

CMHC INFECTION CONTROL MANUAL	Effective Date: 04/11/2016	NUMBER: B-14.12  Page 1 of 7
	Replaces: 04/09/2015	
	Formulated: 7/05	
SYPHILIS		

**POLICY:** The Texas Department of Criminal Justice (TDCJ) will identify, test, and manage all offenders with suspected or confirmed syphilis with a uniform testing and management program.

**PROCEDURES:**

**I. Indications for Serologic Tests for Syphilis (STS/RPR)**

- A. **Admission screening** for all incoming offenders.
- B. Any offender exhibiting suspicious **signs or symptoms** of syphilis.
- C. Any offender with a history of sexual **contact with a confirmed case** of syphilis during incarceration **OR** prior to incarceration.

**II. Serologic Tests for Syphilis**

- A. There are two types of tests for syphilis: nontreponemal antibody tests and treponemal antibody tests.
  - 1. Nontreponemal tests include **RPR** (Rapid Plasma Reagin) and **VDRL** (Venereal Disease Research Laboratory) tests. RPR tests are reported as “nonreactive” or “reactive” at dilutions of 1:1, 1:2, 1:4, 1:8, etc.
    - a. A four-fold (or two dilution) increase in titer (e.g., from 1:2 to 1:8) signifies **new infection or treatment failure**.
    - b. These tests, in time, usually revert to “negative” after successful treatment of primary and secondary syphilis. A four-fold (or two dilution decrease in titer e.g., from 1:8 to 1:2) signifies successful treatment.
    - c. These tests may remain reactive, however, at a varying low dilution (e.g., 1:1, 1:2) even after completion of successful therapy. This is called **serofast serology**.
  - 2. Treponemal antibody tests include the **TP-PA** (*Treponema pallidum* – Particle Agglutination), **MHA-TP** (Micro-hemagglutination for *Treponema pallidum*) and **FTA-ABS** (Fluorescent Treponemal Antibody Absorption Test). The MHA-TP test is no longer commercially available and has been replaced by the TP-PA.
    - a. Treponemal tests detect antibody directed toward pathogenic members of the genus *Treponema*.

CMHC INFECTION CONTROL MANUAL	Effective Date: 04/11/2016	NUMBER: B-14.12
	Replaces: 04/09/2015	Page 2 of 7
	Formulated: 7/05	
SYPHILIS		

- b. The TP-PA and the FTA-ABS usually do **not** revert to nonreactivity after successful treatment of syphilis. Once reactive, they almost always stay reactive and *should not be repeated*. Treponemal antibody tests are confirmatory tests and are inappropriate for screening. They are not quantitative and cannot be used for following response to therapy or progression of disease.

### III. Interpretation and Follow-up of Nontreponemal Serologic Tests for Syphilis

- A. **Primary syphilis** nontreponemal tests usually reach a titer of at least 1:4. During the first few days of primary syphilis, i.e., onset of primary lesion (< 7days), the RPR and/or TP-PA may be nonreactive. In this scenario, the case should be confirmed through the use of dark-field microscopy. If this procedure cannot be performed, i.e., the equipment is not available, the offender should be presumptively treated and the RPR/TP-PA should be repeated in one week. Following treatment, RPR titer may rise slightly but usually reverts to nonreactive within six to 12 months following treatment.
- B. **Secondary or early latent syphilis** titers are usually 1:32 or higher. After successful treatment, the titer usually reverts to nonreactive within 18 months. Seventy – five percent or more will be nonreactive within two years.
- C. **Latent syphilis: early latent**, or syphilis of less than one year duration, and **late latent** syphilis of greater than one year duration, are asymptomatic. After successful treatment of latent syphilis, titers usually decrease at least four-fold (e.g., from 1:32 to 1:8). A stable or rising titer during the two years of observation after treatment suggests treatment failure, re-infection, or a diagnostic error.
- D. **Symptomatic late syphilis** (i.e., neurosyphilis, cardiovascular syphilis or gummatous disease) should be considered in anyone with longstanding untreated syphilis.
- E. In any treatment situation, failure of the highest titer to decrease four-fold within one year suggests a treatment failure and warrants re-evaluation of the case and retreatment.
- F. Although many patients have a nonreactive nontreponemal test within two years after successful treatment, in some, the titer may remain persistently positive at a low level (but with a four-fold fall from the highest titer). This condition is called **serofast**. Serofast titers are generally 1:4 or lower. Although higher serofast titers may occur, the possibility of persistent infection or re-infection should be carefully considered before dismissing a result as serofast. A diagnosis of serofast must not be made unless the patient has a documented history of previous treatment with a documented four-fold or

CMHC INFECTION CONTROL MANUAL	Effective Date: 04/11/2016	NUMBER: B-14.12
	Replaces: 04/09/2015	Page 3 of 7
	Formulated: 7/05	
SYPHILIS		

greater drop in titer after treatment.

