INDICATIONS FOR TESTING (IN PATIENT WITH APPROPRIATE RISK FACTORS)
- Primary syphilis – painless chancre or ulcer
- Secondary syphilis – sores in mouth/genitals, rash, condyloma lata
- Tertiary syphilis – CVD damage, gummatous lesions in multiple organs, CNS changes

PERFORM NONTREPOLEMAL TESTING *
Rapid Plasma Reagin (RPR) with Reflex to Titer

CONFIRM WITH TREPOLEMAL TESTING
Treponema pallidum Antibody by TP-PA

Reactive
- Consider retesting in 3-12 months if patient remains in risk category

Nonreactive
- False-positive RPR may be caused by
  - HIV
  - HSV
  - Malaria
  - Intravenous drug use
  - Systemic lupus erythematosus
  - Rheumatoid arthritis
  - Pregnancy
  - Leprosy
  - Endemic treponematoses

Syphilis likely; stage disease using
- Sexual history
- Syphilis treatment history
- Physical exam

Primary stage
- Oral chancre
- Genital chancre
OR
Secondary stage
- Rash
- Condyloma lata

Early latent
- Asymptomatic
- Negative test <1 year ago

Unknown latent
- Asymptomatic
- No previous testing

Late latent
- Asymptomatic
- Duration >1 year

Treat according to CDC guidelines

REPEAT TITERS
Rapid Plasma Reagin (RPR) with Reflex to Titer
OR
Treponema pallidum (VDRL), Serum with Reflex to Titer

4-fold decline in titers at 12 months

Yes
- Cure

No
- Treatment failure or re-infection; follow recommended guidelines

* May order Rapid Plasma Reagin (RPR) with Reflex to Titer and TP-PA Confirmation – includes nontreponemal testing and treponemal confirmation