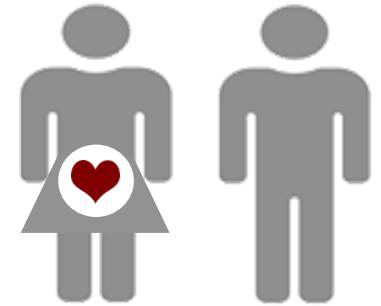


SYPHILIS SCREENING QUICK TIPS

SYPHILIS RISK FACTORS

- Pregnant women with inconsistent or no prenatal care,
- A sexual partner with a confirmed or suspected diagnosis of syphilis,
- A Sexually Transmitted Disease (STD) diagnosis in the past year,
- Current illicit drug use,
- Incarceration in the past year,
- Current homelessness or unstable housing,
- Multiple sexual partners, and/or
- A sexual partner with any of the above risk factors.



SEROLOGY

Two types of serologic tests are required to diagnosis syphilis:

1. Nontreponemal &
2. Treponemal

Use of only one type is insufficient since when used alone, each type of tests has major limitations.



NONTREPONEMAL TESTING

Venereal Disease Research Laboratory Assay (VDRL) or Rapid Plasma Reagin (RPR)

- Nontreponemal results should be reported quantitatively.
- Nontreponemal antibody titers might correlate with disease activity and are used to follow treatment response.

TREPONEMAL TESTING

Fluorescent Treponemal Antibody Absorption (FTA-ABS), Treponemal Pallidum Particle Agglutination Assay (TP-PA), Enzyme Immunoassay (EIA), Chemiluminescence immunoassays (CIA), or Microbead Immunoassay (MIA)

- People with a reactive nontreponemal test should always receive a treponemal test to confirm the diagnosis of syphilis.

CSF-VDRL TESTING

CSF-VDRL testing is helpful in supporting the diagnosis of infection involving the brain or spinal cord.

Lumbar puncture should be performed for:

- People with clinical signs or symptoms or report of recent symptoms of ocular, otic, or neurosyphilis (e.g., *cognitive dysfunction, motor or sensory deficits, auditory symptoms, cranial nerve palsies, symptoms or signs of meningitis or stroke, new visual changes, uveitis, iritis, neuroretinitis, or optic neuritis*),
- People diagnosed with tertiary syphilis,
- Neonates (<30 days old) being evaluated for congenital syphilis, and
- Infants >30 days old or children diagnosed with latent syphilis.