

SYPHILIS

Supporting information

This guideline has been prepared with reference to the following:

British Association for Sexual Health and HIV – BASHH. UK National Guidelines on the Management of Syphilis. Int J STD AIDS. 2016;27:421-46*

<https://www.bashhguidelines.org/media/1053/syphilis-2015.pdf>

(*Please note, minor changes to this guideline were made in 2019 to the sections on diagnosis of congenital syphilis, and treatment of congenital syphilis. They are not reflected in the published guideline as per the above link. Please refer to the Diagnosis and Management which can be viewed at <https://www.bashh.org/guidelines>)

Venereal Diseases Research Laboratory (VDRL) and rapid plasma reagin (RPR) tests are useful for risk grouping?

“The reported sensitivity of VDRL/RPR tests for primary syphilis is 60–90% and higher for secondary syphilis. They are associated with high rate of false positive results seen in pregnancy, patients with malignancy, autoimmune conditions, EBV infection and hepatitis” (Doroshenko, 2006).

Doroshenko A, Sherrard J, Pollard AJ. Syphilis in pregnancy and the neonatal period. Int J STD AIDS 2006; 17: 221–8

Evidence Level: V

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