

Quick Guide for Syphilis Testing and Treatment

About Us

Louisiana Health Hub is an informational site on sexual health created by the Louisiana Department of Health STD/HIV Program. The STD/HIV Program coordinates a number of statewide and regional programs designed to achieve a state of awareness that promotes sexual health, ensures universal access to care and eliminates new STD and HIV infections.

In 2016, Louisiana ranked #1 for primary and secondary syphilis, and congenital syphilis.

- Patients are most infectious during the primary and secondary stages of syphilis.
- Congenital syphilis occurs when a woman with a current syphilis infection passes the infection to her infant in utero or during delivery.

To reverse the growing trends of syphilis, we are calling on you as frontline clinicians, healthcare workers, and community leaders to join the STD/HIV Program in promoting STD prevention and adequate treatment.

This pocketguide should serve as a quick resource for staging, screening and adequately treating syphilis. If you have any further questions, submit your question online to the STD Clinical Consultation Network at www.stdccn.org.

Resources

CDC Treatment Guidelines

<https://www.cdc.gov/std/tg2015/syphilis.htm>

STD Clinical Consultation Network

<https://www.stdccn.org/>

Louisiana STD/HIV Reporting Forms

<http://ldh.la.gov/index.cfm/page/1019>

Syphilis

SIGNS AND SYMPTOMS

Primary:

- One or more ulcers or chancres (usually firm, round, small, & painless, but can be atypical, subtle lesions) thought to appear at site of exposure (mainly genital area) ~3 weeks after infection (range 10–90 days).
- Ulcers or chancres can heal on their own in a few days to weeks, even without treatment.
- Patient is highly infectious, and in utero transmission is likely in pregnant women.

Secondary:

- Mucocutaneous lesions or rashes can occur as chancre(s) fade ~6 weeks after infection (range 3 weeks–6 months).
- Rashes may first appear on the palms of hands or the soles of feet, but typically appear on trunk & other areas of the body.
- Lesions such as condyloma lata, a moist, wart-like lesion found in the genital area & mucous patches on the tongue occur in ~25% of patients.
- Symptoms clear within 2–6 weeks but may take up to 3 months, even without treatment.
- Patient is highly infectious, especially if there is direct contact with a moist lesion. In utero transmission is likely in pregnant women.

Syphilis CASE DEFINITIONS

Early Non-Primary, Non-Secondary:

- Patient has reactive nontreponemal and treponemal tests within 1 year of onset of infection, but no symptoms .
- Patient is potentially infectious, as signs of primary & secondary syphilis can reoccur and go unnoticed.

Late or Unknown Duration:

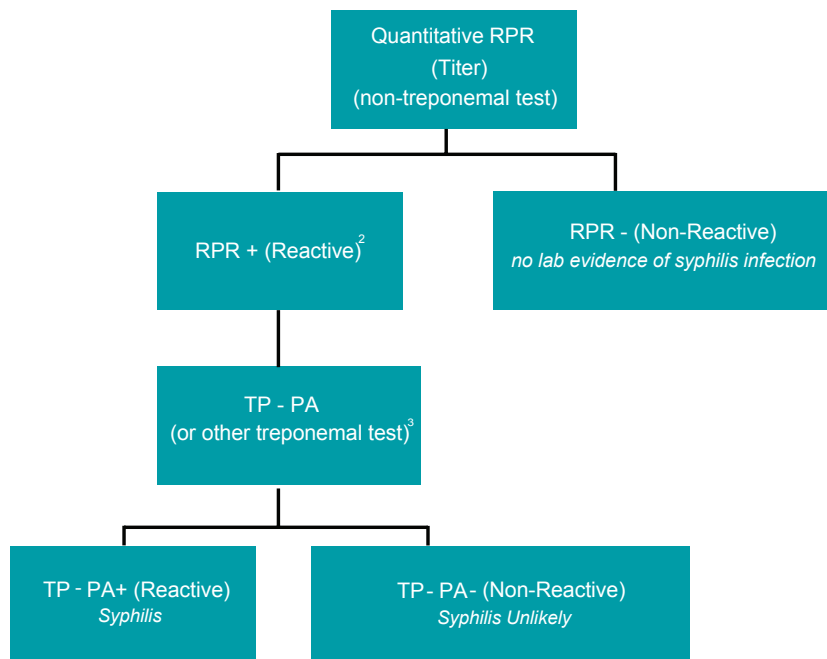
- Patient has reactive nontreponemal and treponemal tests ≥ 1 year after onset of infection or onset of infection cannot be determined, but no symptoms or documented history of syphilis or treatment.
- Patients with late syphilis are unlikely to be infectious unless infection occurred within the past year.

