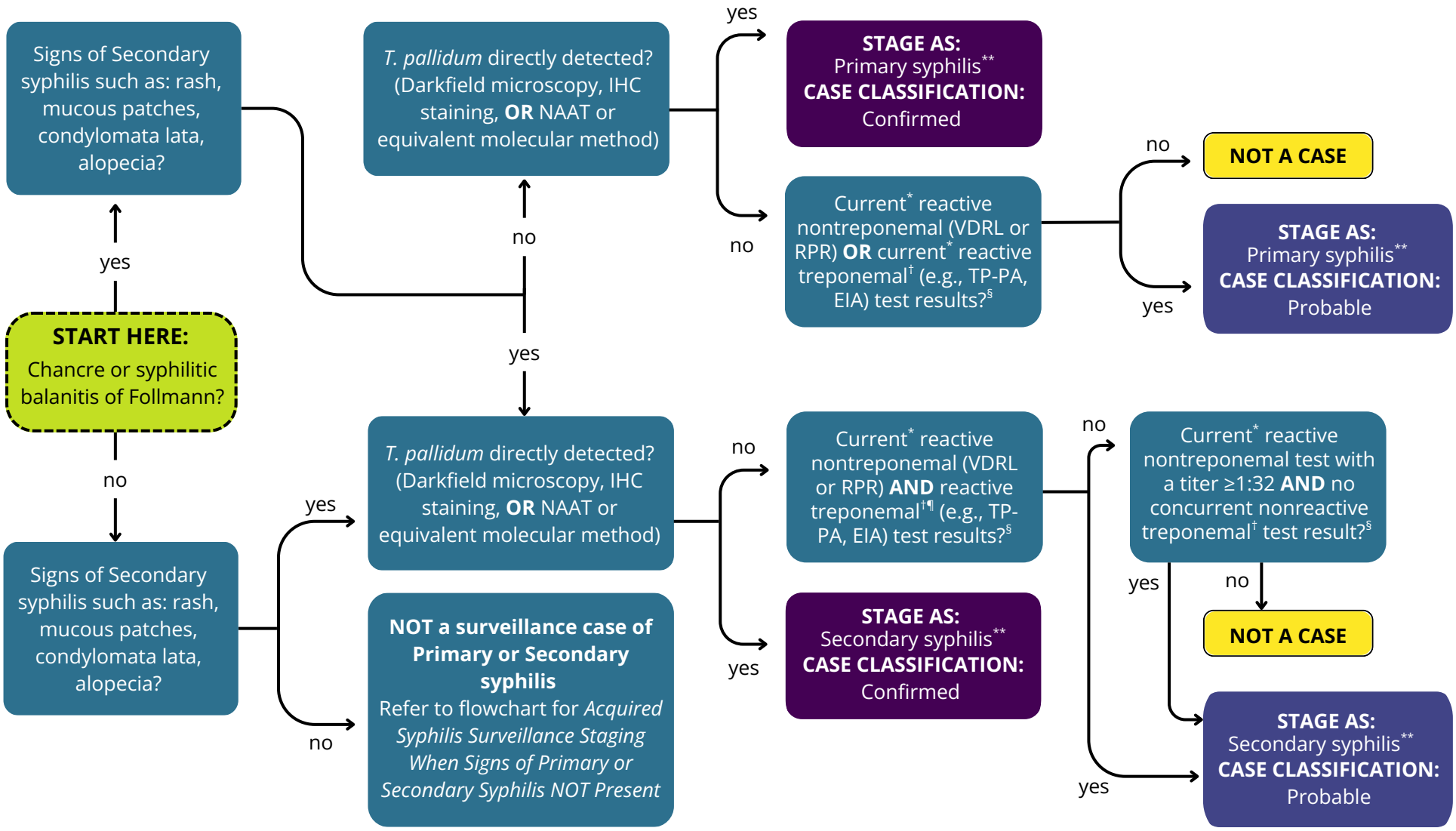
# ACQUIRED SYPHILIS SURVEILLANCE STAGING WHEN SIGNS OF PRIMARY OR SECONDARY SYPHILIS ARE PRESENT

