

## TEST QUESTIONS

1. Which of the following contributed to the decrease in reported syphilis cases that began in the 1950s?
  - a) The end of World War II
  - b) The beginning of the Korean War
  - c) Use of penicillin to treat syphilis
  - d) Decrease in syphilis surveillance efforts
2. At which stage of syphilis can neurosyphilis occur?
  - a) Primary syphilis
  - b) Secondary syphilis
  - c) Early latent syphilis
  - d) Latent syphilis of unknown duration
  - e) Any stage of disease
3. A syphilis chancre can mimic which diseases?
  - a) Herpes and chancroid
  - b) Chlamydia and herpes
  - c) PID and chlamydia
  - d) HPV and gonorrhea
4. What is the distinctive shape of *Treponema pallidum*?
  - a) Isosahedral-shaped
  - b) Corkscrew-shaped
  - c) Ciliated body
  - d) Rod-shaped
5. To what values are follow-up titers compared?
  - a) CDC guideline standards
  - b) Nontreponemal titers obtained on the day of treatment
  - c) Sex partner's titers
  - d) None of the above are correct
6. Rates of primary and secondary syphilis in the U.S. have declined every year since 1990.
  - a) True
  - b) False
7. Which of the following are true about syphilis in the U.S.? (Mark all that apply)
  - a) Recent syphilis outbreaks have occurred in subpopulations of men who have sex with men (MSM).
  - b) Reported cases of primary and secondary (P&S) syphilis reached an all-time low in 2000.
  - c) P&S syphilis is widespread throughout the United States

- d) Syphilis disproportionately affects African Americans.
8. Which of the following is true about primary syphilis?
- a) A painful chancre occurs at the site of inoculation.
  - b) The chancre is generally painless and resolves without treatment.
  - c) Nontreponemal serologic tests are always positive.
  - d) Generalized lymphadenopathy is common.
9. Which of the following is **not** a sign of secondary syphilis?
- a) Alopecia
  - b) Chancre at the site of inoculation
  - c) Condylomata lata
  - d) Palmar/plantar rash
  - e) Papulosquamous rash
10. Mucocutaneous lesions are most commonly seen during which stage of syphilis?
- a) Primary
  - b) Secondary
  - c) Latent
  - d) Tertiary
11. Which of the following is true regarding treatment of a woman diagnosed with secondary syphilis in her 36<sup>th</sup> week of pregnancy?
- a) The recommended treatment is erythromycin 500 mg four times daily for 14 days.
  - b) Syphilis is not transmitted to the fetus so she does not have to worry about her baby.
  - c) She will get multiple shots and this will be adequate treatment for both she and the baby.
  - d) She needs immediate treatment with penicillin and the baby will need treatment after birth.
12. In pregnancy, the risk of transmission to the fetus is highest during which stage(s) of syphilis?
- a) Primary and secondary
  - b) Late latent
  - c) Early latent
  - d) The risk is the same regardless of the stage of disease.
13. Which of the following is true regarding the progression of syphilis?
- a) The most common clinical manifestation of primary syphilis is a chancre at the site of inoculation.
  - b) Mucocutaneous lesions may occur during secondary syphilis.
  - c) Tertiary syphilis is rare.
  - d) All of the above are correct.

14. A patient with no clinical signs or symptoms, a history of a palmar rash six months ago, and a positive serologic test for syphilis (positive nontreponemal test with a positive confirmatory treponemal test) fits the criteria for:
- Secondary syphilis
  - Late latent syphilis
  - Early latent syphilis
  - None of the above.
15. Which of the following is true regarding the diagnosis of syphilis?
- A reactive RPR or VDRL is sufficient for diagnosis of syphilis.
  - The serofast reaction occurs when a nontreponemal test reaction is overwhelmed by antigen-antibody excess.
  - A reactive nontreponemal test should be confirmed by a treponemal test.
  - VDRL and RPR results cannot be reported quantitatively.
16. Which of the following may cause a false-positive serologic test for syphilis?
- Autoimmune disease
  - Febrile illness
  - Drug abuse
  - All of the above
17. Which of the following are appropriate next steps in assessing a patient known only to have a “positive RPR”?
- Order a quantitative serologic nontreponemal test (e.g., RPR) and a confirmatory serologic treponemal test (e.g., FTA-ABS or TP-PA).
  - Obtain a detailed history and assess whether the patient has had syphilis before.
  - Contact your local health department STD program to see if they have additional information about the patient.
  - All of the above may be appropriate.
18. The CDC-recommended treatment for primary syphilis without neurological involvement in an adult is:
- Benzathine penicillin G 7.2 million units IM in single dose
  - Benzathine penicillin G 7.2 million units IM in 3 divided doses
  - Benzathine penicillin G 2.4 million units IM in a single dose
  - Doxycycline 100 mg orally daily for 14 days
19. The CDC-recommended treatment for tertiary syphilis without neurological involvement in an adult is:
- Benzathine penicillin G 7.2 million units administered as 3 doses each at 1-week intervals
  - Benzathine penicillin G 7.2 million units administered as 1 dose
  - Doxycycline 100 mg orally twice daily for 14 days
  - Tetracycline 500 mg orally 4 times per day

20. The CDC-recommended therapy for a pregnant woman with early latent syphilis is:
- a) Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals
  - b) Benzathine penicillin G, IM, 2.4 million units in a single dose
  - c) Erythromycin 500 mg orally 4 times a day for 14 days
  - d) Doxycycline 100 mg orally twice a day for 14 days
21. As part of the follow up for adult patients with late latent syphilis (without HIV infection), quantitative VDRL or RPR should be repeated at \_\_\_ months after treatment?
- a) 3
  - b) 6
  - c) 9
  - d) 12
22. Which of the following changes in titer should prompt concern about possible treatment failure or reinfection?
- a) Treatment date: RPR 1:128, six-month follow up: RPR 1:32
  - b) Treatment date: VDRL 1:128, six-month follow up: VDRL 1:16
  - c) Treatment date: RPR 1:128; six-month follow up: RPR 1:64
  - d) All of the above reflect adequate response to therapy.
23. Patients with syphilis should be advised that:
- a) The patient may be “serofast” or have positive treponemal and nontreponemal serologic tests for life.
  - b) All at-risk sex partners need to be evaluated and possibly treated for syphilis, even if they have not noticed symptoms.
  - c) Untreated syphilis can lead to serious sequelae, including neurologic and cardiovascular disorders.
  - d) All of the above.
24. Joey was diagnosed with primary syphilis and treated on April 15. At that time, he had a penile lesion that had been present for two weeks. He had three sex partners since the beginning of the year. Which of them should be treated presumptively?
- a) Frances (last exposure March 15)
  - b) Taylor (last exposure April 7)
  - c) Casey (last exposure February 14)
  - d) All of them should be treated presumptively.
25. Who is responsible for reporting a case of syphilis to the local health department?
- a) The laboratory
  - b) The health care provider

- c) None of the above—syphilis is not reportable in most states.
- d) Reporting can be provider or laboratory based.