Syphilis Staging and Treatment Algorithm

**Symptoms at the time of blood draw?**

**YES**
- Presence of painless lesion (chancre)

**YES**
- Presence of palmar/plantar or body rash, alopecia, mucous patches or condylomata lata

**YES**
- Was there a VERIFIED negative syphilis blood test in the last 12 months? - or -
- Did patient have signs or symptoms in the past 12 months? - or -
- Are there infected partners independently staged as primary/secondary/early? - or -
- If previously treated for syphilis, was there a two dilution (four-fold) increase in RPR titer?

**NO**

**PRIMARY SYPHILIS**
- RPR may be positive or negative; AND
- Confirmatory test can be reactive or non-reactive

**SECONDARY SYPHILIS**
- RPR is usually positive, but can be negative; AND
- Confirmatory test is reactive

**YES**
- RPR can be positive or negative; AND
- Confirmatory test is reactive

**EARLY LATENT**

**LATE or UNK**
- RPR can be positive or negative; AND
- Confirmatory test is reactive

**SYPHILIS TREATMENT**
- Primary, Secondary, or Early Latent
  - Benzathine penicillin G*
  - 2.4 million units IM in a single dose

*SSee CDC Guidelines for treatment if patient is allergic to PCN or has symptoms of neurosyphilis

**SYPHILIS TREATMENT**
- Late Latent 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 NOTE ABOUT PREGNANCY: Penicillin is the only acceptable treatment for pregnant women. Penicillin administered at intervals greater than 7 days are unacceptable. If a single day of penicillin therapy is missed, patient must restart treatment if stage is late latent or unknown.