

Syphilis Screening Recommendations for Nonpregnant People

In response to an unprecedented increase in syphilis and congenital syphilis in Minnesota, MDH recommends that all individuals aged 18-49 years should be screened (tested) for syphilis, using an opt-out approach, at least once as part of routine health care.

Additionally, patients under age 18 or over age 49 should be considered for screening if sexually active, if they have had new sexual partners since their last screening, or if they have current or historical risk factors associated with syphilis infection.

Finally, people who have an ongoing risk of exposure to syphilis or other risk factors should be screened more frequently.

Syphilis screening based on risk factors¹

- Multiple sexual partners or new sexual partners since last screening
- Signs or symptoms of syphilis or another sexually transmitted infection (STI)
- Sexual partner recently diagnosed with syphilis or another STI
- If STI screening is requested by the patient
- Men who have sex with men (MSM) (screen at least annually; every three to six months if at increased risk)
- People living with HIV (screen at first HIV evaluation and at least annually thereafter)
- Transgender and gender diverse people (screen at least annually based on reported sexual behaviors and exposure)
- History of incarceration
- History of transactional sex
- Housing instability

Additional considerations

- Certain racial and ethnic groups are disproportionately impacted by syphilis due to historical inequities and a combination of factors affecting structural determinants of health.
 - This includes American Indian, Black/African Americans, and Hispanic/Latinos.

¹ CDC 2021 STI Guidelines (<https://www.cdc.gov/std/treatment-guidelines/toc.htm>)

- IHS has recommended offering annual syphilis testing for people ages 13 and older to eliminate syphilis transmission by early case recognition.²
- Syphilis screening should be performed as part of a comprehensive sexual health visit.
- For pregnant people, MDH and the American College of Obstetricians and Gynecologists recommend screening at least three times during the pregnancy.^{3,4}
 - At first prenatal encounter – ideally during the first trimester
 - Early in the third trimester (28-32 weeks’ gestation)
 - At delivery
 - Additional screening if recent sexual exposure to someone with syphilis or requested
- At the time of syphilis screening, consider HIV screening for those who have never been tested. People with risk factors should be tested for HIV more often.
- The reverse algorithm is generally preferred for syphilis screening to detect early infection and late, untreated infection. However, either algorithm is acceptable, and local factors should be considered in determining clinical and laboratory approach to syphilis screening.
 - For information on syphilis algorithms and interpretation, see [California Prevention Treatment Center’s Clinical Interpretation of Syphilis Screening Algorithms](https://californiaptc.com/resources/clinical-interpretation-of-syphilis-screening-algorithms/) (<https://californiaptc.com/resources/clinical-interpretation-of-syphilis-screening-algorithms/>)
- Providers should screen for syphilis in any health care setting including primary care clinics, correctional facilities, and substance use treatment facilities. Consider screening in emergency departments or urgent care settings that care for high-risk populations, have high local rates of syphilis, or for a patient with limited healthcare access.

Treatment considerations

- Provide presumptive syphilis treatment for those with signs of primary or secondary syphilis, reported sexual contact with someone with syphilis, or for people with an initial reactive rapid syphilis test where follow up for treatment is uncertain.
- For further guidance on syphilis screening and treatment, refer to MDH’s [Syphilis Information for Health Professionals webpage](https://www.health.state.mn.us/diseases/syphilis/hcp/index.html) (<https://www.health.state.mn.us/diseases/syphilis/hcp/index.html>).

² IHS 2024 Syphilis Screening Recommendation Letter (https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/2024_Letters/DTLL_D UIOLL_021524.pdf)

³ MDH Health Advisory: Syphilis in Pregnancy (<https://www.health.state.mn.us/communities/ep/han/2024/jan25syphilis.pdf>)

⁴ ACOG 2024 Screening for Syphilis in Pregnancy Practice Advisory (<https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy>)

- For detailed evaluation and treatment guidelines, see the [CDC 2021 STI Guidelines \(https://www.cdc.gov/std/treatment-guidelines/toc.htm\)](https://www.cdc.gov/std/treatment-guidelines/toc.htm).
- MDH partner services are available to support the management of sex partner(s). For more information, please call (651) 201-5414.
- For questions on past and current syphilis screening, diagnosis, or treatment, or to report syphilis cases to MDH, complete the [MDH Confidential Syphilis Report Form \(https://www.health.state.mn.us/diseases/syphilis/hcp/reportform.html#NaN\)](https://www.health.state.mn.us/diseases/syphilis/hcp/reportform.html#NaN) or call MDH at (651) 201-5414. All laboratory-confirmed cases of syphilis must be reported to MDH within one working day.

Additional References

- [MDH Syphilis in Pregnancy and Congenital Syphilis \(https://www.health.state.mn.us/diseases/syphilis/hcp/healthcarewomen.html\)](https://www.health.state.mn.us/diseases/syphilis/hcp/healthcarewomen.html)
- [CDC Sexually Transmitted Infections Surveillance, 2022 \(https://www.cdc.gov/std/statistics/2022/default.htm\)](https://www.cdc.gov/std/statistics/2022/default.htm)
- [MDH STI Statistics 2023 \(https://www.health.state.mn.us/diseases/stds/stats/2023/index.html\)](https://www.health.state.mn.us/diseases/stds/stats/2023/index.html)
- [CDC County-level Syphilis Rates to Direct Screening Efforts \(https://www.cdc.gov/nchhstp/syphilis-county-level/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/atlas/syphilis/\)](https://www.cdc.gov/nchhstp/syphilis-county-level/?CDC_AAref_Val=https://www.cdc.gov/nchhstp/atlas/syphilis/)

Minnesota Department of Health
 Infectious Disease Epidemiology, Prevention, and Control Division
 625 N. Robert St
 PO Box 64975
 St. Paul, MN 55164-0975
 (651) 201-5414
www.health.state.mn.us

09/05/2024

To obtain this information in a different format, call: (651) 201-5414.