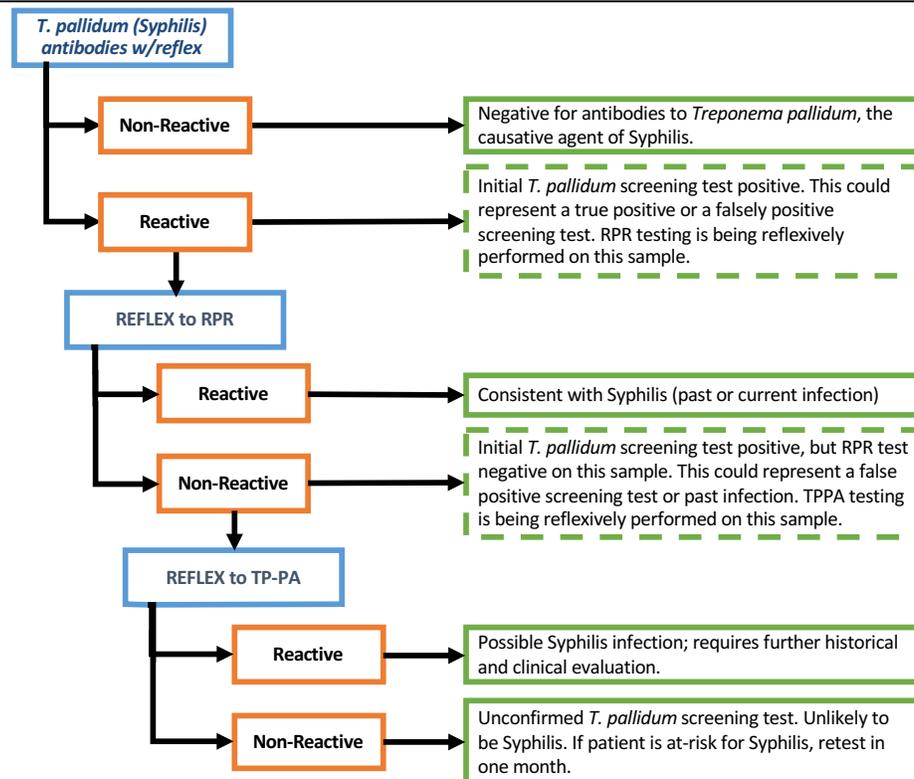


## New Syphilis Testing Algorithm

July, 2016

- Traditionally, syphilis test algorithms have started with a non-treponemal assay (e.g. VDRL or RPR) that detects antibodies to lipoidal antigens.
- Positives are reflexed to a treponemal assay (e.g FTA-ABS, or TP-PA) that detects *Treponema pallidum*-specific antigens.
- However, non-treponemal tests have inherent limitations: they lack sensitivity in primary and late syphilis, are not specific to syphilis, and are manual, labor-intensive tests.
- Thus, YNHH will implement a new **“reverse” syphilis test algorithm** on the evening of **July 29, 2016**, as shown in figure below.
- Initial screening will be done with the **“Liaison® Treponema Assay”**, a chemiluminescence immunoassay that looks for total antibodies (both IgG and IgM) to *T. pallidum*. This screening test will be performed **6 days a week, Sun-Fri**.
- “Reactive” specimens will be reflexively tested the following day by **RPR**, a non-treponemal test, to assess disease activity.
- Discordant samples (Liaison+/- RPR-) will be tested using a second *T. pallidum* assay, **TP-PA**, to confirm screen specificity.
- Both internal testing at YNHH and large published studies have demonstrated excellent performance of the Liaison assay for syphilis testing (Park, et al, *J Infect Dis* 2011; 204:1297-1304; *Manual of Clinical Microbiology*, 11<sup>th</sup> Edition, p.1071).
- Testing of serum will be performed in the Clinical Virology Laboratory. Testing of CSF for suspected cases of neurosyphilis will remain unchanged (i.e. VDRL with reflex to FTA-ABS).



**Figure 1: Reverse syphilis testing algorithm to be performed at YNHH.** Comments corresponding to test results are shown on the right. Temporary comments reported while reflex testing is ongoing are shown in dashed boxes. Final comments are in solid boxes.