



# Your quick guide to syphilis treatment.

Everything you need to guide stage-based treatment across patient populations.

Stage of Syphilis	Treatment for Non-Pregnant Adults	Pregnant Women	Treatment of Infants & Children
<b>Primary</b> or <b>Secondary</b>	<b>Benzathine penicillin G:</b> 1 dose of 2.4 million units IM  <b>Alternatives for Primary Primary or Secondary:</b> Doxycycline (100 mg orally 2 times/day for 14 days)	Penicillin is the only recommended therapy for syphilis during pregnancy.  If they are allergic to penicillin, they should be desensitized and treated with penicillin.	<b>Benzathine penicillin G:</b> 50,000 units/kg body weight IM, up to the adult dose of 2.4 million units in a single dose
<b>Early Latent</b>	<b>Benzathine penicillin G:</b> 1 dose of 2.4 million units IM		Infants and children aged $\geq 1$ month with diagnosed latent syphilis should be managed by a pediatric infectious disease specialist and receive a CSF examination. In addition, birth and maternal medical records should be reviewed to assess whether these infants and children have congenital or acquired syphilis.
<b>Late Latent</b> or <b>Tertiary</b>	<b>Benzathine penicillin G:</b> 3 doses of 2.4 million units IM each at 1-week intervals  <b>Alternatives for late latent:</b> Doxycycline (100 mg orally 2 times/day) <b>OR</b> tetracycline (500 mg orally 4 times/day), each for 28 days		N/A
<b>Neuro</b> or <b>Ocular</b>	<b>Aqueous crystalline penicillin G:</b> 18–24 million units per day, administered as 3–4 million units IV every 4 hours or continuous infusion for 10–14 days  <b>Alternatives for Neuro or Ocular:</b> Procaine penicillin G 2.4 million units IM once daily <b>PLUS</b> Probenecid 500 mg orally 4 times/day, both for 10–14 days		