Congenital Syphilis:

- All pregnant women should be tested for syphilis at their first prenatal visit.
- Additional testing at the beginning of the third trimester (28-32 weeks).
- Pregnant women diagnosed with syphilis should be treated with penicillin immediately unless allergic to penicillin.** Treatment ≥ 30 days prior to delivery is likely to prevent most cases of congenital syphilis.
- *All women who deliver a stillborn infant (after 20 weeks) should be tested for syphilis at time of delivery.*

**See CDC Treatment Guidelines for desensitization then treatment with penicillin for women with penicillin allergies.

Traditional Syphilis SCREENING¹



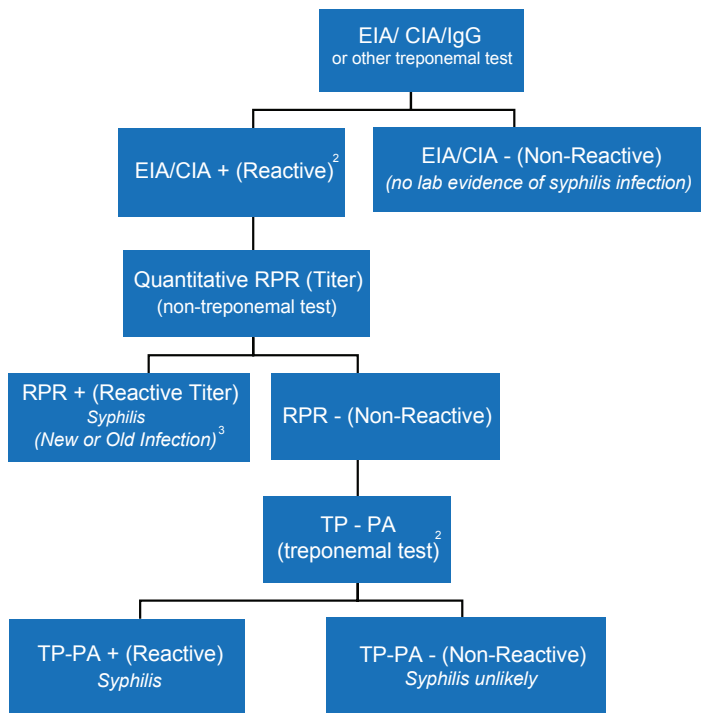
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1. CDC Recommended Algorithm. Algorithms used by laboratories may vary. Check with your laboratory provider.
2. When ordering an RPR=rapid plasma reagin (non-treponemal) and results are positive, order a REFLEX treponemal test such as TP-PA=Treponema pallidum particle agglutination assay. Both types of tests must be used to confirm a diagnosis.
3. Other treponemal tests include EIA=enzyme immunoassay; CIA=chemiluminescence immunoassay

For STD clinical management consultation, submit your question online to the **STD Clinical Consultation Network** at www.stdccn.org.

All cases of syphilis must be reported to the Louisiana Department of Health within one working day. (Louisiana Sanitary Code, LAC: 51:11.105)

Reverse Sequence Syphilis SCREENING¹



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1. CDC Recommended Algorithm. Algorithms used by laboratories may vary. Check with your laboratory provider.
2. When ordering EIA=enzyme immunoassay; CIA=chemiluminescence immunoassay; TP-PA=Treponema pallidum particle agglutination assay (treponemal tests) or RPR-rapid plasma reagin (non-treponemal test) it is important to order a REFLEX test when results are positive. Both types of tests must be used to confirm a diagnosis.
3. Results alone cannot be used to determine (New vs. Old/Treated vs. Untreated/Early vs. False Positive) so it is important to gather complete medical information and patient history to assist with treatment and additional evaluation considerations.

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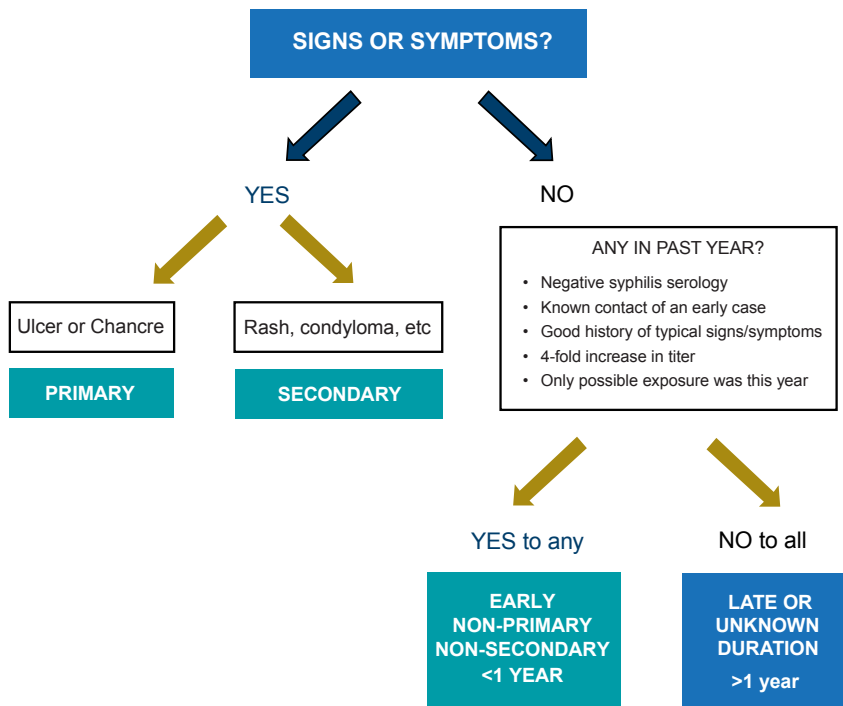
Syphilis SCREENING

