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# Syphilis Disease Progression

STD Regional Training  
HIV STD Program Staff

Ruth Helsley, Josh Ferrer, Abdon Correa, Irina Kasarskis, Kym Coleman,  
Patrick Gordon  
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HST PROGRAM  
Public Health Division

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# Syphilis Disease Progression



Incubation

Primary

Latency Period

Secondary

Early-Latent

Late-Latent

Late Syphilis

- Neuro-Syphilis  
Complication

# Incubation

- 10-90 days with the average being 21 days
- Test results are negative
- Non-contagious
- Treatment is Benzathine Penicillin G 2.4 million units IM single dose (or Doxy 100mg BID x 14 days if penicillin allergic) for identified exposed clients.
- Treatment at this point prevents onset of disease

# Primary (710)

- Painless lesion, usually singular occurs after incubation period
- 1 – 5 weeks in duration, with average 3 weeks, without treatment
- Highly Contagious and lab test results are now positive\*
- Treatment is Benzathine Penicillin G 2.4 million units IM single dose mu (or Doxy 100mg BID x 14 days if penicillin allergic)
- Interview period is 90 days PRIOR to the onset of symptoms
- Management of sex partners: Partners exposed (last sexual contact) within 90 days of diagnosed case being treated should be tested and treated even if the non-treponemal test is negative. Partners exposed greater than 90 days can be tested only.

# Primary (710)

Single  
Lesion



# Primary (710)

Bilateral  
Lesion



# Primary (710)

Digital  
Lesion



# Latency Period

- Latent period between Primary and Secondary is 0 – 10 wks with average of 4 weeks
- Not contagious

# Secondary (720)

- Possible symptoms present at time of diagnosis: Generalized Body Rash, Palmar Plantar Rash, Mucous Patches, Alopecia, Condylomata Lata
- 2 – 6 weeks in duration, with average 4 weeks, without treatment
- Not contagious unless Mucous Patches, Condylomata Lata
- Treatment is Benzathine Penicillin G 2.4 million units IM single dose (or Doxy 100mg BID x 14 days if penicillin allergic)
- Interview period is 6.5 months PRIOR to the onset of symptoms
- Management of sex partners: Partners exposed (last sexual contact) within 90 days of diagnosed case being treated should be tested and treated. Partners exposed greater than 90 days can be tested only.

# Secondary (720)

Palmar Rash



# Secondary (720)

Plantar Rash



# Early-Latent (730)

- Syphilis in duration of less than one year:
- No symptoms present at time of dx; not contagious but probably recently infectious
- Documentation (or very reliable history) of negative RPR in the preceding 12 months; and/or patient has strong recollection of history of Syphilis symptoms on self or partner associated with Primary and/or Secondary stages
- Treatment is Benzathine Penicillin G 2.4 million units IM single dose (or Doxy 100mg BID x 14 days if penicillin allergic)
- Interview period is the lesser of one year or the last documented negative RPR
- Management of sex partners: Partners exposed (last sexual contact) within 90 days of diagnosed case being treated should be tested and treated. Partners exposed greater than 90 days can be tested only.

# Late-Latent (745)

- Syphilis greater than one year
- No symptoms present at time of diagnosis; not contagious, not recently infectious
- No documented negative RPR in the preceding 12 months (or last documented RPR negative is greater than 12 months previous).
- Patient unable to reliably recall history of Syphilis symptoms associated with Primary and/or Secondary stages.
- Treatment is Benzathine Penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1 week intervals (or Doxy 100mg BIX x 28 days for penicillin allergic clients)
- Typically not interviewed for public health purposes, but most recent partner should be tested to rule-out concurrent infection in partner.

# Late or Tertiary (750)

- Tertiary syphilis refers to gumma and cardiovascular syphilis but not to all neurosyphilis. Patients who are not allergic to penicillin and have no evidence of neurosyphilis should be treated with the following regimen: Bicillin 2.4 mu x 3 administered weekly for three weeks.
- Not contagious.
- Usually impacts people who have had Syphilis for many years, although may impact immuno-suppressed persons as well.
- Rarely seen in public health such that public health follow up, especially for partners, is usually not indicated.

# Neuro-Syphilis Complication

- No longer considered a stage of Syphilis, but rather a complication of Syphilis
- Syphilis characterized by neurological involvement, often times ocular in nature
- May occur during any stage of Syphilis
- Where Neuro-Syphilis is suspected, a CSF-VDRL via lumbar puncture should be obtained if available.
- Treatment is **Aqueous crystalline penicillin G** 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days
- Interview period and management of sex partners is determined by the stage of Syphilis the client is in (e.g., 710, 720, etc).

# QUESTIONS???