



SEXUAL HEALTH

Syphilis

SEXUAL HEALTH

It's back, once nearly eliminated in the United States, syphilis is increasing¹

“The Great Pretender”¹

Syphilis is caused by a spirochete called *Treponema pallidum* and its symptoms can look like other diseases, but follows a progression of stages that can last weeks, months or even years.

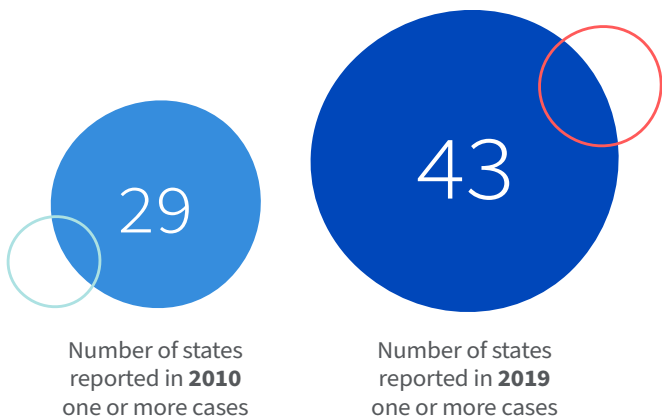
Primary and Secondary Syphilis

In the United States, the national rate of primary and secondary (P&S) syphilis has increased almost every year since 2001. In 2019, a total of 38,992 cases of P&S syphilis were reported in the United States. This rate represents a 11.2% increase compared with 2018, and a 467% increase compared with 2001.²

Congenital Syphilis

Preliminary CDC data show nearly 2,100 cases of newborn syphilis in 2020.³

Congenital Syphilis has spread across the nation in the last decade⁴



Number of states reported in **2010** one or more cases

Number of states reported in **2019** one or more cases





“The United States was once on the verge of eliminating syphilis, but we’ve lost significant ground in recent years, and the youngest among us are paying the highest price.”⁴

Leandro Mena, MD, MPH
Director, CDC Division of STD Prevention



Testing Recommendations per the CDC⁵

Women and Men Who Have Sex with Women

- Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection

Pregnant Women

- All pregnant women at the first prenatal visit
- Retest at 28 weeks' gestation and at delivery if at high risk
 - lives in a community with high syphilis morbidity
 - at risk for syphilis acquisition during pregnancy (using drugs, STIs during pregnancy, multiple partners, a new partner, partner with STIs)

Men Who Have Sex with Men

- At least annually for sexually active MSM
- Every 3 to 6 months if at increased risk

Transgender and Gender Diverse People

- Consider screening at least annually based on reported sexual behaviors and exposure

Persons with HIV

- For sexually active individuals, screen at first HIV evaluation and at least annually thereafter
- More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology

Challenges⁶

The control of both P&S syphilis and congenital syphilis in the United States is challenging for numerous reasons. Often labeled an “imitator,” syphilis is notoriously difficult to diagnose, especially for providers who lack awareness and training to diagnose syphilis in the differentiated stages.

A number of challenges have the most impact on congenital syphilis. Early prenatal care and screening and treatment (including of partners) are critical ways to prevent congenital syphilis and to lower the prevalence of adverse outcomes generally. Providers are missing cases among some people who do receive prenatal care.