G. A **spinal fluid examination** should be considered for patients with any one of the following criteria:

- Neurologic or ophthalmic signs or symptoms
- Other evidence of tertiary disease (aortitis, gumma, iritis)
- Treatment failure
- HIV infection with late latent syphilis or syphilis of unknown duration
- Non-penicillin therapy planned, unless duration of infection is known to be < one year.

If a CSF examination is performed and the results show abnormalities consistent with CNS syphilis, the patient should be treated for neurosyphilis.

H. **All patients with syphilis or a history of syphilis must be offered counseling and testing for HIV infection.**

I. Syphilis testing in patients with **HIV infection.**

When clinical findings suggest syphilis, but serologic tests are negative, other tests should be used to determine if syphilis is present. These tests include dark-field microscopy and direct fluorescent antibody for *T. pallidum* (DFA-TP), staining of lesion exudate or examination of biopsy tissue using DFA-TP or Steiner stain.

#### IV. Treatment

*Patients who have untreated syphilis in any stage **must** be treated.* Treatment should follow the current guidelines promulgated by the Centers for Disease Control and Prevention (CDC). The guidelines for syphilis treatment are:

- A. **Primary, secondary, or early latent syphilis (less than one year's duration) in HIV negative individuals:** Benzathine penicillin G (Bicillin L-A), 2.4 million units IM in one dose.
- B. **Late latent syphilis (indeterminate length or of more than one year's duration), or any HIV positive individual regardless of stage:** Bicillin L-A 7.2 million units total, administered as 2.4 million units IM given one week apart for three consecutive weeks.
- C. **Neurosyphilis and other forms of tertiary syphilis.** Inpatient therapy recommended; see *STD Treatment Guidelines* for regimen or contact Office of

CMHC INFECTION CONTROL MANUAL	Effective Date: 04/11/2016	NUMBER: B-14.12  Page 4 of 7
	Replaces: 04/09/2015	
	Formulated: 7/05	
SYPHILIS		

Public Health for guidance.

- D. See *STD Treatment Guidelines* for **special considerations** and alternative regimens (including treatment of **pregnant and penicillin-allergic persons**). Contact the Office of Public Health for guidance in the management of patients with special consideration.

### Summary of Recommended Treatment and Follow-Up

Stage	Treatment	Treatment Follow-Up	
		Serology	Discharge*
<b>Primary &amp; Secondary</b>	<b>HIV negative:</b> Bicillin L-A 2.4 mil units	6 and 12 months	After a four-fold decline in titers
	<b>HIV positive:</b> Bicillin L-A 2.4 mil units a week x 3 weeks (7.2 mil units total)	3, 6, 9, 12, and 24 months	
<b>RPR- negative contact of Primary, Secondary or Early Latent case<sup>1</sup></b>	Bicillin L-A 2.4 million units	None	At end of treatment
<b>Latent, a) Early (&lt;one year duration)</b>	<b>HIV negative:</b> Bicillin L-A 2.4 million units	<b>HIV negative:</b> 6, 12 and 24 Months	After a four-fold decline in titers
	<b>HIV positive:</b> Bicillin L-A 2.4 mil units a week x 3 weeks (7.2 mil units total)	<b>HIV positive:</b> 3, 6, 9, 12, 18, and 24 months	
<b>b) Late (≥ 1 year, or unknown duration)</b>	b) Bicillin L-A 2.4 mil units a week x 3 weeks (7.2 mil units total)		

Serological follow-up post treatment must occur according to the schedule under the Serology column, at a minimum. Patients may be discharged from follow-up at the end of the follow-up period if they have had a sustained four-fold or greater drop in titer.

<sup>1</sup> RPR-negative contacts to offenders with syphilis are to receive prophylactic treatment if the last sexual contact was within the past 90 days.

