

**HIV/Syphilis**  
**Quick Reference Guides**  
**&**  
**Disease Reporting Packet**

**Corpus Christi – Nueces County**  
**Public Health District**

## Syphilis - Quick Reference Guide

Syphilis Stage	CDC Code	Disease Classification Parameters	Symptoms	Treatment
Syphilis of an Unknown Duration	755	Asymptomatic <b>AND</b> Within the past 12 months: <ul style="list-style-type: none"> <li>No negative Syphilis labs <b>AND</b></li> <li>No prior titers which show a fourfold titer increase, (e.g.):               <ul style="list-style-type: none"> <li>1:1 → 1:4</li> <li>1:8 → 1:32</li> </ul> </li> </ul>	None.	<ul style="list-style-type: none"> <li>Benzathine penicillin G 7.2 million units total:               <ul style="list-style-type: none"> <li>Administered as <b>3</b> doses of 2.4 million units IM each at 1-week intervals <b>OR</b></li> </ul> </li> <li>Doxycycline 100 mg orally twice daily for 28 days</li> </ul>
Early Latent Syphilis	730	Asymptomatic <b>AND</b> Within the past 12 months: <ul style="list-style-type: none"> <li>A negative Syphilis lab <b>OR</b></li> <li>A Fourfold Titer increase, (e.g.):               <ul style="list-style-type: none"> <li>1:1 → 1:4</li> <li>1:8 → 1:32</li> </ul> </li> </ul>	None.	<ul style="list-style-type: none"> <li>Benzathine penicillin G 2.4 million units IM in a single dose <b>OR</b></li> <li>Doxycycline 100 mg orally twice daily for 14 days</li> </ul>
Secondary Syphilis	720	Existence of Secondary Syphilis Symptoms <b>at time of exam</b> <ul style="list-style-type: none"> <li>Symptom Duration:               <ul style="list-style-type: none"> <li>2-6 Weeks</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Palmar Rash</li> <li>Plantar Rash</li> <li>Body Rash</li> <li>Condyloma Lata</li> <li>Mucus Patches</li> <li>Alopecia</li> </ul>	<ul style="list-style-type: none"> <li>Benzathine penicillin G 2.4 million units IM in a single dose <b>OR</b></li> <li>Doxycycline 100 mg orally twice daily for 14 days</li> </ul>
Primary Syphilis	710	Existence of Primary Syphilis Symptoms <b>at time of exam</b> <ul style="list-style-type: none"> <li>Symptom Duration:               <ul style="list-style-type: none"> <li>1-5 Weeks</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Painless Lesion /Chancere</li> </ul>	<ul style="list-style-type: none"> <li>Benzathine penicillin G 2.4 million units IM in a single dose <b>OR</b></li> <li>Doxycycline 100 mg orally twice daily for 14 days</li> </ul>
Neurosyphilis & Ocular Syphilis	-	<i>See the relevant Syphilis Complication Screening Tool.</i>	<i>See the relevant Syphilis Complication Screening Tool.</i>	<ul style="list-style-type: none"> <li>Aqueous crystalline penicillin G 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion, for 10–14 days</li> </ul>
<b>Special Considerations</b>				
Pregnant Women	<ul style="list-style-type: none"> <li>Treat in accordance with disease stage</li> <li>Only treat pregnant women with Penicillin. <b>DO NOT TREAT PREGNANT WOMEN WITH DOXYCYCLINE.</b> <ul style="list-style-type: none"> <li>If allergic to Penicillin, patient must be desensitized and treated with Penicillin</li> </ul> </li> </ul>			
<b>Laboratory Tests</b>				
<ul style="list-style-type: none"> <li>Ensure that <b>BOTH</b> a syphilis confirmatory test and an RPR <b>with</b> titer are ordered           <ul style="list-style-type: none"> <li>If possible, order the TP-PA. It is the “Gold Standard” for Syphilis confirmatory tests</li> </ul> </li> </ul>				
<b>Disease Reporting &amp; Staff Contact Information</b>				
<b>Corpus Christi – Nueces County Public Health District</b>		HIV/STD Program Manager		(361) 826 -1321
		HIV/STD Surveillance		(361) 826 - 1301
		HIV/STD Disease Investigation		(361) 826 – 7243
		HIV/STD Fax		(361) 826 – 1330
<p><i>Texas Law mandates the reporting of positive STD labs to the local health authority by medical providers and laboratories.</i></p> <ul style="list-style-type: none"> <li>Utilize the STD-27 form to report all positive STD labs within 7 calendar days.</li> <li>Ensure ALL labs are submitted with the STD-27 form. Proof of the reported disease must be clearly listed in the labs.</li> </ul>				
<b>Clinician Consultation &amp; CDC Resources</b>				
STD Clinical Consultation Network (A CDC approved STD specific consultation service for providers)			<a href="https://www.stdccn.org/render/Public">https://www.stdccn.org/render/Public</a>	
CDC Treatment Guidelines			<a href="https://www.cdc.gov/std/tg2015/syphilis.htm">https://www.cdc.gov/std/tg2015/syphilis.htm</a>	

