

Syphilis Screening Recommendations for Newly Arrived Refugees

The Minnesota Department of Health (MDH) recommendations for syphilis screening during the domestic refugee health assessment differ slightly from the Center for Disease Control and Prevention (CDC) recommendations.

Background

The CDC Technical Instructions for Panel Physicians requires refugees between the ages of 18-44 to be tested for syphilis during the overseas medical examination. Initial screening is done with a nontreponemal test (rapid plasma reagin [RPR] or equivalent test). Positive results from a nontreponemal test are confirmed using a treponemal test (*T. pallidum* passive particle agglutination [TP-PA] assay or equivalent test). Those with both positive nontreponemal screening test and confirmatory positive treponemal test receive treatment overseas.

Even with this overseas screening protocol, there have been cases of newly diagnosed syphilis in Minnesota during the domestic refugee health assessment. Potential factors include differing initial tests in screening algorithms (treponemal versus nontreponemal, dependent on clinic protocol) and the time lapse between overseas testing and resettlement in Minnesota (making new infections and seroconversion possible).

MDH Recommendations

For patients ages 15 and older:

Rescreen for syphilis. Providers should use either “reverse screening” or traditional screening algorithm, following their clinic protocol. (See figures 1 and 2.)

1. Positive results must be confirmed appropriately. CDC guidance on confirmatory screening tests can be found on [CDC: Syphilis Technical Instructions for Panel Physicians \(www.cdc.gov/immigrant-refugee-health/hcp/panel-physicians/syphilis.html\)](http://www.cdc.gov/immigrant-refugee-health/hcp/panel-physicians/syphilis.html).
2. Figure 1 shows confirmatory process for “reverse screening” algorithm. Note an additional confirmatory step is needed if the treponemal and nontreponemal results are discordant.
3. Figure 2 shows confirmatory process for “traditional screening” algorithm.

Screen patients under age 15 if risk factors are present, in accordance with clinic protocol.

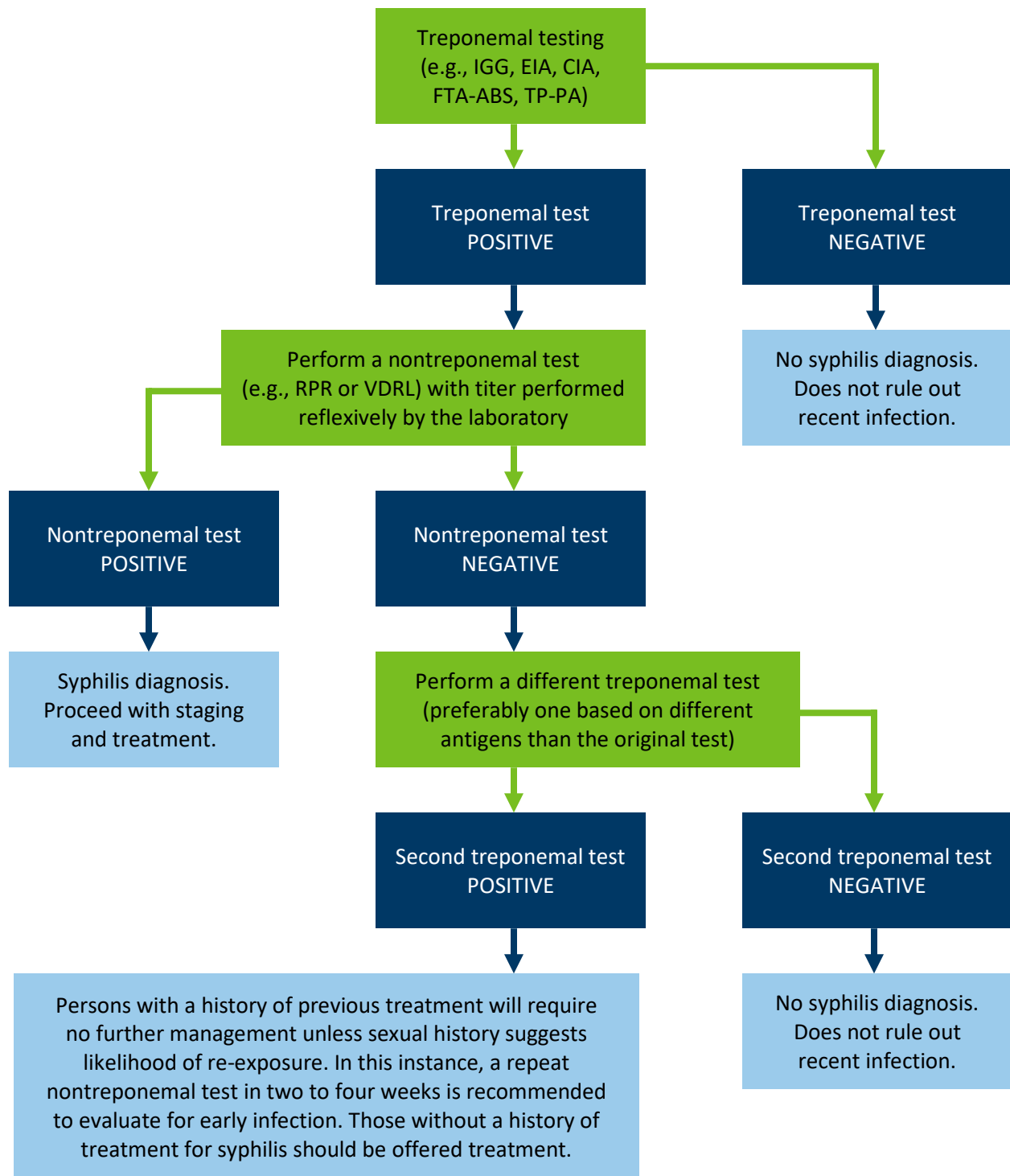
For patients with documented history of syphilis diagnosis and treatment overseas:

