

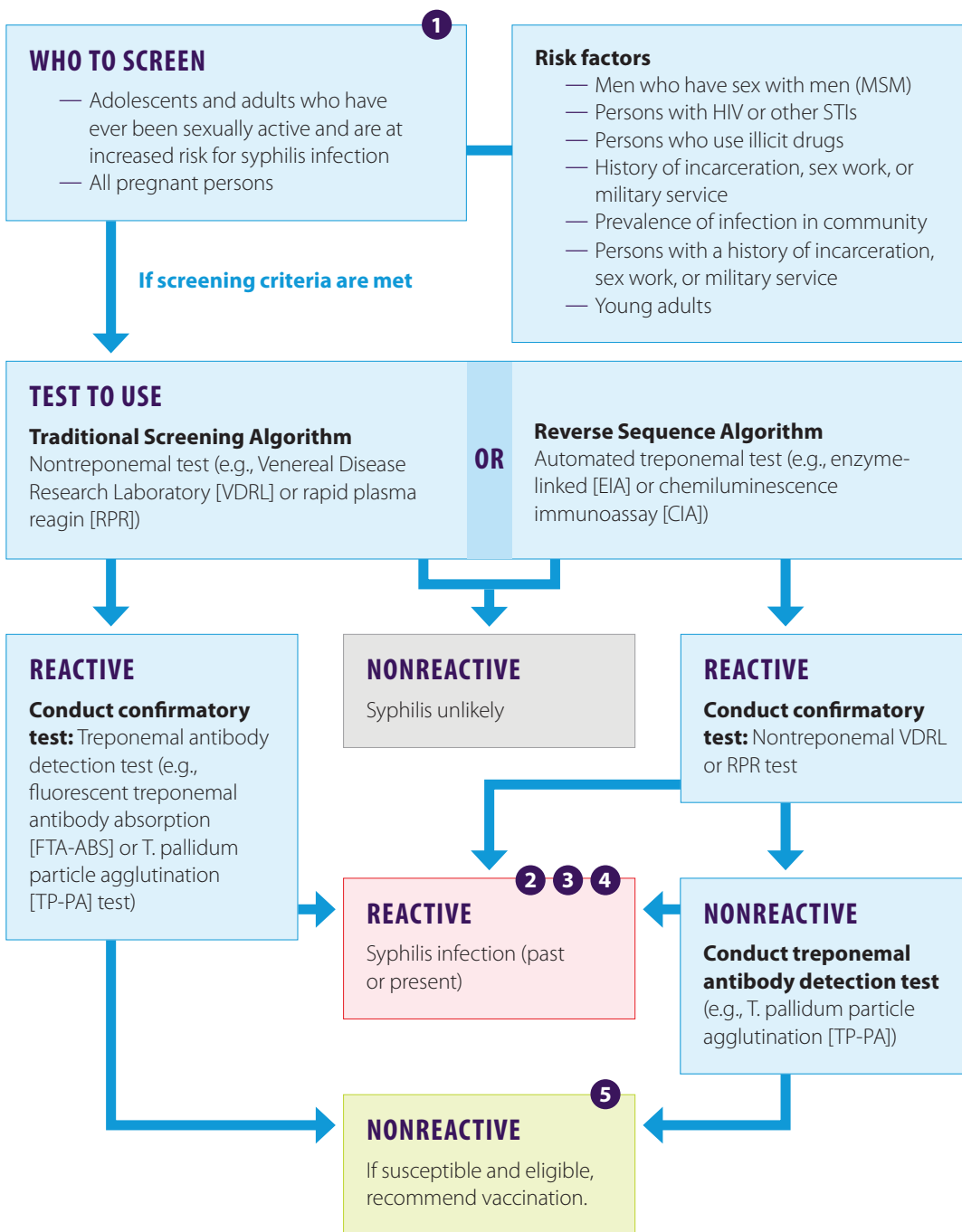
Screening is the first step to treatment

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.



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>

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.

→ GET STARTED NOW

Visit ama-assn.org/RoutineScreeningToolkit or scan the QR code at the top of the page