



## Scott County Health Department

600 W. 4<sup>th</sup> Street | Davenport, IA 52801-1003 | P. 563-326-8618 | F. 563-326-8774  
health@scottcountyiowa.gov | www.scottcountyiowa.gov/health

February 15, 2022

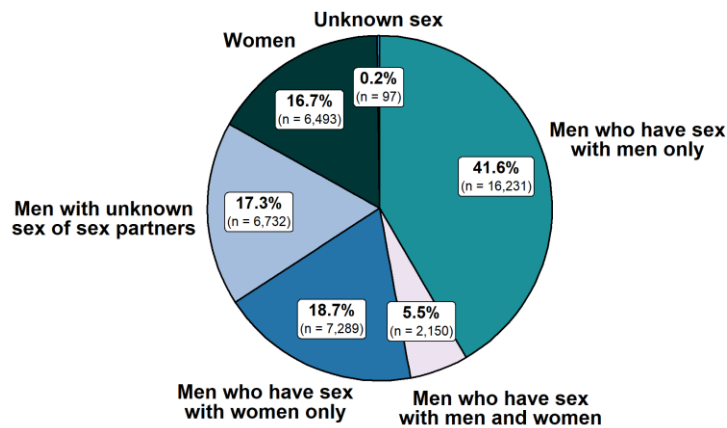
To: Medical Providers and Agencies

From: Dr. Louis M. Katz, Medical Director *L. Katz*  
Scott County Health Department

Re: Current Syphilis Data and Treatment Recommendations

Since reaching a historic low in 2000 and 2001, the rates of primary and secondary syphilis in the United States have increased almost every year, and Iowa is no exception. Preliminary data show a 75 percent increase in the cases of syphilis from 2020 to 2021 in Iowa, including Scott County. Rates increased among both males and females and among all racial and ethnic groups.

### Primary and Secondary Syphilis — Distribution of Cases by Sex and Sex of Sex Partners, United States, 2019



The Scott County Health Department has staff in place to respond to persons infected with reportable sexually transmitted infections (STI). Our Disease Prevention Team (DPT) interviews cases, provides disease management, and ensures partner services to get timely treatment to sexual partners. They are an excellent resource if you have questions or need referrals.



Clinicians across the state are essential partners to fight expanding STDs and reduce our rates, with timely and effective diagnosis and treatment. What can you do?

- If you suspect syphilis based on signs, symptoms, exposure history, or the presence of another STI, order a VDRL or RPR (nontreponemal tests) with reflex to a titer and a treponemal test for a confirmation. The reverse algorithm starting with a treponemal test reflexed to the nontreponemal test is also acceptable.
- Take a thorough sexual history to determine risk for disease and examine all anatomical sites that may have been exposed.
- Test and presumptively treat all patients who present with Primary or Secondary Syphilis symptoms. Alternatively you can refer them to us.
- Report positive test results ASAP. Phone (563) 326-8618 or fax the results to (563) 326-8774
- Test and presumptively treat all these cases' sexual partners according to the current treatment guideline linked below. Alternatively you can refer them to us. Stress to your patients the importance of getting their partners treated to prevent re-infection.
- Determine pregnancy status for all infected women. Test all pregnant women for syphilis during the first prenatal visit, again at 28 weeks, and at delivery.
- All patients with syphilis MUST be tested for other STIs including at least gonorrhea, chlamydia and HIV. Free testing is available in our STI clinic.

I encourage your practice to focus on appropriate diagnosis, staging and treatment of syphilis. Doing so successfully will help us reduce the spread of this potentially devastating disease. Please find attached an outline of best practices to help you identify, diagnose and treat patients. We are always available to consult; just call (563) 326-8618, Ext. 8544. Additional information from the Centers for Disease Control and Prevention (CDC) regarding the medical management of patients for Primary and Secondary Syphilis can be found here: <https://www.cdc.gov/std/treatment-guidelines/p-and-s-syphilis.htm>. The free CDC app, "CDC STD Tx Guide," can also be downloaded onto your smart phone to aid in identification, diagnosis and treatment of STIs.

As a reminder, all confirmed cases of syphilis must be reported to the Scott County Health Department at (563) 326-8618 or lab results faxed to (563) 326-8774 by both the medical provider who ordered the test and the laboratory that performed the testing.