Providers should routinely test for syphilis in persons who:

- are pregnant (at the first prenatal visit, at the beginning of the third trimester, and at delivery if at risk*);
- are sexually active men who have sex with men (at least annually and more frequently if risk*);
- are living with HIV and are sexually active (annually);
- are otherwise considered to be at increased risk for syphilis*

**Risk is described in the CDC STD Treatment Guidelines at www.cdc.gov/std/treatment/. Any person with signs or symptoms suggestive of syphilis should be tested for syphilis. Also, anyone with an oral, anal, or vaginal sex partner who has been recently diagnosed with syphilis should be tested for syphilis.*

Syphilis STAGING



*Neurosyphilis can occur at any stage.
Don't forget to test for HIV

CDC Treatment Guidelines

STAGE OF SYPHILIS		REGIMEN	DOSE/ROUTE
Early Syphilis	Primary and Secondary Early Non-Primary or Secondary (less than 12 months)	Benzathine Penicillin G*	2.4 million units IM in a single dose
Late Syphilis	Unknown Duration or Late (greater than 12 months)	Benzathine Penicillin G*	7.2 million units IM administered as 3 doses of 2.4 million units IM each, at 1-week intervals

* Benzathine Penicillin G is the only CDC approved treatment for pregnant women.

**See 2015 CDC Treatment Guidelines for additional information and alternative treatments for NON-Pregnant women.

Reporting Guidelines STDs and HIV

Louisiana Sanitary Code, LAC: 51:11.105

*Per Louisiana Law, **all clinicians** must report the following infections to the Office of Public Health within the specified time, **regardless** of independent, automatic reporting by laboratories.*

Class B Diseases, Reportable within 1 business day

Note: The following is a Partial List of Reportable Diseases of Relevance to STI and HIV:

- HIV infection in pregnancy
- HIV infection, perinatal
- Syphilis

Class C Diseases, Reportable within 5 business days

Note: The following is a Partial List of Reportable Diseases of Relevance to STI and HIV:

- AIDS
- Chlamydia
- Gonorrhea (genital, oral, ophthalmic, rectal, PID)
- HIV infection (other than Class B)

Reporting Instructions:

- HIV or Syphilis During Pregnancy:
 - o Complete and Fax Attached HIV/Syphilis During Pregnancy Form in 1 business day
 - o Complete and Fax Attached STD-43 Form in 1 business day
- Syphilis and STDs outside of Pregnancy
 - o Complete and Fax Attached STD-43 Form within 5 business days

Confidential OPH Fax: (504) 568-8384

Phone Line: (504) 568-7474

FORMS CAN ALSO BE MAILED TO
LOUISIANA DEPARTMENT OF HEALTH STD/HIV PROGRAM
1450 Poydras Street Suite 2136
New Orleans, LA 70112

For questions regarding reporting HIV/STDs in pregnancy, call the HIV/STD Perinatal Surveillance Supervisor at (504) 568-3384.

GETTING THE CONVERSATION STARTED

Some patients may not be comfortable talking about their sexual practices. It is critical to put them at ease by informing them that this is a routine conversation you have with all patients as part of their medical exam and anything they say will remain confidential.

WHO?

- Number of partners in the past year
- Gender
- Steady and/or casual partners
- Partner's risk factors (multiple sex partners, incarcerated, HIV +)

HOW?

- Types of sex (vaginal, oral, anal)
- Sex while under the influence of drugs and alcohol

WHAT?

- Methods to protect yourself from STDs/HIV
- Methods to prevent pregnancy
- Previous history of STDs

TIPS FOR HAVING CONVERSATIONS ABOUT SEXUAL HISTORY:

- Emphasize this is routine for all patients
- Ensure confidentiality
- Be non-judgmental (verbal and non-verbal)
- Make it conversational (ask open-ended questions)

“To provide you with the best service I can, I ask all of my patients about their history. I’d like to ask you some questions regarding your sex life. I recognize this is a sensitive topic, but know that this information will be between us.”

SAMPLE QUESTIONS

WHO?

- Who are your sexual partners (men, women, transgender)?
- How many sexual partners have you had in the past year?
- Do you suspect your partner(s) have other partners besides yourself?

HOW?

- How do you have sex? Vaginal? Oral? Anal?
- How often do you mix alcohol or drugs with sex?

WHAT?

- What ways do you try to protect yourself from STDs?
- What STDs have you or your partners had in the past?
- Would you like to become pregnant in the next year?

For more information, visit
<https://www.cdc.gov/std/treatment/sexualhistory.pdf>