

Syphilis in Nonpregnant Adolescents and Adults – Clinician Guide



Background¹⁻²

- Syphilis is a common sexually transmitted infection caused by *Treponema pallidum*.
- Syphilis causes systemic disease that can cause serious health problems.

Risk Factors for Testing¹⁻²

- Screen all pregnant women at the first visit, at the beginning of the third trimester and delivery if at risk.
- Screen all sexually active men who have sex with men at least annually and more often if at risk.
- Screen all individuals who are living with HIV and are sexually active annually.
- Test anyone who has signs or symptoms of syphilis.
- Test anyone who has a sexual partner who has been diagnosed with syphilis.

Considerations for Telemedicine

- Testing requires a blood draw. Patients seen over telemedicine who require testing for syphilis can be referred to a local lab for the blood draw (for example, for screening, or if a patient has been exposed).
- Patients who test positive require an in-person visit for a physical exam and for treatment.
- Patients who present with complaints of physical symptoms of syphilis should be referred for an in-person visit.

Diagnosis¹⁻²

- Primary syphilis occurs 10–90 days after infection. Patients may have one or more chancres at exposure site. They should be referred for an in-person visit for a physical exam.
- Symptoms of secondary syphilis include mucocutaneous lesions, rashes on the palms or soles or the trunk, condylomata lata, and constitutional symptoms. Some have patchy alopecia or neurologic symptoms. Patients with these symptoms should be referred for an in-person physical exam. Secondary syphilis typically clears by 3 months.
- Early latent syphilis is asymptomatic and is within 1 year of infection.
- Late latent syphilis includes those who are asymptomatic and have been infected for at least a year.
- Symptoms of tertiary syphilis include manifestations in the skin, bones, and the cardiovascular system. Patients with these symptoms should be referred for an in-person physical exam.
- Neurosyphilis, including ocular or otic syphilis, can occur at any stage. An in-person physical exam and lumbar puncture are required for diagnosis.
- Diagnosis of syphilis requires a treponemal test (FTA-ABS, TP-PA, EIA, immunoblot, rapid treponemal assays) and a nontreponemal test (VDRL or RPR). Often, the treponemal test is performed first, with the nontreponemal test then performed to confirm a positive treponemal test. If the tests are discordant, the lab will usually reflex to a second treponemal test. The nontreponemal test is quantified to monitor for treatment success.
- Patients with a positive syphilis test should have a thorough physical exam in person. They will need a thorough sexual and medical history, a history of prior syphilis testing, and assessment of risk factors and sexual partners.

Treatment: All Require Injections (In-Person Visits)¹⁻²

- Primary, secondary, or early latent (<1 year) syphilis: benzathine penicillin G 2.4 million units IM (intramuscularly) once.
- Late latent (>1 year), latent syphilis of unknown duration, or tertiary syphilis: benzathine penicillin G 2.4 million units IM weekly for 3 doses.
- Neurosyphilis, ocular syphilis, or otic syphilis: crystalline penicillin G 18–24 million units per day either 3–4 million units IV every 4 hours or via continuous infusion for 10 days.

Anticipatory Guidance¹⁻²

- Abstain from sexual activity for 7 days after treatment and until all sexual partners are treated.
- Test for other sexually transmitted infections (e.g., HIV, chlamydia, gonorrhea, etc.), which may also require a visit to a lab or an in-person visit for chlamydia and gonorrhea testing at sites of infection. Some chlamydia and gonococcal tests, as well as HIV tests, may be possible with patient self-testing (e.g., oral testing for HIV, urine sample or vaginal self-sample for gonorrhea or chlamydia) which could be performed with telemedicine. Consider pre-exposure prophylaxis (PrEP) for HIV. Consider doxycycline post-exposure prophylaxis (doxy PEP).
- All patients treated for syphilis should be reevaluated in 6 months to monitor a decline in RPR including a laboratory test and either a telemedicine or in-person visit.

Managing Partners¹⁻²

- Sexual partners should be referred for testing and treatment, which could start with a telemedicine or in-person assessment with laboratory testing in asymptomatic sexual partners.

References

1. Centers for Disease Control and Prevention. Primary and secondary syphilis. July 22, 2021. <https://www.cdc.gov/std/treatment-guidelines/p-and-s-syphilis.htm>. Accessed May 27, 2026.
2. Centers for Disease Control and Prevention. Syphilis: A provider's guide to treatment and prevention. <https://www.cdc.gov/std/syphilis/syphilis-pocket-guide-final-508.pdf>. Accessed May 27, 2026

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