

Understanding Task Force Draft Recommendations

This fact sheet explains the U.S. Preventive Services Task Force's (Task Force) draft recommendation statement on screening for syphilis infection in nonpregnant adolescents and adults. It also tells you how you can send comments about the draft recommendation to the Task Force. Comments may be submitted from February 15, 2022, to March 14, 2022. The Task Force welcomes your comments.

Screening for Syphilis Infection in Nonpregnant Adolescents and Adults

The Task Force issued a **draft recommendation statement** on *Screening for Syphilis Infection in Nonpregnant Adolescents and Adults*.

The Task Force recommends screening for syphilis infection in adolescents and adults who are at increased risk for infection.

This recommendation applies to adolescents and adults who have ever been sexually active. It does not apply to pregnant people or those who have signs or symptoms of syphilis. In a **separate** recommendation, the Task Force recommends screening all pregnant people for syphilis.

Facts About Syphilis

Syphilis is a sexually transmitted disease that can cause serious health problems. Syphilis infection can progress through stages if left untreated. There are different signs and symptoms at each stage. During the first stage, called primary syphilis, the main symptom is a sore at the location where the infection entered the body. At the second stage, a person may have mild symptoms like fever and skin rashes that can go unnoticed. After the second stage, the infection enters a quiet period, called latent syphilis, where there are no signs or symptoms; this can last for years. The last stage of syphilis is known as tertiary syphilis, which can cause serious harm to many organs, including the brain, nerves, eyes, heart, blood vessels, liver, bones, and joints. Syphilis can attack the nervous system (neurosyphilis) and eyes (ocular syphilis) at any stage of disease, causing dementia, difficulty walking, paralysis, visual changes, or blindness.

Facts About Screening for Syphilis and Determining Risk

Screening for syphilis involves blood tests that look for antibodies that are made by the body to fight the infection when it is present.

When deciding who should be screened, clinicians consider how common syphilis infection is in their communities and assess their patient's individual risk. There is a higher risk of syphilis in men who have sex with men, people living with HIV, as well as people with a history of incarceration, sex work, or military service.

Potential Benefits and Harms of Screening for Syphilis

Based on the evidence, the Task Force found that screening people at increased risk for syphilis and treating the infection can prevent complications and cure syphilis.

There are few harms of screening. Harms can include testing results that show someone has an infection when they do not, leading to unnecessary anxiety for the patient. However, this harm is limited when screening is focused on those at increased risk.



What is syphilis?

Syphilis is a sexually transmitted infection (STI) that can cause serious harm to several parts of the body if left untreated.

Screening for Syphilis in Nonpregnant Persons

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

Here is the Task Force's draft recommendation on screening for syphilis infection in adolescents and adults who are not pregnant. It is based on the quality and strength of the evidence about the potential benefits and harms of screening for this purpose. It is 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 issues an **A Grade**, it recommends screening because the evidence shows there is more benefit to screening than harm.

Before you send comments to the Task Force, you may want to read the [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 scientific studies the Task Force reviewed.

1 The USPSTF recommends **screening** for syphilis infection in **persons** who are **at increased risk** for infection. **(A Grade)**

Notes

1 screening
Blood test to look for syphilis infection.

persons
Adolescents and adults who have ever been sexually active, who do not have signs and symptoms of syphilis infection, and who are not pregnant.

at increased risk
Risk is based on how common syphilis is in the community and personal risk factors. Risk of syphilis is higher in men who have sex with men, people living with HIV, as well as people with a history of incarceration, sex work, or military service.

Screening for Syphilis in Nonpregnant Persons

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

The Task Force is an independent, non-federal, 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 website**.

USPSTF 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 Screening for Syphilis](#)

-  **Syphilis**
(MedlinePlus)
-  **Testing for Syphilis: Questions for the Doctor**
(MyHealthfinder)
-  **Syphilis**
(National Institutes of Health)
-  **Syphilis – CDC Fact Sheet**
(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 February 15, 2022, and March 14, 2022.



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