Management dilemmas in syphilis: a survey of infectious disease experts

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OBJECTIVES

To determine how infectious disease experts manage syphilis when guidance cannot be followed using available tests or when clear guidance can't be provided given limited evidence

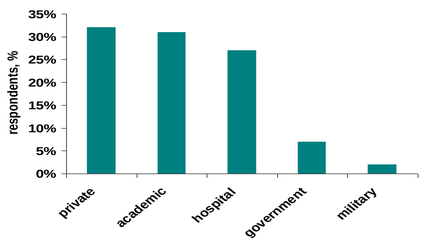
METHODS

Web-based surveys
Invited 1007 Infectious Diseases Society of America Emerging Infections Network (EIN) members

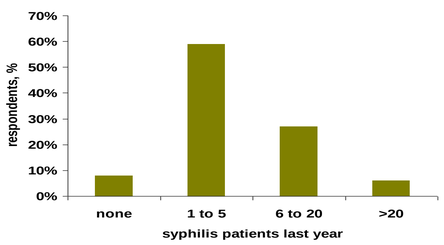
RESPONDENTS

465 (46%) responded
75 respondents did not manage syphilis and were excluded

Practice settings

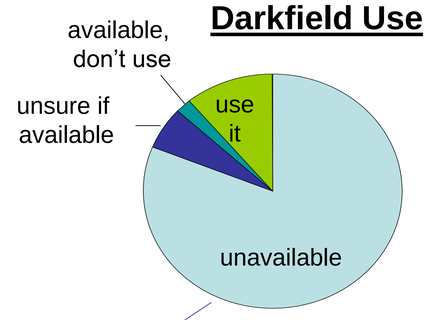


Syphilis patients seen last year



DIAGNOSIS OF PRIMARY SYPHILIS

Darkfield Use



Darkfield unavailable for 81%

DECISION TO TREAT

In deciding whether to treat for primary syphilis, do you

- *send RPR, treat?* 56%
- *send RPR, repeat if negative before treating?* 18%
- *send RPR, treat only if positive?* 17%
- *treat, no RPR?* 7%
- *Other?* 7%

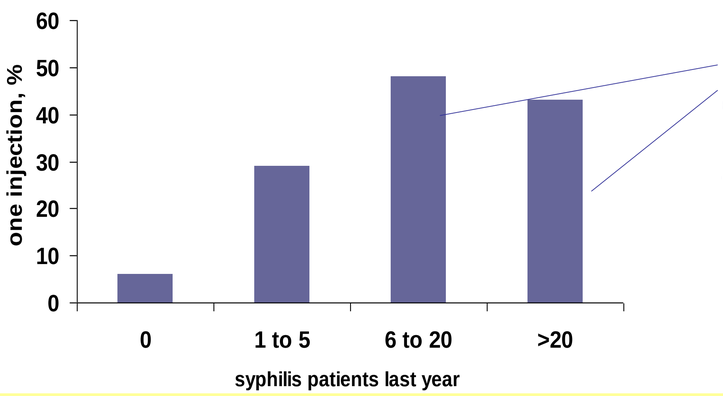
Some consultants rely on non-treponemal syphilis tests to decide whether to treat

Because serologic tests may be falsely negative in 20-30% of primary syphilis, this approach may leave some 1º syphilis untreated and allow ongoing transmission

TREATMENT OF SECONDARY SYPHILIS

For an HIV-infected patient with secondary syphilis, how do you treat?

Benzathine penicillin once (vs. 3 times), by # of syphilis patients last year



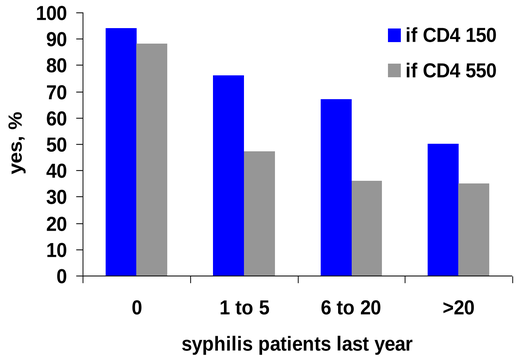
Most respondents (62%) treat secondary syphilis in HIV-positive patients with 3 weekly injections of benzathine penicillin

Respondents caring for more syphilis patients were more likely to treat with 1 injection

ASSESSMENT FOR NEUROSYPHILIS

Would you recommend lumbar puncture (LP) for an HIV-infected patient with secondary syphilis, RPR 1:32, and no neurologic or ophthalmologic symptoms or signs?

Would recommend LP, by # of syphilis patients last year



Respondents with more syphilis patients were less likely to recommend LP

LIMITATIONS

- **Infectious diseases consultants do not represent all clinicians managing syphilis**
- **Limited response rate; respondents may have had a greater interest in syphilis and may have been more aware of existing guidelines than non-respondents**
- **We conducted a survey and not an audit of actual practice**
- **We limited the number of questions in order to increase survey acceptability**

CONCLUSIONS

- **Sensitive diagnostic tests for primary syphilis are not available and are needed**
- **Clinicians with less experience managing syphilis may choose to err on the side of overtreatment**
- **More data are needed to determine whether early detection and treatment of asymptomatic cerebrospinal fluid abnormalities improves long-term outcomes in HIV-infected patients with syphilis**

For more information, email D. Dowell at gdo7@cdc.gov
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