Syphilis

Primary

Meets Clinical Description?

- No → **NOT A CASE**
- Yes → Microscopic identification of *T. pallidum* by dark field microscopy?
  - Yes → **CONFIRMED**
  - No → *T. pallidum* nucleic acid (DNA) detected?
    - Yes → **CONFIRMED**
    - No → Reactive nontreponemal test?
      - Yes → **PROBABLE**
      - No → Reactive treponemal specific test?
        - Yes → **PROBABLE**
        - No → **NOT A CASE**

Clinical Description:
One or more painless ulcerative lesions (chancres). Lesions are typically on the genitals, in the rectal area, or in the mouth, and because they are painless, the patient may not be aware of them. Careful and thorough clinical examination is required.

*** Please see fourth page of flowchart for description of treponemal vs. non-treponemal laboratory tests**

Secondary

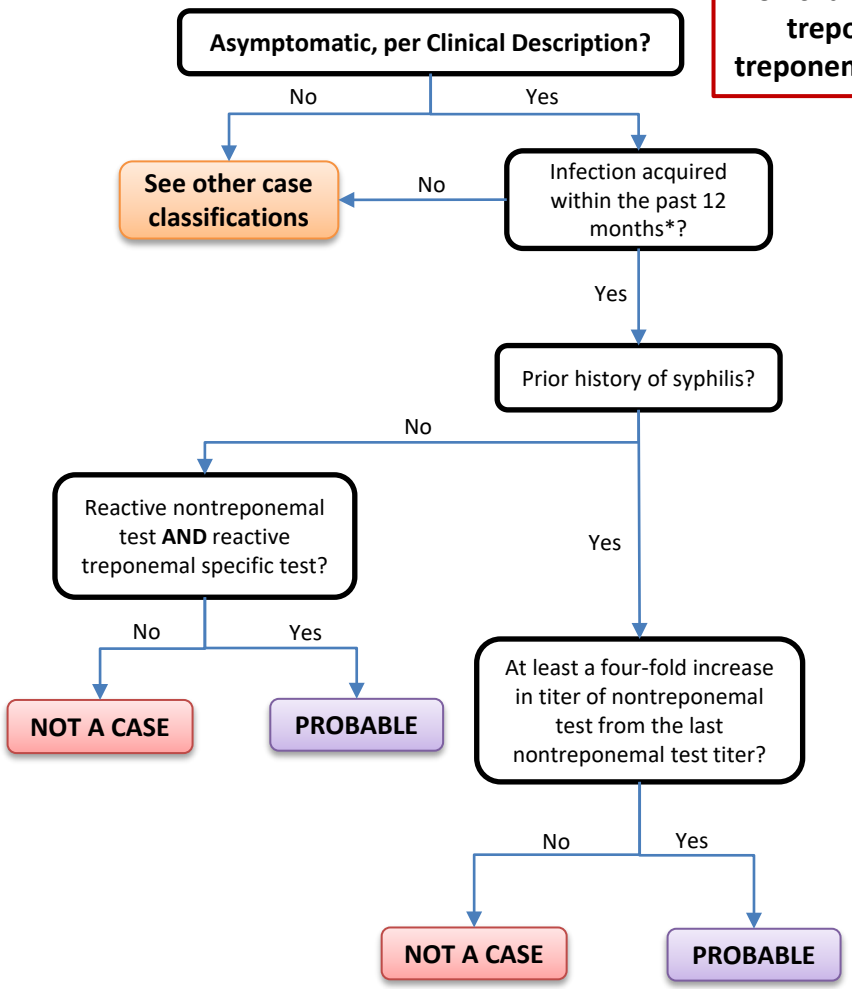
Meets Clinical Description?

- No → **NOT A CASE**
- Yes → Microscopic identification of *T. pallidum* by dark field microscopy?
  - Yes → **CONFIRMED**
  - No → *T. pallidum* nucleic acid (DNA) detected?
    - Yes → **CONFIRMED**
    - No → Reactive nontreponemal test?
      - No → **NOT A CASE**
      - Yes → Reactive treponemal specific test?
        - No → **NOT A CASE**
        - Yes → **PROBABLE**

Clinical Description:
Secondary: A rash, often including the palms and soles of the feet, with swollen lymph nodes. Other symptoms can include mucous patches, wart-like genital lesions, and hair loss. The primary ulcerative lesion may still be present.