## Syphilis Reporting - Quick Reference Guide

<b>Syphilis Reporting Timeline</b>		
Primary & Secondary Syphilis	Within 1 Business day by phone	(361) 826 – 1301
	<b>AND</b> Within 7 business days by fax	(361) 826 – 1330
All other stages of Syphilis	Within 7 Business days by fax	(361) 826 – 1330
<b>Texas Law MANDATES the reporting of positive STD labs by BOTH medical providers and laboratories</b>		
<i>Texas Administrative Code: Title 25 › Health Services Part 1 › Department of State Health Services › Chapter 97 Communicable Disease › Subchapter A › Control of Communicable Disease › Rule 97.2 › "Who Shall Report"</i>		
<b>Mandatory Syphilis Reporting Form</b>		
<ul style="list-style-type: none"> <li>• Confidential Report of Sexually Transmitted Disease (STD - 27 Form &amp; Positive Labs)                             <ul style="list-style-type: none"> <li>○ Report by fax: (361) 826 – 1330</li> </ul> </li> </ul>		
<b>HIPAA: Disease Reporting &amp; Treatment Follow Up FAQ</b>		
<b>Does HIPAA allow for Public Health Reporting and Follow Up?</b>		
<ul style="list-style-type: none"> <li>• Yes. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports.<sup>1</sup></li> </ul>		
<b>Under HIPAA, may a health care provider disclose protected health information such as treatment history?</b>		
<ul style="list-style-type: none"> <li>• Yes. A provider may disclose protected health information for treatment activities to another provider.<sup>2</sup></li> </ul>		
<i>hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html<sup>1</sup></i>		
<i>hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html<sup>2</sup></i>		

<b>Laboratory Tests</b>		
<ul style="list-style-type: none"> <li>• Ensure that <b>BOTH</b> a confirmatory test and an RPR with titer are ordered                             <ul style="list-style-type: none"> <li>○ If possible, order the TP-PA. It is the “Gold Standard” for Syphilis confirmatory tests</li> </ul> </li> </ul>		
<b>Disease Reporting &amp; Staff Contact Information</b>		
<b>Corpus Christi – Nueces County Public Health District</b>	HIV/STD Program Manager	(361) 826 - 1321
	HIV/STD Surveillance	(361) 826 – 1301
	HIV/STD Disease Investigation	(361) 826 – 7243
	HIV/STD Fax	(361) 826 – 1330
<i>Texas Law mandates the reporting of positive STD labs to the local health authority by medical providers and laboratories.</i>		
<ul style="list-style-type: none"> <li>• Utilize the STD-27 form to report all positive STD labs within 7 calendar days by fax.</li> <li>• Ensure ALL labs are submitted with the STD-27 form. Proof of the reported disease must be clearly listed in the labs.</li> </ul>		

<b>Conditions Associated with Nontreponemal Assay Biological False Positives (RPR)</b>			
<b>Acute conditions (&lt;6 months)</b>		<b>Chronic Condition (&gt;6 months)</b>	
Chickenpox	Recent Immunizations	Liver Disease	Malignancies
HIV	Dermatologic diseases	Intravenous Drug Use	Aging
Measles	Viral Hepatitis	Systemic Lupus	Erythematous and other autoimmune diseases
Malaria	Tuberculosis	Multiple blood transfusions	Leprosy
Pregnancy	Mononucleosis	Malaria	Pinta
Chancroid	Pneumonia:	Yaws	

<b>Potential Causes of False Positive Reactions in Serologic Tests for Syphilis</b>		
Disease	FTA-ABS	TP-PA
Age	X	
Autoimmune Disease	X	
Cardiovascular Disease	X	X
Dermatologic Disease	X	
Intravenous Drug Use	X	
Lyme Disease	X	
Pinta, Yaws	X	X
STD Other Than Syphilis	X	
Lupus	X	X

