

# Evaluating Patients For Secondary Syphilis (P1/3)

## \*SEXUAL HISTORY, RISK ASSESSMENT & PHYSICAL EXAM

### Sexual History, Risk Assessment (past year):

- gender of partners
- number of partners (new, anonymous, serodiscordant HIV status, exchange of sex for drugs or money)
- types of sexual exposure
- recent STDs; HIV serostatus
- substance abuse
- condom use

### Physical Exam

- oral cavity
- lymph nodes
- skin
- palms & soles
- neurologic
- genitalia/pelvic
- perianal

### History of syphilis

prior syphilis (last serologic test & last treatment)

## †DIAGNOSTIC ISSUES IN SECONDARY SYPHILIS

### RPR/VDRL

- ~100% sensitive in secondary syphilis
- Tests must be quantified to the highest titer & titer on the day of treatment must be used to assess treatment response
- Always use the same testing method (RPR or VDRL) in sequential testing; cannot compare titer from the two tests
- Tests lack specificity (biologic false positive); all reactive tests need to be confirmed by a treponemal test for syphilis diagnosis
- Prozone Reaction: false negative RPR or VDRL from excess antibody blocking the antigen-antibody reaction
  - ~1% of secondary syphilis cases
  - Request lab to dilute the serum to at least 1/16 to rule out

## TREATMENT & FOLLOW-UP

### ‡Treatment of Secondary Syphilis

#### Recommended Regimen

- Benzathine Penicillin G 2.4 million units IM x 1

#### Alternative Regimens for Penicillin Allergic Non-Pregnant Patients:

efficacy not well established & not studied in HIV+; close follow-up essential:

- Doxycycline 100 mg po bid x 2 weeks or
- Tetracycline 500 mg po qid x 2 weeks or
- Ceftriaxone 1gm IM or IV qd x 10-14 d

#### See CDC 2010 STD Treatment Guidelines:

[www.cdc.gov/std/treatment/2010/default.htm](http://www.cdc.gov/std/treatment/2010/default.htm)

#### & California STD Treatment Guidelines Grid:

[www.stdhivtraining.org/resource.php?id=15&ret=clinical\\_resources](http://www.stdhivtraining.org/resource.php?id=15&ret=clinical_resources)

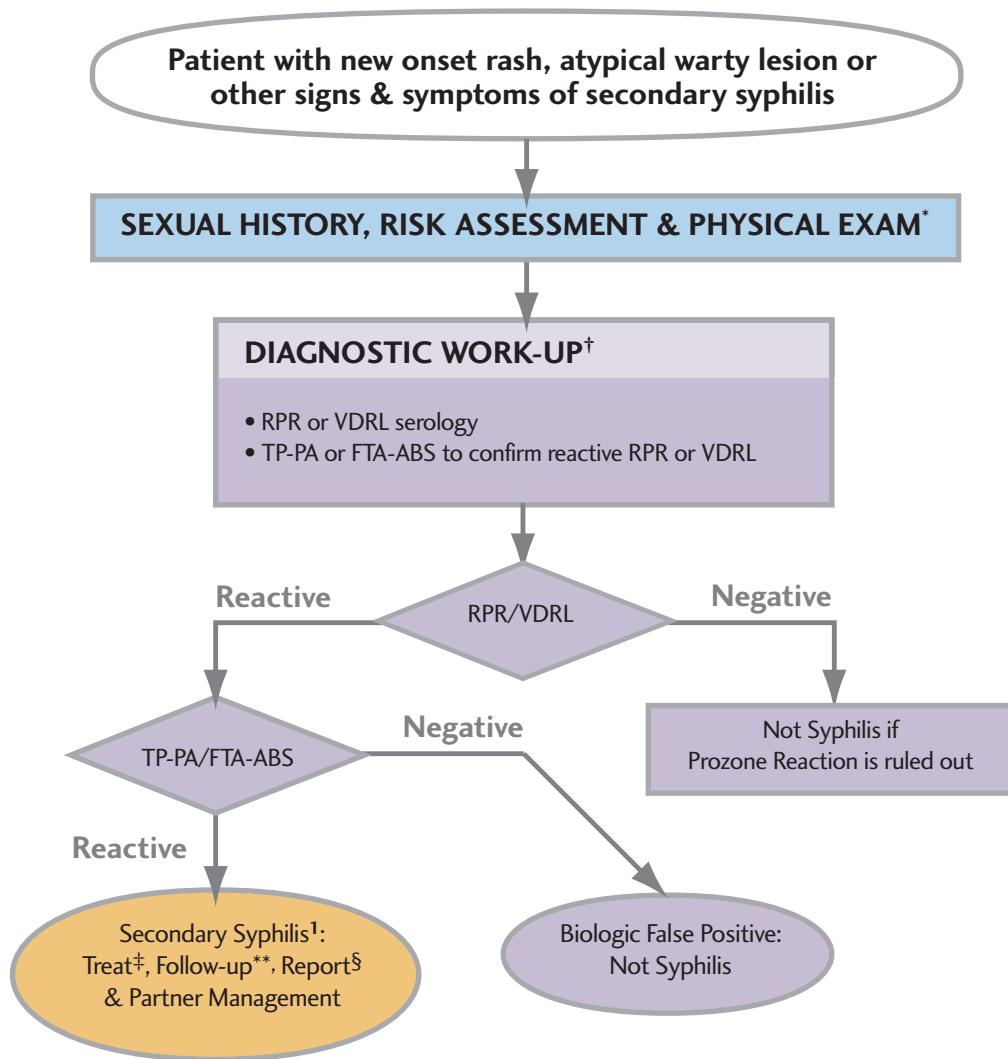
### \*\* Follow-Up To Assess Treatment Response

- 1-2 weeks & 1 month: clinical follow-up
- 3, 6, 9, 12, 24 months: serologic follow-up for HIVinfected
- 6, 12 months: serologic follow-up for HIV negative
- Treatment failure: failure of titer to decline fourfold within 6-12 months from titer at time of treatment

## §REPORTING & PARTNER MANAGEMENT

- All syphilis cases or suspected cases must be reported to the local health department within one working day of diagnosis
- Local health departments will assist in partner notification & management
- Contact Number at Local Health Department

# Evaluating Patients For Secondary Syphilis (P2/3)



**\*, †, ‡, §, \*\* see color coded boxes**

1. All patients with suspected syphilis should be tested for HIV infection & screened for other STDs. Repeat HIV testing of patients with secondary syphilis 3 months after the first HIV test, if the first test is negative

## To Order Additional Copies

see the online version of the Secondary Syphilis Algorithm on the clinical resources page of the CA STD/HIV PTC website: <http://www.stdhivtraining.org>



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