*This tool should not be used for clinical decision-making and does not supersede the syphilis surveillance case definition*



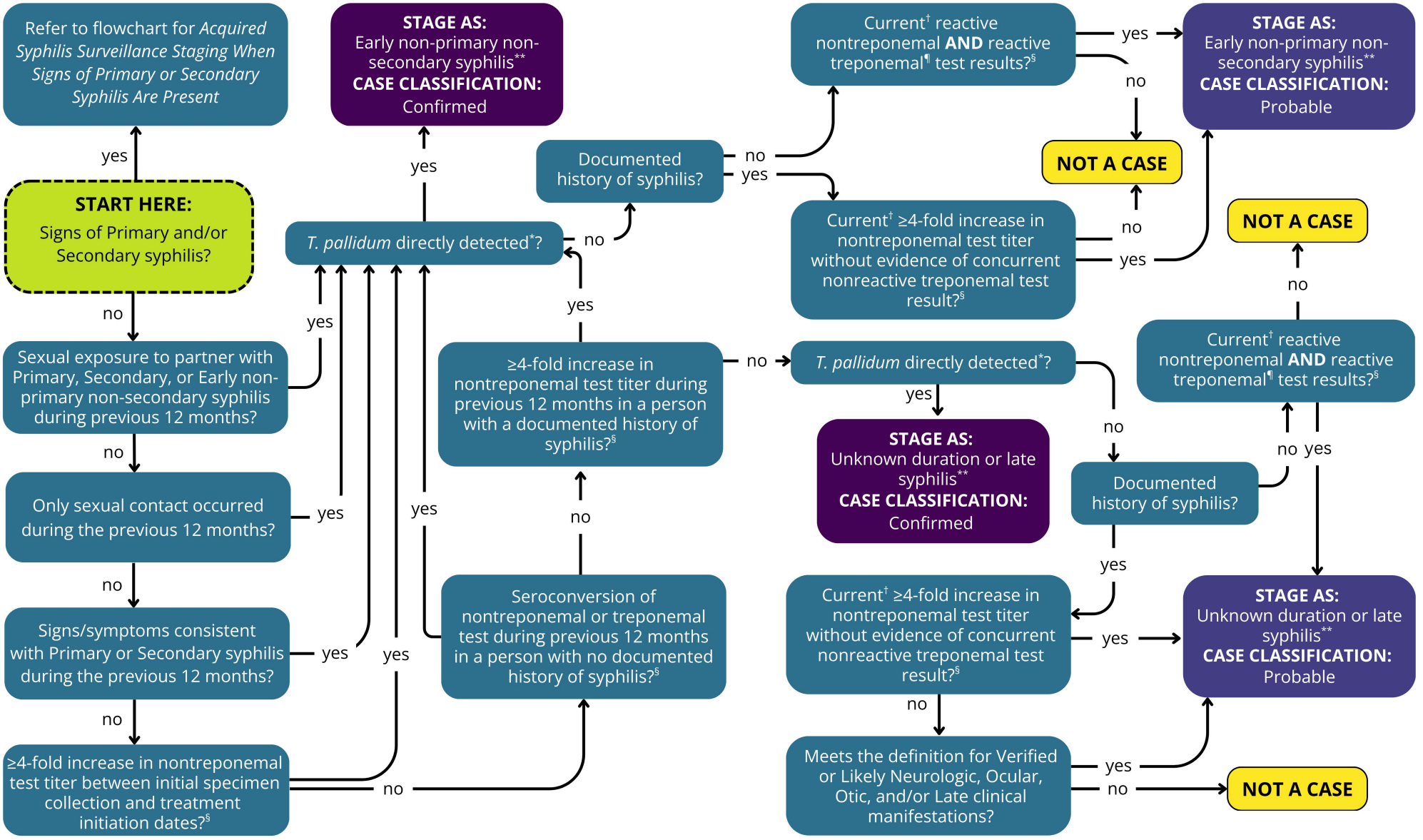

* Current refers to a test performed in the context of this index presentation.
† A reactive laboratory-based or point-of-care treponemal test result can be used to satisfy this requirement.
§ When nontreponemal and treponemal tests are mentioned in this algorithm, this refers to results from blood-based testing only.
¶ Current or historical reactive treponemal antibody tests can be used to satisfy this criterion.
** Neurologic, Ocular, and Otic manifestations of syphilis can occur at any stage. After assigning syphilis stage, assess all cases for these clinical manifestations and classify separately as "No," "Verified," "Likely," or "Unknown." Late clinical manifestations of syphilis are classified separately as "Verified," "Likely," "No," or "Unknown". Because Late clinical manifestations of syphilis (tertiary syphilis) usually only develop after >10 years of untreated syphilitic infection, these manifestations should only be included with cases of Unknown duration or late syphilis. For assistance with classification of these manifestations, please see clinical manifestations algorithms.

**ACRONYMS:** EIA = enzyme immunoassay; IHC = immunohistochemistry; NAAT = nucleic acid amplification test; RPR = rapid plasma reagin; *T. pallidum* = *Treponema pallidum*; TP-PA = *Treponema pallidum* particle agglutination; VDRL = Venereal Disease Research Laboratory **RESOURCES:** Case Definitions; Treatment Guidelines; Partner Services

Last updated 12/15/2025

# ACQUIRED SYPHILIS SURVEILLANCE STAGING WHEN SIGNS OF PRIMARY OR SECONDARY SYPHILIS NOT PRESENT

*This tool should not be used for clinical decision-making and does not supersede the syphilis surveillance case definition*