## Ocular & Neurosyphilis - Quick Reference Guide

<b>Ocular Syphilis – Screening Tool</b>		
<p><i>Patients who are suspected of having ocular syphilis should be referred to a specialist for immediate evaluation of their symptoms.</i></p> <ul style="list-style-type: none"> <li>• <i>Consider evaluation and treatment for ocular syphilis in patients with new changes in vision, including loss of vision, blurring, seeing spots or flashing lights, and pain and/or redness in one or both eyes.</i> <ul style="list-style-type: none"> <li>○ <i>Evaluation may require a lumbar puncture for a CSF RPR, PCR, and Protein Levels test.</i></li> </ul> </li> </ul>		
Have you experienced a change or blurring in your vision?	Yes	No
Do you see flashing lights?	Yes	No
Do you see spots that move or float by in your field of vision?	Yes	No
Have you recently experienced pain or redness in one or both eyes?	Yes	No

### **Ocular Syphilis – General Information**

- Ocular syphilis can occur at **ANY STAGE** of a syphilis infection
- Eye involvement tends to occur most frequently in secondary syphilis and late syphilis
- Cases frequently involve co-infection with HIV
- A lumbar puncture with Cerebrospinal fluid (CSF) examination should be performed in patients with syphilis and ocular complaints

Ocular Syphilis Symptoms	Ocular Syphilis Manifestations	Ocular Syphilis - Diagnostic Considerations
Redness	Conjunctivitis	30% of patients with late ocular syphilis may have a negative serum RPR, but all will have a positive serum treponemal test
Eye Pain	Scleritis and Episcleritis	
Floaters	Uveitis: anterior and/or posterior	
Flashing Lights	Elevated intraocular pressure	
Visual Acuity Loss	Chorioretinitis, retinitis	Obtaining a lumbar puncture is ideal. Do <b>NOT</b> delay treatment while waiting for a lumbar puncture. Use the same regimen as neurosyphilis even if the lumbar puncture is normal.
Blindness	Vasculitis	
Blue Tinge to Vision		

<b>Neurosyphilis – Screening Tool</b>		
<p><i>Patients who are suspected of having neurosyphilis should be referred to a specialist for immediate evaluation of their symptoms.</i></p> <ul style="list-style-type: none"> <li>• <i>Consider evaluation and treatment for neurosyphilis in patients with new-onset of headaches (or headaches that are different from their usual headaches); new and persistent change in personality, memory, or judgment; new numbness or weakness in the face, arms, or legs; and/or new gait incoordination.</i> <ul style="list-style-type: none"> <li>○ <i>Evaluation may require a lumbar puncture for a CSF RPR, PCR, and Protein Levels test.</i></li> </ul> </li> </ul>		
Have you experienced an increase in headaches?	Yes	No
Have you experienced new weakness in any part of your body (including your arms, legs or face)?	Yes	No
Have you experienced problems walking?	Yes	No
Have you experienced problems with memory or confusion?	Yes	No
Do you feel (or have you been told) that your personality has changed?	Yes	No

<b>Ocular &amp; Neurosyphilis Recommended Treatment Regimen</b>
Aqueous Crystalline Penicillin G 18-24 mu IV daily administered as 3-4 million units IV q 4 hr for 10 -14 days
<b>Ocular &amp; Neurosyphilis Alternative Treatment Regimen</b>
Procaine Penicillin G 2.4 mu IM daily plus Probenecid 500 mg PO q d, both for 10-14 days

<b>Clinician Consultation</b>	
STD Clinical Consultation Network	<a href="https://www.stdccn.org/render/Public">https://www.stdccn.org/render/Public</a>
<b>CDC Resources</b>	
CDC Treatment Guidelines	<a href="https://www.cdc.gov/std/tg2015/syphilis.htm">https://www.cdc.gov/std/tg2015/syphilis.htm</a>

