Effective March 1, 2011, the Bureau of Clinical Laboratories changed the methodology it uses to test for syphilis. The BCL will begin using a treponemal enzyme immunoassay test (EIA) as the first test in the algorithm. Positive specimens will be followed by a nontreponemal test, the VDRL quantitative test, to provide information for disease staging and evaluation of therapy. The current TP-PA will remain available as a follow-up test if necessary.

No changes in collection practices are required. Please continue to draw 3.5-4.0 ml of whole blood in a separator tube and submit to the BCL as usual.

### New Syphilis Screening Algorithm

**EIA/Treponemal Test (Trep-Sure™)**

- **NEGATIVE**
  - No evidence of *T. pallidum* infection.
  - Recent infection cannot be ruled-out.
  - Retest in 2-4 weeks if clinically suspected.

- **POSITIVE**
  - RPR/Non treponemal test
    - **NEGATIVE**
      - Previous or treated infection.
      - Result of limited RPR sensitivity.
      - Possibility of false positive screening result (0.1 - 0.3% using Trep-Sure™).
      - Retest with a different treponemal test.
    - **POSITIVE**
      - Evidence of current *T. pallidum* infection.
      - Inadequately treated previous infection.
      - Persistent infection.
      - Re-infection.
      - Review patient history and clinical symptoms.

**Second Treponemal Test (FTA-ABS/TP-PA/Syphilis Immunoblot/Trep-ID)**

- **NEGATIVE**
  - Limited evidence for *T. pallidum* infection. However, the following should be considered:
    - Possible previous infection.
    - Possibility of false positive screening result (0.1 - 0.3% using Trep-Sure™).
    - Retest in 2-4 weeks if clinically suspected.
    - Result of limited test sensitivity.

- **POSITIVE**
  - Evidence of *T. pallidum* infection
  - Possibility of previous infection.
  - Possible cross-reactivity.
  - Consider previously treated, late latent, or late syphilis.
  - Review previously treated, late latent, or late syphilis.