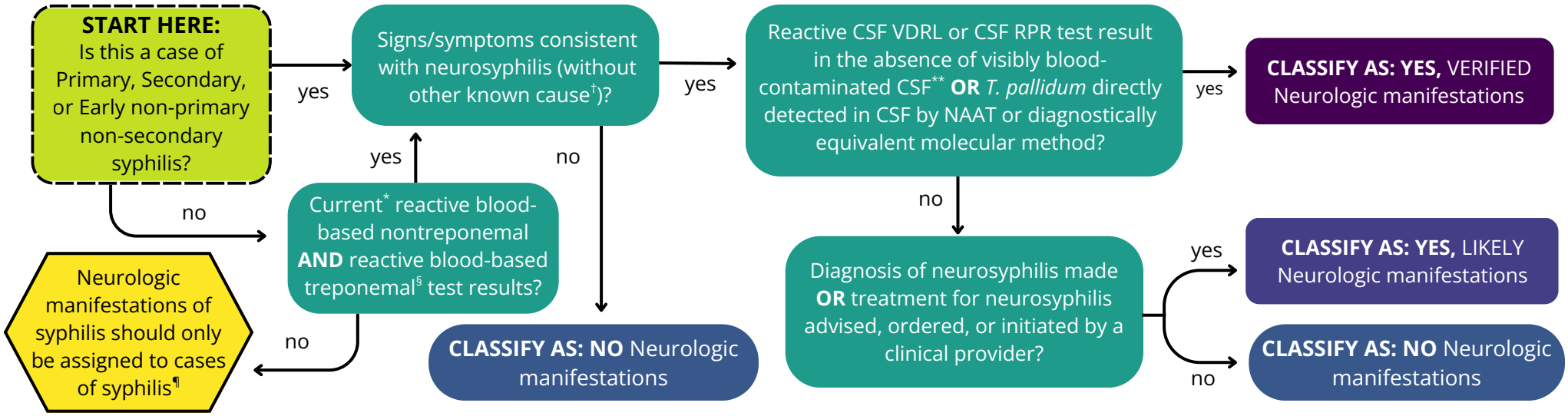

* Direct detection methods for cases of Early non-primary non-secondary syphilis may include nucleic acid amplification testing or a diagnostically equivalent molecular method. Direct detection methods for cases of Unknown duration or late syphilis may include nucleic acid amplification testing or a diagnostically equivalent molecular method or immunohistochemistry staining of an appropriate specimen.
† Current refers to a test performed in the context of this index presentation.
§ When nontreponemal and treponemal tests are mentioned in this algorithm, this refers to results from blood-based testing only.
¶ A reactive laboratory-based or point-of-care treponemal test result can be used to satisfy this requirement. Current or historical reactive treponemal antibody tests can be used to satisfy this criterion.
** Neurologic, Ocular, and Otic manifestations of syphilis can occur at any stage. After assigning syphilis stage, assess all cases for these clinical manifestations and classify separately as "Verified," "Likely," "No," or "Unknown." Late clinical manifestations of syphilis are classified separately as "Verified," "Likely," "No," or "Unknown." Because Late clinical manifestations of syphilis (tertiary syphilis) usually only develop after >10 years of untreated syphilitic infection, these manifestations should only be included with cases of Unknown duration or late syphilis. For assistance with classification of these manifestations, please see clinical manifestations algorithms.

**ACRONYMS:** *T. pallidum* = *Treponema pallidum* **RESOURCES:** Case Definitions; Treatment Guidelines; Partner Services

Last updated 5/13/2026

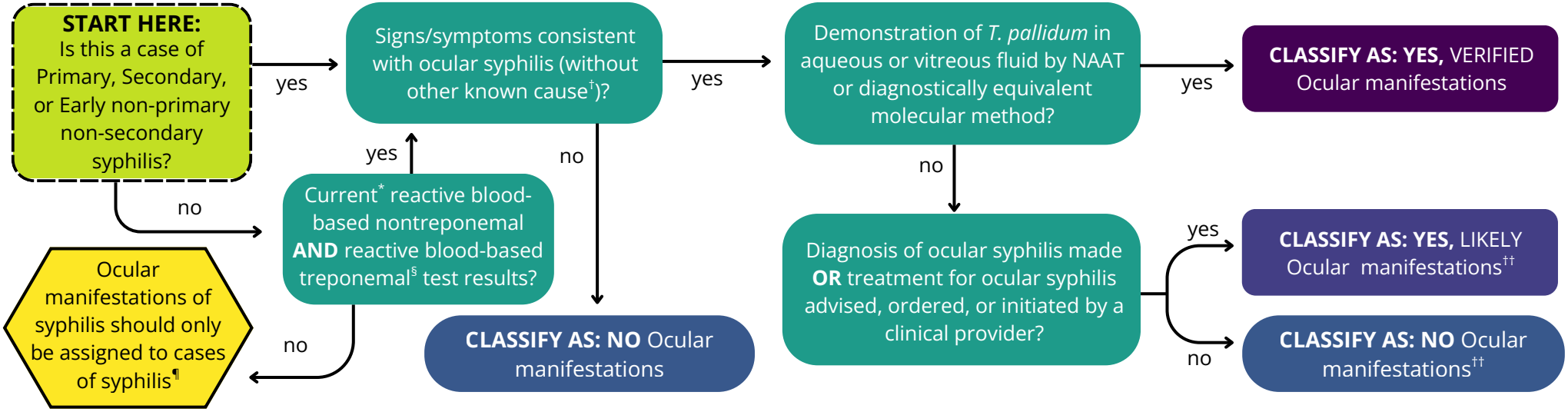
# SURVEILLANCE CLASSIFICATION OF NEUROLOGIC MANIFESTATIONS OF SYPHILIS

*This tool should not be used for clinical decision-making and does not supersede the syphilis surveillance case definition*




# SURVEILLANCE CLASSIFICATION OF OCULAR MANIFESTATIONS OF SYPHILIS

*This tool should not be used for clinical decision-making and does not supersede the syphilis surveillance case definition*