Syphilis

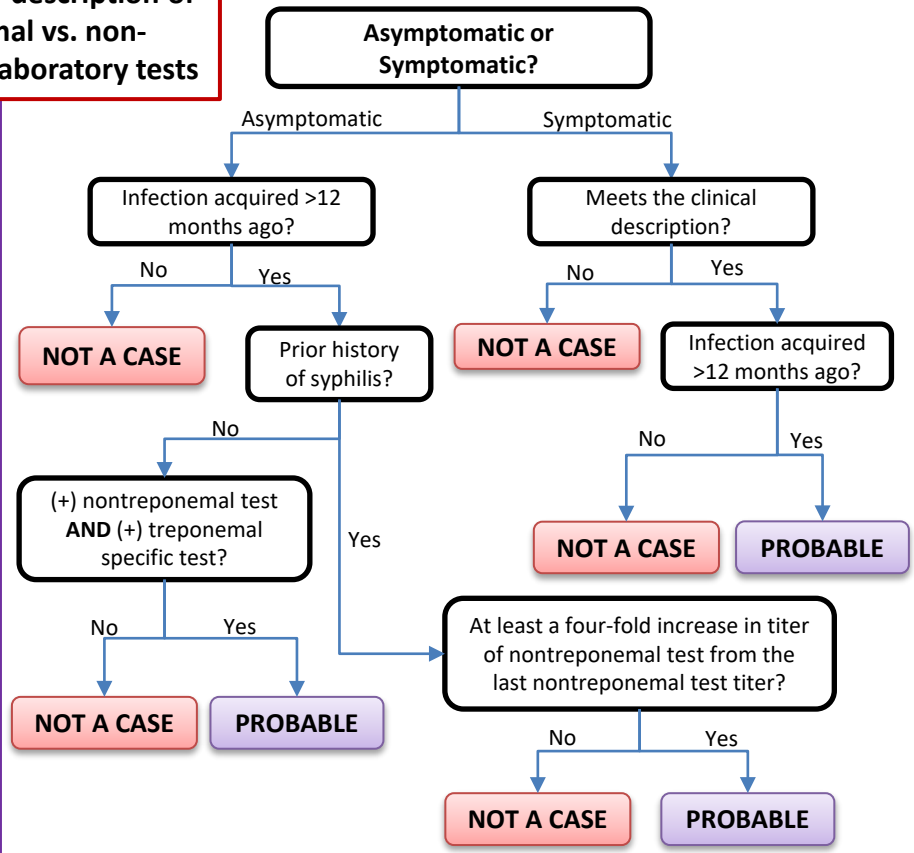
Early Latent



Clinical Description:
Early latent (early non-primary non-secondary): Asymptomatic, infected in the last 12 months.*

*** Please see fourth page of flowchart for description of treponemal vs. non-treponemal laboratory tests**

Late/Tertiary/Unknown



Clinical Description:
Late/Tertiary/Unknown: A case infected more than 12 months ago. Neurological findings usually predominate such as dementia and gait disturbances (tabes dorsalis). Clinical findings may also include many other systemic findings to include gummas (syphilitic growths on organs and skin), eye or ear involvement that can result in blindness or hearing loss, and variable involvement of other organ systems. Clinical symptoms may occur decades after an untreated initial infection.

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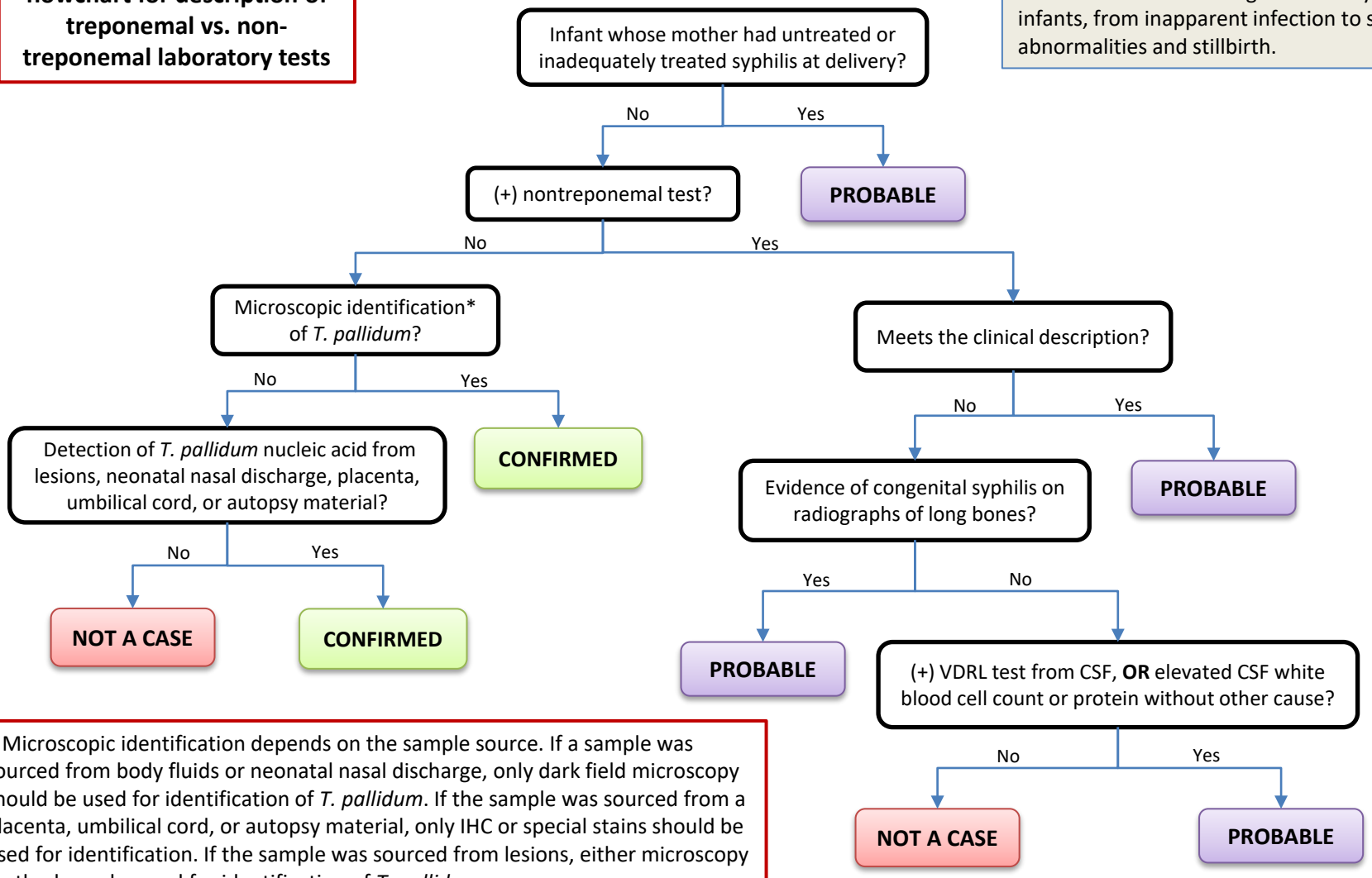
*** Please see fourth page of flowchart for description of treponemal vs. non-treponemal laboratory tests**

