TECHNICAL BULLETIN

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- 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 patient history and clinical symptoms.