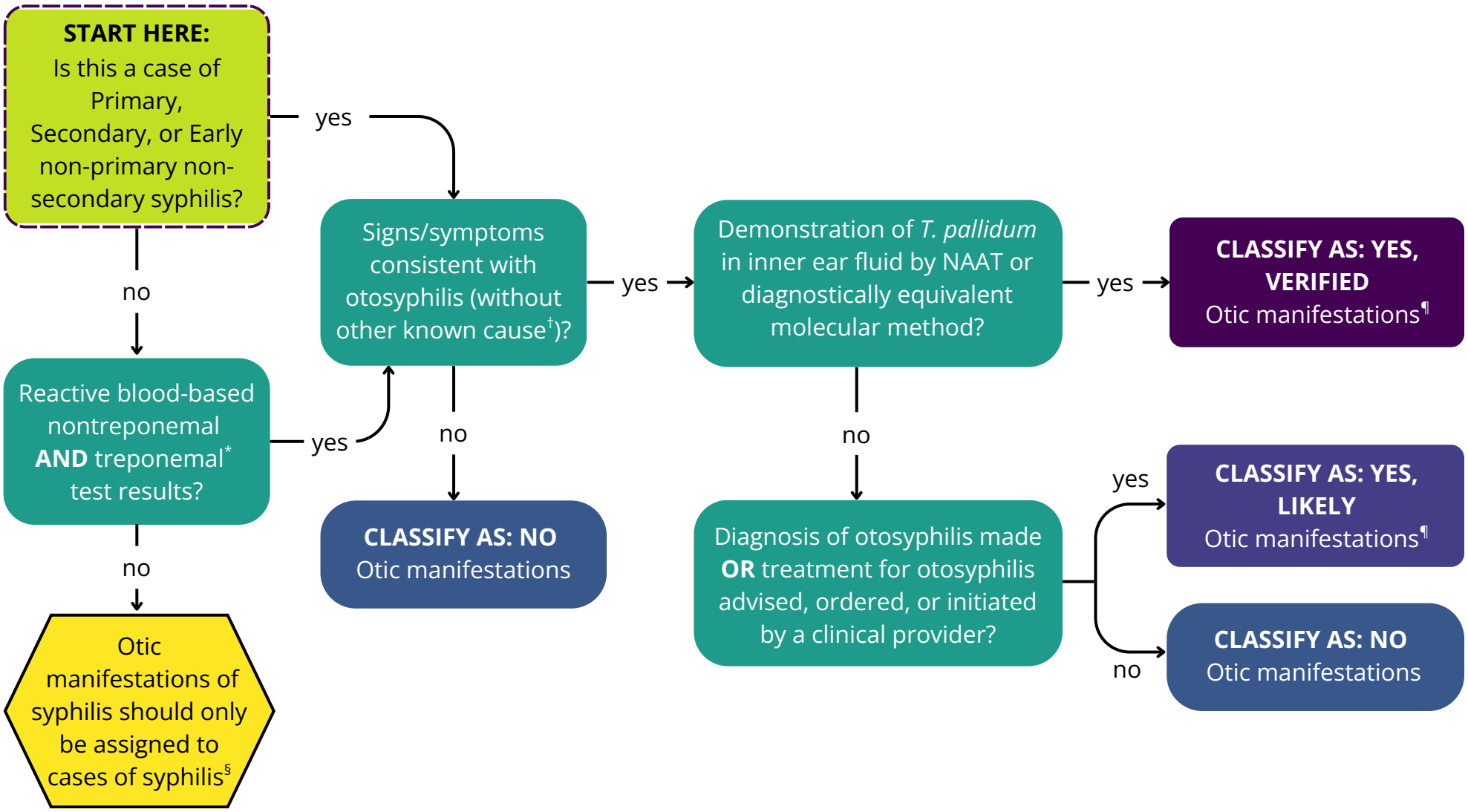



* Current refers to a test performed in the context of this index presentation.
† Clinician input may be needed to rule out other possible causes.
§ A reactive laboratory-based or point-of-care treponemal test result can be used to satisfy this requirement. Current or historical reactive treponemal antibody tests can be used to satisfy this criterion.
¶ Any previously unreported case of syphilis that meets the Likely or Verified criteria for Neurologic, Ocular, Otic, or Late clinical manifestations of syphilis and that has no evidence of having acquired the infection during the previous 12 months meets the Council of State and Territorial Epidemiologists case definition for Unknown duration or late syphilis.
** Visibly blood-contaminated CSF is defined as a CSF RBC count of ≥ 500 RBCs/µL or, in the absence of an available CSF RBC count, CSF that is described as bloody in appearance in a medical record.
†† For surveillance purposes, Ocular manifestations of syphilis are considered signs/symptoms consistent with neurosyphilis, so cases classified as having Ocular manifestations should also be classified as having Neurologic manifestations if they meet the definition for Verified or Likely Neurologic manifestations. For example, diagnosis or treatment of ocular syphilis is equivalent to diagnosis or treatment of neurosyphilis for surveillance.
**ACRONYMS:** CSF = cerebrospinal fluid; NAAT = nucleic acid amplification test; RBC = red blood cell; RPR = rapid plasma reagin; VDRL = Venereal Disease Research Laboratory; *T. pallidum* = *Treponema pallidum*; µL = microliter
**RESOURCES:** Case Definitions; Treatment Guidelines; Partner Services

Last updated 12/15/2025

# SURVEILLANCE CLASSIFICATION OF OTIC MANIFESTATIONS OF SYPHILIS

*This tool should not be used for clinical decision-making and does not supersede the syphilis surveillance case definition*



