ADULT SYPHILIS STAGING, TREATMENT AND PARTNER MANAGEMENT

STAGE & SYMPTOMS	DIAGNOSTIC CRITERIA	TREATMENT	PARTNER MANAGEMENT
PRIMARY Chancre HIGHLY INFECTIOUS	**Exam finding consistent with primary syphilis at the time of treatment.** • Presence of one or more chancres (i.e., firm, round, small, painless, rubbery or indurated anogenital or oral ulcer) appear at the site of infection • Presence of multiple or atypical anogenital primary lesions • Lesion(s) can sometimes be confirmed with dark field or T pallidum PCR testing **+/– Serologic evidence of infection** (or reinfection): Reactive syphilis serologic results support the diagnosis but may be absent in early primary syphilis.	Benzathine penicillin G 2.4 million units IM in a single dose **ALTERNATIVE REGIMEN*** *(for a nonpregnant patient with a documented penicillin allergy)* Doxycycline 100 mg orally 2x/day for 14 days, **OR** Tetracycline 500mg orally 4x/day for 14 days	• **If exposed ≤ 90 days** of diagnosed case, partner(s) should be tested **AND** treated. • **If exposure ≥ 90 days** testing is sufficient *(unless opportunity for follow-up is uncertain, then test and treat).*
SECONDARY Rash or mucocutaneous lesion HIGHLY INFECTIOUS	**Laboratory evidence of syphilis infection** (or reinfection) AND **Exam findings consistent with secondary syphilis:** • Mucocutaneous eruption (localized or generalized), including palmar or plantar rashes • Condyloma lata • Mucous Patches • Generalized lymphadenopathy, malaise, fever, other nonspecific constitutional symptoms • Patchy alopecia	Benzathine penicillin G 2.4 million units IM in a single dose **ALTERNATIVE REGIMEN*** *(for a nonpregnant patient with a documented penicillin allergy)* Doxycycline 100 mg orally 2x/day for 14 days, **OR** Tetracycline 500mg orally 4x/day for 14 days	• **If exposed ≤ 90 days** of diagnosed case, partner(s) should be tested **AND** treated. • **If exposure ≥ 90 days** testing is sufficient *(unless opportunity for follow-up is uncertain, then test and treat).*

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EARLY Non-Primary, Non-Secondary (Formerly Early Latent) No symptoms INFECTIOUS	**Serologic evidence of syphilis infection** (or reinfection) AND **No exam findings of primary, secondary, or tertiary syphilis** AND **Any of the following:** • Documented seroconversion within the past 12 months (i.e., currently reactive syphilis serology with nonreactive results document in the past 12 months) • A sustained rise (> 2 weeks) in nontreponemal test titer of 2 or more dilutions (i.e., ≥ 4-fold rise) within the past 12 months • Symptoms of primary or secondary syphilis with past 12 months • Sexual or needle-sharing contact with a person diagnosed with primary, secondary, or early latent syphilis during the past 12 months. • Only possible exposure was within the last 12 months (e.g., sexual debut)	Benzathine penicillin G 2.4 million units IM in a single dose **ALTERNATIVE REGIMEN*** *(for a nonpregnant patient with a documented penicillin allergy)* Doxycycline 100 mg orally 2x/day for 14 days, **OR** Tetracycline 500mg orally 4x/day for 14 days	• If exposed ≤ 90 days of diagnosed case, partner(s) should be tested **AND** treated. • If exposure ≥ 90 days testing is sufficient *(unless opportunity for follow-up is uncertain, then test and treat).*
LATE LATENT No symptoms NOT INFECTIOUS	**Serologic evidence of infection** (or reinfection) AND **No exam finding of primary, secondary, or tertiary syphilis at the time of treatment** AND **Criteria is not met for early latent syphilis** AND **Evidence suggests that the infection was acquired greater than 12 months prior to diagnosis.**	Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals **ALTERNATIVE REGIMEN*** *(for a nonpregnant patient with a documented penicillin allergy)* Doxycycline 100 mg orally 2x/day for 28 days, **OR** Tetracycline 500mg orally 4x/day for 28 days	Long-term sex partners (>1 year) should be evaluated clinically and serologically for syphilis and treated on the basis of the evaluation's findings.

STAGE & SYMPTOMS	DIAGNOSTIC CRITERIA	TREATMENT	PARTNER MANAGEMENT
LATENT OF UNKNOWN DURATION No symptoms NOT INFECTIOUS	**Serologic evidence of infection** (or reinfection) AND **No exam finding of primary, secondary, or tertiary syphilis at the time of treatment** AND **Criteria is not met for early latent syphilis** AND **Available information is insufficient to determine the duration of infection.**	Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals **ALTERNATIVE REGIMEN*** *(for a nonpregnant patient with a documented penicillin allergy)* Doxycycline 100 mg orally 2x/day for 28 days, **OR** Tetracycline 500mg orally 4x/day for 28 days	Evaluation and presumptive treatment of contacts exposed within 12 months of first serologic evidence of infection, or re-infection in the case-patient.
TERTIARY Varied NOT INFECTIOUS	**Clinical manifestations of late syphilis including:** • Cardiovascular disease • Gummatous disease of the skin or other organs • Late neurologic complications (e.g., tabes dorsalis or general paresis) AND **Laboratory evidence of infection by serologic, CSF, or direct pathology testing**	Testing for HIV infection and CSF examination should be performed before therapy is initiated. **With normal CSF examination:** Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals **With CSF abnormalities:** Treat with neurosyphilis regimen. Note: Providers treating patients with cardiovascular syphilis with a neurosyphilis regimen should be managed in consultation with an infectious disease specialist.	Long-term sex partners (>1 year) should be evaluated clinically and serologically for syphilis and treated on the basis of the evaluation's findings.

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NEUROSYPHILIS /OCULAR/OTIC Varied	**Clinical manifestations including early syndromes (e.g., syphilitic meningitis, meningovascular syphilis) and late complications of untreated infection usually following a long latency period (e.g., general paresis and tabes dorsalis). Ocular and otologic involvement can occur at any stage of syphilis**	Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units IV every 4 hours, or by continuous infusion, for 10–14 days **ALTERNATIVE REGIMEN*** Procaine penicillin G 2.4 million units IM once daily for 10–14 days **PLUS** Probenecid 500mg orally 4x/ day for 10–14 days	Ocular, otic, or neurosyphilis can occur during any stage. Follow applicable stage partner management guidance.

* Parenteral penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin G. See 2021 STD Treatment Guidelines for Management of Persons Who Have a History of Penicillin Allergy: https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf