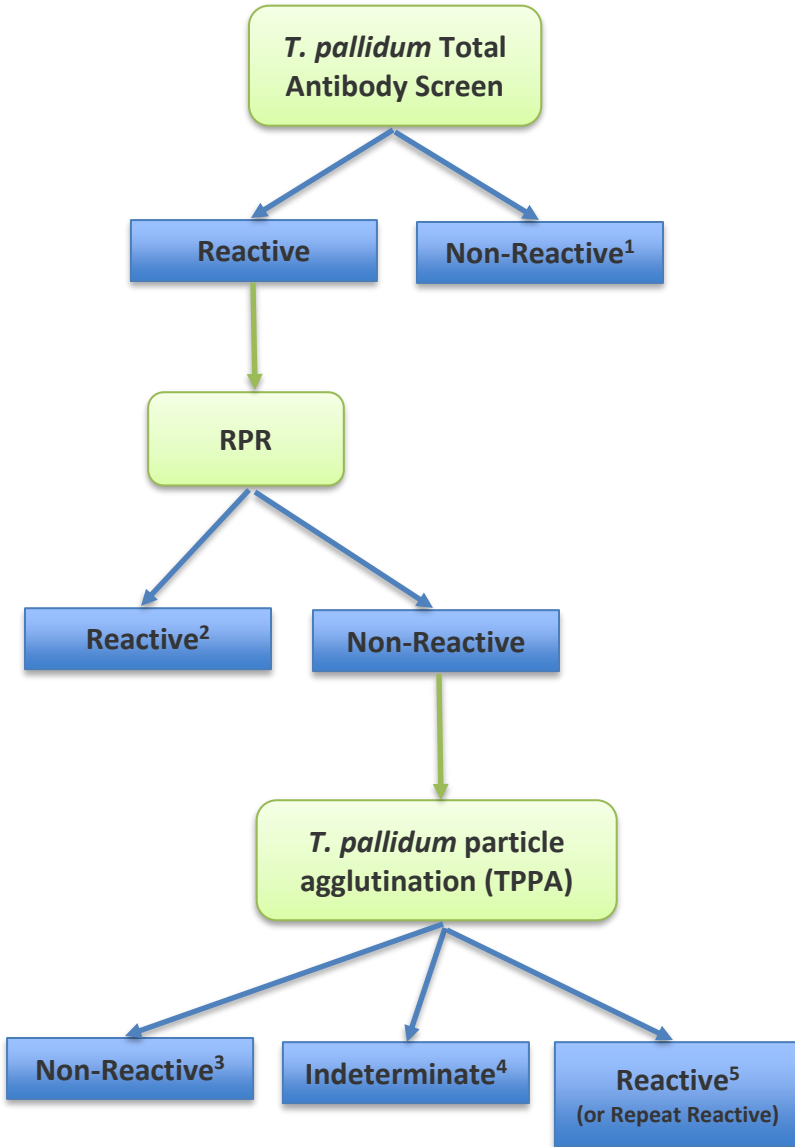


SYPHILIS LABORATORY TESTING ALGORITHM



	Syphilis Screen	RPR	TPPA	Interpretation
1	Negative	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	n/a	Consistent with syphilis infection. Clinical manifestations and treatment history is required to refine interpretation: <ul style="list-style-type: none"> 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	Non-Reactive	No serologic evidence of past or current syphilis infection. Screening test is most likely falsely reactive. In the setting of recent exposure, or signs/symptoms of primary syphilis, repeat testing in 2 to 4 weeks.
4	Reactive	Non-Reactive	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	Reactive (or Repeat Reactive)	Consistent with syphilis infection. Clinical manifestations and treatment history is required to refine interpretation: <ul style="list-style-type: none"> i) Primary syphilis before RPR seroconversion ii) Secondary syphilis with RPR prozone effect (notify lab if suspected) iii) Late latent syphilis after RPR seroreversion iv) Treated syphilis Note: These results are also consistent with non-syphilitic treponematoses (bejel, yaws or pinta)
When testing infants <18 months: 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				