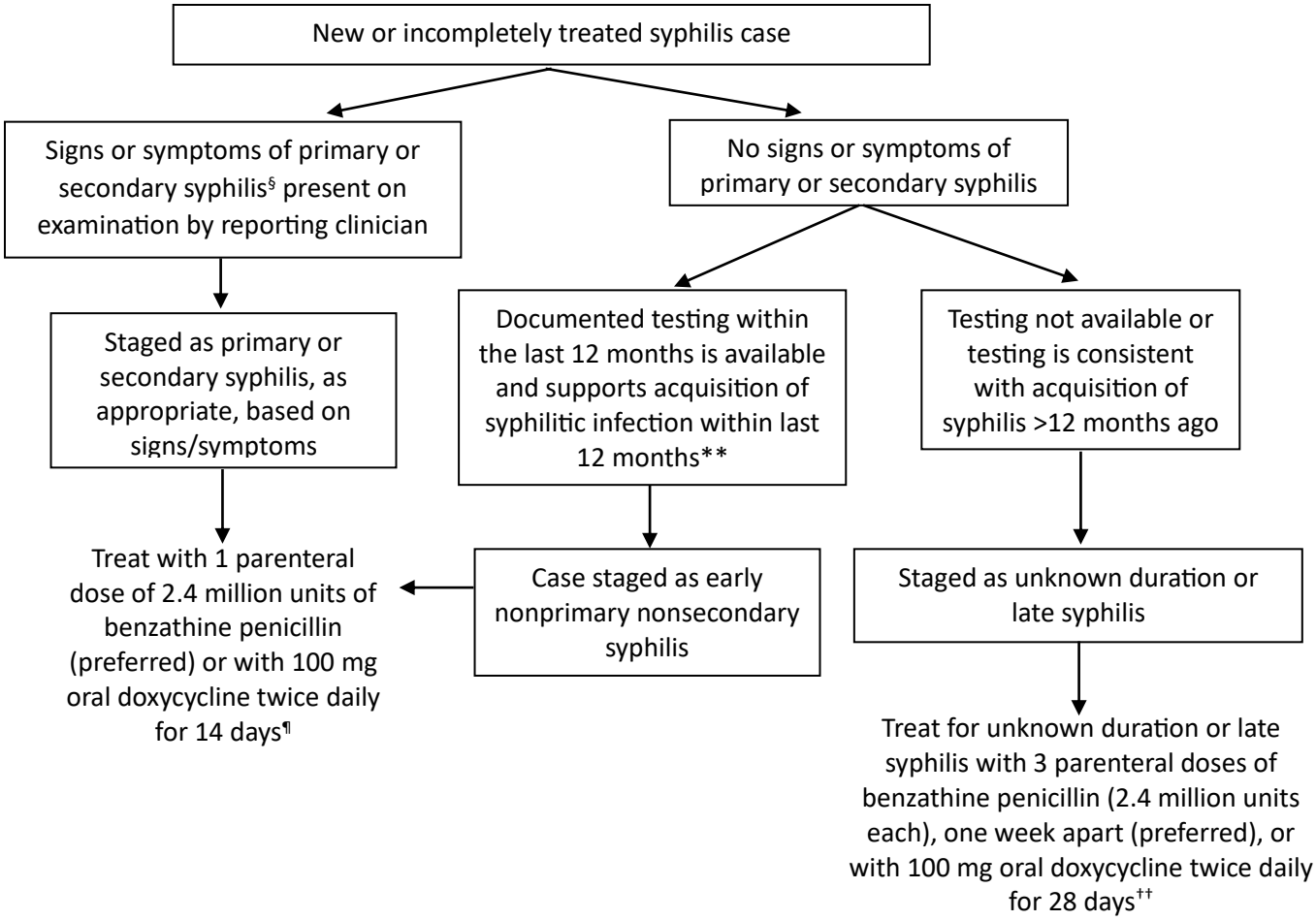
SUPPLEMENTARY FIGURE 2. Syphilis staging and treatment algorithm*,† — Alaska Correctional Facilities, October 2023–September 2025



*Based on the CDC Sexually Transmitted Infections Treatment Guidelines, 2021: Syphilis (https://www.cdc.gov/std/treatment-guidelines/syphilis.htm).

†Neurosyphilis, ocular syphilis, and otosyphilis might occur at any stage. Neurologic, ocular, or otic signs or symptoms require evaluation for neurosyphilis, ocular syphilis, or otosyphils respectively. Neurosyphilis, ocular syphilis, and otosyphilis require longer duration and higher dose treatment; see CDC Sexually Transmitted Infections Treatment Guidelines, 2021: Neurosyphilis, Ocular Syphilis, and Otosyphilis (https://www.cdc.gov/std/treatment-guidelines/neurosyphilis.htm).

§The sole sign of primary syphilis is typically a painless chancre, although primary syphilis can also present with multiple, atypical, or painful lesions. Signs of secondary syphilis include mucocutaneous rash on the palms, soles, or trunk; mucous patches; or condylomata lata.

¶Clinicians may consider additional treatment for primary, secondary, or early nonprimary nonsecondary syphilis during pregnancy. During pregnancy, doxycycline is contraindicated and penicillin G is the only recommended therapeutic option.

**The patient had a negative treponemal test within the past 12 months or a known previously treated infection with testing results in the preceding 12 months consistent with a resolved infection.