SYPHILIS QUICK REFERENCE GUIDE

TESTRETESTTREAT

	SYMPTOMS	SIGNS	RECOMMENDED TREATMENT[1]
Primary Stage	Single or multiple sores at exposure site, painful or painless, round-oval-indurated nonpurulent ulceration(s) Bilateral, firm, nontender lymphadenopathy in inguinal nodes	Treponemal tests may be slightly more sensitive at the primary stage compared with the nontreponemal tests. Serologic testing may be negative during early primary syphilis and lesion-based testing may be the only means of confirming the diagnosis.	Benzathine penicillin G 2.4 million units IM in a single dose Alternative regimen for non-pregnant individuals: Doxycycline 100mg PO x 14 days
Secondary Stage	Rash – such as non-pruritic macular, maculopapular, papular, or pustular lesions Condyloma lata Mucous patches Patchy alopecia	A reactive nontreponemal test. Nontreponemal titers will often be relatively high (eg, 1:32 or higher). The level of the titer alone should not be used to determine any specific stage of infection **AND** A reactive treponemal test.	Benzathine penicillin G 2.4 million units IM in a single dose Alternative regimen for non-pregnant individuals: Doxycycline 100mg PO x 14 days
Early Latent Stage	Asymptomatic	Evidence infection occurred within the previous 12 months **OR** Documented seroconversion of fourfold or greater increase in titer of a nontreponemal test during the previous 12 months, unless there is evidence that this increase was not sustained for >2 weeks **OR** Documented seroconversion of a treponemal test during the previous 12 months **OR** A history of symptoms consistent with primary or secondary syphilis during the previous 12 months	Benzathine penicillin G 2.4 million units IM in a single dose Alternative regimen for non-pregnant individuals: Doxycycline 100mg PO x 14 days
Unknown / Late Latent / Tertiary Stage	Asymptomatic	A reactive nontreponemal test, a reactive treponemal test, and no evidence of early syphilis, **OR** A prior history of syphilis >12 months and a nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer, unless there is evidence that this increase was not sustained for >2 weeks, **OR** Clinical signs/ symptoms and laboratory results that meet the likely or verified criteria for neurologic, ocular, oto, or late clinical manifestations **AND** no evidence of early syphilis.	Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals Alternative regimen for non-pregnant individuals: Doxycycline 100mg PO x 28 days

TEST RECOMMENDED FOR SYPHILIS

NONTREPONEMAL TEST*
(e.g., VDRL, RPR, or equivalent serologic methods)

AND

TREPONEMAL TEST**
(e.g., TP-PA, EIA, FTA, or equivalent serologic methods)

RETEST / FOLLOW UP

NON PREGNANT INDIVIDUALS

Primary and Secondary

Clinical and serologic evaluation should be performed at 6 and 12 months after treatment in nonreactive HIV persons.

Unknown / Latent / Tertiary

Quantitative nontreponemal serologic tests should be repeated at 6, 12, and 24 months in nonreactive HIV persons and compared with the titer at the time of treatment.

Persons with HIV

Clinical and serologic evaluation should be performed at 3, 6, 9, 12, and 24 months after treatment for syphilis in persons with HIV.

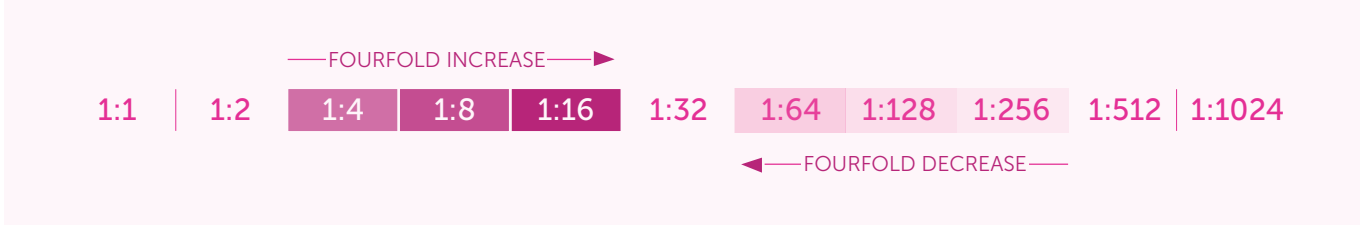
PREGNANT INDIVIDUALS

If syphilis is diagnosed and treated at or before 24 weeks' gestation, serologic titers should not be repeated before 8 weeks after treatment. Titers should be repeated sooner if reinfection or treatment failure is suspected.

All pregnant individuals should be retested at 28-32 weeks and at delivery.

TREAT FOR SUCCESS

Determining Fourfold Changes in Nontreponemal Titers



Reference: https://www.cdc.gov/std/treatment-guidelines/default.htm

*RPR and VDRL results cannot be compared directly.

**Pregnant women seropositive for syphilis should be considered infected unless an adequate treatment history is clearly documented in the medical record.

[1]Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis. Pregnant women with syphilis at any stage who report penicillin allergy should be evaluated to determine if this is a "true "penicillin allergy. Those with a "true" penicillin allergy should be desensitized prior to treatment.