**Syphilis Query Letter**

*Insert name of lab* reported a positive syphilis result to the local public health authority (health department) or the Oregon Health Authority for one of your patients. The health department follows up on all reported cases of syphilis.

Please complete this report *within one business day* of syphilis diagnosis and return it to *insert health department* via fax at *insert fax number* or report by telephone at *insert phone number* (voicemail is confidential). Feel free to contact *insert health department STD contact person* with questions regarding care of this patient. Guidance on syphilis staging and treatment is provided below for your reference.

*Syphilis Staging—See the* [*National STD Curriculum site*](https://www.std.uw.edu/go/pathogen-based/syphilis/core-concept/all) *for additional information and images*

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| Stage | Clinical Description |
| Primary | One or more painless ulcerative lesions, commonly on the penis, labia, anus, or mouth. |
| Secondary | Localized or diffuse rash, often with lymphadenopathy. Other signs may include mucous patches, wart-like lesions, and alopecia. |
| Early Non-Primary Non-Secondary | No signs/symptoms of primary or secondary syphilis and infection occurred within previous 12 months. |
| Unknown Duration or Late | No signs/symptoms of primary or secondary syphilis and infection occurred >12 months previously or there is no evidence infection was acquired within previous 12 months. |

*Syphilis Treatment—**See the* [*CDC 2015 STD Treatment Guidelines*](https://www.cdc.gov/std/tg2015/syphilis.htm) *for additional information*

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| Stage | Recommended Treatment | Penicillin Allergic\* |
| **Primary**  **Secondary**  **Early Non-Primary Non-Secondary** | Benzathine penicillin G (Bicillin L-A) 2.4 million units IM in a single dose | Doxycycline 100 mg orally twice daily for 14 days |
| **Unknown Duration or Late** | Benzathine penicillin G (Bicillin L-A) 7.2 million units IM as three doses of 2.4 million units each at one-week intervals | Doxycycline 100 mg orally twice daily for 28 days |
| **Neurosyphilis** | Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units every four hours or continuous infusion for 10-14 days | Desensitize and treat |

\* Approximately 10% of all U.S. patients report having an allergic reaction to penicillin in the past. However, many patients who report penicillin allergies do not have true IgE-mediated reactions (e.g., anaphylaxis). When evaluated, less than 1% of the population is truly allergic to penicillin. [CDC Penicillin Allergy Fact Sheet](https://www.cdc.gov/antibiotic-use/community/pdfs/penicillin-factsheet.pdf)

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| **PATIENT INFORMATION** | | |
| Patient Name |  | |
| Date of Birth |  | |
| Home Address |  | |
| Phone Number |  | |
| Alternate Contact Number |  | |
| Race  (choose all that apply) | White  Black  Asian  American Indian/ Alaska Native | Pacific Islander  Other  Unknown |
| Hispanic Ethnicity | Yes  No  Unknown | |
| Gender | Male  Female  Trans Male  Trans Female | Non-Binary  Other |
| Pregnancy Status | Pregnant – Est. Delivery Date:  (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_  Not Pregnant  Unknown  N/A | |
| Gender of Sex Partners  (choose all that apply) | Male  Female  Unknown | |
| HIV Status | Positive  Negative – Date of Last Test:  (mm/dd/yyyy) \_\_\_\_\_\_\_\_\_  Unknown | |
| **VISIT INFORMATION** | | |
| Reason for Visit |  | |
| Symptomatic  (choose all that apply) | Yes  Chancre – Date: \_\_\_\_\_\_\_\_  Rash – Date: \_\_\_\_\_\_\_\_  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No | |
| Complications  (choose all that apply) | Neurological symptoms  Ocular symptoms  Auditory symptoms | |
| Prior History of Syphilis | Yes  No  Unknown | |
| RPR Result | Positive – Titer (e.g., 1:2): \_\_\_\_\_\_\_\_  Negative | |
| Treponemal Test Result #1  (any syphilis test other than RPR or VDRL) | Positive  Negative | |
| Treponemal Test Result #2 | Positive  Negative  N/A | |
| CSF VDRL Result (for neurosyphilis) | Positive  Negative  N/A | |
| Stage *(see pg. 1)* | Primary  Secondary  Early Non-Primary Non-Secondary  Unknown Duration or Late | |
| Treatment Provided *(see pg. 1)* | 2.4 million units Benzathine penicillin G (single dose x 1)  Dose #1 Date: \_\_\_\_\_\_\_  4.8 million units Benzathine penicillin G (single dose x 2)  Dose #1 Date: \_\_\_\_\_\_\_  Dose #2 Date: \_\_\_\_\_\_\_  7.2 million units Benzathine penicillin G (single dose x 3)  Dose #1 Date: \_\_\_\_\_\_\_  Dose #2 Date: \_\_\_\_\_\_\_  Dose #3 Date: \_\_\_\_\_\_\_  Aqueous crystalline penicillin G 18-24 million units/day  Doxycycline 100mg BID x \_\_\_\_ days  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  None | |
| Additional Concerns for Patient | Housing  Transportation  Mental Health  Substance Use | None  Other:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **PROVIDER INFORMATION** | | |
| Provider Name |  | |
| Phone Number |  | |