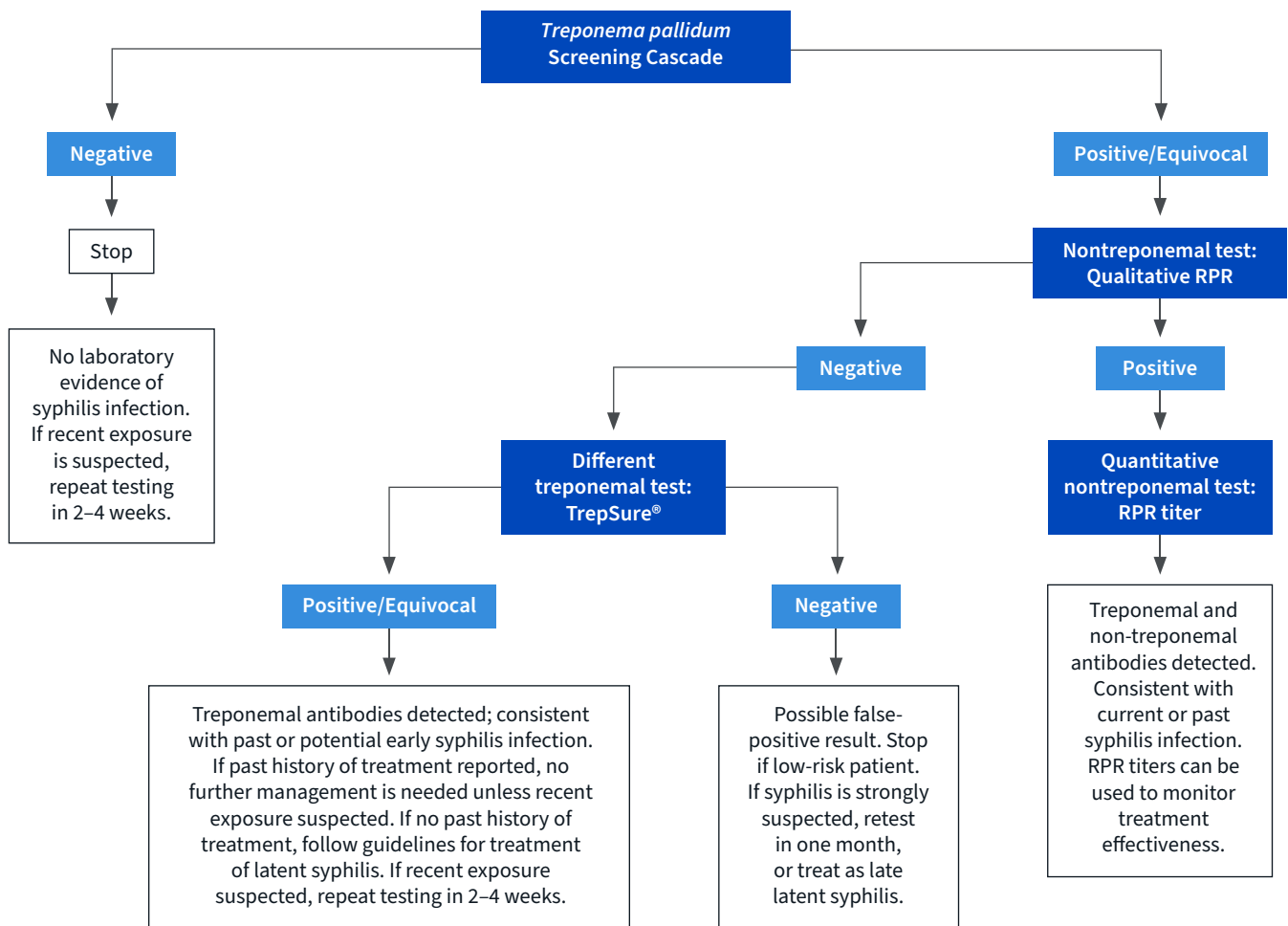


Syphilis Screening Made Simple

The CDC recommended algorithms for the screening and diagnosis of syphilis include both treponemal (i.e., various immunoassay formats, rapid assays, TP-PA) and non-treponemal assays (i.e., RPR). Labcorp offers both the reverse syphilis screening algorithm and the traditional syphilis screening algorithm.

