

Syphilis Fact Sheet

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SOURCES:

Centers for Disease Control and Prevention

- ❖ [Syphilis Fact Sheet](#)
- ❖ [2009 Sexually Transmitted Diseases Surveillance](#)
- ❖ [Trends in Sexually Transmitted Diseases in the United States: 2009 National Data for Gonorrhea, Chlamydia and Syphilis](#)
- ❖ [2010 STD Treatment Guidelines](#)

National Institute of Allergies and Infectious Diseases

- ❖ <http://www.niaid.nih.gov/topics/syphilis/Pages/default.aspx>



What is syphilis?

Syphilis is a bacterial infection that is sexually transmitted.

Syphilis progresses through four stages: primary, secondary, latent, and late (tertiary). Each stage has its own signs and symptoms.

How common is syphilis?

In 2009, 44,828 cases from all stages of syphilis were reported. Of these, nearly 14,000 (31%) were in the primary and secondary (P&S) stages, when transmission to a partner most is more likely.

After declining for years, rates of P&S syphilis leveled off in the 1990s and then increased every year between 2001 and 2009. Between 2005 and 2009 alone, rates of P&S syphilis in the U.S. surged by 59%. The most dramatic jump has occurred among men who have sex with men (MSM). In 2009, MSM accounted for just under two-thirds of P&S syphilis cases, up from 4% in 2000.

How do people get syphilis?

Syphilis can be transmitted through vaginal, anal, and oral sex. Syphilis is spread through direct contact with sores caused by the disease. Syphilis sores -called chancres- are usually found on the surface of the genitals and the anus, and inside the vagina and rectum. Sores can also develop on the mouth and lips. Many of these sores go unrecognized.

A pregnant woman with syphilis can pass the infection to her fetus. Therefore, pregnant women should be tested for syphilis. Most states require a syphilis test as part of prenatal health care.

Health care workers are at risk if a cut on the skin comes into contact with a syphilis sore.

Syphilis bacteria are *not* spread by contact with toilet seats, towels, eating utensils, bathtubs, or swimming pools.





What are the symptoms?

Primary Stage:

Symptoms of primary syphilis usually develop within 10 to 90 days of infection, most often after about three weeks. The classic symptom is a single sore that is usually round, painless and raised off the skin; multiple sores are possible. The sore occurs where syphilis entered the skin and may appear on the penis, anus, or inside the vagina and rectum. Sores last 3 to 6 weeks and will go away on their own, but without treatment the person still has syphilis and can transmit it to others.

Secondary Stage:

Symptoms of the secondary stage include a rough, reddish-brown rash or spots on the palms of the hands or the soles of the feet. Rashes can develop on other parts of the body, including the neck and torso. Rashes related to syphilis can be mild, or similar to those caused by other diseases.

Other symptoms that might occur with secondary syphilis include swollen glands, headaches, fevers, patchy hair loss, and a general sense of not feeling well.

Latent Stage:

The latent or hidden stage of syphilis begins when symptoms from the primary and secondary stages end. During the latent stage, which can last for many years, a person has no symptoms of syphilis but still has the infection in his/her body.

Late Stage:

Even without treatment most people never progress to the late (also called tertiary) stage of syphilis. The late stage can occur 10-20 years or longer after a person first contracts syphilis. Serious damage may occur to the organs, including the brain, nervous system, and heart. Symptoms can include blindness, paralysis, and loss of mental functioning. Sometimes the damage is so severe it results in death.



Testing/Diagnosis

Syphilis can be diagnosed with blood tests, or by testing a sample taken from a syphilis sore. Healthcare providers also test fluid from the brain and spine if they suspect the central nervous system has been damaged by late stage syphilis.

Blood Tests

Soon after infection, an affected person's body develops syphilis antibodies (substances produced by the immune system in response to an infection). Syphilis diagnosis using



blood tests usually involve two blood tests of different types. This ensures an accurate diagnosis and minimizes the risk of a false positive result. Antibodies to syphilis can remain in the blood for years after someone is treated and cured, so a person who no longer has the infection may still test positive.

HIV Testing

Syphilis increases a person's risk of acquiring HIV infection, so anyone diagnosed with syphilis should also be tested for HIV. Syphilis in a person with HIV infection can also facilitate HIV transmission, so anyone diagnosed with HIV should be tested for syphilis as well.



Treatment

Syphilis in its early stages is very easily cured with a single injection of the antibiotic penicillin. Patients who have syphilis longer than one year may require additional doses-- usually three penicillin injections. It's important to treat syphilis early. Treatment can cure syphilis and prevent additional complications, but won't reverse any complications that have already occurred.

Patients who are allergic to penicillin and not pregnant may be treated with other antibiotics.

Anyone treated for syphilis should not have sex until any sores or rashes have healed completely. Having syphilis once does not protect a person from getting it again. Even after treatment, a person can be re-infected. Therefore it is important to follow the **Reduce your risk** guidelines that follow.



Reduce your risk

In order to reduce your risk of getting syphilis or other STDS:

- ❖ Use a condom or another latex barrier (such as a dental dam) for each sex act (oral, anal, and vaginal). A barrier should be put on before any sexual contact takes place.
- ❖ Have sex with only one uninfected partner (who only has sex with you).
- ❖ Test all partners of someone diagnosed with syphilis (of any stage).
- ❖ Talk with your healthcare provider to see which STD tests might be recommended for you.





Talk to your partner

It can be hard to tell a partner that you have syphilis, but keep in mind that your partner can have it and not know. You can be re-infected with syphilis once it's cured, so don't have sex again until all partners have been tested and, if needed, treated.

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