Syphilis

Positive RPR

Yes

Positive MHATP or FTA-ABS

No

ANA

ACA

LAC

Positive

No

No previous titer

Previous negative titer > 1 year ago

Previously treated > 1 year ago

Treated < 1 year ago

Previous negative titer < 1 year ago

History of primary or secondary lesions < 1 year ago

HIV positive, cardiovascular gumma, or neurologic symptoms

Hospitalization on L&D for penicillin desensitization prior to first injection

Primary syphilis

Penicillin allergy?

Yes

Penicillin allergy? No

Benzathine penicillin G (Bicillin) 2.4 million units IM Q week for 3 weeks

Benzathine penicillin G (Bicillin) 2.4 million units IM X 1

RPR/VDRL titer Q month

Clinical lesions of primary or secondary syphilis (rash is infectious) OR Persistent fourfold (i.e. 1:2 increases to 1:8) increase in RPR or VDRL titer OR High RPR or VDRL titer after 3 months

No further workup

MFM consult

ID consult

Latent syphilis

Penicillin allergy?

Yes

No

Hospitalization on L&D for penicillin desensitization prior to first injection

Primary syphilis

Tertiary syphilis

ID consult

Syphilis

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Previously treated > 1 year ago

Treated < 1 year ago

Previous negative titer < 1 year ago

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Latent syphilis

Penicillin allergy?
Syphilis References:


2. Centers for Disease Control and Prevention. 1998 Guidelines for treatment of sexually transmitted diseases. MMWR 1998; 47(no.RR-1):[31] Patients who have primary or secondary syphilis should be treated with Benzathine penicillin G 2.4 million units IM in a single dose.

3. Centers for Disease Control and Prevention. 1998 Guidelines for treatment of sexually transmitted diseases. MMWR 1998; 47(no.RR-1):[34] The following regimes are recommended for non allergic patients who have normal CSF examination (if performed) with Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals.

4. Centers for Disease Control and Prevention. 1998 Guidelines for treatment of sexually transmitted diseases. MMWR 1998; 47(no.RR-1):[41] Coordinated prenatal care and treatment follow up are important, and syphilis case management may help facilitate prenatal enrollment. Serologic titers should be repeated in the third trimester and at delivery. Serological titers may be checked monthly in women at high risk for re-infection or in geographic areas in which the prevalence of syphilis is high.

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Notification to Users

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.

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