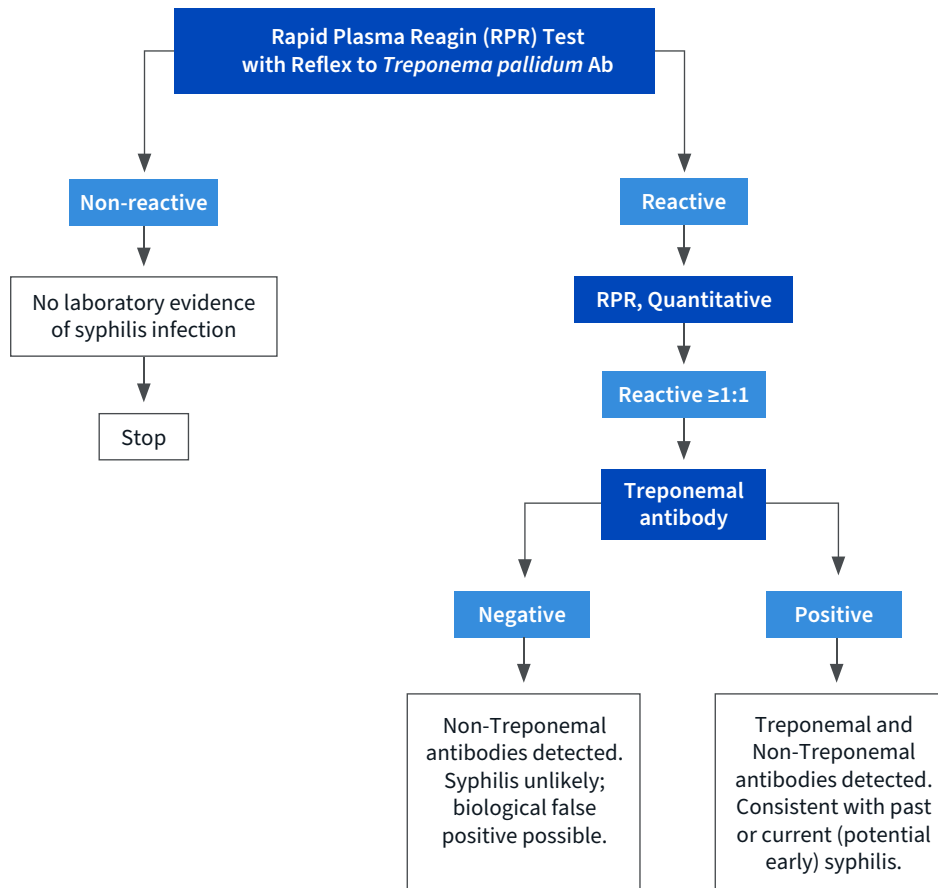
Reverse Syphilis Screening algorithm: This algorithm starts with a treponemal antibody assay and if positive, reflexes to the syphilis RPR with titer. Specimens that are positive for treponemal antibodies but negative on RPR will reflex to a second treponemal antibody assay to confirm results.

Labcorp aligns with the CDC and offers: *Treponema pallidum* (Syphilis) Screening Cascade (082345)



Test Name	Test Results	Actions
-----------	--------------	---------

Labcorp aligns with the CDC and offers traditional syphilis testing algorithm: This algorithm starts with a RPR test with a reflex on reactive specimens to RPR titer and *Treponema pallidum* antibodies.



Test Name	Test Results	Actions
-----------	--------------	---------

Syphilis Tests

Test Name	Test No.
<i>Treponema pallidum</i> (Syphilis) Screening Cascaded	082345
Rapid Plasma Reagin (RPR) Test With Reflex to Quantitative RPR and Confirmatory <i>Treponema pallidum</i> Antibodies	012005

Visit the online Test Menu at [Labcorp.com](https://labcorp.com) for full test information, including CPT codes and specimen collection requirements.

References

1. Centers for Disease Control and Prevention – Syphilis – CDC Fact Sheet (Detailed) <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>; accessed September 20, 2021.
2. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention – Syphilis-Surveillance Supplement 2015-2019 Technical Notes. July 2021.
3. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Division of STD Prevention – Congenital Syphilis Preliminary 2020 Data. September 2021
4. Division of STD Prevention (DSTDP) (CDC) email sent September 16, 2021, Subject Preliminary CDC data show nearly 2,100 cases of newborn syphilis in 2020, quote by Leandro Mena, MD, MPH.
5. Centers for Disease Control and Prevention Screening Recommendations and Considerations Referenced in Treatment Guidelines and Original Sources, accessed September 20, 2021.
6. HHS Releases First National Strategic Plan to Address Sexually Transmitted Infections. <https://www.hhs.gov/about/news/2020/12/17/hhsreleases-first-national-strategic-plan-to-address-sti.html>. Accessed June 16, 2021.



For more information, visit us at labcorp.com/contact-labcorp-account-representative

