

## U.S. Preventive Services Task Force Issues Final Recommendation on Screening for Syphilis Infection

*Task Force recommends screening people at increased risk for infection*

WASHINGTON, D.C. – September 27, 2022 – The U.S. Preventive Services Task Force (Task Force) today posted a final recommendation statement on screening for syphilis infection in adolescents and adults who are not pregnant. The Task Force recommends screening individuals at increased risk for syphilis infection. **This is an A grade.**

This recommendation applies to adolescents and adults who have ever been sexually active and are not pregnant. In a separate related [recommendation](#), the Task Force recommends screening for all pregnant people.

After reaching a record low in 2000, rates of syphilis have been increasing over the past 20 years. Syphilis is a sexually transmitted infection (STI) that progresses through stages and can cause serious health problems if left untreated. Without treatment, syphilis can damage the brain, nerves, eyes, and cardiovascular system.

“It is vital that people who are at increased risk for syphilis get screened so the infection can be treated before problems develop or worsen,” says Task Force member Katrina Donahue, M.D., M.P.H. “In the face of rising rates of syphilis, primary care professionals have an important role in helping to keep their patients healthy.”

When deciding who should be screened, healthcare professionals should consider how common syphilis infection is in the communities they serve and assess their patient’s individual risk. Rates of syphilis are higher in men who have sex with men; people with HIV infection or other STIs; people who use illicit drugs; and people with a history of incarceration, sex work, or military service. Anyone who is sexually active should discuss their risk factors for syphilis and other STIs with a healthcare professional.

“Healthcare professionals should be knowledgeable about a patient’s risk for syphilis infection based on both an individual- and community-level assessment,” says Task Force vice chair Michael Barry, M.D. “Risk is dependent on a combination of factors including how common syphilis infections are in the community, social factors affecting a patient’s ability to maintain sexual health, and individual risk factors such as sexual history.”

Importantly, there are racial and ethnic health disparities related to syphilis. Black teens and adults are nearly five times more likely to have syphilis than those who are White. Higher rates are also seen in Native Hawaiian/Pacific Islander, Native American/Alaska Native, and Hispanic/Latino people. These higher rates are primarily driven by differences in social risk factors, access to care, and sexual networks rather than biology or individual sexual behavior. The Task Force is calling for more research into the factors that drive these disparities and effective prevention strategies to improve health equity.

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at:

### Grade in this recommendation:

A: Recommended.

[Learn more here](#)

<https://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from February 15, 2022, to March 14, 2022.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Donahue is a professor and vice chair of research at the University of North Carolina at Chapel Hill Department of Family Medicine. She is a family physician and senior research fellow at the Cecil G. Sheps Center for Health Services Research. She is also the co-director of the North Carolina Network Consortium, a meta-network of six practice-based research networks and four academic institutions in North Carolina.

Dr. Barry is director of the Informed Medical Decisions Program in the Health Decision Sciences Center at Massachusetts General Hospital. He is also a professor of medicine at Harvard Medical School and a clinician at Massachusetts General Hospital.

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