## **Congenital Syphilis - Quick Reference Guide**

<b>Scenario 1: Proven or highly probable congenital syphilis</b>	
Any neonate with:	
<input type="checkbox"/> An abnormal physical examination that is consistent with congenital syphilis <input type="checkbox"/> <b>OR</b> A serum quantitative nontreponemal serologic titer that is fourfold higher than the mother's titer <input type="checkbox"/> <b>OR</b> A positive darkfield test or PCR of lesions or body fluid(s). <ul style="list-style-type: none"> <li>○ The absence of a fourfold or greater titer for a neonate does not exclude congenital syphilis.</li> </ul>	
Recommended Evaluation:	
<input type="checkbox"/> CSF analysis for VDRL, cell count, and protein <input type="checkbox"/> Complete blood count (CBC) and differential and platelet count	
Recommended Treatment Regimens:	
<input type="checkbox"/> Aqueous crystalline penicillin G 100,000–150,000 units/kg/day, administered as 50,000 units/kg/dose IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days <input type="checkbox"/> <b>OR</b> Procaine penicillin G 50,000 units/kg/dose IM in a single daily dose for 10 days	
<b>Scenario 2: Possible Congenital Syphilis</b>	
Any neonate who has a normal physical examination AND a serum quantitative nontreponemal serologic titer equal to or less than fourfold the maternal titer AND one of the following:	
<input type="checkbox"/> mother was not treated, inadequately treated, or has no documentation of having received treatment; <input type="checkbox"/> <b>OR</b> mother was treated with erythromycin or a regimen other than those recommended in these guidelines <input type="checkbox"/> <b>OR</b> mother received recommended treatment less than 4 weeks before delivery.	
Recommended Evaluation:	<input type="checkbox"/> CBC, differential, and platelet count <input type="checkbox"/> Long-bone radiographs
<input type="checkbox"/> CSF analysis for VDRL, cell count, and protein	
Recommended Treatment Regimens:	
<input type="checkbox"/> Proven/Highly Probable Regimen <input type="checkbox"/> <b>OR</b> Procaine penicillin G 50,000 units/kg/dose IM in a single daily dose for 10 days <input type="checkbox"/> <b>OR</b> Benzathine penicillin G 50,000 units/kg/dose IM in a single dose	
<b>Scenario 3: Congenital Syphilis less likely</b>	
Any neonate who has a normal physical examination AND a serum quantitative nontreponemal serologic titer equal to or less than fourfold the maternal titer AND both of the following are true:	
<input type="checkbox"/> Mother was treated during pregnancy, treatment was appropriate for the stage of infection, and treatment was administered >4 weeks before delivery and mother has no evidence of reinfection or relapse.	
Recommended Evaluation: None.	
Recommended Treatment Regimen:	
<input type="checkbox"/> Benzathine penicillin G 50,000 units/kg/dose IM in a single dose <input type="checkbox"/> <b>OR</b> close serologic follow-up every 2-3 months for 6 months	
<b>Scenario 4: Congenital Syphilis unlikely</b>	
Any neonate who has a normal physical examination and a serum quantitative nontreponemal serologic titer equal to or less than fourfold the maternal titer AND both of the following are true:	
<input type="checkbox"/> mother's treatment was adequate before pregnancy and <input type="checkbox"/> mother's nontreponemal serologic titer remained low and stable (i.e., serofast) before and during pregnancy and at delivery (VDRL <1:2; RPR <1:4).	
Recommended Evaluation: None.	Recommended Treatment Regimen: None.
<b>Congenital Syphilis Symptoms</b>	
<ul style="list-style-type: none"> <li>• Deformed bones</li> <li>• Severe anemia (low blood count)</li> <li>• Enlarged liver and spleen</li> <li>• Jaundice (yellowing of the skin or eyes)</li> <li>• Neurological damage (blindness and/or deafness)</li> </ul>	<ul style="list-style-type: none"> <li>• Meningitis</li> <li>• Skin rashes</li> <li>• Hutchinson's teeth</li> <li>• Mulberry Molars</li> <li>• Snuffles (syphilitic rhinitis)</li> </ul>
<b>Clinical Consultation &amp; CDC Resources</b>	
STD Clinical Consultation Network	<a href="https://www.stdccn.org/render/Public">https://www.stdccn.org/render/Public</a>
CDC Treatment Guidelines	<a href="https://www.cdc.gov/std/tg2015/syphilis.htm">https://www.cdc.gov/std/tg2015/syphilis.htm</a>

