

June 4, 2018

Dear Colleague:

Re: Important Syphilis Testing Reminders for Physicians

As syphilis continues to increase in the U.S. and in Indiana, ISDH needs the help of all health care providers to perform syphilis testing as recommended by the Centers for Disease Control and Prevention in order to guarantee timely identification and treatment of cases.

- Syphilis cannot typically be diagnosed without a screening test (RPR) and a confirmatory test (TPPA, FTA, EIA) when the screening is reactive. Many laboratories require the provider to individually specify which tests be performed rather than allow these to be ordered as a panel or reflex. This results in physicians not receiving syphilis test results that can be used for diagnostic purposes and will add time and expense for additional specimens and testing.
- This may be further complicated if your laboratory uses the “reverse sequence method” of syphilis testing rather than the standard method of RPR first. In reverse sequence testing, labs will run the confirmatory first (EIA or CIA) and will only do the RPR if the first test is reactive. If a discordant result is received during reverse sequence (EIA positive, RPR negative) laboratories are required to perform the TPPA before reporting out the result to the physician.
- An additional problem is that some laboratories will not perform a *quantitative* RPR unless specified by the physician. A quantitative result (titer) is always needed to diagnose syphilis, to assess reinfection, and to assess efficacy of treatment, so please ensure that your laboratory will automatically do a quantitative test on all qualitative reactive RPRs.
- Please remember to test all patients presenting with syphilis symptoms painless ulcer in genital area; generalized body rash or palmar/plantar rash, etc. A list of syphilis symptoms with pictures can be found at: <https://www.cdc.gov/std/syphilis/images.htm>
- More information may be found here: <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf> and online, free clinical training is available at: <https://www.std.uw.edu/>
- ISDH has created an easier way for health care providers to report cases of STD via the internet using our **new** electronic communicable disease report form, found on our website: <https://www.in.gov/isdh/17440.htm> , under the section “Information for Health Care Providers”. Or, a fillable PDF can be faxed to your local STD jurisdiction. A list of the fax numbers by county can also be found on the STD website <https://www.in.gov/isdh/17440.htm> , under “DIS Contact List”.

All cases of syphilis, gonorrhea and chlamydia must be reported by health care providers within 72 hours. Many health care providers believe that since the laboratory reports, they do not have to. Unfortunately, this is not true because each entity reports different information for each patient. Only the doctor's office will have critical patient information we need, such as patient race, treatment, pregnancy status, and locating information, while the lab will provide testing information on the lab specimen itself. To truly assess a syphilis diagnosis, we need both laboratories and health care providers to report on each case.

If you have questions or need additional information, please feel free to contact Caitlin Conrad, STD Prevention Program Director at [caconrad@isdh.in.gov](mailto:caconrad@isdh.in.gov) or 317-234-2871.

Yours in Health,

A handwritten signature in cursive script, appearing to read "Kristina M. Box". The signature is written in black ink and is positioned above the printed name.

Kristina M. Box, MD, FACOG  
State Health Commissioner