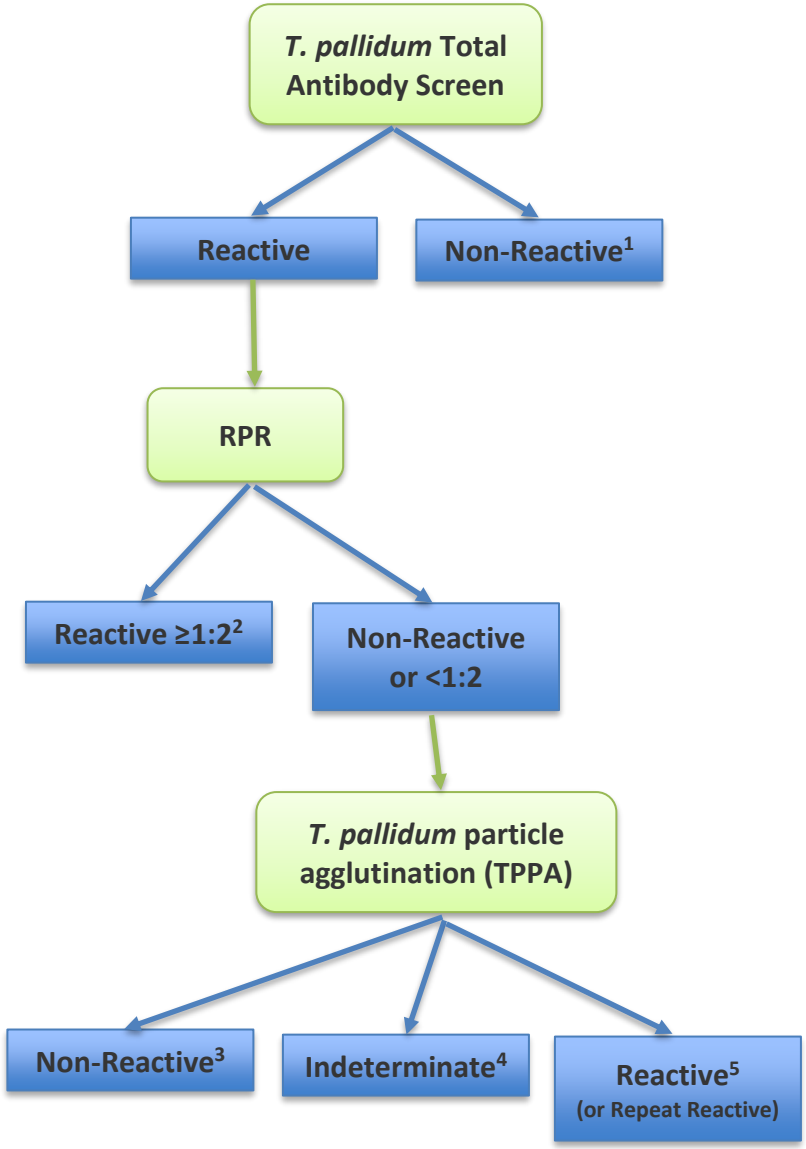
Saskatchewan Health Authority

SYPHILIS LABORATORY TESTING ALGORITHM



	Syphilis Screen	RPR	TPPA	Interpretation
1	Non-Reactive	n/a	n/a	No serologic evidence of past or current syphilis infection. In the setting of recent exposure, or signs/symptoms of primary syphilis, repeat testing in 2 to 4 weeks.
2	Reactive	Reactive ≥1:2	n/a	Consistent with syphilis infection. Clinical manifestations and treatment history are required to refine interpretation: i) Infectious syphilis (primary, secondary or early latent) ii) Late latent syphilis iii) Tertiary syphilis iv) Treated syphilis with persistent reactive RPR
3	Reactive	Non-Reactive or <1:2	Non-Reactive	Discrepant syphilis serology results, which may indicate: i) False positive screening test ii) Early infection, TPPA and/or RPR not yet definitively positive iii) Prior infection, treated or untreated, with seroreversion of TPPA and/or RPR Correlate with clinical presentation, previous results, and consider repeat testing in 2 to 4 weeks.
4	Reactive	Non-Reactive or <1:2	Indeterminate	Syphilis serology inconclusive. Recommend repeat testing in 2 to 4 weeks. If results remain inconclusive upon repeat testing, this may represent falsely reactive serology or distant prior infection (treated or untreated).
5	Reactive	Non-Reactive or <1:2	Reactive or Previous Confirmed	Consistent with syphilis infection. Clinical manifestations and treatment history are required to refine interpretation: i) Primary syphilis before rise in RPR ii) Secondary syphilis with RPR prozone effect (notify lab if suspected) iii) Late latent syphilis after fall of RPR iv) Treated syphilis Note: These results are also consistent with non-syphilitic treponematosis (bejel, yaws or pinta)
When testing infants <18 months, all samples will have the Syphilis Screen, RPR, and TPPA performed. The investigation of congenital syphilis requires correlation of clinical manifestations, maternal treatment history, and maternal laboratory results. Consultation with a Pediatric Infectious Disease specialist is highly recommended				

Document: Doc 25000-00 IMM061 V4 Syphilis Interpretation
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