORATORY | May include: <ol style="list-style-type: none">A presumptive diagnosis is possible with the use of two types of serologic tests for Syphilis:<ol style="list-style-type: none">Nontreponemal tests (e.g., Venereal Disease Research Laboratory (VDRL) and Rapid Plasma Reagin (RPR)(must qualify titers) andTreponemal tests (e.g., fluorescent treponemal antibody absorbed (FTA-ABS) and <i>T. pallidum</i> passive particle agglutination (TP-PA). |

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| | <p>c. The use of only one type of serologic test is insufficient for diagnosis, because false-positive nontreponemal test results may occur secondary to various medical conditions.</p> <ol style="list-style-type: none"> 2. Darkfield examinations (not provided through the ND State Lab or Family Planning Clinics) and direct fluorescent antibody tests (provided at ND State Lab, if needed) of lesion exudates or tissue are the definitive methods for diagnosing early Syphilis. 3. Pregnancy test. 4. HIV screen. (CDC recommends all clients who have syphilis should be tested for HIV infection) |
| ASSESSMENT | Syphilis. |
| PLAN | <p>Treatment options include:</p> <ol style="list-style-type: none"> 1. Primary, secondary, or early latent Syphilis in adolescents and adults. (Early latent Syphilis is latent Syphilis of less than one-year duration.) <ol style="list-style-type: none"> a. Benzathine penicillin G 2.4 million units IM in a single dose. 2. Early Syphilis in non-pregnant adults and adolescents allergic to penicillin. (Use in HIV-infection has not been studied). <ol style="list-style-type: none"> a. Doxycycline 100 mg. orally BID x 14 days, OR b. Tetracycline 500 mg. orally QID x 14 days. 3. Late latent syphilis (> 1 year duration) or latent syphilis of unknown duration (excluding neurosyphilis) in adults and adolescents. <ol style="list-style-type: none"> a. Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals; restart sequence of injections if greater than 10-14 days lapse between doses. b. For non-pregnant persons allergic to penicillin, (Use in HIV-infection has not been studied). <ol style="list-style-type: none"> 1. Doxycycline 100 mg orally BID x 28 days, OR 2. Tetracycline 500 mg orally QID x 28 days. 4. Screen for HIV and other STDs as appropriate. 5. Clients who are allergic to penicillin whose compliance with therapy or follow-up cannot be ensured should be referred to their PMD for desensitization and treatment with benzathine penicillin. 6. Post-exposure prophylactic treatment is recommended for asymptomatic persons exposed or possibly exposed to syphilis. This would be considered in a case by case basis and should involve consultation with the field epidemiologist. 7. Repeat quantitative non- treponemal serologic tests at 6, 12 and 24 months. |
| CLIENT EDUCATION | <ol style="list-style-type: none"> 1. Provide education handout, review symptoms, treatment options and medication side effects, including Jarisch-Herxheimer reaction 2. Advise client to avoid intercourse until course of treatment is completed for client and partner(s). 3. Stress importance of follow-up for sexual contact(s). 4. Discuss HIV/Hepatitis B/and other STD testing. 5. Review safer sex education, as appropriate |
| CONSULT / REFER TO PHYSICIAN | <ol style="list-style-type: none"> 1. HIV infected clients, and other immunocompromised patients. 2. All pregnant clients. 3. Children 4. Clients with evidence of tertiary Syphilis or neurosyphilis should be referred to and managed in consultation with an infectious |

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| | diseases specialist. |
| | 5. Patients with penicillin allergies. |
| | 6. Refer/consult all clients to State Health Department or PMD for continued treatment and follow up. |

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References:

1. Hatcher, R.A., Trussell, J., Cates, W., Kowal, D (2011) Contraceptive Technology (20th revised Ed.). New York: Ardent Media, pp. 615-616.
2. Centers for Disease Control and Prevention. Sexually Transmitted Disease Treatment Guidelines 2010. MMWR 2010;59 (NO.RR-12) pp26-40.
3. California STD/HIV Treatment Guidelines for Adults and Adolescents, 2010. www.stdhivtraining.org