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

### TEST TO USE

**Traditional Screening Algorithm**
Nonreponemal test (e.g., Venereal Disease Research Laboratory (VDRL) or rapid plasma reagin (RPR))

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

### IMPLEMENTATION 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](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.