

HEALTH ADVISORY: RISE IN SYPHILIS July 7, 2020

Bexar County appears to be experiencing an unprecedented increase in syphilis cases. We urge medical providers to use syndromic management of suspected primary or secondary syphilis, as recommended in a [“Dear Colleague” letter](#) April 6, 2020, by the Centers for Disease Control & Prevention (CDC). Telehealth is appropriate in many cases. Laboratory tests should be used to confirm a syphilis diagnosis and to follow response to therapy. A triage protocol that includes identification and referral for additional evaluation of those at risk for complications is essential.

There are no data on the use of expedited partner therapy (EPT) for sex partners of persons diagnosed with syphilis to prevent adverse health outcomes. Without evaluation by a healthcare provider, whether a patient’s contacts have early versus late syphilis, signs or symptoms of complications (i.e., neurologic, ocular or otic symptoms), or if they are pregnant cannot be determined. CDC therefore does not currently recommend EPT for the management of sex partners of individuals diagnosed with syphilis.

Therapeutic options for suspected primary or secondary syphilis¹ when in person clinical evaluation is not feasible:

Preferred Treatment In clinic, or other location where injections can be given²	Alternative Treatments When only oral medications are available³	Follow up
Benzathine penicillin G, 2.4 million units IM in a single dose	<i>Males and non-pregnant females:</i> Doxycycline 100 mg Orally twice a day for 14 days.	For alternative oral regimen, repeat serologic testing 3 months post-treatment, and counsel to follow up with the clinic or a medical provider if symptoms do not improve or resolve within 5-7 days.
	<i>Pregnant⁴:</i> Benzathine penicillin G 2.4 million units IM in a single dose.	Patients should be counseled to be tested for STIs once clinical care is resumed.

[1] When possible, clinics should make arrangements with clinics that are still open and can give injections.

[2] Alternative regimens should be considered when recommended treatments from the [2015 CDC STD Treatment Guidelines](#) are not available

[3] If clinical signs of neurosyphilis are present (e.g. cranial nerve dysfunction, auditory or ophthalmic abnormalities, meningitis, stroke, acute or chronic altered mental status, loss of vibration sense), further evaluation is warranted.

[4] All pregnant women with syphilis must receive Benzathine penicillin G.

REPORTING OF CASES:

For questions or to report a case, please contact our STD Program:

Phone: (210) 207-8831

Fax: (210) 207-2116