

SUBJECT: SYPHILIS TREATMENT PROTOCOL

EFFECTIVE DATE: 09/01/2020

I. PURPOSE:

The purpose of this health service bulletin is to provide medical guidelines with regard to the diagnosis and treatment of syphilis.

These standards and responsibilities apply to both Department staff and Comprehensive Health Care Contractor (CHCC) staff.

II. CLASSIFICATION OF SYPHILIS:

- A. Primary Stage: A chancre (a painless ulcer with serous exudate) appears at the site of infection, which usually occurs on or around the genitals, anus, in the rectum, or in or around the mouth. The chancre lasts three (3) to six (6) weeks after the first exposure.
- B. Secondary Stage: Typically starts with the development of a rash on one or more areas of the body. The rash can appear during the primary stage when the chancre is healing or several weeks after the chancre is healed. Rashes associated with the secondary stage do not cause itching. The rash may appear as rough, red, or reddish brown spots on the palm of the hands and the bottoms of the feet. Large, gray or white raised lesions may develop in warm moist areas such as the mouth, underarm, and groin region. Other symptoms may include fever, sore throat, swollen lymph glands, headaches, patchy hair loss, weight loss, and fatigue. Signs and symptoms of primary and secondary syphilis can be mild, or may not be noticed.
- C. Latent Stage: Known as the (hidden) stage. No signs or symptoms of the disease.
 - 1. Early latent syphilis: Infection occurred within the past twelve (12) months.
 - 2. Late latent syphilis: Infection occurred more than twelve (12) months ago, and can last for years.
- D. Tertiary (Late) Stage: Symptoms can appear ten (10) to thirty (30) years after infection was first acquired. Severe medical problems are associated with this stage, affecting multiple organ systems, and can be fatal.

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III. PROCEDURE:

A Rapid Plasma Regain serology test or RPR (Non-treponemal,) for syphilis will be ordered by a clinician during the reception process (See HSB 15.01.06 II. D.) and/or when active disease is suspected. A dark field examination or a treponemal antibody test will be done on all positive serology tests to confirm diagnosis. (See 2015 CDC STD Treatment Guidelines for syphilis at www.cdc.gov/std/treatment).

Pregnant females will be counseled and tested by the health care provider at the initial prenatal care visit, early in the third (3rd) trimester (28-32 weeks), and at delivery as pursuant to Rule 64D-3.042, F.A.C. A reactive serologic syphilis test during pregnancy, regardless of subsequent non-reactive tests, must be followed up by a test as soon as possible at or following delivery. Any pregnant female who delivers a stillborn after twenty (20) weeks gestation or over 500 grams should be tested for syphilis. The maternal serologic status should be determined at least once during pregnancy. See [DC4-812](#), *Sexually Transmitted Infection Counseling for Pregnant Inmates* form. (See [2015 CDC STD Treatment Guidelines](#) for Syphilis at www.cdc.gov/std/treatment).

IV. REPORTING AND DOCUMENTATION:

A. Every positive diagnosis where treatment is given will be reported to the local / county Health Department, Epidemiology Unit or the Bureau of Epidemiology, Florida Department of Health within the next business day following the receipt of the positive laboratory report (section [64D-3.029 F.A.C.](#))

Pregnant women are the exception and must be reported immediately.

B. A copy of the report will be placed in the inmates medical record and filed behind the [DC4-710](#), *Communicable Diseases Record*. If reporting is done by telephone, the call will be documented on [DC4-710](#).

C. All test results will be recorded on [DC4-710](#).

V. TREATMENT:

A. Refer to [CDC STD Treatment Guidelines](#) for Syphilis at: <https://stacks.cdc.gov/view/cdc/31403>

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VI. SEXUAL CONTACT TRACING:

- A. Clinical staff will interview the inmate to determine any contacts within the prison system that will need to be treated.
- B. Any identified contacts will be evaluated, tested, treated and educated as appropriate while ensuring confidentiality for all inmates involved.
- C. The local County Health Department, or the Department of Health may send a representative to complete a contact investigation (section 384.32, F.S.).

VII. RELEVANT FORMS AND DOCUMENTS:

- A. [DC4-710](#), *Communicable Diseases Record*
- B. [DC4-812](#) *Sexually Transmitted Infection Counseling for Pregnant Inmates*
- C. Reference: [Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015](#)

Health Services Director

Date

This Health Services Bulletin Supersedes

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