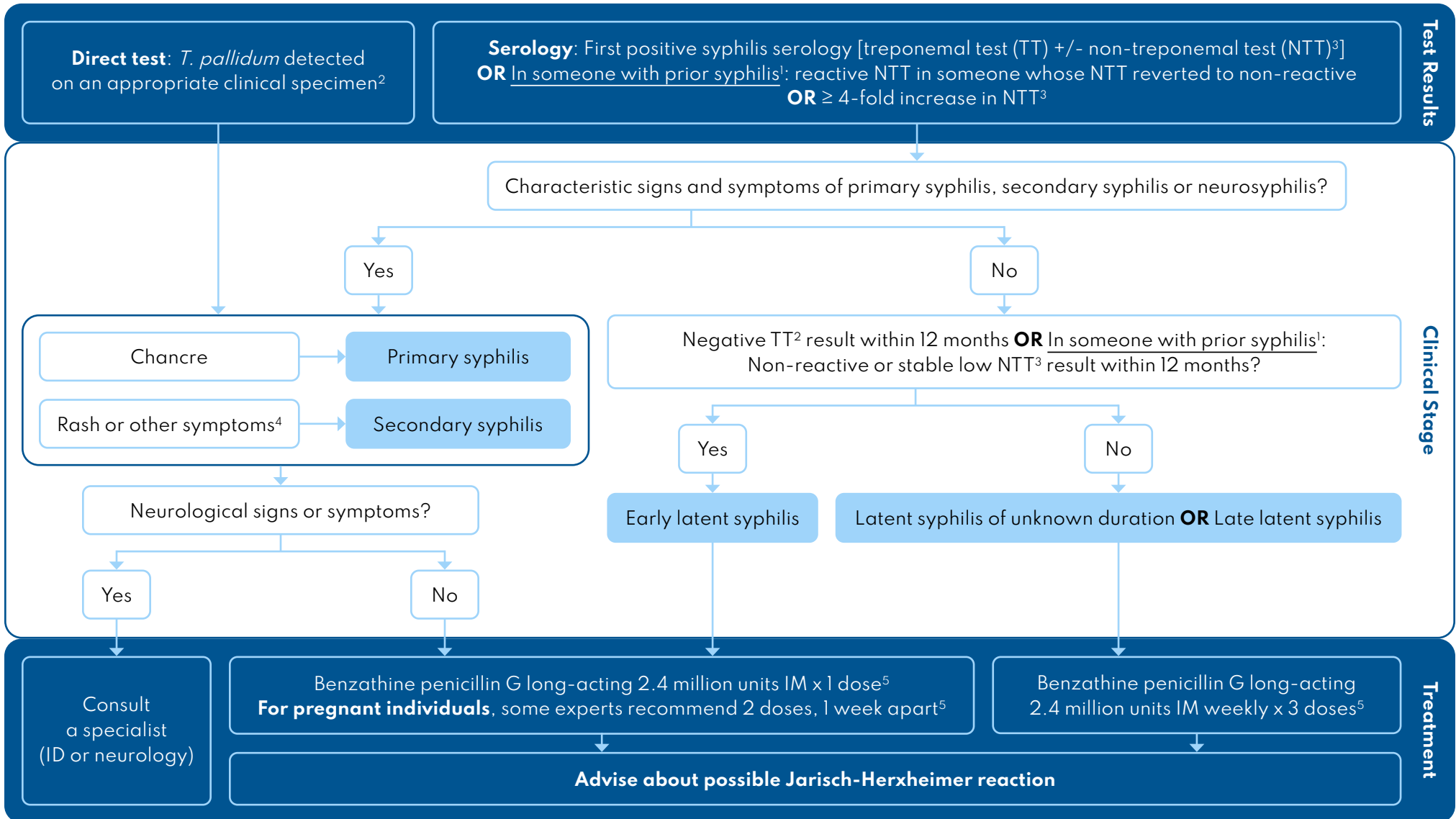


# Simplified algorithm for clinical syphilis staging and treatment in adolescents and adults<sup>1</sup>



1. This algorithm is for recently acquired syphilis infections. It does not apply to tertiary syphilis. It also does not apply to individuals who have not had an adequate response to syphilis treatment or to those with previous non-venereal treponemal infections (e.g. yaws, pinta, bejel). **Manage people diagnosed with syphilis in pregnancy in consultation with an obstetrics/maternal-fetal specialist.**
2. Direct tests for syphilis include NAAT (e.g. PCR) testing and direct fluorescence. Contact your laboratory to determine the type and availability of direct tests for syphilis.
3. Treponemal test (TT), e.g. chemiluminescent microparticle immunoassay (CMIA); non-treponemal test (NTT), e.g. rapid plasma regain (RPR) test. For details about interpreting syphilis serology, visit: <https://www.canada.ca/en/public-health/services/infectious-diseases/sexual-health-sexually-transmitted-infections/canadian-guidelines/syphilis/screening-diagnostic-testing.html>
4. Other symptoms include: mucosal lesions, lymphadenopathy, fever, malaise, condyloma lata.
5. There is no satisfactory alternative to penicillin for syphilis treatment in pregnancy.

Modified from a document created by Drs. Troy Grennan and Todd F. Hatchette. Source: <https://www.canada.ca/en/services/health/publications/diseases-conditions/syphilis-epidemiological-report.html>