Congenital



Clinical Description:
Congenital: Fetal infection with *T. pallidum* can result in a broad range of severity in infants, from inapparent infection to severe abnormalities and stillbirth.

* Microscopic identification depends on the sample source. If a sample was sourced from body fluids or neonatal nasal discharge, only dark field microscopy should be used for identification of *T. pallidum*. If the sample was sourced from a placenta, umbilical cord, or autopsy material, only IHC or special stains should be used for identification. If the sample was sourced from lesions, either microscopy method may be used for identification of *T. pallidum*.

Syphilis

Stages of Infection, Critical Reporting Elements, and Comments

Stages of Infection:
Syphilis is a systemic, sexually transmitted infection that can cause a variety of clinical manifestations if untreated. The disease course is complex and variable. For surveillance purposes, syphilis is characterized by a combination of 1) clinical signs and 2) time since infection. Stage of infection reflects both, and case reporting should include both the stage and any specific clinical manifestations.

Primary: One or more painless ulcerative lesions (chancres). Lesions are typically on the genitals, in the rectal area or in the mouth, and because they are painless, the patient may not be aware of them. Careful and thorough clinical examination is required.

Secondary: A rash, often including the palms and soles of the feet, with swollen lymph nodes. Other symptoms can include mucous patches, wart like genital lesions, and hair loss. The primary ulcerative lesion may still be present.

Early latent (early non-primary non-secondary): Asymptomatic, infected in the last 12 months.

Late/Tertiary/Unknown: A case infected more than 12 months ago. Neurological findings usually predominate such as dementia and gait disturbances (tabes dorsalis). Clinical findings may also include many other systemic findings to include gummas (syphilitic growths on organs and skin), eye or ear involvement that can result in blindness or hearing loss, and variable involvement of other organ systems. Clinical symptoms may occur decades after an untreated initial infection.

Congenital: Fetal infection with *T. pallidum* can result in a broad range of severity in infants, from inapparent infection to severe abnormalities and stillbirth.

Critical Reporting Elements and Comments:
- Specify the stage of the disease and any diagnosed clinical manifestation.

Neuro, ocular, and otic manifestations can occur at any stage of disease.
* The following are acceptable as evidence of having acquired syphilis within the preceding 12 months:
- Seroconversion from a negative nontreponemal test by VDRL, Reagin (RPR), or equivalent serologic methods followed by a positive nontreponemal test during the previous 12 months; or
- A nontreponemal test titer by VDRL, Reagin (RPR), or equivalent serologic methods demonstrating at least a four-fold increase from the last nontreponemal test titer during the previous 12 months; or
- Seroconversion from a negative treponemal-specific test by FTA-ABS, TP-PA, EIA, CIA, or equivalent serological methods followed by a positive treponemal-specific test during the previous 12 months; or
- A history of symptoms consistent with the clinical description of primary or secondary syphilis during the previous 12 months; or
- A history of sexual exposure to a partner within the previous 12 months who had primary, secondary, or early latent syphilis with a duration of less than 12 months; or
- Only sexual contact (1st sexual encounter) was within the last 12 months.

Notes on Laboratory Testing Methods: Treponemal vs. Non-Treponemal Tests
There are a variety of different treponemal and non-treponemal laboratory tests available for use. Both treponemal and non-treponemal tests are antibody tests, which help to identify which stage of syphilis an individual may have. Examples of treponemal tests include FTA-ABS, TP-PA, EIA, and CIA. Examples of non-treponemal tests include VDRL and Reagin (RPR) tests.