

SYPHILIS – MORE THAN 2 YEARS DURATION OR UNSPECIFIED DURATION

Version	Status	Last reviewed	Endorsement date	Implementation date
1.1	<p>Lab Definitive evidence: Point 1: deletion of "... if the non-specific treponemal test is non-reactive"</p> <p>Point 2: Restructured to "In a person with no known previous reactive serology: no history of adequate treatment of syphilis, or endemic treponemal disease (e.g.Yaws). OR b) In a person with previously reactive serology: a fourfold or greater rise in non-specific treponemal antibody titre when the previous serology was done more than two years ago."</p> <p>Lab Suggestive evidence: "...direct fluorescent antibody tests.." amended to "...direct antigen detection tests".</p> <p>Clinical evidence: description expanded upon.</p>	CDWG O-O-S January 2010	CDNA 29 September 2010	1 January 2011
1.0	Initial case definition (2004).			

Reporting

Only confirmed cases should be notified.

Confirmed case

A confirmed case requires that the case does not meet the criteria for a case of infectious syphilis less than 2 years duration AND either:

1. Laboratory definitive evidence

OR

2. Laboratory suggestive evidence AND clinical evidence.

Laboratory definitive evidence

1. A reactive specific treponemal test (e.g. IgG enzyme immunoassay, *Treponema pallidum* haemagglutination assay, *Treponema pallidum* particle agglutination, *Treponema pallidum* immobilisation assay, or fluorescent treponemal antibody absorption) which is confirmed either by a reactive non-specific treponemal test (e.g. Venereal Diseases Research Laboratory, Rapid Plasma Reagin) or a different specific treponemal test

AND

2. a) In a person with no known previous reactive serology: no history of adequate treatment of syphilis, or endemic treponemal disease (e.g.Yaws)

OR

b) In a person with previously reactive serology: a fourfold or greater rise in non-specific treponemal antibody titre when the previous serology was done more than two years ago.

Note: In a high prevalence area, only one reactive specific treponemal test result is necessary.

Laboratory suggestive evidence

Demonstration of *Treponema pallidum* by darkfield microscopy (not oral lesions), direct antigen detection tests, equivalent microscopic methods (e.g. silver stains), or DNA methods (e.g. nucleic acid testing).

Clinical evidence

Clinical, radiological or echocardiographic signs of tertiary syphilis.