



## EARLY SYPHILIS (PRIMARY, SECONDARY, EARLY LATENT)

### **Recommended Treatment**

Benzathine penicillin G 2.4 million units IM in a single dose

### **Alternate Regimen**

Doxycycline 100 mg PO BID x 14 days

### **Pregnancy\***

Benzathine penicillin G 2.4 million units IM in a single dose

### **Neurosyphilis, Ocular Syphilis, or Ootosyphilis**

**Recommended Treatment:** Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every four hours or continuous infusion for 10-14 days

**Alternate regimen:** Procaine penicillin G 2.4 mU IM once daily plus Probenecid 500 mg PO QID, both for 10-14 days

## LATE- LATENT AND TERTIARY

### **Recommended Treatment**

Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals\*\*

### **Alternate Regimen**

Doxycycline 100 mg PO BID x 28 days

### **Pregnancy\***

Benzathine penicillin G 7.2 million units total, administered as three doses of 2.4 million units IM each at 1-week intervals\*\*\*

### **Neurosyphilis, Ocular Syphilis, or Ootosyphilis**

**Recommended Treatment:** Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every four hours or continuous infusion for 10-14 days

**Alternate Regimen:** Procaine penicillin G 2.4 mU IM once daily plus Probenecid 500 mg PO QID, both for 10-14 days

\* Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis. If a patient is allergic to penicillin, they should be desensitized and treated with penicillin G.

\*\* Interval of 10-14 days before restarting sequence of injections

\*\*\* Optimal interval between doses is seven days. If pregnant patient returns for subsequent doses more than nine days from the last dose, the series of three must be restarted.

### **References:**

- USPSTF (2022). [Syphilis infection in nonpregnant adolescents and adults: Screening](#)
- Pham, M. D., Ong, J. J., Anderson, D. A., Drummer, H. E., & Stooze, M. (2022). Point-of-care diagnostics for diagnosis of active syphilis infection: Needs, challenges, and the way forward. *Int J Environ Res Public Health*, 19(13), 8172. <https://doi.org/10.3390/ijerph19138172>
- [CDC: Syphilis Fact Sheet](#)
- [Diagnostics Direct – Syphilis Health Check](#)
- [Chembio Diagnostics - DPP® Syphilis-HIV](#)
- Peterman, T. A. & Fakile, Y. (2016). What is the use of rapid syphilis tests in the United States? *Sexually Transmitted Diseases*, 43(3), 201-203. <https://doi.org/10.1097/OLQ.0000000000000413>
- [CDC: Discussing Sexual Health with Your Patients](#)
- [Healthy People 2030](#)
- [USPSTF: Screening for Syphilis Infection in nonpregnant adolescents and adults](#)

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