

This fact sheet explains the Task Force's draft recommendation statement on screening for syphilis infection. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from December 15, 2015, to January 18, 2016. The Task Force welcomes your comments.

## Screening for Syphilis Infection in Nonpregnant Adults and Adolescents

The U.S. Preventive Services Task Force (Task Force) has issued a **draft recommendation statement** on *Screening for Syphilis Infection in Nonpregnant Adults and Adolescents*.

This draft recommendation statement applies to adults and adolescents who are at increased risk for becoming infected with syphilis and who do not have signs or symptoms of infection. This new recommendation complements a previous 2009 recommendation statement that the Task Force issued that recommends screening for syphilis infection in all pregnant women.

The draft recommendation statement summarizes what the Task Force learned about the potential benefits and harms of screening for syphilis infection: Individuals who are at increased risk should be screened. Men who have sex with men and people living with HIV are at the highest risk of syphilis infection. Other factors that are associated with increased risk include being a man under 29 years old, race and ethnicity, and geography (urban areas and states in the South and West have higher rates than other areas). Being incarcerated, doing sex work, and exchanging sex for drugs can also increase the risk of becoming infected with syphilis.

### What is syphilis?

**Syphilis is a disease caused by bacteria. It is usually passed from person to person through sexual contact. It also can pass from a mother to her baby during pregnancy.**

### Facts about Syphilis

The number of cases of syphilis has been increasing since 2000. In 2013, there were more than 17,000 cases, the highest number reported since 1995.

Syphilis can be cured with antibiotics. However, if it is not treated, syphilis can have very serious complications. Untreated syphilis goes through several stages, each of which has its own signs and symptoms:

- In the early stage, or **primary syphilis**, a person usually has a small, painless sore on or near where they are exposed to syphilis (usually the genital area, lips, mouth, or anus).
- In the next stage, or **secondary syphilis**, new signs and symptoms develop after the initial sore has healed. These can include skin rashes, sore throat, swollen lymph glands, headaches, and fatigue. Symptoms will eventually go away, whether or not the infection is treated.
- **Latent syphilis** begins when the primary and secondary symptoms go away. Without treatment, the person will continue to have the disease even though there are no symptoms.
- **Late stage syphilis** can develop in about 15% of people who have not been treated. It can appear 10-20 years after the initial infection. In this stage, the disease can damage the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. The damage may be serious enough to cause death.

Syphilis also can damage the nervous system at any stage of the disease, causing symptoms such as headaches; memory loss and changes in personality or behavior, known as dementia; and movement problems and loss of coordination.

## Screening for and Treatment of Syphilis

The main goal of syphilis screening, which is done with a blood test, is to determine whether a person has the infection so that it can be treated as early as possible.

Once identified, syphilis can be treated with an antibiotic, usually penicillin and cured at any stage.

### Potential Benefits and Harms

In reviewing the evidence, the Task Force found that early detection and treatment has substantial benefits because treatment can cure syphilis, prevent the complications that occur in later stages, and prevent the spread of the infection.

Syphilis screening also may have some minor potential harms. Screening may suggest that the infection is present when there is no infection. This is called a “false-positive” result. False positive results cause worry and anxiety and can lead to follow-up tests that are not needed.

## The Draft Recommendation on Screening for Syphilis Infection: What Does It Mean?

Here is the Task Force’s draft recommendation on screening for syphilis infection. Recommendations have letter grades. The grades are based on the quality and strength of the evidence about the potential benefits and harms of interventions for this purpose. They are also based on the size of the potential benefits and harms. Task Force recommendation grades are explained in the box at the end of this fact sheet.

When the Task Force recommends an intervention (**Grade A**), it is because it has more potential benefits than potential harms. The Notes explain key ideas.

Before you send comments to the Task Force, you may want to read the full [draft recommendation statement](#). The recommendation statement explains the evidence the Task Force reviewed and how it decided on the grade. An [evidence document](#) provides more detail about the studies the Task Force reviewed.

- 1 The Task Force recommends **screening** for syphilis infection in **persons** who are **at increased risk for infection**. **A Grade**

## Notes

- 1 **screening**  
Blood tests to look for evidence of syphilis infection
- persons**  
Adults and adolescents who are not pregnant and who do not have signs or symptoms of syphilis infection.
- at increased risk for infection**  
People at highest risk of becoming infected are men who have sex with men and people living with HIV. Other factors that doctors can use to decide who should be screened include male gender, age, race, geography, history of being in prison or jail, and sex work.

### What is the U.S. Preventive Services Task Force?

The Task Force is an independent, volunteer group of national experts in prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services, such as screenings, counseling services, and preventive medicines. The recommendations apply to people with no signs or symptoms of the disease being discussed.

To develop a recommendation statement, Task Force members consider the best available science and research on a topic. For each topic, the Task Force posts draft documents for public comment, including a **draft recommendation statement**. All comments are reviewed and considered in developing the final recommendation statement. To learn more, visit the [Task Force Web site](#).

Task Force Recommendation Grades	
Grade	Definition
A	Recommended.
B	Recommended.
C	Recommendation depends on the patient's situation.
D	Not recommended.
I statement	There is not enough evidence to make a recommendation.

[Click Here to Learn More About Other Task Force Recommendations on Syphilis](#)

[Screening for Syphilis Infection in Pregnancy](#)

[Click Here to Learn More About Syphilis](#)

[Syphilis \(Medline Plus\)](#)

[Sexually Transmitted Diseases: Syphilis \(Centers for Disease Control and Prevention\)](#)

[Syphilis and MSM \(Centers for Disease Control and Prevention\)](#)

[Click Here](#) to Comment on the Draft Recommendation



The Task Force welcomes comments on this draft recommendation.



Comments must be received between **December 15** and **January 18, 2016**.



All comments will be considered for use in writing final recommendations.