

**Oregon Syphilis Reactor Grid** – (Updated 1/16/2015)

In contrast to many other infectious diseases, in which a positive diagnostic test generally indicates active infection, the likelihood that a reactive serological test for syphilis (STS) indicates active, untreated infection may be related to the titer and age of the patient. Because the resources necessary to conduct case investigations are frequently limited, especially in high morbidity areas, health departments often develop guidelines to ensure that disease intervention is worthwhile and effective. On the basis of such guidelines, some health departments choose not to evaluate or contact individuals whom they determine to be at low risk of having or transmitting active disease. As a result, older men and women, or persons with low titers may not be contacted, evaluated or reported. The administrative tool used to make this determination is generally referred to as a “reactor grid” and may include the age, sex, and nontreponemal serum assay titer. Regardless of local priorities and guidelines, positive STS should be evaluated for all persons in the following situations:

- Individuals with reactive serologies who are known or suspected of having lesions should be contacted for follow-up regardless of age, sex, or titer.
- All women known to be pregnant should be contacted for follow-up regardless of age or titer.
- All women of child-bearing age (less than 45 years of age) should be contacted for follow-up, regardless of titer.
- All adolescents (< 20 years old) should be contacted for follow-up regardless of titer.
- Individuals with reactive serologies indicating a four-fold titer increase (two tube dilution) from a previous serology should be initiated for follow-up regardless of age or titer.

<http://www.cdc.gov/std/syphsurvreco.pdf>

Age	Confirmatory Trep only e.g., FTA-ABS (R, 2+, 3+, 4+), TPPA (R)	Other Trep (reverse sequence), e.g. Trep Ab (R), EIA (R), IgG (>0.8); if RPR NR obtain FTA/TPPA result	Non-Treponemal test, e.g., VDRL, RPR 1:1					
				1:2	1:4	1:8	1:16	>1:32
0-19	1	1	1	1	1	1	1	1
20-29	1	1	1	1	1	1	1	1
30-39	1	1	1	1	1	1	1	1
40-49	1	1	1	1	1	1	1	1
50-59	2	2	1	1	1	1	1	1
60-69	2	2	2	2	1	1	1	1
70+	3	3	3	3	3	3	2	2

***KEY:***

**1** = Initiate to Field    **2** = Query Letter to Provider, initiate if clinically indicated  
**3** = Administrative Closure, no public health follow up

Confirmatory Treponemal tests: **FTA** = Fluorescent Treponemal Antibody Absorption Test;  
**TP-PA** = *Treponema pallidum* Particle Agglutination Assay

Reverse sequence treponemal tests: **Trep Ab** = Treponemal Total Antibody test; **IgG** = detects IgG antibodies to *T. pallidum* proteins **EIA** = Enzyme immunoassay

**RPR** = Rapid Plasma Reagin (Non-Treponemal screening test; also used as confirmation in Reverse Sequencing); **VDRL** = Venereal Disease Research Laboratory (Non-Treponemal screening test; also used as confirmation in Reverse Sequencing)