

Guidelines for Clinical Management of Late Latent Syphilis

Management of cases diagnosed with late latent and latent syphilis of unknown duration necessitates a longer duration of follow-up than those with primary, secondary or early latent syphilis. All patients diagnosed with syphilis should also be tested for HIV.

Treatment

All patients should have a titer on or close to day of treatment; this titer is important as it will be compared to follow-up titers to assess treatment response.

Recommended regimen for Late Latent Syphilis

- Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units intramuscular at 1-week intervals.
- Alternative regimens can be used for non-pregnant patients with allergy to penicillin:
 - Doxycycline 100 mg orally twice daily for 28 days, OR
 - Tetracycline 500 mg orally four times per day for 28 days
- Efficacy of alternative regimens is not well established and has not been studied in HIV-infected patients. Close follow-up is essential.
- Pregnant women allergic to penicillin should be treated with penicillin after desensitization.

Follow-up

- Follow-up serologic tests should be performed using the same test type (RPR or VDRL). RPR titer results cannot be compared to VDRL titer results as RPR titers are frequently slightly higher.
- Serologic titer should be obtained at 6, 12 and 24 months.
- Fourfold drop in titer is expected by 12-24 months (if initially high > 1:16).
- HIV-infected patients should be evaluated clinically and serologically at 6, 12, 18, and 24 months.

Partner Management

All sex partners should be evaluated clinically and serologically with treatment provided based on contact management guidelines. See CDC 2010 STD Treatment Guidelines (www.cdc.gov/std/treatment/) for detailed information on management of sex partners.

Most local health departments do not conduct follow up on late latent cases.

For more detail on diagnosis, treatment and management of STDs, refer to the STD Treatment Guidelines (www.cdc.gov/std/treatment/).

For further questions, contact the California STD Control Branch clinician warm line at (510) 620-3400.