



June 8, 2016

Given the shortage of penicillin benzathine G (Bicillin L-A®) that is projected to continue into July, we offer the following recommendations for management of syphilis in the St. Louis Region.

Following CDC recommendations:

1. Do not use penicillin G benzathine for treatment of other infectious diseases (e.g., streptococcal pharyngitis) where other effective antimicrobials are available.
2. Adhere to the recommended dosing regimen of 2.4 million units of penicillin G benzathine IM for the treatment of primary, secondary and early latent syphilis (i.e., early syphilis) as outlined in the [2015 STD Treatment Guidelines](#). Additional doses to treat early syphilis do not enhance efficacy, including in patients living with HIV infection.
3. Direct questions about syphilis clinical management to an infectious disease specialist or the on-line National Network of STD Clinical Prevention Training Centers (NNPTC) STD Clinical Consultation Network (<https://www.stdccn.org>).

The St. Louis Region is experiencing a substantial increase in syphilis for the year to date. Correct and effective treatment of patients with syphilis is very important so we would emphasize that:

1. Penicillin benzathine G should be reserved for pregnant patients and patients with primary and secondary syphilis as the highest priorities.
2. Patients who are reported as contacts to syphilis need a careful exam. Those that are considered high risk (contacts to primary or secondary syphilis and/ or MSM) should have penicillin benzathine G 2.4 million units x 1. Other, lower risk patients can be considered for doxycycline 100 mg PO BID x 14 days.
3. Doxycycline can be used for late latent syphilis treatment at 100 mg PO BID x 28 days, especially in patients with established care providers and a history of follow up.

Please see <http://www.cdc.gov/std/treatment/drugnotices/bicillinshortage.htm> for additional information and follow updates on the CDC website.