Guidelines for Clinical Management of Late Latent Syphilis

Management of cases diagnosed with late latent and latent syphilis of unknown duration necessitates a longer duration of follow-up than those with primary, secondary or early latent syphilis. All patients diagnosed with syphilis should also be tested for HIV.

**Treatment**

All patients should have a titer on or close to day of treatment; this titer is important as it will be compared to follow-up titers to assess treatment response.

*Recommended regimen for Late Latent Syphilis*

- Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units intramuscular at 1-week intervals.
- Alternative regimens can be used for non-pregnant patients with allergy to penicillin:
  - Doxycycline 100 mg orally twice daily for 28 days, OR
  - Tetracycline 500 mg orally four times per day for 28 days
- Efficacy of alternative regimens is not well established and has not been studied in HIV-infected patients. Close follow-up is essential.
- Pregnant women allergic to penicillin should be treated with penicillin after desensitization.

**Follow-up**

- Follow-up serologic tests should be performed using the same test type (RPR or VDRL). RPR titer results cannot be compared to VDRL titer results as RPR titers are frequently slightly higher.
- Serologic titer should be obtained at 6, 12 and 24 months.
- Fourfold drop in titer is expected by 12-24 months (if initially high > 1:16).
- HIV-infected patients should be evaluated clinically and serologically at 6, 12, 18, and 24 months.

**Partner Management**

All sex partners should be evaluated clinically and serologically with treatment provided based on contact management guidelines. See CDC 2010 STD Treatment Guidelines (www.cdc.gov/std/treatment/) for detailed information on management of sex partners.

**Most local health departments do not conduct follow up on late latent cases.**

*For more detail on diagnosis, treatment and management of STDs, refer to the STD Treatment Guidelines (www.cdc.gov/std/treatment).*

*For further questions, contact the California STD Control Branch clinician warm line at (510) 620-3400.*