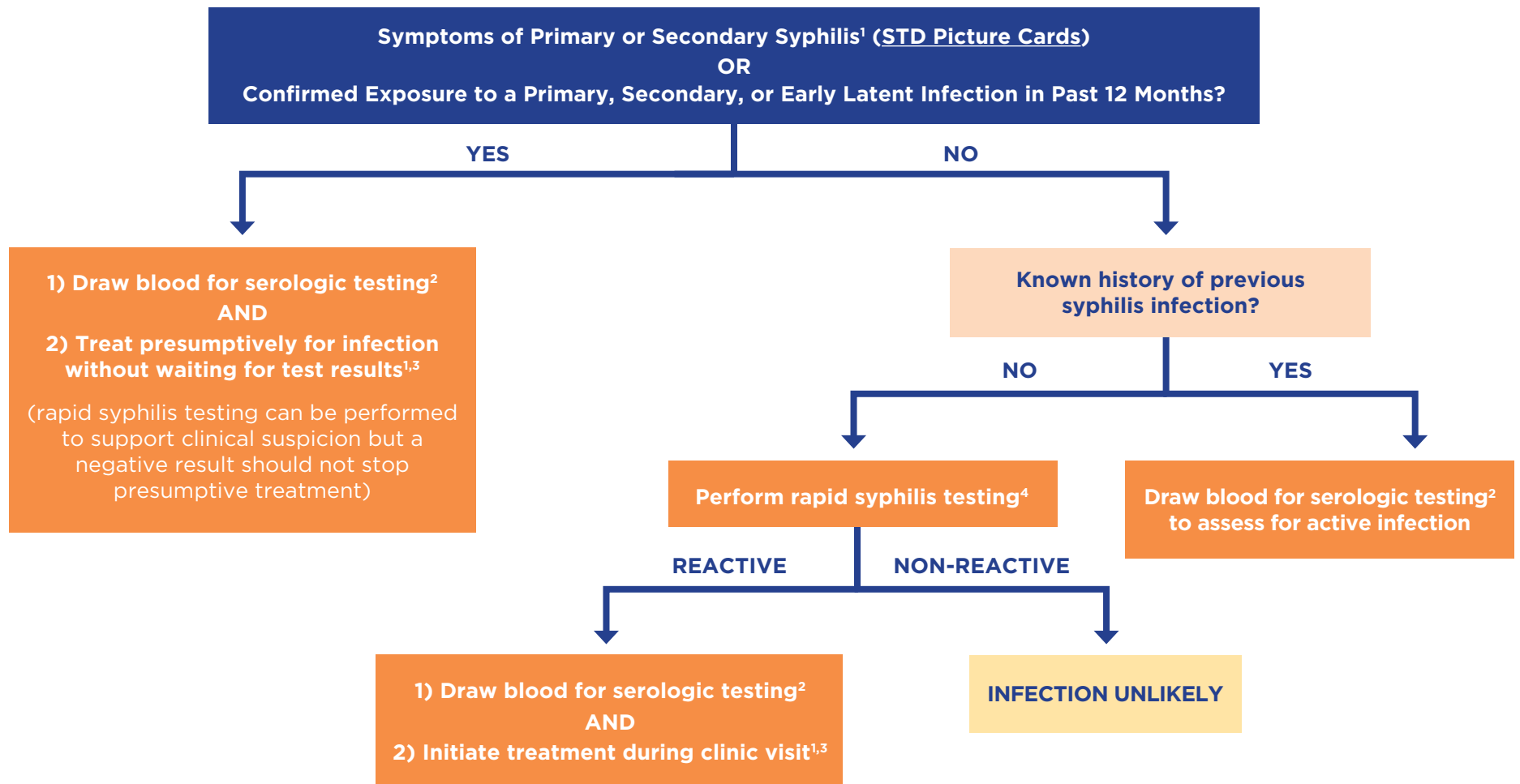


Syphilis Testing Algorithm



1. All patients diagnosed with syphilis should be assessed for signs of **neurosyphilis** (i.e., new HAs, confusion, personality changes, muscle weakness, or numbness), **ocular syphilis** (i.e., new visual changes, spots, blurred vision, floaters), or **otosyphilis** (i.e., new hearing deficits or tinnitus) and if present, additional evaluation and treatment is indicated: [Neurosyphilis, Ocular Syphilis, and Otosyphilis - STI Treatment Guidelines \(cdc.gov\)](#)
2. Serologic testing is necessary to distinguish between past and active infection and to monitor for an appropriate response to treatment (denoted by a 4-fold decrease in RPR or VDRL titers); diagnosing syphilis requires 2 serologic tests: a nontreponemal test (i.e., RPR or VDRL) AND a treponemal test (i.e., TPPA, EIA, FTA-ABS); assistance with interpreting serologic results can be found here: [Clinical Interpretation of Syphilis Screening Algorithms \(californiapct.com\)](#)
3. CDC STI Treatment Guidelines can be accessed here: [Syphilis - STI Treatment Guidelines \(cdc.gov\)](#); treatment recommendations during periods of penicillin shortages can be found here: [Clinical Reminders during Bicillin L-A[®] Shortage \(cdc.gov\)](#)
4. Currently available rapid syphilis tests detect treponemal antibodies, which remain positive for life in >85% of individuals with a history of syphilis infection, therefore these tests cannot be used to determine current infection status in persons who have had a past syphilis infection; Information on the FDA approved rapid tests can be found here: [Syphilis Health Check[™]](#) and [DPP[®] HIV-Syphilis](#)