



Syphilis Stage Determination Chart

Primary Stage

The primary stage of syphilis is usually marked by the appearance of a single sore (called a chancre), but there may be multiple sores. The time between infection with syphilis and the start of the first symptom can range from 10 to 90 days (average 21 days). The chancre is usually firm, round, small, and painless. It appears at the spot where syphilis entered the body. The chancre lasts 3 to 6 weeks, and it heals without treatment.

1. Does patient currently have clinically compatible case with one or more ulcers (chancres) consistent with primary syphilis?	Yes → (Go to #2) No → STOP (Not primary syphilis. Consider secondary syphilis)
2. Was <i>T. pallidum</i> demonstrated by darkfield, DFA, or equivalent method?	Yes → STOP. Report as primary syphilis (710) No → (Go to #3)
3. Does patient have at least one reactive serological test for syphilis? (Nontreponemal: VDRL, RPR or treponemal: (FTA-ABS or MHA-TP)	Yes → STOP. Report as primary syphilis (710) No → STOP. (Consider presumptive primary. Treat for primary. Repeat blood three weeks after initial blood for confirmation. Follow partners. If treponemal test is negative and partners negative. STOP. Not a case.)

Secondary Syphilis:

The secondary stage typically starts with the development of a rash on one or more areas of the body. The rash usually does not cause itching. Rashes associated with secondary syphilis can appear as the chancre is healing or several weeks after the chancre has healed. The characteristic rash of secondary syphilis may appear as rough, red, or reddish brown spots both on the palms of the hands and the bottoms of the feet. However, rashes with a different appearance may occur on other parts of the body, sometimes resembling rashes caused by other diseases. Sometimes rashes associated with secondary syphilis are so faint that they are not noticed. In addition to rashes, symptoms of secondary syphilis may include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. The signs and symptoms of secondary syphilis will resolve with or without treatment, but without treatment, the infection will progress to the latent and possibly late stages of disease.

1. Does patient currently have secondary symptoms clinically compatible with secondary syphilis?	Yes → (Go to #2) No → STOP (Not secondary syphilis)
2. Was <i>T. pallidum</i> demonstrated by darkfield, DFA, or equivalent method?	Yes → STOP. Report as secondary syphilis (720). No → (Go to #3)
3. Is Nontreponemal titer ≥1:4 w/ a positive confirmatory test?	Yes → STOP. Report as secondary syphilis (720). No → STOP. (Not secondary syphilis. Consider primary disease if symptom is multiple lesions)



Latent Syphilis:

A stage of infection caused by *T. pallidum* in which organisms persist in the body of the infected person without causing symptoms or signs.

Latent syphilis is subdivided into early, late, and unknown

The latent (hidden) stage of syphilis begins when primary and secondary symptoms disappear. Without treatment, the infected person will continue to have syphilis even though there are no signs or symptoms; infection remains in the body. This latent stage can last for years. The late stages of syphilis can develop in about 15% of people who have not been treated for syphilis, and can appear 10-20 years after infection was first acquired. In the late stages of syphilis, the disease may damage the internal organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Signs and symptoms of the late stage of syphilis include difficulty coordinating muscle movements, paralysis, numbness, gradual blindness, and dementia. This damage may be serious enough to cause death.

1. Does patient have a reactive treponemal (FTA-ABS orMHA-TP, TP-PA) test for syphilis?	Yes → (Go to # 2) No → STOP. Not latent syphilis.
2. Does patient have a history of syphilis therapy?	Yes → (Go to #3) No → (Go to #4)
3. Does the current Nontreponemal titer demonstrate a fourfold (2 dil) increase from the last Nontreponemal titer?	Yes → (Go to #4) No → STOP. Not a new case of latent syphilis.
4. Did patient have a documented negative test during the last 12 months?	Yes → STOP. Report as early latent syphilis (730) No → (Go to #5)

5. During the past 12 months has the patient's Nontreponemal titer increased fourfold (2 dils) or greater?	Yes → STOP. Report as early latent syphilis (730) No → (Go to #6)
6. Does the patient have a history of symptoms consistent with primary or secondary syphilis during the last 12 months?	Yes → STOP. Report as early latent syphilis (730) No → (Go to #7)
7. Does patient have a history of exposure to a partner with confirmed or probable primary or secondary or probable early latent syphilis (independently confirmed as < 12 months duration)?	Yes → STOP. Report as early latent syphilis (730) No → (Go to #8)
8. Did the patient's only possible exposure to syphilis occur within the last 12months?	Yes → STOP. Report as early latent syphilis (730) No → (Go to #9)
9. Is patient between 13 and 35 years old?	Yes → (Go to # 10) No → STOP. Report as late latent syphilis (745)
10. Is titer ≥ 1:32?	Yes → STOP. Report as syphilis of unknown duration (740) No → STOP. Report as late latent syphilis (745)