

Albany County Department of Health

Syphilis Staging and Treatment

- Staging and treatment of syphilis is based on patient history, clinical presentation, and serologic testing.
- Staging syphilis based on clinical findings helps to guide treatment and follow-up.
- Serologic diagnosis of new syphilis infections always requires 2 tests: a treponemal-specific test and a non-specific screening test.

Patient ***with symptoms*** and confirmed serologic testing:

Primary syphilis: 10-90 days after exposure, a painless ulcer (chancre) appears at the site of inoculation and disappears after an average of 3 weeks, regardless of treatment. The chancre can be undetected by the patient.

Secondary syphilis: A rash or flat red lesions over the body and/or palms of hands or soles of feet occurs 3-6 weeks after the primary chancre appears and may persist for weeks to months (75-100%). Primary and secondary stages may overlap. Additional manifestations can include lymphadenopathy (50-86%), malaise, mucous patches (6-30%), condylo-mata lata (10-20%), and alopecia (5%).

Recommended Regimen for Adults with primary or secondary syphilis:

Benzathine penicillin G 2.4 million units IM in a single dose

*Special considerations for infants, children, pregnant women, patients co-infected with HIV, penicillin allergy**

Guidelines for the treatment of patients with symptoms of cardiovascular syphilis, ocular syphilis, otic syphilis, or neurosyphilis can be found in the CDC 2015 Sexually Transmitted Diseases Treatment Guidelines*

Patient ***without clinically apparent disease*** and confirmed serologic testing:

Early, Non-Primary/Non-Secondary: within the 12 months preceding diagnosis, the patient has at least one of the following:

- 1) a documented seroconversion or a sustained (>2 wk) fourfold or greater increase in nontreponemal test titers;
- 2) unequivocal symptoms of primary or secondary syphilis;
- 3) a sex partner documented to have primary, secondary, or early latent syphilis; or
- 4) only possible exposure occurred during the previous 12 months.

Recommended Regimens for Adults with Early, Non-Primary/Non-Secondary

Benzathine penicillin G 2.4 million units IM in a single dose

*Special considerations for infants, children, pregnant women, patients co-infected with HIV, penicillin allergy**

Late or unknown duration: asymptomatic persons who do not meet the criteria associated with Early, Non-Primary/Non-Secondary syphilis.

Recommended Regimens for Adults with Late or unknown duration

Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

*Special considerations for infants, children, pregnant women, patients co-infected with HIV, penicillin allergy**

*CDC. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR 2015;64(No. RR-3)



Daniel P. McCoy
Albany County Executive

ALBANY COUNTY
Cares about our health