



September 4, 2017

Dear Colleague,

In June 2017, the Council of State and Territorial Epidemiologists (CSTE) approved the [Update to Public Health Reporting and National Notification for Syphilis](#). This new position statement for syphilis (17-ID-11) includes revisions to the surveillance case definition for syphilis.

These changes will take effect January 1, 2018. By ensuring that cases of syphilis are reported in accordance with this revised surveillance case definition, we can obtain the most accurate surveillance for this disease and its clinical manifestations, and we can better address syphilitic infection and transmission.

#### Changes related to reporting syphilis stages

- “Secondary syphilis” still requires BOTH a reactive treponemal test and a reactive nontreponemal test, but no longer requires a titer  $\geq 1:4$ .
- For surveillance purposes, the nomenclature for “Early latent syphilis” has been changed to “Early non-primary non-secondary syphilis.” The rationale for this change was to remove the term “latent” from the names of the surveillance stages, in order to clarify that certain clinical manifestations (e.g., neurosyphilis, ocular syphilis, and otic syphilis) may occur during any stage of syphilis.
- For surveillance purposes, the nomenclature for “Late latent syphilis” has been changed to “Unknown duration or late syphilis.” The rationale for this change was to remove the term “latent” from the names of surveillance stages, as described above. In addition, this change was made to emphasize that this stage includes cases with unknown duration of infection (i.e., cases that potentially acquired syphilis within the past 12 months, but do not meet the surveillance case definition for “Early non-primary non-secondary syphilis”). Programs are encouraged to prioritize these cases for follow-up and partner services based on sex, age, and titer.
- “Late syphilis with clinical manifestations” has been omitted. These cases should now be reported as “Unknown duration or late syphilis,” and the late clinical manifestations should be noted in the case report data with the new variables described below.
- No changes were made to the congenital syphilis or syphilitic stillbirth case definitions.

#### Changes related to reporting clinical manifestations of syphilis

- In order to improve surveillance for important clinical manifestations of syphilis, several new variables have been added to the case report data. The previous variable for “Neurological involvement” has been renamed “Neurologic Manifestations,” and variables for “Ocular Manifestations,” “Otic Manifestations,” and “Late Clinical Manifestations” have been added. The guidance for reporting these manifestations and

the definitions for the appropriate response codes are fully described here in the [CSTE position statement](#).

- For the “Neurologic Manifestations” variable (as well as the clinical manifestations variables), the nomenclature of “Confirmed” and “Probable” has been changed to “Verified” and “Likely.” In addition, a new response code, “Possible,” has been added.
- The criteria for “Verified Neurologic Manifestations” (previously “Confirmed Neurologic Manifestations”) now requires BOTH (1) clinical symptoms or signs that are consistent with neurosyphilis and (2) a reactive CSF VDRL.

In addition, CSTE and CDC will be hosting two webinars to explain these revisions:

- The first webinar will be held on September 28, 2017 at 2 pm EDT and will focus on the changes related to the reporting of syphilis stages. Please register for this webinar [here](#).
- The second webinar will be held on November 7, 2017 at 2 pm EST and will focus on the clinical manifestations of syphilis and how to report them. Please register for this webinar [here](#).
- Both webinars will be recorded and links to these recordings will be posted on the CSTE and CDC websites.

Best Regards,

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