

## 2022 PHSKC and WA DOH Updated Syphilis Screening Guidelines<sup>+</sup>

### Cis-women and cis-men who have sex with women (including pregnant persons)

Test sexually active\* patients with any of the following risk factors at least annually and whenever they present for care up to every 3 months:

- Persons who inject drugs
- Persons who use methamphetamine or nonprescription opioids
- Persons living homeless or who are unstably housed
- Person engaged in transactional sex
- Persons entering correctional facilities or with a history of incarceration in the prior 2 years
- Persons with a history of syphilis in the prior 2 years

Persons with a sex partner with any of the above risks should test for syphilis at least annually

Pregnant persons should be tested at the following times:

- First prenatal care
- Time of 3<sup>rd</sup> trimester laboratory testing - typically done at 24-28 weeks gestation
- Time of delivery if any of the above risks are present or the pregnant person was diagnosed with a bacterial STI or first-episode of HSV (genital herpes) during pregnancy<sup>++</sup>.
- Test pregnant persons not engaged in prenatal care any time that present to a clinical setting (i.e., ERs, jail, substance use treatment facilities, labor and delivery, etc.)
- Pregnant persons with fetal demise at  $\geq 20$  weeks gestation

Sexually active persons aged 45 and under if they have not tested since January 2021.

Women whose male partners have sex with both men and women should test for syphilis annually

Sexually active HIV positive persons outside of mutually monogamous relationships should test annually

Persons diagnosed with gonorrhea or HIV should be tested for syphilis if not done at the time of their initial gonorrhea/HIV testing

### Cis-gender men who have sex with men (MSM) and transgender persons who have sex with men<sup>\*\*</sup>

Test sexually active MSM and transgender patients who have sex with men with any of the following risk factors every 3 months:

- History of syphilis, gonorrhea, or chlamydial infection in the prior 2 years
- Use methamphetamine and/or opiates and/or injection drug use
- $\geq 10$  sex partners in the prior year
- Taking HIV pre-exposure prophylaxis (PrEP)
- Persons living without HIV who have had condomless anal sex with a man who is HIV positive or of unknown HIV status

Sexually active MSM and transgender persons outside of mutually monogamous, seroconcordant partnerships should be tested for HIV/STI (including syphilis) annually.

<sup>+</sup> Medical providers should be especially vigilant in following these guidelines when caring for Black, Hispanic/Latina/o/x and Native/indigenous patients since syphilis in WA State has disproportionately affected these minority communities.

\* Sexually active= any oral, anal, or vaginal sex in the last year or since last syphilis test

<sup>++</sup> Clinicians and healthcare organizations should test all women at time of delivery if it is not possible to consistently ascertain patient risk factors for syphilis.

<sup>\*\*</sup> Syphilis testing among MSM and transgender persons who have sex with men should be done as part of comprehensive HIV/STI testing that includes testing for HIV (if not HIV positive) and for gonorrhea and chlamydial infection at all exposed anatomical sites (urethra/vagina/cervix, rectum, pharynx).

## Additional Syphilis Management Reminders:

- Treat any persons who reports sexual exposure to someone with syphilis, even in the absence of signs or symptoms of infection or a positive test result. Serological testing can be falsely negative early in infection (i.e., “incubating syphilis”). Test these individuals for syphilis but treatment should not be withheld awaiting test results.
- Treat all patients with signs or symptoms consistent with primary or secondary syphilis when they present for care. Clinicians should perform serological tests on patients with signs or symptoms of syphilis but should not wait for the results of such tests to provide treatment, particularly among pregnant women, persons who are living homeless, and other persons for whom medical follow-up is difficult to ensure.
- Know the symptoms of primary syphilis: A syphilitic chancre is usually a firm ulcer at the site of inoculation; it is usually painless and may be associated with localized lymphadenopathy.
- Know the many symptoms of secondary syphilis: Rash is the most common symptom and may present as a generalized maculopapular rash on the torso with or without palmar and plantar lesions, though the rash may also be pustular; other presentations of rash include condyloma lata, mucous patches, alopecia. Other symptoms include generalized malaise, lymphadenopathy, sore throat and arthralgias.
- Know the treatment of early syphilis (primary, secondary and early latent): benzathine penicillin (bicillin) 2.4 million units intramuscularly once. Patients with late latent syphilis or syphilis of unknown duration require three injections spaced one week apart.
- Report all cases of syphilis to your local health jurisdiction:
  - In King County, please use:  
<http://www.kingcounty.gov/healthservices/health/communicable/providers/~media/health/publichealth/documents/communicable/STDFaxCaseReportForm-Fillable.ashx>.
  - Report cases of syphilis outside of King County to your local public health jurisdiction using [case report forms available on the Washington DOH website](#).

## Resources:

PHSKC STD Program: <http://www.kingcounty.gov/healthservices/health/communicable/hiv.aspx>

WA DOH STD Program:

<https://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/SexuallyTransmittedDisease>

CDC 2021 STD Treatment Guidelines: <https://www.cdc.gov/std/treatment-guidelines/default.htm>

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