

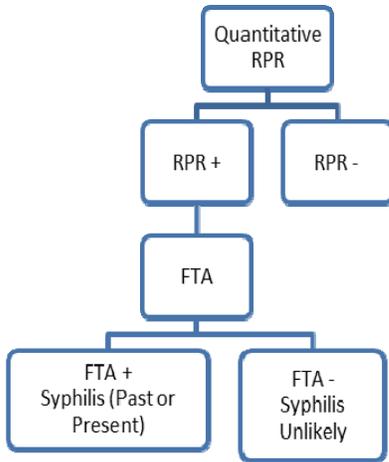


Syphilis – Testing and Treatment

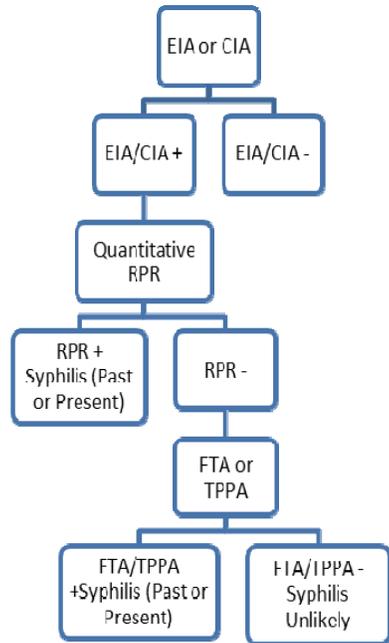
Syphilis Screening Algorithms

*RPR/VDRP: Nontreponemal Tests; FTA/TPPA: Treponemal Test
 *Need a Non-Treponemal and a Treponemal positive result to confirm syphilis

Traditional Screening



Reverse Sequence



Syphilis Stages and Characteristics

Based on clinical findings, syphilis has been divided into a series of stages that are used to guide treatment and follow-up.

Stages

- **Primary:** Ulcer or chancre (painless sore)
- **Secondary:** Skin rash, mucocutaneous lesions
- ***Latent:** No symptoms present
- **Tertiary:** Gummatous lesions, cardiovascular disease
- **Neurosyphilis:** Can occur at any stage; symptoms include cognitive dysfunction, motor or sensory deficits, eye or ear symptoms, cranial nerve palsies; CSF exam should be performed.

**Early latent syphilis* is latent syphilis where infection occurred within the past 12 months. *Late latent syphilis* is latent syphilis where infection occurred more than 12 months ago.

*Individuals who have no present symptoms, no known history of symptoms or documented negative serology within the past year should be classified as unknown latent.

Management of Sex Partners

- Test and Treat Presumptively:
 - Exposure to primary, secondary, early latent syphilis within 90 days before partner diagnosis
 - Exposure to primary, secondary, early latent more than 90 days after partner diagnosis if serologic test are not available and opportunity to follow-up is uncertain.
- Patients with syphilis of unknown duration with high nontreponemal titers (i.e. >1:32) can be assumed to have early syphilis for purposes of partner management.
- Long-term sex partners of patients who have latent syphilis should be evaluated clinically and serologically for syphilis and treated on the basis of the evaluation findings.
- Sex partners of infected patients should be evaluated if they have had sexual contact with the patient within three months plus the duration of symptoms for primary syphilis, six months plus symptom duration for secondary and one year for early latent and late latent syphilis.

*All syphilis contacts are referred for testing and treatment. The NDDoH will monitor contacts to ensure testing and treatment is appropriate for stage of syphilis diagnosed in original patient.

Syphilis Treatment-Adults

- **Primary, Secondary, and Early Latent:** Benzathine penicillin G 2.4 million units IM in a single dose
- **Late Latent Syphilis, Latent Syphilis of Unknown Duration and Tertiary:** Benzathine penicillin G 7.2 million units total administered as three doses of 2.4 million units IM each at one-week intervals
 - Missing a dose at weekly intervals causes the need to restart entire series of injections
- **Neurosyphilis:** Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every four hours or continuous infusion for 10 to 14 days

* For those who are allergic to penicillin, oral doxycycline or tetracycline can be used. Dosage and duration depends on stage of syphilis. Refer to 2010 CDC STD Treatment Guidelines.

* Treatment can be monitored using non-treponemal titers. Successful treatment should result in a four-fold (two dilution) decrease in titer (ie: 1:8 to 1:2 or 1:256 to 1:64). RPRs should be monitored at 6, 12 and 24 months, depending on stage, to evaluate treatment response.