**SYPHILIS  
TREATMENT  
ALGORITHM:  
Acute  
Care**



**POSITIVE treponemal-specific test (FTA-ABS, TP-PA)**

**Report<sup>1</sup> positive result to local public health ASAP  
Scott County [F] 563-326-8774 [E] health@scottcountyiowa.gov**

**Obtain non-treponemal titers if not already available (RPR /VDRL)**

**Stage infection using test results, testing and treatment history,  
clinical history and examination.**

**Signs or symptoms of primary  
or secondary syphilis**

**No clinical symptoms  
(Latent syphilis)**

**Signs or symptoms of neurosyphilis<sup>2</sup>**

**Early latent: Verification of  
syphilis test OR blood/plasma  
donation screening result  
performed in past 12 months**

**Late latent: Absence of  
syphilis test OR blood/plasma  
donation screening result  
performed in past 12 months**

**Lumbar Puncture**

**CSF findings consistent with  
neurosyphilis**

◆ Penicillin G benzathine,  
2.4 million units IM  
(single dose)  
◆ Alternative treatments  
for *non-pregnant*<sup>3</sup>  
penicillin-allergic  
patients:  
(1) doxycycline 100mg  
PO BID for 14 days, OR  
(2) tetracycline 500mg  
PO QID for 14 days, OR  
(3) ceftriaxone 1-2g IM  
or IV qd for 10-14 days

◆ Penicillin G benzathine,  
2.4 million units IM  
weekly for 3 weeks  
(three doses)  
◆ Alternative treatments  
for *non-pregnant*<sup>3</sup>  
penicillin-allergic  
patients:  
(1) doxycycline 100mg  
PO BID for 28 days, OR  
(2) tetracycline 500mg  
PO QID for 28 days, OR  
(3) ceftriaxone 2g IM or  
IV qd for 10-14 days

**Yes**  
**No**  
**Consult  
Infectious Disease  
and/or  
Neurology**

**Refer to PCP and/or ID for non-treponemal  
testing at 3, 6, and 12 months**

**Clinical Staff at Scott County Health  
Department are an excellent source if  
you have questions or need referrals.  
We are always available to consult.  
Just call at: (563) 326-8618 and ask for  
a Public Health Nurse**

1. Examples of neurologic involvement include but are not limited to: cognitive dysfunction, motor or sensory deficits, ophthalmic or auditory symptoms, cranial nerve palsies, and symptoms or signs of meningitis or stroke.  
2. In the State of Iowa, chlamydia, gonorrhea, *syphilis*, HIV, and AIDS are reportable to the Iowa Department of Public Health. By Iowa Code, both the clinician who ordered the test and the laboratory that processed the specimen are to report names and other patient demographics to IDPH.  
3. **Parenteral penicillin G is the ONLY therapy with documented efficacy for syphilis during pregnancy.** Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin

**SYPHILIS  
TREATMENT  
ALGORITHM:  
Office  
Visit**



**POSITIVE treponemal-specific test (FTA-ABS, TP-PA)**

**Report<sup>1</sup> positive result to local public health ASAP  
Scott County [F] 563-326-8774 [E] health@scottcountyiowa.gov**

**Obtain non-treponemal titers *if not already available* (RPR /VDRL)**

**Stage infection using test results, testing and treatment history, clinical history and examination.**

**Signs or symptoms of primary or secondary syphilis**

**No clinical signs or symptoms (Latent syphilis)**

**Signs or symptoms of neurosyphilis<sup>2</sup>**

**Early latent: Verification of *previous* syphilis test OR blood/plasma donation screening result in past 12 months**

**Late latent: Absence of *previous* syphilis test OR blood/plasma donation screening result in past 12 months**

**Consult Infectious Disease and/or Neurology**

◆ Penicillin G benzathine, 2.4 million units IM (single dose)  
◆ Alternative treatments for *non-pregnant*<sup>3</sup> penicillin-allergic patients:  
(1) doxycycline 100mg PO BID for 14 days, OR  
(2) tetracycline 500mg PO QID for 14 days, OR  
(3) ceftriaxone 1-2g IM or IV qd for 10-14 days

◆ Penicillin G benzathine, 2.4 million units IM weekly for 3 weeks (three doses)  
◆ Alternative treatments for *non-pregnant*<sup>3</sup> penicillin-allergic patients:  
(1) doxycycline 100mg PO BID for 28 days, OR  
(2) tetracycline 500mg PO QID for 28 days, OR  
(3) ceftriaxone 2g IM or IV qd for 10-14 days

**Refer to PCP and/or ID for non-treponemal testing at 3, 6, and 12 months**

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