

Syphilis Information for Providers

Talk. Test. Treat.

In the past several years the **incidence of syphilis increased dramatically** in Virginia and nationally. Between 2020 and 2023, the rate of total early syphilis in Virginia **increased 39%**. This rise in syphilis cases has been accompanied by increases in neurosyphilis diagnoses. Additionally, rates of congenital syphilis rose **more than 7-fold** nationally from 2012–2021.

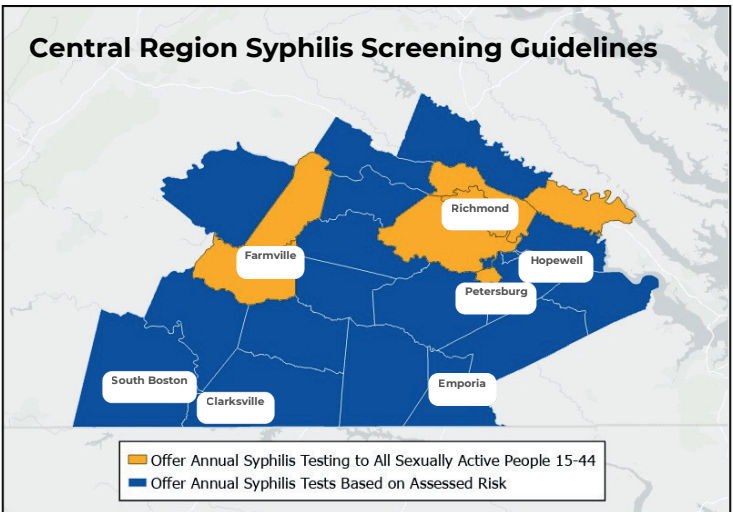
Testing Recommendations

All sexually active people 15–44 living in areas of high incidence (counties highlighted in the map) should be screened for syphilis (VDH, 2023). Individuals living in other counties should be screened based on individual risk factors.

All pregnant people should be screened at the first prenatal visit, again at 28 weeks, and again delivery (ACOG, 2024).

Who may be at higher risk for syphilis?

- Has a partner with syphilis or another STI
- Has HIV or is taking PrEP
- Sexually active MSM
- Has new or multiple sexual partners
- Incarceration
- Transactional sexual activity
- Substance use



Did You Know?

Many people with syphilis may not notice their symptoms, and primary and secondary stage symptoms can spontaneously resolve *even when infection persists*.

The health department routinely follows-up with patients diagnosed with syphilis.

Penicillin G (benzathine LA IM, aqu. cryst. IV) is the preferred drug for treating patients in all stages of syphilis (but cannot reverse permanent damage).

Syphilis Stages and Symptoms

*Non-exhaustive list

Primary

- Chancre lesion(s) in the 3–90 days post-exposure (at site of inoculation, e.g., genitals or mouth), heals within 2–8 weeks

Secondary

- Constitutional symptoms, adenopathy
- Diffuse symmetric rash, red to brown, soles/palms
- Oral/genital lesions (e.g., condyloma lata), alopecia
- Ocular (uveitis), otic, or neurosyphilis (**can occur at any stage**)

Latent

- Asymptomatic period of infection after primary and secondary stages have passed (can last for years or decades)

Late (Tertiary)

- Late neurosyphilis (tabes dorsalis, general paresis)
- Gummas (granulomatous lesions)
- Cardiovascular syphilis (e.g., aortic dilation/aneurysm)

Next Steps:

ASSESS screening needs by taking a thorough sexual health history from all patients as part of routine medical care and test when needed. **REFER** patients diagnosed with syphilis to the health department for treatment, follow-up counseling, and confidential partner services.

ASK us questions: (804) 205-3690 (for treatment/testing history of your patients following a positive test) or (804) 205-3501 (for general questions).

Want to Learn More?

- [CDC 2021 STI Treatment Guidelines: Syphilis](#)
- [VDH Syphilis Provider Page](#)
- [Neurosyphilis, Ocular Syphilis, & Ootosyphilis \(CDC\)](#)
- [STD Prevention Training Center at Johns Hopkins](#)