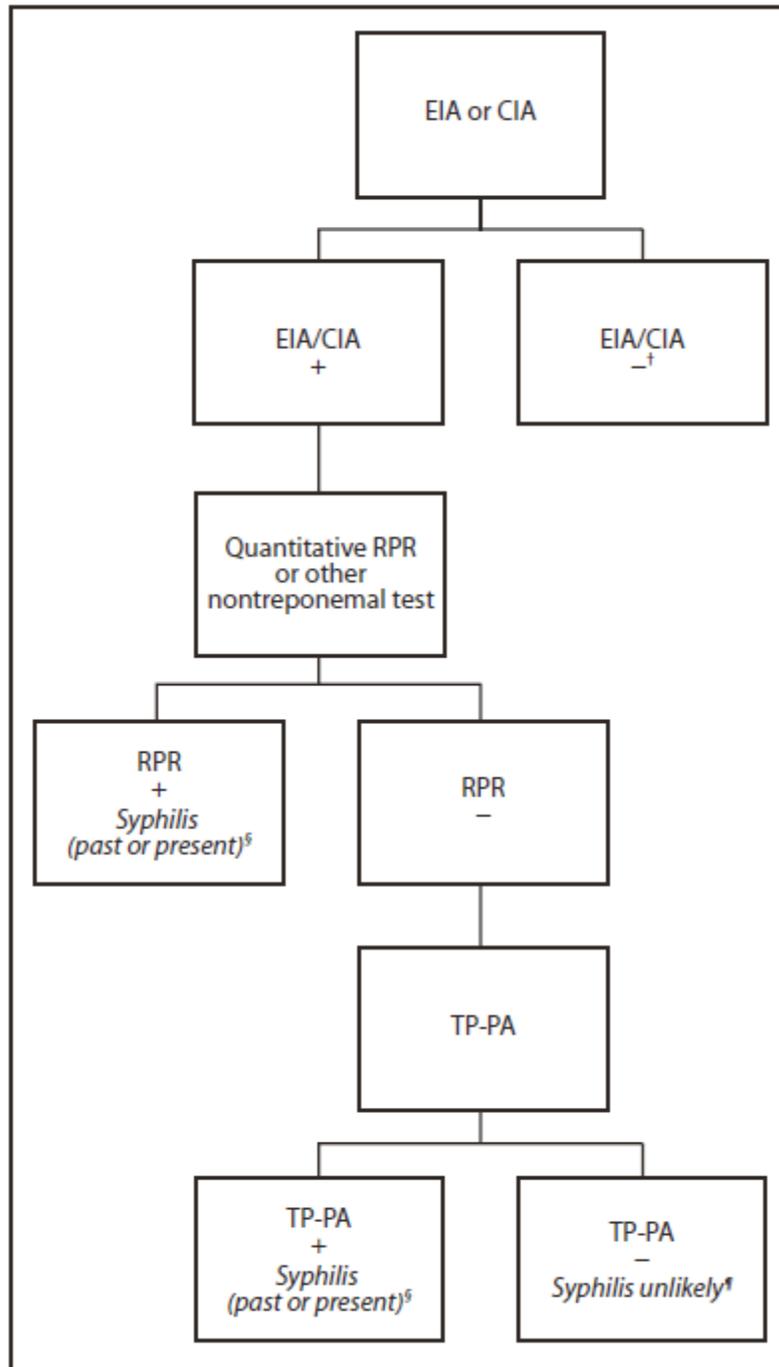


Reverse sequence screening algorithm for syphilis testing is also used. Positive treponemal screening tests are confirmed with a standard nontreponemal test with titer. More information at [www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6005a1.htm).

**FIGURE. CDC-recommended algorithm for reverse sequence syphilis screening (treponemal test screening followed by nontreponemal test confirmation)\***



**Abbreviations:** EIA/CIA = enzyme immunoassay/chemiluminescence immunoassay; RPR = rapid plasma reagin; TP-PA = *Treponema pallidum* particle agglutination.

\* Despite these recommendations for reverse sequence screening, CDC continues to recommend the traditional algorithm with reactive nontreponemal tests confirmed by treponemal testing.

† If incubating or primary syphilis is suspected, treat with benzathine penicillin G 2.4 million units intramuscularly in a single dose.

§ Evaluate clinically, determine whether treated for syphilis in the past, assess risk for infection, and administer therapy according to CDC's *2010 STD Treatment Guidelines* (available at <http://www.cdc.gov/std/treatment/2010>).

¶ If at risk for syphilis, repeat RPR in several weeks.

**Alternate Text:** The figure above shows the recommended algorithm for reverse sequence syphilis screening (treponemal test screening followed by nontreponemal test confirmation). CDC recommends that a specimen with reactive EIA/CIA results be tested reflexively with a quantitative nontreponemal test (e.g., RPR or VDRL). If test results are discordant, the specimen should be tested reflexively using the TP-PA test as a confirmatory treponemal test.

Table 1. Interpretation and follow-up of reverse screening results

Patient history	Test and result			Interpretation	Follow-up
	EIA/CIA/MFI	RPR	TP-PA		
Unknown history of syphilis	Non-reactive	N/A	N/A	No serologic evidence of syphilis	None, unless clinically indicated (eg, early syphilis)
Unknown history of syphilis	Reactive	Reactive	N/A	Untreated or recently treated syphilis	See CDC treatment guidelines
Unknown history of syphilis	Reactive	Non-reactive	Non-reactive	Probable false-positive screening test	No follow-up testing, unless clinically indicated
Unknown history of syphilis	Reactive	Non-reactive	Reactive	Possible syphilis (eg, early or latent) or previously treated syphilis	Historical and clinical evaluation required
Known history of syphilis	Reactive	Non-reactive	Reactive or N/A	Past, successfully treated syphilis	None

CIA, chemiluminescence immunoassay; EIA, enzyme immunoassay; MFI, multiplex flow immunoassay; N/A, not applicable; RPR, rapid plasma reagin; TP-PA, *Treponema pallidum* particle agglutination.

<http://www.cdc.gov/std/treatment/2010/>