CMHC INFECTION CONTROL MANUAL	Effective Date: 04/11/2016	NUMBER: B-14.12
	Replaces: 04/09/2015	Page 5 of 7
	/ Formulated: 7/05	
SYPHILIS		

## V. Contacts

- A. All offenders with a case of syphilis meeting the criteria referenced in **Section III: A – D, Interpretation and Follow-Up of serologic Tests for Syphilis** are to be interviewed by a qualified counselor (Disease Intervention Specialist [DIS/TDSHS Staff] or Coordinator of Infectious Disease Nurse). This interview will include risk reduction/disease comprehension counseling and contact elicitation. All interview information is to be recorded on the appropriate forms: HSM-85 (Syphilis Monitoring record) and HSM-89 (Contact Information Guide).
- B. Contacts of all reported cases of syphilis are to be documented on the Contact Information Guide, **HSM-89** (Attachment B). This sheet(s) is to be forwarded, in a sealed envelope stamped “**confidential**” to the Office of Public Health in conjunction with the HSM-85, Syphilis Monitoring Record. **The Contact Information Guide is not to be placed in the medical record of the offender.**
1. The critical period for contact elicitation for early syphilis cases is as follows:
    - a) **Primary** – 90 days prior to the onset of symptoms and/or reactive RPR/TP-PA;
    - b) **Secondary** – six months prior to the onset of symptoms and/or reactive RPR/TP-PA;
    - c) **Early Latent** – one year prior to the reactive RPR/TP-PA;
    - d) **Late Latent/Syphilis of Unknown Duration** – one year prior to the reactive RPR/TP-PA.
  2. Contact elicitation should include contacts within TDCJ as well as contacts prior to entry into TDCJ during the critical period in which the history suggests the patient was infectious.
  3. TDCJ offenders identified as contacts within the time frames listed in V.B.1, above, must be tested for syphilis.
  4. Contacts of primary, secondary and early latent syphilis cases whose last exposure was within 90 days prior to testing should be given prophylactic treatment as indicated in the table above, even if the RPR is nonreactive.
  5. Contacts identified according to V.B.1, above, must be treated for syphilis if their RPR is reactive and they have not already received

CMHC INFECTION CONTROL MANUAL	Effective Date: 04/11/2016	NUMBER: B-14.12
	Replaces: 04/09/2015	Page 6 of 7
	Formulated: 7/05	
SYPHILIS		

treatment, even if they have no other signs or symptoms of syphilis. In general they should receive the treatment for early latent syphilis, as the maximum time frame for contact elicitation is one year, indicating their exposure was within the past year.

- C. State and Local Health Departments have legal authority to investigate cases of infectious disease. Unit medical staff may be contacted by State/Local Health Department staff (Disease Intervention Specialists, or DIS workers) to schedule interviews with inmates diagnosed with syphilis. Unit staff will respect their legal authority and cooperate with these investigations. However, unit staff should be confident that the DIS worker is properly identified and carrying out their health department duties before allowing them access to confidential patient information. Any concerns related to this activity should be directed to TDCJ Health Services Division, Office of Public Health.

## VI. Reporting

- A. A **HSM-85, Syphilis Monitoring Record** (Attachment A), must be initiated on all persons who have a reactive RPR. Diagnosis must include the disease stage (Primary, Secondary, Early Latent, Late Latent, etc.). A copy must be sent to the Office of Public Health.
- B. Initial positive RPR titers of 1:16 or greater must be reported to the Office of Preventive Medicine on the day the results are received by the unit, or the next working day if received outside of regular work hours. In addition, all cases of primary or secondary syphilis must be reported to the Office of Public Health the same day the diagnosis is made. Reports may be faxed to 936-437-3572 (secure fax) or sent by EMR email.
- C. Initial positive RPR titers less than 1:16 must be reported to the Office of Public Health within seven days of receipt. Reports may be faxed or sent by EMR email.
- D. The date and dosage of each dose of medication must be reported within seven days of completion of treatment, and each follow-up RPR must be reported to the Office of Public Health within seven days. The reports may be submitted to the Office of Public Health by EMR email giving the offender name and TDCJ number, date, and dosage of medication administered and/or RPR titer (depending on what information is being updated), or by mailing or faxing an updated HSM-85.

