Evaluating Patients For Secondary Syphilis

SEXUAL HISTORY, RISK ASSESSMENT & PHYSICAL EXAM

Sexual History, Risk Assessment (past year) Physical Exam
• Gender of partners Oral cavity
• Number of partners (new, anonymous, serodiscordant HIV status, exchange of sex for money)
• Types of sexual exposure 1. Lymph nodes
• Recent STDs/HIV serostatus 2. Skin
• Substance abuse Palms & soles
• Condom use Neurologic
• History of Syphilis 1. Eyes
• Prior syphilis Central/pelvic
(lost serologic test & last treatment)

DIAGNOSTIC ISSUES IN SECONDARY SYphilis

• RPR/VDRL titers ≤1:16 sensitive in secondary syphilis
  - Rare caveat: prozone reaction, false negative RPR/VDRL from excess antibody
  - Use same test (RPR or VDRL) in sequential testing; titers are not interchangeable
  - For non-treponemal titers, comparison of non-treponemal titers needed
  - Treponemal tests (TP-PA, FTA-ABS, EIA, CIA) can remain positive for life; utility limited in patients with history of prior syphilis
  - Consider retreatment and CSF evaluation if titer fails to decline appropriately

TREATMENT & FOLLOW-UP

Treatment of Secondary Syphilis

Recommended Regimen
- Benzathine Penicillin G 1.25 million units IM x 1

Alternative Regimens for Penicillin Allergic Non-Pregnant Patients:
- Efficacy not well established & not studied in HIV+ patients
- Close follow-up essential:
  1. Doxycycline 100 mg po bid x 2 weeks
  2. Tetracycline 500 mg po qid x 2 weeks
- Pregnant patients with penicillin allergy should be desensitized and treated with penicillin

See CDC STD Treatment Guidelines: www.cdc.gov/std/treatment


**Additional Testing & Follow-up**
Note: also test for HIV, GLCT, and pregnancy (if female of reproductive age)
- 1-2 weeks: clinical follow-up
- 3, 6, 9, 12, 24 months: serologic follow-up for HIV+ patients
- 6, 12 months: serologic follow-up for HIV- patients
- Failure of titer to decline fourfold (e.g. 1:16 to ≤1:16) within 6-12 months from time of treatment may indicate treatment failure. Titer decline may be slower in HIV+ patients.
- Consider retreatment and CSF evaluation if titer fails to decline appropriately

Refer to CDC Treatment Guidelines for management of treatment failure & consult the STD Clinical Consultation Network at www.STDCCN.org

REPORTING & PARTNER MANAGEMENT

- All syphilis cases and presumptive 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: