



## FUNDAMENTALS OF PREVENTION

WELLNESS at **EVERY** age.



## Actions you can take to help reverse this growing trend

### CDC and ACOG Testing Recommendations

CDC recommends any person with signs or symptoms suggestive of syphilis should be tested.<sup>2</sup> Also anyone with an oral, anal or vaginal sex partner who has been diagnosed with syphilis should be tested. Some patients should be tested (screened) for syphilis even if they do not have symptoms or know of a sex partner who has syphilis. Women who are sexually active should discuss their risk factors with a health care provider and ask whether they should be tested for syphilis.<sup>2</sup>

In addition providers should routinely test for syphilis in women who<sup>2</sup>:

- Are living with HIV and are sexually active
- Are taking PrEP for HIV prevention

### Testing for Pregnant Women

Because untreated syphilis in a pregnant woman can infect and possibly kill her developing baby, the CDC and ACOG recommend testing all pregnant women at the first prenatal visit and retest early in the third trimester and at delivery if at high risk.<sup>2,3</sup>

### “The Great Pretender”<sup>2</sup>

Syphilis is caused by a spirochete called *Treponema pallidum* and its symptoms can look like other diseases but follow a progression of stages that can last weeks, months or even years.<sup>2</sup>

#### • Primary Stage

- Usually painless chancre at the entry point of infection
- Multiple sores can be present
- Last 3 to 6 weeks and heals with or without treatment
- Left untreated, infection progresses to secondary stage
- Highly contagious

#### • Secondary Stage

- Appearance of skin rashes and/or mucous membrane lesions
- May last a number of months
- Symptoms will go away with or without treatment
- Left untreated, infection progresses to latent and possibly tertiary stages

#### • Latent Stage

- No visible signs or symptoms and is a dormant phase of infection
- Early latent – infection occurred within the past 12 months and if left untreated may progress to late latent stage
- Late latent – infection occurred more than 12 months and can last years or the entire lifetime

#### • Tertiary Syphilis

- Rare and develops in subset of untreated syphilis infections
- Appear 10-30 years after infection was first acquired
- Can be fatal
- Affect multiple organ systems including brain, nerves, eyes, heart, blood vessels, liver, bones and joints

There is a troubling rise in syphilis among women and newborns in the United States.<sup>1,2</sup> The CDC reported that during 2015-2016 overall rate of syphilis in US increased by 18%.<sup>1</sup> Rates of primary and secondary infection among women increased by 36%.<sup>1</sup> Increasing rates of syphilis among women has led to a steep rise in congenital syphilis – which occurs when syphilis passes from pregnant women to their babies.<sup>1</sup> Congenital syphilis is preventable through routine screening and timely treatment.<sup>1</sup>

## Diagnosing Syphilis

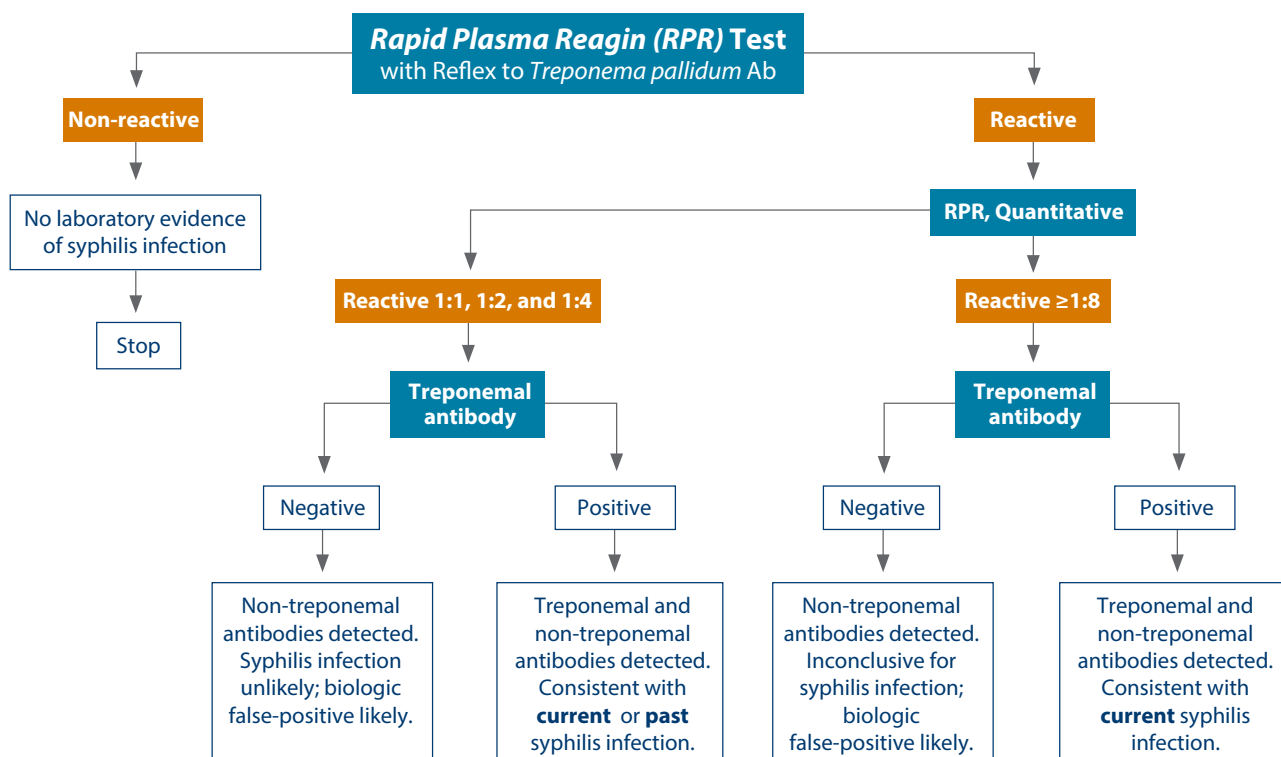
Diagnoses are more commonly made using two types of blood tests: nontreponemal tests and treponemal tests. Both tests are needed to confirm a diagnosis of syphilis.<sup>2</sup>

Treponemal tests (including FTA-ABS, TP-PA, various EIAs) detect antibodies specific for syphilis. The treponemal antibodies appear earlier than nontreponemal antibodies and can remain detectable during a person's lifetime, including after successful treatment. A positive treponemal screen test requires a nontreponemal test to be performed to confirm diagnosis and guide patient management decisions. Further treponemal testing may be indicated based on results.

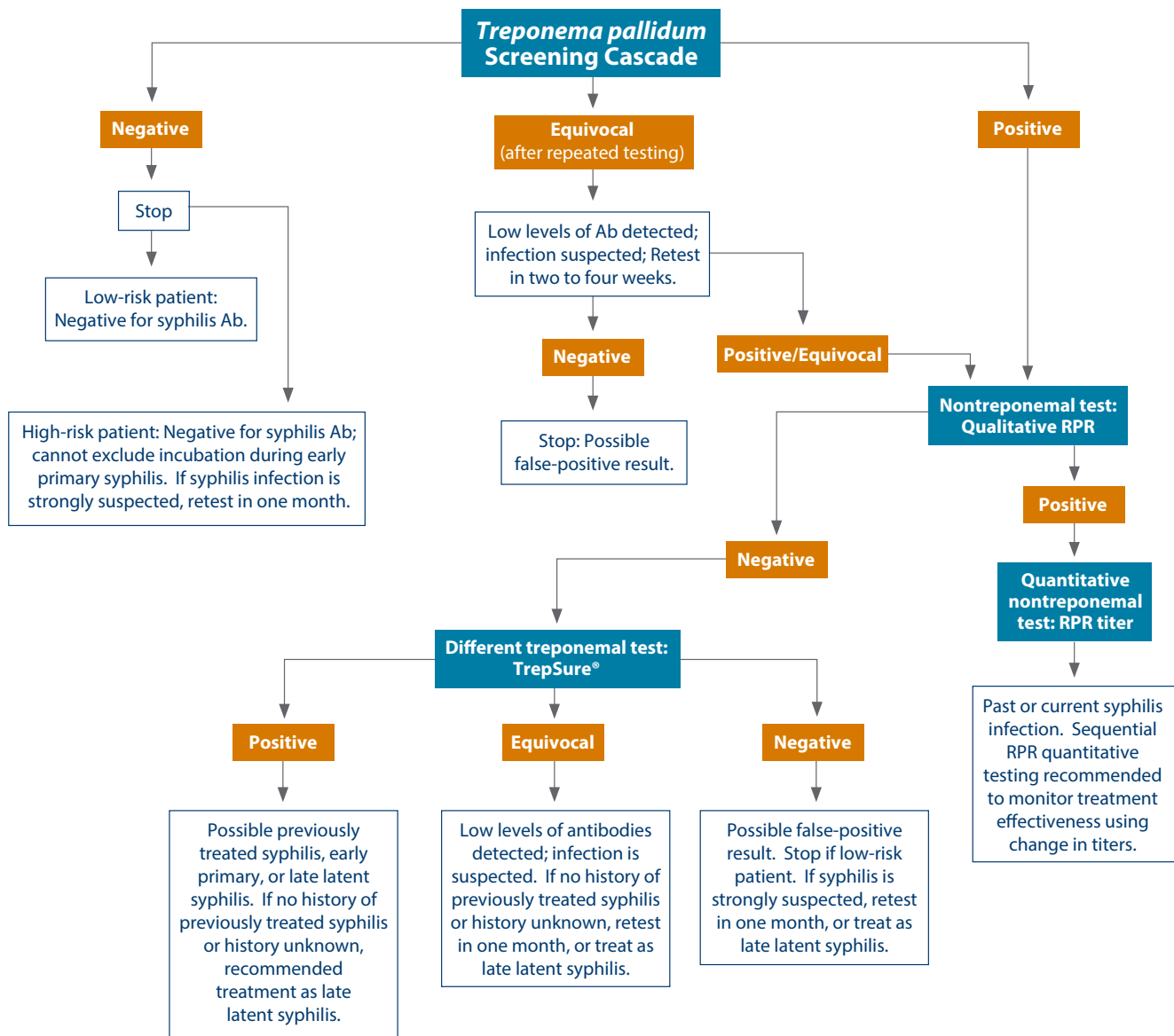
Nontreponemal (RPR and VDRL) are inexpensive and are often used for screening. They are not specific for syphilis and can produce false-positive results, and if ordered alone, require a treponemal test for diagnosis. The "classical" testing sequence is nontreponemal followed by a treponemal test for persons with a reactive nontreponemal test.<sup>2</sup>

## Testing Options

### 012005 Rapid Plasma Reagin (RPR) Test with Reflex to Quantitative RPR and Confirmatory *Treponema pallidum* Antibodies



082345 *Treponema pallidum* (Syphilis) Screening Cascade



Legend

Test Names	Test Results	Actions
------------	--------------	---------

Figure 1 - Improved Syphilis Reverse Screening Cascade

References:

- Centers for Disease Control and Prevention. CDC Fact Sheet: Reported STDs in the United States, 2016. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; Sept 2017.
- Centers for Disease Control and Prevention. Syphilis - CDC Fact Sheet (Detailed). Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2017. <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>; last updated: February 13, 2017. Accessed January 3, 2018.
- American College of Obstetrics and Gynecologist. Clinical Practice: Syphilis Resurgence Reminds Us of the Importance of STD Screening and Treatment during Prenatal Care. ACOG Rounds. [www.acog.org/About-ACOG/ACOG-Departments/ACOG-Rounds/May-2017/Syphilis-Resurgence](http://www.acog.org/About-ACOG/ACOG-Departments/ACOG-Rounds/May-2017/Syphilis-Resurgence); May 2017. Accessed January 3, 2018.



www.LabCorp.com

Contact your local representative to sign up for these services.