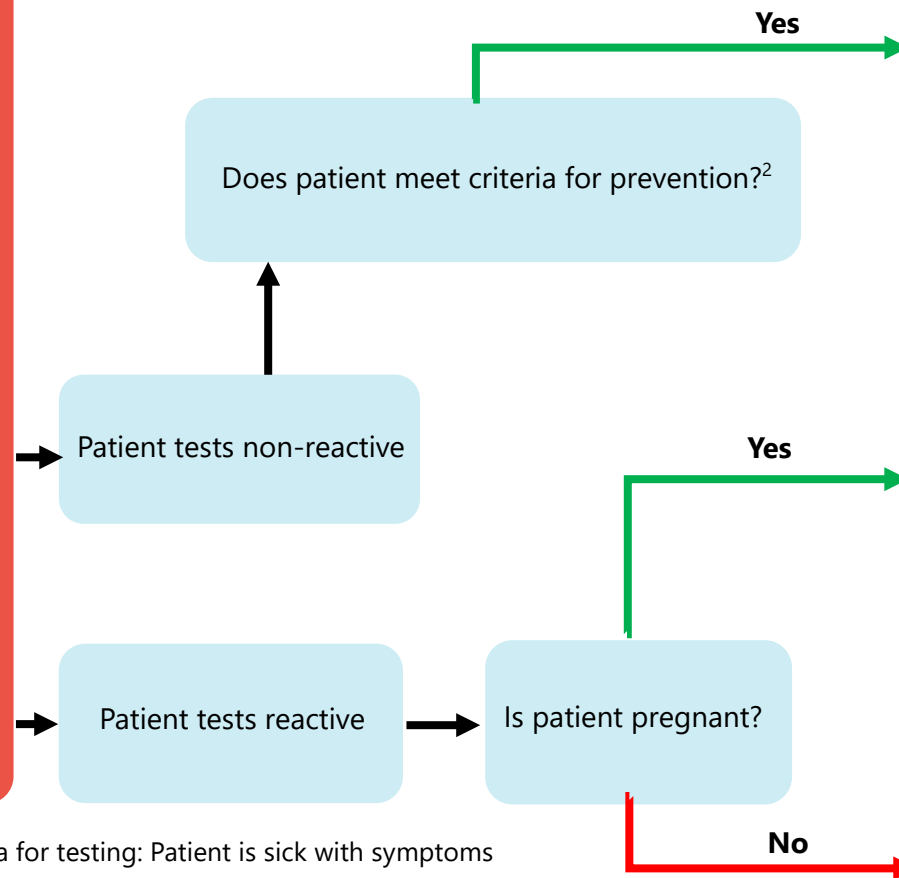


# Adult Syphilis Clinical Staging and Treatment

## Patient meets criteria for syphilis testing<sup>1</sup>



1. Criteria for testing: Patient is sick with symptoms suggestive of syphilis; pregnancy – test first prenatal visit, 28-32 weeks, then at delivery; patient lives in county with high rates; patient at high risk due to things such as having unprotected sex, multiple sex partners, having a sex partner who has syphilis and/or sex with a partner who has multiple sex partners.
2. DoxyPEP is most effective when taken soon after condomless sex, ideally 24-72 hours. The dose is 200mg once. For more information see this [link from the CDC](#).
3. The CDC's 2021 treatment guidelines can be accessed via [this link](#).

### Consider DoxyPEP:

- Doxycycline 200mg once within 24-72 hours of high risk sex
  - CANNOT be used during pregnancy

### Syphilis treatment for pregnant adult:

- Primary, Secondary, and Early Latent: Penicillin G benzathine 2.4 million units IM in a single dose
- Tertiary or Late Latent: Penicillin G benzathine 7.2 million units IM total, administered as three doses of 2.4 million units IM each at 1-week intervals
- Neurologic/Ocular/Otic: Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days
- Notes:
  - NO DOXYCYCLINE.
  - If interval between doses is less than 7 days or greater than 9 days, the entire course must be restarted

### Syphilis treatment for non-pregnant adult:

- Primary, Secondary, and Early Latent: Penicillin G benzathine 2.4 million units IM in a single dose OR Doxycycline 100mg orally BID x 14 days
- Tertiary or Late Latent: Penicillin G benzathine 7.2 million units IM total, administered as three doses of 2.4 million units IM each at 1-week intervals OR Doxycycline 100mg orally BID x 28 days
- Neurologic/Ocular/Otic: Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days

# Syphilis Clinical Staging and Treatment

	Symptoms	Description	Treatment	Notes
Primary	Chancere	Single or multiple firm, round and painless lesions occur at site of infection	Penicillin G benzathine 2.4 million units IM in a single dose OR Doxycycline 100mg orally BID x 14 days	Test and treat partners per CDC guidelines.
Secondary	Rash or mucus membrane lesions	Generalized body rash, palmar/plantar rash, mucus patches, alopecia, condylomata lata	Penicillin G benzathine 2.4 million units IM in a single dose OR Doxycycline 100mg orally BID x 14 days	Test and treat partners per CDC guidelines.
Early Latent	No current symptoms	Infection occurred less than 12 months ago (see notes)	Penicillin G benzathine 2.4 million units IM in a single dose OR Doxycycline 100mg orally BID x 14 days	Proof infection acquired within previous 12 months: <ul style="list-style-type: none"> <li>• history of syphilis w/ <math>\geq 4</math>-fold increase in non-treponemal test titer in last 12 months</li> <li>• *seroconversion of non-treponemal test in last 12 mo</li> <li>• *seroconversion of treponemal test in last 12 months</li> <li>• history of signs/symptoms clinically consistent with primary/secondary syphilis in last 12 months</li> <li>• sexual debut within past 12 months</li> </ul>
Late Latent	No symptoms	Infection occurred greater than 12 months ago or exact date of exposure unknown	Penicillin G benzathine 7.2 million units IM total, administered as three doses of 2.4 million units IM each at 1-week intervals OR Doxycycline 100mg orally BID x 28 days	Crucial that all partners of pregnant women are offered partner services, testing, and treatment.
Tertiary	Gummas, cardiovascular symptoms, psychiatric symptoms such as memory loss or personality changes, may have neurosyphilis	Gummas are soft, non-cancerous lesions that can be found throughout the body	Penicillin G benzathine 7.2 million units IM total, administered as three doses of 2.4 million units IM each at 1-week intervals OR Doxycycline 100mg orally BID x 28 days	If neurologic signs or symptoms are present, should have CSF testing done prior to initiating therapy
Neurologic, Ocular, and Otic	Neuro: Can be wide ranging. Ocular: Eye redness and pain, floaters, flashing lights, visual acuity loss, blindness, blue tinge to vision Otic: Sensorineural hearing loss, ear pain, tinnitus, vertigo	Neuro: headaches, altered behavior, poor muscle movement coordination, paralysis, sensory deficits, and dementia. Ocular: conjunctivitis, uveitis, elevated IOP, chorioretinitis, retinitis, vasculitis Otic: Unilateral or bilateral sudden onset hearing loss that progresses rapidly	Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units by IV every 4 hours or continuous infusion, for 10–14 days	Neurosyphilis, Ocular Syphilis, and Ootosyphilis can occur at any stage of infection. Specialty consultation is recommended for all three and immediate referral to an ophthalmologist is crucial for ocular involvement.
Pregnancy	Per stage above	Per stage above	Per stage above. <b>ONLY treat with Bicillin</b> <b>If penicillin allergic, patient must undergo desensitization.</b> <b>Doxycycline is contraindicated in pregnancy</b>	If interval between doses is less than 7 or greater than 9 days, the entire course of therapy must be restarted

\*Was non-reactive in last 12 months and is now reactive