# HIV Reporting - Quick Reference Guide

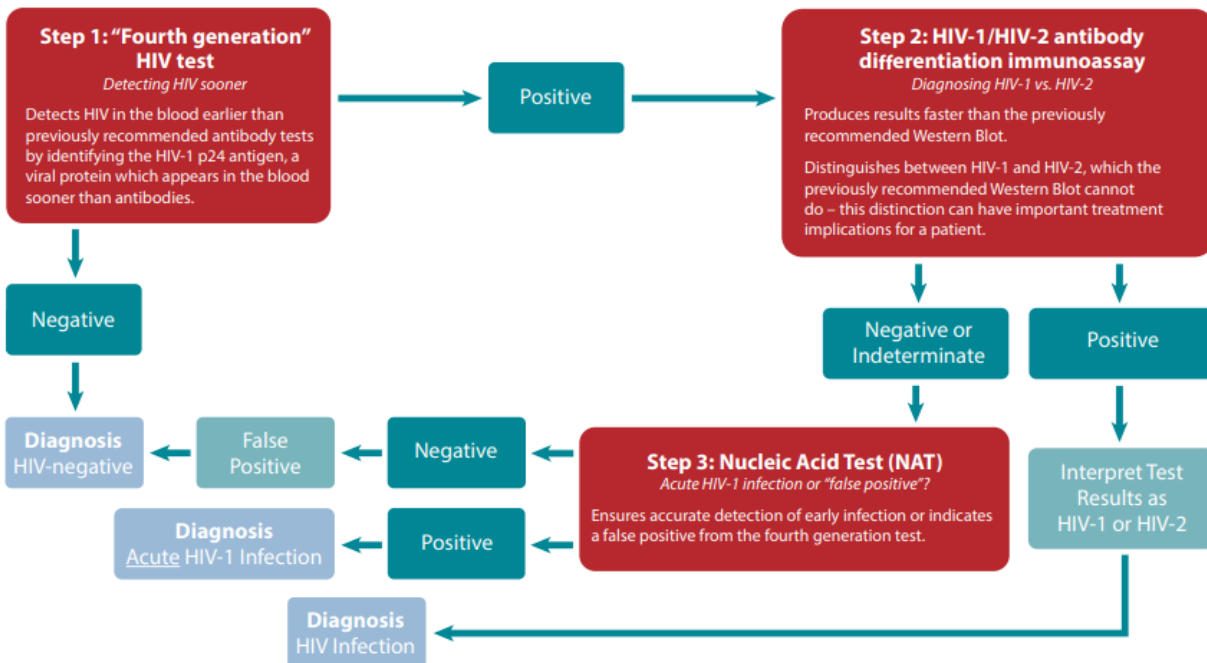
HIV Reporting Timeline		
Acute HIV Infection	Within 1 Business day by phone	(361) 826 – 1301
	<b>AND</b> Within 7 business days by fax	(361) 826 – 1330
Non-Acute HIV Infection	Within 7 Business days by fax	(361) 826 – 1330
<b>Texas Law MANDATES the reporting of positive HIV labs by BOTH medical providers and laboratories</b>		
<i>Texas Administrative Code: Title 25 › Health Services Part 1 › Department of State Health Services › Chapter 97 Communicable Disease › Subchapter A › Control of Communicable Disease › Rule 97.2 › "Who Shall Report"</i>		
<b>Mandatory HIV Reporting Form</b>		
<ul style="list-style-type: none"> <li>• Confidential Report of Sexually Transmitted Disease (STD-27 Form &amp; Positive Labs)                             <ul style="list-style-type: none"> <li>○ Report by fax: (361) 826–1330</li> </ul> </li> </ul>		
<b>HIPAA: Disease Reporting &amp; Treatment Follow Up FAQ</b>		
<b>Does HIPAA allow for Public Health Reporting and Follow Up?</b>		
<ul style="list-style-type: none"> <li>• Yes. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports.<sup>1</sup></li> </ul>		
<b>Under HIPAA, may a health care provider disclose protected health information such as treatment history?</b>		
<ul style="list-style-type: none"> <li>• Yes. A provider may disclose protected health information for treatment activities to another provider.<sup>2</sup></li> </ul>		
<a href="http://hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html">hhs.gov/hipaa/for-professionals/special-topics/public-health/index.html</a> <sup>1</sup> <a href="http://hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html">hhs.gov/hipaa/for-professionals/privacy/guidance/disclosures-treatment-payment-health-care-operations/index.html</a> <sup>2</sup>		
<b>HIV Testing Algorithm</b>		

## New CDC Recommendations for HIV Testing in Laboratories

*A step-by-step account of the approach*

CDC's new recommendations for HIV testing in laboratories capitalize on the latest available technologies to help diagnose HIV infections earlier – as much as 3-4 weeks sooner than the previous testing approach. Early diagnosis is critical since many new infections are transmitted by people in the earliest ("acute") stage of infection.

By putting the latest testing technology to work in laboratories across the United States, we can help address a critical gap in the nation's HIV prevention efforts.



This graphic is designed to illustrate key concepts of the new testing approach in laboratories. For more detail, please see the full guidelines here: <http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf>.



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention

[www.cdc.gov/nchhstp/newsroom](http://www.cdc.gov/nchhstp/newsroom)