



Syphilis

Syphilis Investigations in MIDIS

- Please review the queue “**Documents Requiring Review**” in MIDIS and start your syphilis investigations **within 24 hours**.
- To stage syphilis, you will need **clinical symptoms, pregnancy status, and previous syphilis testing**.
- If you are unsure of staging, you can start syphilis investigations as “**unknown**” until you get more information.

Laboratory Requirements

- To accurately confirm *most* stages of syphilis, **two** types of tests are required:
 - Non-treponemal serologic test **AND**
 - Treponemal serologic test.

Confirm Diagnosis and Complete Case Investigation

- Contact the medical provider who ordered testing and work with them to stage syphilis.
- Review the clinical presentation and laboratory results to confirm the diagnosis.
- Consult with the CSTE case definition [Syphilis \(Treponema pallidum\) 2018 Case Definition | CDC \[ndc.services.cdc.gov\]](https://www.cdc.gov/ncidod/dzdx/std/stddiag/lab/performances/syphilis-2018-cste-definition.html) to determine if this is a case.

Case Management/Control Measures

- All patients with syphilis should be tested for other STIs and HIV. Persons whose HIV test results are negative should be offered HIV PrEP.
- Ensure treatment of all individuals diagnosed with syphilis. Preferably all individuals diagnosed with syphilis will receive treatment with benzathine penicillin G. The only approved treatment in pregnancy is benzathine penicillin G.
- Interview all cases for risk behavior and contacts.
- Follow up on all contacts. Test or refer for testing. Follow up with provider for test results.



Quick reference treatment table as follows by syphilis stage.

Syphilis Stage	Recommended Rx	Dose/Route	Alternatives
Primary, secondary, or early latent <1 year	benzathine penicillin G	2.4 million units IM in a single dose	Doxycycline 100 mg 2x/day for 14 days OR Tetracycline 500 mg orally 4x/day for 14 days
Latent >1 year, latent of unknown duration Pregnancy, Primary, secondary, or early latent <1 year	benzathine penicillin G benzathine penicillin G	2.4 million units IM in 3 doses each at 1-week intervals (7.2 million units total) 2.4 million units IM in a single dose	Doxycycline 100 mg 2x/day for 28 days OR Tetracycline 500 mg orally 4x/day for 28 days *No alternative recommended. Parental Penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis at any stage who report penicillin allergy should be desensitized and treated with penicillin G.
Pregnancy, Latent >1 year, latent of unknown duration.	benzathine penicillin G	2.4 million units IM in 3 doses each at 1-week intervals (7.2 million units total)	*No alternative recommended. Parental Penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis at any stage who report penicillin allergy should be desensitized and treated with penicillin G.

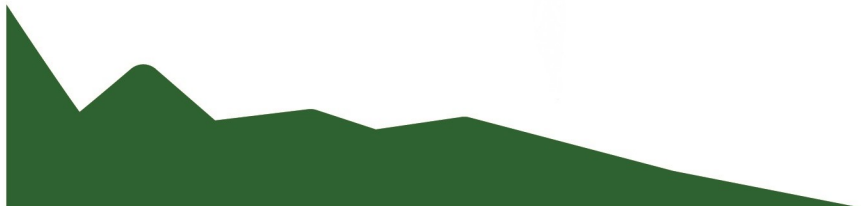
- For more information, please consult the 2021 Sexually Transmitted Diseases Treatment Guidelines,
 - Syphilis During Pregnancy: <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm> [cdc.gov]



Contact Investigation and MIDIS entry

- Enter and clinical symptoms and pregnancy status (for females) for all syphilis cases into MIDIS on the Core Info tab.
- Contacts are defined as sexual partners and the patient’s stage of disease determines which partners should be **notified and tested**.

Case’s Syphilis Stage	Interview Periods	Partner Testing and Treatment
Primary, Secondary, Early Latent	<ul style="list-style-type: none"> • Primary – 90 days before the onset of symptoms. • Secondary – 6.5 months before the onset of secondary symptoms. • Early Latent – 1 year prior to the start of treatment. 	<ul style="list-style-type: none"> • If partner was exposed within 90 days of diagnosis, they should be clinically evaluated, tested, AND treated. • If exposure was >90 days before diagnosis, the partner should be clinically evaluated, tested, and treated presumptively if the serologic results are not immediately available and the opportunity for follow up is uncertain. If serologic results are negative, no treatment is needed.
Late Latent, Tertiary		<ul style="list-style-type: none"> • Long-term sex partners (>1 year) should be evaluated clinically and serologically for syphilis and treated on the basis of the evaluation’s findings.
Latent of unknown duration		<ul style="list-style-type: none"> • Evaluation and presumptive treatment of contacts exposed within 12 months of first serologic evidence of infection, or re-infection in the case/patient.





Resources:

- CDC STI Treatment Guidelines: <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>
- Syphilis DIS Module: <https://health.umn.edu/ccfwd/>
 - Click on “Training and Resources”
 - Select “Disease Intervention Specialist” on the left side.
 - Select eLearning Courses, Center for Children, Families, and Workforce Development, Module II and III.
- Syphilis Pocket Guide: <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>
- Syphilis Progression tool:
https://health.umn.edu/ccfwd/training/dis/resources_dis/SyphilisProgression_Complications_Graphic.pdf
- Syphilis Staging Tool:
https://health.umn.edu/ccfwd/training/dis/resources_dis/SyphilisStagingTreatmentChart.pdf

