Screening is the first step to treatment
HIV, STIs, VIRAL HEPATITIS AND LTBI ROUTINE SCREENING TOOLKIT

Clinical Workflow Algorithm: Syphilis Screening
This document translates screening guidance and clinical considerations from the USPSTF and CDC into a decision tree format to guide implementation.

WHO TO SCREEN
- Adolescents and adults who have ever been sexually active and are at increased risk for syphilis infection
- All pregnant persons

If screening criteria are met

TEST TO USE
Traditional Screening Algorithm
Nontreponemal test (e.g., Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR])

OR
Reverse Sequence Algorithm
Automated treponemal test (e.g., enzyme-linked [EIA] or chemiluminescence immunoassay [CIA])

REACTIVE

Conduct confirmatory test: Treponemal antibody detection test (e.g., fluorescent treponemal antibody absorption [FTA-ABS] or T. pallidum particle agglutination [TP-PA] test)

NONREACTIVE
Syphilis unlikely

CONSIDERATIONS

1. Test frequency
MSM or persons with HIV may benefit from screening at least annually or more frequently (e.g., every 3 to 6 months) if they continue to be at high risk.

For pregnant persons, screen at first prenatal visit. Individuals who have not received prenatal care should be tested at the time they present for delivery.

2. Case reporting
Report positive case to state or local health department.

3. Past infection
An RPR comparison to former values may be needed if there's a history of prior disease.

4. Treatment
Penicillin G, administered parenterally, is the preferred drug for treating patients in all stages of syphilis.

See: https://www.cdc.gov/std/treatment-guidelines/syphilis.htm

5. Further evaluation
If at risk of infection, repeat RPR in several weeks.

If epidemiologic risk and clinical probability for syphilis are low, further evaluation or treatment is not indicated.