

## U.S. Preventive Services Task Force Issues Draft Recommendation on Screening for Syphilis Infection

*Task Force recommends screening people at increased risk for infection*

WASHINGTON, D.C. – February 15, 2022 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for syphilis infection in adolescents and adults who are not pregnant. The Task Force recommends screening individuals at increased risk for syphilis infection. **This is an A grade.**

This recommendation applies to adolescents and adults who are not pregnant. In a separate related [recommendation](#), the Task Force recommends screening for all pregnant people.

After reaching a record low in 2000, rates of syphilis have been increasing over the past 20 years. Syphilis is a sexually transmitted infection (STI) that progresses through stages and can cause serious health problems if left untreated. Without treatment, syphilis can damage the brain, nerves, eyes, and cardiovascular system.

“Screening people who are at increased risk can identify the infection so it can be treated before problems develop,” says Task Force member Katrina Donahue, M.D., M.P.H. “Clinicians play an important role in helping to lower the rising rates of syphilis infection and keeping at-risk patients healthy.”

When deciding who should be screened, clinicians should consider how common syphilis infection is in the communities they serve and assess their patient’s individual risk. Rates of syphilis are higher in men who have sex with men; people living with HIV; and people with a history of incarceration, sex work, or military service. Anyone who is sexually active should discuss their risk factors for syphilis and other STIs with a clinician.

“The Task Force is calling for screening all adolescents and adults who are at increased risk for syphilis, so determining risk level is an important part of this recommendation,” says Task Force vice chair Michael Barry, M.D. “Clinicians should be aware of how common syphilis infections are in the communities they serve and their patient’s individual risk factors, including sexual history.”

Importantly, there are racial and ethnic health disparities related to syphilis. Black teens and adults are nearly five times more likely to have syphilis than those who are White. Higher rates are also seen in Native Hawaiian, Native American, Alaska Native, and Hispanic people. These rates are more likely the result of a combination of factors, including social risk factors and access to care, rather than biology or sexual behavior alone. The Task Force is calling for more research into the factors that drive these disparities and effective prevention strategies to improve health equity.

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at [www.uspreventiveservicestaskforce.org](http://www.uspreventiveservicestaskforce.org). Comments can be submitted from February 15, 2022, to March 14, 2022, at [www.uspreventiveservicestaskforce.org/tfcomment.htm](http://www.uspreventiveservicestaskforce.org/tfcomment.htm).

### Grade in this recommendation:

A: Recommended.

[Learn more here](#)

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Donahue is a professor and vice chair of research at the University of North Carolina at Chapel Hill Department of Family Medicine. She is a family physician and senior research fellow at the Cecil G. Sheps Center for Health Services Research. She is also the co-director of the North Carolina Network Consortium, a meta-network of six practice-based research networks and four academic institutions in North Carolina.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

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