CMHC INFECTION CONTROL MANUAL	Effective Date: 04/11/2016	NUMBER: B-14.12
	Replaces: 04/09/2015	Page 7 of 7
	Formulated: 7/05	
SYPHILIS		

References: Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR JUNE 5, 2015, Vol. 64, No 3.

The CDC Guidelines may change from time to time. For the latest version, check the CDC web site:  
<http://www.cdc.gov/std/>

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
SYPHILIS MONITORING RECORD  
Attachment A**

**THIS IS A CONTINUATION FORM. A COPY IS TO BE MAILED TO THE OFFICE OF PUBLIC HEALTH EACH TIME NEW INFORMATION IS DOCUMENTED.**

Offender Name: \_\_\_\_\_

TDCJ#: \_\_\_\_\_ DOB: \_\_\_\_\_ Facility of origin: \_\_\_\_\_

Race: (circle) White Black Hispanic Other (specify): \_\_\_\_\_ Sex: (circle) M F

**HISTORY:**

Previous syphilis treatment? (circle) NO YES Date of incarceration: \_\_\_\_\_

Source (circle): Offender Office of Public Health Texas Dept. of State Health Services  
of information  
Other \_\_\_\_\_

Prior treatment information: County of treatment: \_\_\_\_\_ Date of Treatment: \_\_\_\_\_

Treatment given: \_\_\_\_\_ Labs: \_\_\_\_\_

**LAB RESULTS:**

Confirmation test result (TP-PA / IGG / FTA-ABS): \_\_\_\_\_ Collection Date: \_\_\_\_\_

Titer 1: \_\_\_\_\_ Collection Date \_\_\_\_\_ Titer 3: \_\_\_\_\_ Collection Date \_\_\_\_\_

Titer 2: \_\_\_\_\_ Collection Date \_\_\_\_\_ Titer 4: \_\_\_\_\_ Collection Date \_\_\_\_\_

**DISPOSITION:** (check appropriate box)

New case  Retreatment\*  Serofast  Biological false positive   
(Document serofast status in the laboratory results section)

Discharge  (Has completed serologic f/u and has at least 4-fold fall in titer) Date: \_\_\_\_\_

\*\*\*\*\*  
**REFERRAL INFORMATION**

Referred to Texas Department of State Health Services for follow-up upon release? YES NO

Release Date: \_\_\_\_\_

Release Address: \_\_\_\_\_

\*\*\*\*\*

\* Retreatment means repeat treatment after a failed initial treatment. Treatment of reinfection should be reported as a new case.

## TREATMENT: Attachment B

Complete information is required. Fill out the information below according to the HIV status of the offender and stage of syphilis. Mail a copy of this monitoring record upon completion of treatment.

	<b>HIV Negative</b> HIV negative treat with 2.4 Bicillin LA	<b>HIV Positive</b> HIV positive treat with 2.4 Bicillin LA once a week x 3 weeks
Primary Stage Sign – Chancre	Date of Dose #1 _____	Date of Dose #1 _____ Date of Dose #2 _____ Date of Dose #3 _____
Secondary Stage Sign – Rash Hair loss Mucous patches Condyloma Lata	Date of Dose #1 _____	Date of Dose #1 _____ Date of Dose #2 _____ Date of Dose #3 _____
Early Latent Stage Sign – None < one year duration	Date of Dose #1 _____	Date of Dose #1 _____ Date of Dose #2 _____ Date of Dose #3 _____
Late Latent Stage	HIV negative treatment with 2.4 Bicillin LA once a week x 3 weeks	HIV positive treat with 2.4 Bicillin LA once a week x 3 weeks
Sign – None > one year duration or unknown	Date of Dose #1 _____ Date of Dose #2 _____ Date of Dose #3 _____	Date of Dose #1 _____ Date of Dose #2 _____ Date of Dose #3 _____

**TREATMENT FOR PENICILLIN ALLERGIC OFFENDERS:**

Complete information is required. The beginning and ending dates of treatment must be documented. Mail a copy of this monitoring record upon completion of treatment.

**Primary, Secondary, and Early latent stages for HIV negative and HIV positive treat with**

Minocycline 100 mg po twice a day for 2 weeks                      Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_

or

**Late latent stage for HIV negative and HIV positive treat with**

Minocycline 100 mg po twice a day for 4 weeks                      Date started: \_\_\_\_\_ Date stopped: \_\_\_\_\_

or

Interviewed by CID    (Y)    (N)

