



What does the USPSTF recommend?



Screen for syphilis in persons at increased risk for infection.



To whom does this recommendation apply?

- Adolescents and adults who have ever been sexually active and are at increased risk for syphilis infection.
- It does not apply to pregnant persons, who are discussed in a separate recommendation statement.
- It does not apply to persons who have signs or symptoms of syphilis.



What's new?

This recommendation is consistent with the 2016 USPSTF recommendation. The USPSTF continues to recommend screening for syphilis in nonpregnant persons who are at increased risk for infection.



How to implement this recommendation?

Assess risk:

- Risk of syphilis is higher in men who have sex with men; persons with HIV infection or other sexually transmitted infections; persons who use illicit drugs; and persons with a history of incarceration, sex work, or military service.
- However, clinicians should be aware of how common syphilis infection is in their community and assess patient's individual risk.

Screen and confirm: Options for testing include:

- Traditional screening algorithm: Screen with an initial nontreponemal test (eg, Venereal Disease Research Laboratory [VDRL] or rapid plasma reagin [RPR] test). If positive, confirm with a treponemal antibody detection test (eg, T pallidum particle agglutination [TP-PA] test).
- Reverse sequence algorithm: Screen with an initial automated treponemal test (eg, enzyme-linked or chemiluminescence immunoassay). If positive, confirm with a nontreponemal test.

Screening interval:

- Although evidence on optimal screening intervals is limited for the general population, men who have sex with men or persons with HIV infection may benefit from screening at least annually or more frequently (eg, every 3 to 6 months) if they continue to be at high risk.



What additional information should clinicians know about this recommendation?

- Primary and secondary syphilis rates are higher in Black, Hispanic, Native American/Alaska Native, and Native Hawaiian/Pacific Islander persons. These disparities are primarily driven by social determinants of health such as differences in income level, education level, and access to coverage and care, which make it harder to maintain sexual health.
- Differences in sexual network characteristics also play a role in disparities. Sexually active people may be more likely to become infected in communities with higher sexually transmitted infection rates.



Why is this recommendation and topic important?

- After reaching a record low in 2000, rates of syphilis have been increasing over the past 20 years.
- Without treatment, syphilis can damage the brain, nerves, eyes, and cardiovascular system.
- Screening and follow-up treatment can cure syphilis and prevent complications.



What are other relevant USPSTF recommendations?

- Screening for syphilis infection in pregnant women
- Behavioral counseling for sexually transmitted infections

These recommendations and screening recommendations for other sexually transmitted infections are available on the [USPSTF](#) website.



What are additional tools and resources?

The [Centers for Disease Control and Prevention](#) provide fact sheets, treatment guidelines, and surveillance data for syphilis.



Where to read the full recommendation statement?

Visit the [USPSTF](#) website or the [JAMA](#) website to read the full recommendation statement. This includes more details on the rationale of the recommendation, including benefits and harms; supporting evidence; and recommendations of others.