



Date: Original March 31, 2003
Updated December 8, 2004

To: San Francisco Medical Providers

Re: Syphilis Management Recommendations

The syphilis epidemic continues in San Francisco. The number of syphilis cases reported each month continues to increase with most cases occurring among men who have sex with men, many of whom are HIV-infected. The following recommendations are provided to assist you in the management of syphilis infection in your patients.

Diagnosis

Most reported cases of syphilis have been symptomatic; patients have presented with ulcers (genital, oral, and anal), flu-like symptoms, adenopathy, and body rash. Any patient suspected to have syphilis should be tested with a serum RPR or VDRL and treated immediately. All patients with syphilis should be assessed with a thorough clinical neurological evaluation to rule out neurosyphilis. If neurological signs or symptoms are found, then patients should have a CSF examination.

Treatment and Follow-up

Recommended treatment for early syphilis is Benzathine Penicillin 2.4 million units IM x one dose. Alternative regimens include: Doxycycline 100 mg PO BID x 2 weeks, or Tetracycline 500 mg PO QID x 2 weeks, or Ceftriaxone 1.0 gram IM x 8-10 days. New and suspect cases should be immediately reported to the STD Reporting Hotline at 415-487-5555. Persons treated for syphilis should be re-evaluated by clinical exam and serology every 3 months for up to 12 months following treatment. HIV-infected persons diagnosed with syphilis should be reevaluated every three months for up to 24 months after initial syphilis diagnosis.

Post-Exposure Prophylaxis

Post-exposure prophylaxis for syphilis is recommended for asymptomatic persons exposed or possibly exposed to syphilis. The recommended treatment regimens for post-exposure prophylaxis for syphilis is Benzathine Penicillin G 2.4 million units IM x 1 dose. Doxycycline 100 mg PO BID x 2 weeks is an alternative. All persons who report exposure should be prophylactically treated regardless of serologic test results.

Partner management

It is critical that sex partners of patients with syphilis get evaluated and treated. It is the responsibility of the treating provider to assure that recent partners are appropriately managed. Laboratories report syphilis cases to the Department of Public Health which verifies treatment and interviews select cases to obtain epidemiologic information and elicit contacts for partner notification. Because many contacts are unknown, un-named or not reported, in Fall 2004 SFDPH launched InSPOT.org, a website where patients can anonymously or confidentially inform recent sex partners about possible exposures. Please make sure all patients are aware of InSpot.org.

Please feel free to contact me by phone at 415-355-2000 or by email at jeff.klausner@sfdph.org for any questions or issues related to syphilis management. Thank you.

Sincerely,

A handwritten signature in black ink that reads "Jeffrey D. Klausner".

Jeffrey D. Klausner, MD, MPH
Deputy Health Officer