**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.

* 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.**

**SOURCE:** https://www.cdc.gov/std/tg2015/syphilis.htm