

CONSIDER SYPHILIS

with every patient

1. TALK

Talk with your patients about their 5 P's:

- Partners
- Practices (sexual)
- Protection from STI's
- Past history of STI's
- Pregnancy and Pregnancy Intention



2. TEST

Reverse Testing Algorithm

1st Treponemal Test
(Start with a Rapid Syphilis Test)



Non-Treponemal
(RPR or VDRL) with Titer if
1st Treponemal Test is Positive



2nd Treponemal Test
(FTA-Abs or TPPA) if RPR or
VDRL is Non-Reactive

Traditional Testing Algorithm

Non-Treponemal
(RPR or VDRL) with Titer



Treponemal Test
(FTA-Abs or TPPA)
If RPR or VDRL is Reactive

If the patient has a uterus, determine pregnancy status.

Screening for Ocular, Otic or Neurosyphilis as these can occur at any stage of Syphilis.

If Neurosyphilis is suspected, obtain CSF specimen and then initiate recommended treatment for Neurosyphilis.

3. TREAT

Presumptive Treatment

Patients who have had sexual contact with an individual diagnosed with Early Syphilis.

If last contact within 90 days or if last contact over 90 days ago and follow up not certain:

Treat presumptively for Early Syphilis regardless of lab results with Benzathine Penicillin G 2.4 Million Units IM Once

Treat Presumptively if Rapid Syphilis Test (RST) is available and the RST is Positive with no prior syphilis history and follow up is uncertain.

Early Syphilis Treatment

If signs/symptoms of Primary or Secondary Syphilis and/or history of the following within 12 months:

- Signs/Symptoms consistent with Primary or Secondary Syphilis
- Exposure to a partner with Early Syphilis
- 4-Fold increase of Non-Treponemal Titer (i.e., 1:2 to 1:8) or greater. Also consider treatment failure.
- Sexual Debut

Treat with Benzathine Penicillin G 2.4 Million Units IM Once

Late or Unknown Duration Syphilis Treatment

If a patient is asymptomatic and does not meet Early Syphilis criteria:

Treat with Benzathine Penicillin G 2.4 Million Units IM Weekly for 3 Weeks



Sources: CDC.gov, CDPH.ca.gov, MMWR 2021 STI Treatment Guidelines. Date created: July 2022

Syphilis is a Title 17 Mandatory Reportable Condition. Report to Shasta County Public Health Branch using a Confidential Morbidity Report (CMR) within 1 working day by phone, fax, or mail. Reporting is also available Electronically via CalREDIE's Provider Portal.

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