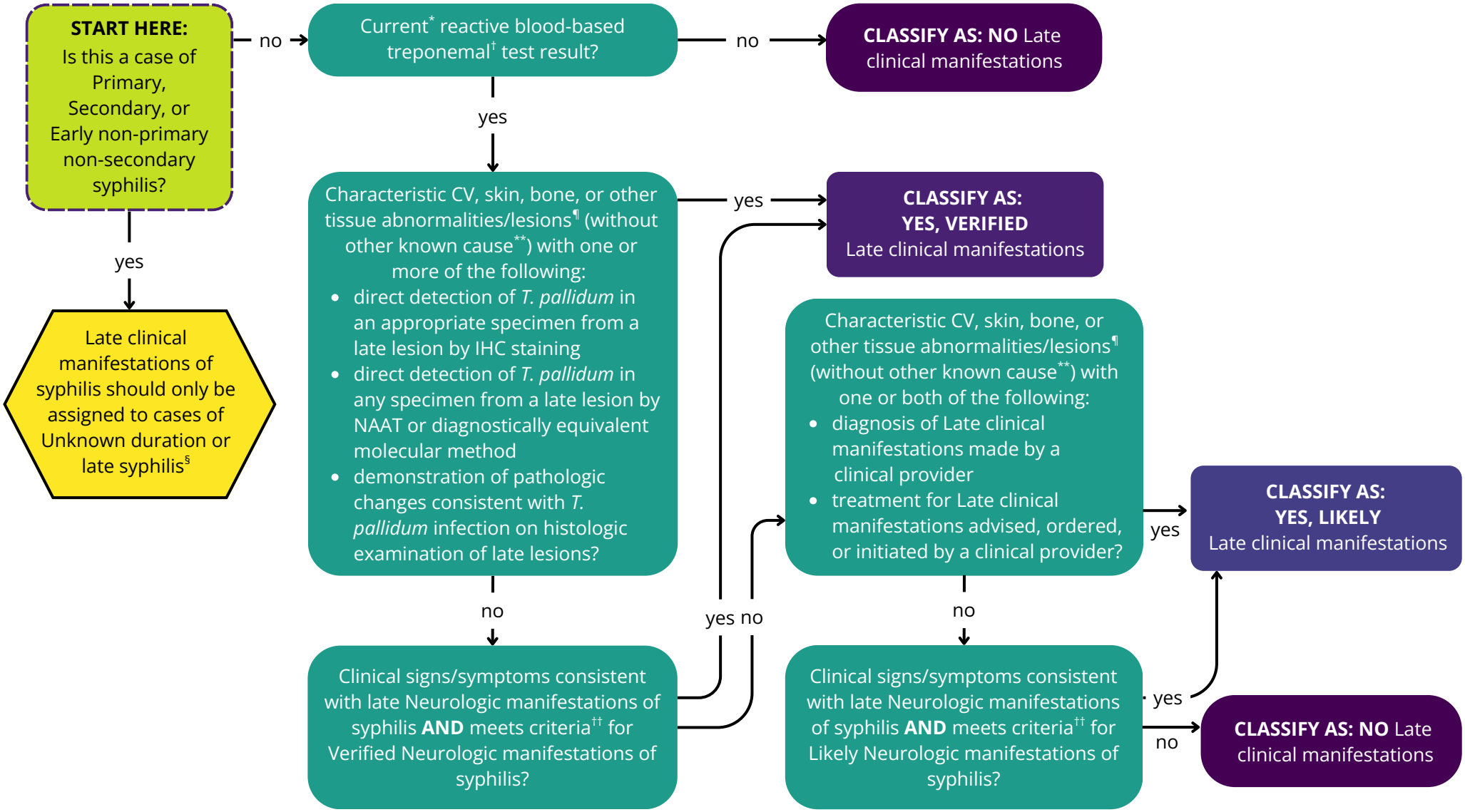

* A reactive laboratory-based or point-of-care treponemal test result can be used to satisfy this requirement. Current or historical reactive treponemal antibody tests can be used to satisfy this criterion.
† Clinician input may be needed to rule out other possible causes.
§ Any previously unreported case of syphilis that meets the Likely or Verified criteria for Neurologic, Ocular, Otic, or Late clinical manifestations of syphilis and that has no evidence of having acquired the infection during the previous 12 months meets the Council of State and Territorial Epidemiologists case definition for Unknown duration or late syphilis.
¶ For surveillance purposes, Otic manifestations of syphilis are considered signs/symptoms consistent with neurosyphilis, so cases classified as having Otic manifestations should also be classified as having Neurologic manifestations if they meet the definition for Verified or Likely Neurologic manifestations. For example, diagnosis or treatment of otosyphilis is equivalent to diagnosis or treatment of neurosyphilis for surveillance.

**ACRONYMS:** NAAT = nucleic acid amplification test; *T. pallidum* = *Treponema pallidum* **RESOURCES:** Case Definitions; Treatment Guidelines; Partner Services

Last updated 12/15/2025

# SURVEILLANCE CLASSIFICATION OF LATE CLINICAL MANIFESTATIONS OF SYPHILIS

*This tool should not be used for clinical decision-making and does not supersede the syphilis surveillance case definition*




* Current refers to a test performed in the context of this index presentation.
† A reactive laboratory-based or point-of-care treponemal test result can be used to satisfy this requirement.
