



**To: San Francisco Physicians, Clinicians and Nurses**

**Date: Original: December 10, 2002**  
**Updated: December 8, 2004**

**Re: Treatment of persons exposed or possibly exposed to syphilis**

The number of new syphilis cases continues to increase in San Francisco. More than 522 early syphilis cases were identified in San Francisco during 2003, up from 44 cases in 1999. Ninety-four percent of cases were among gay or bisexual men and 62% were HIV positive. Recent cases report meeting new sexual partners in sex clubs, bathhouses, adult bookstores, parks or on the Internet; and report using methamphetamine. In 2004, we expect over 530 cases.

The Centers for Disease Control recommends that persons who may have been exposed to syphilis within the past 90 days should be treated presumptively; persons who may have been exposed to syphilis for > 90 days should be treated presumptively if serologic tests are not available immediately and if follow-up is uncertain (*CDC. STD Treatment Guidelines 2002. MMWR 2002;51 [No. RR-6]: p. 20*).

Treatment of persons exposed or possibly exposed to syphilis is the standard of medical care nationally. Medical providers who fail to treat persons exposed or possibly exposed to syphilis may not be practicing in accordance with the current standard treatment recommendations and could be liable for medical malpractice.

The recommended treatment regimens for post-exposure prophylaxis for syphilis is:

Benzathine penicillin G 2.4 million units, intramuscular once

An alternative treatment is Doxycycline 100 mg PO BID x 2 weeks.

Treatment should be provided regardless of the outcome of serologic tests in persons reporting possible syphilis exposure.

It is vital to the control of this current epidemic that medical providers offer prompt prophylactic therapy. Please call 415-355-2000 for any questions or issues related to syphilis management.

Thank you.

A handwritten signature in black ink, appearing to read "Jeffrey D. Klausner".

Jeffrey D. Klausner, MD, MPH  
Deputy Health Officer

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