

### Syphilis Test Algorithm

	<b>Syphilis Total ( IgG +IgM)</b>	<b>RPR (with titer)</b>	<b>TP-PA</b>	<b>Final Interpretation</b>
1	Non-reactive	Not Performed	Not Performed	No serological evidence of infection with T. pallidum. Early or incubating syphilis infection cannot be excluded.
2	Equivocal	Not Performed	Not Performed	Most likely a false positive SypT result. If the history is strongly suggestive of syphilis, consider repeating SypT test in 3-4 weeks.
3	Equivocal	Reactive (Titer)	Reactive	Serological evidence of a resolved case of syphilis. Also consider late latent or late syphilis (up to 30% of late syphilitic infections may be RPR negative). Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.
4	Equivocal	Reactive (Titer)	Non-Reactive	No serological evidence of infection with T. pallidum. Possible cross-reactivity with other spirochetes/related antigens.
5	Equivocal	Reactive (Titer)	Inconclusive	This result may represent an early primary syphilis infection or a biological false positive result. Consider repeating this test once in 3-4 weeks if primary syphilis is clinically suspected. A repeat Equivocal result most likely represents a biological false positive reaction.
6	Reactive	Non-reactive	Reactive	Serological evidence of a resolved case of syphilis. Also consider late latent or late syphilis (up to 30% of late syphilitic infections may be RPR negative). Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.

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7	Reactive	Non-reactive	Non-reactive	Mostly likely a false-positive test result, but syphilis cannot be entirely ruled out. If clinical history suggests a risk for syphilis then SypT should be repeated in 3-4 weeks. Failure of the RPR or TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
8	Reactive	Non-reactive	Inconclusive	Possible false-positive test result, but syphilis cannot be ruled out. Consider repeating this test in 3-4 weeks if early primary syphilis is clinically suspected. Failure of the RPR or TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
9	Reactive	Reactive	Non-reactive	Mostly likely a false-positive test result, but syphilis cannot be entirely ruled out. If clinical history suggests a risk for syphilis then SypT should be repeated in 3-4 weeks. Failure of the TP-PA to convert to positive on repeat testing most likely indicates a biological false positive SypT result.
10	Reactive	Reactive (Report titer) ≥ R 1:2	Not Performed	Serological evidence of syphilis infection (new, inadequately treated, persistent, or repeat infection). Clinical correlation with patient symptoms and treatment history is necessary for test interpretation.