

## 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	<ul style="list-style-type: none"> <li>• Doxycycline 100 mg bid for 14 days</li> </ul>
Secondary	Rash, fever, malaise, lymphadenopathy, mucus lesions, condyloma lata, alopecia, meningitis, headaches, uveitis, retinitis	HIV positive client see STI Guidelines	<ul style="list-style-type: none"> <li>• Ceftriaxone in exceptional circumstances</li> </ul>
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	<ul style="list-style-type: none"> <li>• Consider penicillin desensitization</li> </ul>
Tertiary not involving the CNS	<p><b>Cardiovascular Syphilis:</b> Aortic aneurysm, aortic regurgitation, coronary artery ostial stenosis</p> <p><b>Gumma:</b> Tissue destruction of any organ, manifestations depend on site involved</p>		<ul style="list-style-type: none"> <li>• Doxycycline 100 mg bid for 28 days</li> <li>• Ceftriaxone 1g IM or IV daily for 10 days in exceptional circumstances</li> </ul>
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 for 10-14 days	<ul style="list-style-type: none"> <li>• Strongly consider penicillin desensitization, followed by treatment with penicillin</li> <li>• Ceftriaxone 2g IV/IM once daily for 10-14 days</li> </ul>
Congenital or In pregnancy	See STI Guidelines, STI Guidelines, syphilis chapter.	See STI Guidelines, STI Guidelines, syphilis chapter Table 3.	

**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 born to mothers with reactive syphilis serology	see STI Guidelines, syphilis chapter Table 8 a and b
Congenital	see STI Guidelines, syphilis chapter Table 8 b

### Adequate Post Treatment Serologic Response

Primary	<ul style="list-style-type: none"> <li>• 4-fold drop at 6 months</li> <li>• 8-fold drop at 12 months</li> <li>• 16 fold drop at 24 months</li> </ul>
Secondary	<ul style="list-style-type: none"> <li>• 8-fold drop at 6 months</li> <li>• 16 fold drop at 12 months</li> </ul>
Early Latent	<ul style="list-style-type: none"> <li>• 4-fold drop at 12 months</li> </ul>
*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, Table 7.	

### 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 Communicable Disease Program, SMDHU at 721-7520 or 1-877-721-7520 x 8632.**

## Serological Tests are used for:

- Patients with history/clinical signs consistent with syphilis, or are contacts
- Screening at-risk asymptomatic individuals
- Assessment of stage of syphilis infection
- Monitoring therapeutic response to treatment
- Standard prenatal screen
- Anyone with any other STI
- Detecting or excluding current or past infection in HIV patients
- Immigration screening
- Screening blood and organ tissue donors

### \*Assessment of risk factors:

- Contact with known case of syphilis
- Men who have sex with men
- Commercial sex work/street involvement
- Previous STI including HIV
- Multiple sex partners
- Person originating from a syphilis-endemic area or sex (oral, vaginal, anal) with a person from a syphilis-endemic area
- IDUs
- Sex partners of any of the above

### \*\*Taking a clinical history:

- History of a painless indurated chancre (genital area or mouth)
- A high proportion fail to recall primary chancre
- History of a non-pruritic maculopapular eruption, lymphadenopathy, fever, malaise
- Has client ever been given injectable penicillin or is aware of previous treatment or testing for syphilis
- Is client from a syphilis-endemic area?

