

Syphilis Screening and Treatment for *Nonpregnant* People

Screen¹

- All individuals aged 18-49 years should be screened (tested) for syphilis, using an opt-out approach, at least once as part of routine health care.
- Additional screening for patients for those with risk factors associated with syphilis.
- Diagnosis can be made through either the traditional or reverse algorithm.

Test and give presumptive treatment for those with syphilis signs/symptoms, sexual contact with someone with syphilis, and those with likely untreated syphilis who are high risk or may not follow up.

Recommended Treatment

1. Primary

- Chancre

2. Secondary

- Rash and/or other signs²

3. Early non-primary non-secondary

- No symptoms and infection occurred within one year³

Treatment⁵: **Benzathine penicillin**

- 2.4 million units intramuscularly (IM), once

Late-latent or unknown duration

- No symptoms and infection does not meet criteria for early latent

Treatment⁵: **Benzathine penicillin G**

- 2.4 million units IM weekly, for 3 doses (7.2 mu total)

Neurosyphilis/ Ocular/Otic⁴

- CNS signs or symptoms
- CSF findings on lumbar puncture

Treatment: **Aqueous penicillin G**

- 3-4 million units intravenously every four hours for 10-14 days

Report & Refer

- Report syphilis cases to MDH and refer to partner services at (651) 201-4024.
- Ensure connection to care if not already engaged in care.
- Refer to the [CDC STI Treatment Guidelines \(https://www.cdc.gov/std/treatment-guidelines\)](https://www.cdc.gov/std/treatment-guidelines) for additional monitoring guidance.

1. [California Department of Public Health: Use of Treponemal Immunoassays for Screening and Diagnosis of Syphilis \(https://californiapctc.com/wp-content/uploads/2016/02/Treponemal-Immunoassays-for-Syphilis-Screening-and-Diagnosis-VD-508.pdf\)](https://californiapctc.com/wp-content/uploads/2016/02/Treponemal-Immunoassays-for-Syphilis-Screening-and-Diagnosis-VD-508.pdf)
2. Condyloma lata, patchy alopecia, and mucous patches
3. Early non-primary non-secondary, if, during the prior 12 months: a) seroconversion or sustained fourfold titer rise (RPR or VDRL), b) unequivocal symptoms of primary and secondary syphilis, or c) a sex partner with primary, secondary, or early latent syphilis
4. Neurosyphilis, ocular, and otic syphilis can occur at any stage. Patients should receive a neurologic exam including ophthalmic and otic; CSF evaluation is recommended if signs/symptoms (cranial nerve palsies or other) are present. If only ocular/otic manifestation is present without other abnormalities on neuro exam, CSF evaluation is not necessary.
5. For those who are unable to receive penicillin, alternate is doxycycline 100 mg po twice daily x 14 days for early syphilis or 28 days for unknown or late syphilis.

Important Considerations for Syphilis Treatment

Treat people with signs, symptoms, or exposure to syphilis.

Treat for early disease regardless of whether or not serology results are available.

Treat as soon as possible.

Partners should be presumptively treated.

Treatment with penicillin is safe and effective with no evidence of penicillin resistance.

RESOURCES

- For further information, refer to [Syphilis Information for Health Professionals \(https://www.health.state.mn.us/diseases/syphilis/hcp/index.html\)](https://www.health.state.mn.us/diseases/syphilis/hcp/index.html) or call MDH at (651) 201-4024 with questions on syphilis screening, diagnosis, Partner Services, or to report reactive syphilis test results.
- For detailed evaluation and treatment guidelines, including penicillin allergy recommendations and evaluation/treatment of infants, see the [CDC STI Treatment Guidelines \(https://www.cdc.gov/std/treatment-guidelines\)](https://www.cdc.gov/std/treatment-guidelines).
- For clinical case questions, enter your questions online at the [STD Clinical Consultation Network \(www.stdccn.org\)](http://www.stdccn.org).

What if my patient is allergic to penicillin?

- **Verify the nature of the allergy.**
 - Approximately 10% of the population reports a penicillin allergy, but less than 1% of the whole population has a true IgE-mediated allergy.
 - **Symptoms of an IgE-mediated (type 1) allergy include** hives, angioedema, wheezing/shortness of breath, and anaphylaxis, typically occurring within one hour of exposure.
- **Consider performing skin testing and/or a penicillin oral challenge¹** if the nature of the allergy is uncertain or cannot be determined.
- **If IgE-mediated allergy or severe drug reaction to penicillin cannot be ruled out,** treat with two or four weeks of oral doxycycline, depending on stage of infection.
- In cases of congenital syphilis, neuro/ocular/otosyphilis, or syphilis in pregnant people, penicillin is the only available treatment option. In such cases, **refer for penicillin skin testing and possible desensitization.**

¹[CDC Fact Sheet: Is it Really a Penicillin Allergy? \(https://www.cdc.gov/antibiotic-use/media/pdfs/penicillin-factsheet-508.pdf\)](https://www.cdc.gov/antibiotic-use/media/pdfs/penicillin-factsheet-508.pdf)