



## Reporting Criteria for Syphilis

### (1) Definition

Sexually transmitted disease caused by *Treponema pallidum* belonging to the genus Spirochaeta.

### (2) Clinical manifestations

Primary symptomatic syphilis is characterized by early induration or hard chancre in the infected site and/or painless enlargement of inguinal lymph node, which appear after a latency period of 3~6 weeks post-infection.

Secondary symptomatic syphilis is characterized by syphilitic roseola, papular syphilid or condyloma latum on the skin or mucous membrane ~3 months after infection.

Late symptomatic syphilis is characterized by gumma, cardio-vascular, neurological and/or ocular symptoms that appear in some patients 3 years or more after infection. Some patients may remain asymptomatic, however.

Congenital syphilis appears in infants born to syphilis-infected mothers. There are three types: (i) cases with laboratory findings indicating *in utero* infection, (ii) cases manifesting the signs of early congenital syphilis, such as secondary symptomatic syphilitic roseola and osteochondritis, and (iii) cases that manifest the signs of late congenital syphilis, such as Hutchinson's triad (parenchymatous keratitis, inner ear deafness and Hutchinson teeth) during childhood, without manifesting any signs or symptoms during infancy.

### (3) Reporting criteria

#### a) "Patients (confirmed cases)"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician examines a patient with clinical findings as described in (2), suspects syphilis, and makes a diagnosis of syphilis based on the results obtained by the laboratory methods and specimens as described below, the physician must notify the case within 7 days.

Specimens used (listed in the right side box) must match the diagnostic methods employed (listed in the left side box).

#### b) "Asymptomatic carriers"

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician examines an individual who had no clinical signs or symptoms as described in (2) but was antibody-positive in the test listed in the lower left box in the table below, and if the physician has diagnosed that the individual was an

asymptomatic carrier, the physician must notify the case within 7 days. Sera with titer x16 or above in the rapid plasma regain (RPR) card test, the agglutination test or the slide precipitation test or sera with titer 16.0 R.U., 16.0 U, or 16.0 SU/ml or above in the automated tests, all using cardiolipin as the antigen, are considered antibody-positive.

**c) “Deceased”**

In compliance with Article 12 paragraph 1 of the Infectious Diseases Control Law, if a physician examines a dead body with clinical signs and symptoms as described in (2), and diagnoses that the death was due to syphilis based on the results obtained by the laboratory methods and specimens as described below, the physician must notify the case within 7 days.

Specimens used (listed in the right side box) must match the diagnostic methods employed (listed in the left side box).

Laboratory methods	Specimen
Detection of the pathogen by India ink or Giemsa staining method	Eruption (early induration, hard chancre, condyloma latum, mucosal eruption)
Positive in both tests (1) and (2) listed below (1) Positive in the tests below using cardiolipin as the antigen --RPR card test; agglutination test; slide precipitation test; automated test (2) Positive in either of the tests below that use <i>T. pallidum</i> as the antigen --TPHA test; FTA-ABS method	Serum

Cases satisfying either of the following criteria are considered congenital syphilis:

- a. Antibody level is far higher than that of the mother.
- b. Persisting antibody titer whose level is far higher than the titer expected from the maternal antibody.
- c. IgM antibody against *T. pallidum* derived from the infant is positive.
- d. Positive for signs or symptoms of early congenital syphilis.
- e. Positive for signs or symptoms of late congenital syphilis.