**SYMPHILIS QUICK GUIDE FOR PROVIDERS**

### 12 months of infection

<table>
<thead>
<tr>
<th><strong>EARLY</strong></th>
<th><strong>PRIMARY</strong></th>
<th><strong>EARLY</strong></th>
<th><strong>SECONDARY</strong></th>
<th><strong>EARLY</strong></th>
<th><strong>LATE OR UNKNOWN</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>First</strong></td>
<td>10 - 90 days</td>
<td>1 - 5 weeks</td>
<td>0 - 10 weeks</td>
<td>2 - 6 weeks</td>
<td>Ends 12 months after initial infection</td>
</tr>
<tr>
<td><strong>Second</strong></td>
<td>Average = 3 weeks</td>
<td>Average = 3 weeks</td>
<td>Average = 4 weeks</td>
<td>Average = 4 weeks</td>
<td>Infected 1+ year(s) ago OR unknown infection date</td>
</tr>
</tbody>
</table>

**Treatments**
- **Early syphilis**
  - 1 dose of 2.4 μg Long-Acting (LA) Bicillin
- **Primary syphilis**
  - 3 doses of 2.4 μg LA Bicillin @ 7 day intervals
- **Secondary syphilis**
  - 3 doses of 2.4 μg LA Bicillin @ 7 day intervals
- **Late or unknown duration**
  - 3 doses of 2.4 μg LA Bicillin @ 7 day intervals

**Symptoms**
- **Early syphilis**
  - A person becomes infected with syphilis.
  - One OR both tests may be negative.
  - If patient is a partner of a symptomatic patient, treat without waiting for test results.
- **Primary syphilis**
  - A painless sore appears at exposure site, which may go unnoticed.
  - One test may be negative.
  - CAN spread the disease to partners. Partners exposed within the last 90 days should be treated, regardless of test results.
- **Secondary syphilis**
  - Symptoms may temporarily disappear OR patient may immediately progress into secondary syphilis.
- **Late or unknown duration**
  - New symptoms appear: Sores in the mouth and/or genital area; a rash (especially on hands/feet); flu-like symptoms; patchy hair loss. Primary lesion may still be present.
  - CAN spread the disease to partners. Partners exposed within the last 90 days should be treated, regardless of test results.
  - Symptoms disappear HOWEVER patient may relapse into secondary syphilis at ANY TIME.
  - Symptoms typically disappear.
  - May relapse into secondary OR progress into tertiary syphilis, affecting multiple organ systems and can be fatal. Tertiary symptoms would appear 10-30 years after infection.

**Patients and Pregnant Women**
- Pregnant women can pass the disease to their baby at any time.
- Patients can develop neurologic symptoms at any time.

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*Please use the most current version of the CDC STD Treatment Guidelines if treating a case with neuro, ocular, otic, or other late clinical manifestations. For pregnant women requiring 3 doses of Bicillin, doses MUST be spaced exactly 7 days apart. Additionally, for pregnant women diagnosed within the first 12 months of their infection, some experts recommend a 2nd dose of Bicillin 7 days after the initial dose. For non-pregnant patients, doxycycline is an appropriate alternative therapy if patient is allergic to Bicillin. For cases infected less than 12 months ago, treatment is 100 mg doxycycline x 2/day for 14 days and for late or unknown duration syphilis, treatment is 100 mg doxycycline x 2/day for 28 days. Doxycycline is NEVER an appropriate therapy for pregnant women.*
Does the patient have signs or symptoms present at first test or examination?

Yes

- Any of the following?
  - Lesion/ulcer
  - Localized lymphadenopathy

  If ‘YES’ to ANY

  PRIMARY

- Any of the following?
  - Sores in the mouth and/or genital area
  - Generalized rash
  - Palmar/plantar rash
  - Generalized lymphadenopathy
  - Flu-like symptoms
  - Patchy hair loss

  If ‘YES’ to ANY

  SECONDARY

No

Latent

Any of the following in the past 12 months?
- Negative syphilis test
- Known contact to an early case
- Good history of typical signs/symptoms
- 4-fold increase in titer
- Only possible exposure was this year

If ‘YES’ to ANY

EARLY LATENT (<1 year)

If ‘NO’ to ALL

UNKNOWN DURATION or LATE