§ Any previously unreported case of syphilis that meets the likely or verified criteria for Neurologic, Ocular, Otic, or Late clinical manifestations of syphilis and that has no evidence of having acquired the infection during the previous 12 months meets the Council of State and Territorial Epidemiologists case definition for Unknown duration or late syphilis.
¶ Additional information about characteristic lesions associated with Late clinical manifestations of syphilis is available in CDC's STI Treatment Guidelines.
** Clinician input may be needed to rule out other possible causes.
†† Please see syphilis surveillance case definitions and the *Surveillance Classification of Neurologic Manifestations of Syphilis* algorithm for additional assistance.
**ACRONYMS**: CV = cardiovascular; IHC = immunohistochemistry; NAAT = nucleic acid amplification test; *T. pallidum* = *Treponema pallidum*
**RESOURCES**: Case Definitions; Treatment Guidelines; Partner Services

Last updated 12/15/2025

## Version notes

Note: This document is a "living document," and updates will be made as needed. When updates are made, the "Last updated" date will be modified in the edited section to reflect the date the updates were made.

**Version 2025_v1** – initial version drafted & released in December 2025

**Version 2026_v1.1** – "yes" arrow added connecting the "Meets the definition for Verified or Likely Neurologic, Ocular, Otic, and/or Late clinical manifestations?" and "**STAGE AS:** Unknown duration or late syphilis; **CASE CLASSIFICATION:** Probable" boxes in the bottom right corner of the algorithm entitled "**ACQUIRED SYPHILIS SURVEILLANCE STAGING WHEN SIGNS OF PRIMARY OR SECONDARY SYPHILIS NOT PRESENT**"