

STAGE OF SYPHILIS		REGIMEN	DOSE/ROUTE
Early Syphilis	Primary and Secondary Early Non-Primary or Secondary (less than 12 months)	Benzathine Penicillin G*	2.4 million units IM in a single dose
Late Syphilis	Unknown Duration or Late (greater than 12 months)	Benzathine Penicillin G*	7.2 million units IM administered as 3 doses of 2.4 million units IM each, at 1-week intervals

* Benzathine Penicillin G is the only CDC approved treatment for pregnant women.

**See 2015 CDC Treatment Guidelines for additional information and alternative treatments for NON-Pregnant women.

Additional Treatment Information

- On the day of treatment, order an RPR test for a “day of treatment titer.” This will serve as a benchmark to determine whether patient has adequate treatment response.
- Longer treatment duration is required for persons with syphilis of unknown duration or late Syphilis (infected greater than 12 months) to ensure adequate treatment.
- Intramuscular Benzathine Penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin.
- Pregnant women diagnosed with late syphilis (3 doses) must be treated exactly **7 days** apart. Pregnant women who miss any doses must repeat full course of therapy.
- If patient is **not** pregnant and is allergic to penicillin, alternative regimens may be considered; see CDC STD Treatment Guidelines.

Treating Partners

- All sexual partners should be tested and treated for syphilis if necessary.
- Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early non-primary/secondary syphilis within 90 days preceding the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative.
- Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early non-primary/secondary syphilis >90 days before the diagnosis should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and stage of syphilis.