Perform nontreponemal serologic reevaluation for all adults at six and 12 months after treatment (and also at three, nine, and 24 months if HIV positive and treated for primary or secondary syphilis) and for pediatric patients every two to three months after treatment until tests are negative, following [CDC Laboratory Recommendations for Syphilis Testing, United States, 2024 \(www.cdc.gov/mmwr/volumes/73/rr/rr7301a1.htm\)](http://www.cdc.gov/mmwr/volumes/73/rr/rr7301a1.htm). More frequent evaluation might be prudent if follow-up is uncertain or if repeat infection is a concern and additional follow-up is required for neurosyphilis. It is important to help the patient establish a primary care home.

Patients diagnosed with syphilis (overseas or domestically) should be tested for HIV infection.

Figure 1: Syphilis “Reverse Screening” Algorithm

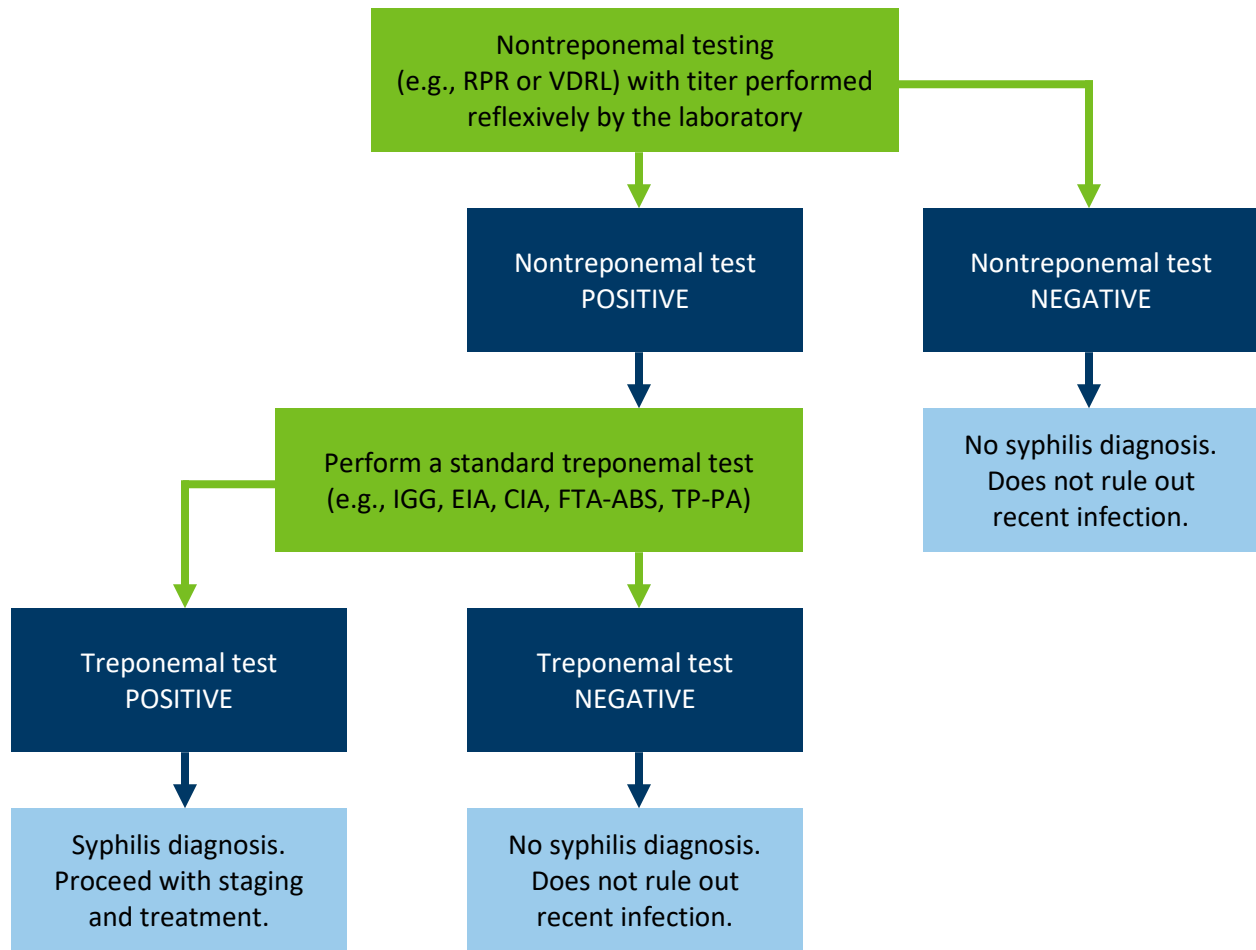
Note: Minnesota Department of Health accepts traditional or “reverse screening” protocols for syphilis.



For more details, refer to [CDC: Sexual and Reproductive Health Refugee Health Domestic Guidance \(www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/sexual-and-reproductive-health.html\)](http://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/sexual-and-reproductive-health.html).

Figure 2: Syphilis “Traditional Screening” Algorithm

Note: Minnesota Department of Health accepts traditional or “reverse screening” protocols for syphilis.



For more details, refer to [CDC: Sexual and Reproductive Health Refugee Health Domestic Guidance \(www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/sexual-and-reproductive-health.html\)](http://www.cdc.gov/immigrant-refugee-health/hcp/domestic-guidance/sexual-and-reproductive-health.html).

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