



Date: Wednesday, October 23rd, 2024

To: Our Valued Providers

From: Jennifer Holmes, MLS (ASCP)^{CM}

Through: Theresa Savidge, CPH, M(ASCP)^{CM} and Jayme Parker HCLD (ABB), PhD, MSPH, MB (ASCP)^{CM}

Subject: Syphilis and Cryptosporidium/Giardia Testing and Reporting Updates

1. Alaska State Public Health Laboratories is updating their current test directory and the following test will be **discontinued** starting January 1st, 2025: *Giardia and Cryptosporidium Direct Fluorescent Antibody (DFA) Stain*. We will still be offering the Acid-Fast Stain for Cystoisospora (Isospora), Cyclospora, and Cryptosporidium oocysts as well as the Ova and Parasite Exam for Giardia detection, among others.
2. The following RPR/FTA test requirements and comments will **change** effective November 1st, 2024:

The RPR/FTA test collection will require:

- Serum tube collections allowed to clot at RT for 15-30 minutes before being spun. Serum should be separated immediately after for transportation.
- Specimens should be sent refrigerated if transportation will not exceed 48 hours post-collection.
- If greater than 48 hours after collection, samples should be frozen.

The following comments have been added and/or changed (in bold):

Result	Comment
Non-Reactive RPR	No laboratory evidence of syphilis. If recent exposure is suspected, redraw sample in 2-4 weeks. Consider presumptive treatment if the patient has symptoms consistent with syphilis. Presumptive treatment is indicated if known exposure in last 90 days regardless of test result.
Weakly Reactive RPR/Non-reactive FTA	Nontreponemal antibodies detected. Syphilis unlikely; biological false positive possible. Clinical evaluation should be performed to identify signs, symptoms, or past history of infection. If recent exposure is suspected, redraw sample in 2-4 weeks. Consider presumptive treatment if the patient has symptoms consistent with syphilis. Presumptive treatment is indicated if known exposure in last 90 days regardless of test result.

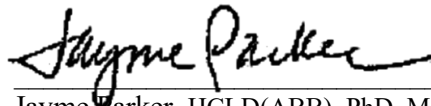
Weakly Reactive RPR/Reactive FTA	Treponemal antibodies detected. Consistent with past or current (potential early) syphilis. Clinical evaluation should be performed to identify sign, symptoms, or past history of infection or treatment. If recent exposure is suspected, redraw sample in 2-4 weeks. Consider presumptive treatment if the patient has symptoms consistent with syphilis. Presumptive treatment is indicated if known exposure in last 90 days regardless of test result.
Reactive RPR/Non-Reactive FTA	Nontreponemal antibodies detected. Syphilis unlikely; biological false positive possible. Clinical evaluation should be performed to identify current signs and symptoms and past history of infection or treatment. If recent exposure is suspected, redraw sample in 2-4 weeks. Consider presumptive treatment if the patient has symptoms consistent with syphilis. Presumptive treatment is indicated if known exposure in last 90 days regardless of test result.
Reactive RPR/Reactive FTA	Treponemal and nontreponemal antibodies detected. Consistent with past or current (potential early) syphilis. Clinical evaluation should be performed to identify current signs and symptoms and past history of infection or treatment.
Non Reactive RPR/Reactive FTA	Treponemal antibodies detected. Consistent with past or current (potential early) syphilis. Clinical evaluation should be performed to identify current signs and symptoms or past history of infection. If past history of completed treatment reported, no further management is needed unless symptomatic or recent exposure suspected. If no symptoms or past history of completed treatment, and if recent exposure suspected, redraw sample in 2-4 weeks. If results repeat consult clinician. Consider presumptive treatment if the patient has symptoms consistent with syphilis. Presumptive treatment is indicated if known exposure in last 90 days regardless of test result.
Previous Positive FTA	FTA test not performed due to history of previously positive treponemal test. Clinical evaluation should be performed to identify current signs and symptoms or past history of infection. If recent exposure suspected, redraw sample in 2-4 weeks. Consider presumptive treatment if the patient has symptoms consistent with syphilis. Presumptive treatment is indicated if known exposure in last 90 days regardless of test result.

If you have any questions, feel free to contact the Alaska State Public Health Laboratory at (907) 334-2100.

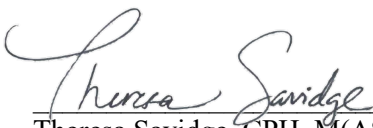
Sincerely,



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