

SYPHILIS Treatment: Adults

Stage	Clinical Manifestations	Preferred Treatment	Alternative Treatment Non-pregnant only
Primary	Chancre, regional lymphadenopathy	Benzathine Penicillin G 2.4 million units IM in a single dose Some experts recommend 3 weekly doses in HIV infected individuals	• Doxycycline 100 mg PO bid for 14 days • Ceftriaxone 1g IV or IM daily for 10 days in exceptional circumstances
Secondary	Rash, fever, malaise, lymphadenopathy, mucus lesions, condyloma lata, alopecia, meningitis, headaches, uveitis, retinitis		
Early Latent (< 1 year duration)	Asymptomatic		
Late Latent (> 1 yr or unknown duration)	Asymptomatic	Benzathine Penicillin G 2.4 million units IM weekly for 3 successive weeks	• Consider penicillin desensitization • Doxycycline 100 mg PO bid for 28 days • Ceftriaxone 1g IM or IV daily for 10 days in exceptional circumstances
Tertiary not involving the CNS	Cardiovascular Syphilis: Aortic aneurysm, aortic regurgitation, coronary artery ostial stenosis Gumma: Tissue destruction of any organ, manifestations depend on site involved		
Neurosyphilis	Ranges from asymptomatic to symptomatic with headaches, vertigo, personality changes, dementia, ataxia, Argyll Robertson pupil	Penicillin G 3-4 million units IV q 4 hours (16-24 million units/day) for 10-14 days	• Strongly consider penicillin desensitization, followed by treatment with penicillin • Ceftriaxone 2g IV/IM once daily for 10-14 days
Congenital or In pregnancy	See STI Guidelines, 2008, Syphilis section, page 3	See STI Guidelines, 2008, Syphilis section, pages 10-11	

Benzathine penicillin G may be ordered from
Simcoe Muskoka District Health Unit, call 721-7520 or 1-877-721-7520 ext 8376.

Recommended Post Treatment Serology Schedule

Primary, secondary, early latent, congenital	(1)*, 3, 6, 12 months
Late latent, tertiary	12 and 24 months
Neurosyphilis	6, 12 and 24 months
If HIV infected	(1)*, 3, 6, 12 & 24 months and yearly thereafter
Babies treated for infectious or non-infectious syphilis during pregnancy	see STI guidelines 2008, Syphilis section, page 14
Pregnant women treated for infectious syphilis in pregnancy	see STI guidelines 2008, Syphilis section, page 14
*(1) Some experts recommend follow up testing at 1 month after treatment to ensure that non-treponemal test titre is not rising.	

Adequate Post Treatment Serologic Response

Primary	2 tube* drop at 6 months 3 tube drop at 12 months 4 tube drop at 24 months
Secondary	3 tube drop at 6 months 4 tube drop at 12 months
Early Latent	2 tube drop at 12 months
*2-tube drop=four-fold drop, eg. change from 1:32 dilutions to 1:8 dilutions Inadequate serologic response or rising titre, refer to STI Guidelines, 2008, Syphilis section, page 15	

Summary

A diagnosis of syphilis should never be based on the result of a single blood specimen. Investigation, diagnosis and treatment depend on:

- Clinical judgement
- Interpretation of serological test results
- Other evidence necessary for proper diagnosis such as history, symptoms, sexual risks

Notes

- Syphilis, as with other STIs, increases the risk of acquisition and transmission of HIV.
- Screen for other STIs: chlamydia, gonorrhea, HIV, hepatitis B.
- Immunization against hepatitis B is recommended in non-immune, non-immunized individuals.
- **Reporting is required. Phone the sexual health program, SMDHU at 721-7520 or 1-877-721-7520 x 8376.**