

Appendix F

Treatment of Syphilis*

Early syphilis (primary and secondary syphilis and early latent syphilis of less than 1 year's duration) should be treated with

benzathine penicillin G, 2.4 million units IM, in one dose.

(Patients who are allergic to penicillin should be treated with doxycycline: 100 mg orally 2 times a day for 2 weeks, or tetracycline HCl: 500 mg orally 4 times a day for 2 weeks.) Doxycycline and tetracycline should not be used in pregnant women.

For pregnant patients, erythromycin 500 mg orally 4 times daily for 2 weeks can be used if compliance is assured.

Syphilis of more than 1 year's duration (latent syphilis of indeterminate or more than 1 year's duration, cardiovascular, or late benign syphilis), except neurosyphilis, should be treated with

benzathine penicillin G: 7.2 million units total, administered as 3 doses of 2.4 million units IM, given 1 week apart for 3 consecutive weeks.

(Patients who are allergic to penicillin should be treated with doxycycline: 100 mg orally 2 times a day for 4 weeks, or tetracycline HCl: 500 mg orally 4 times a day for 4 weeks.) Doxycycline and tetracycline should not be used in pregnant women.

If patients have latent syphilis and neurologic signs or symptoms, HIV infection, other evidence of active syphilis (aortitis, gumma, or iritis), or serum nontreponemal antibody titer $\geq 1:32$, they should be evaluated for neurosyphilis, including CSF examination.

If patients are allergic to penicillin, alternate drugs should be used only after CSF examination has excluded neurosyphilis.

*Centers for Disease Control. 1989 Sexually Transmitted Diseases Treatment Guidelines. MMWR 1989;38(No. S-8)[5-15].