



Updated Technical Bulletin

Cerebrospinal Fluid Syphilis Serology (VDRL) will Reflex to Titration

TO: Our Valued Clients

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SUBJECT: The VDRL test performed on CSF will automatically reflex to provide a titer

Effective **11/23/2020**, Diagnostic Laboratory Services (DLS) will replace our current VDRL, CSF test with VDRL, CSF Reflex to Titer.

Serological diagnosis of syphilis is a 2-step process; typically a nontreponemal screen (e.g. RPR or VDRL) and a treponemal confirmation (e.g., TPPA, FTA-ABS)*. Because nontreponemal test antibody levels can correlate with disease activity and are used to follow treatment response, a titration should be performed when a CSF specimen is positive. A fourfold change in titer, equivalent to a change of two dilutions (e.g., from 1:16 to 1:4 or from 1:8 to 1:32), is considered necessary to demonstrate a clinically significant difference between two nontreponemal test results that were obtained using the same serologic test.

Nontreponemal test titers usually decline after treatment and might become nonreactive with time (i.e. 2 to 3 years, but the time period is dependent upon the patient and the stage of disease) while treponemal results remain positive.

*False positive results may occur with the nontreponemal tests as a result of other conditions, such as systemic lupus erythematosus, leprosy, brucellosis, atypical pneumonia, typhus, yaws, pinta, or pregnancy.

Reference

Sexually transmitted diseases treatment guidelines, 2015. MMWR (reviewed 12-27-2019):
<https://www.cdc.gov/std/tg2015/default.htm>

Test Description	Order Code	Specimen Requirement	Specimen Rejection	CPT
NEW: VDRL, CSF Reflex to Titer	59R	CSF	Hemolyzed, Contaminated, Grossly contaminated with blood or bacteria	VDRL, CSF Screen (86592) VDRL, CSF Titer (86593)
INACTIVATE: VDRL, CSF	59	CSF	Hemolyzed, Contaminated, Grossly contaminated with blood or bacteria	VDRL, CSF Screen (86592)

Please refer any questions to Dr. Wesley Kim at 589-5131, or DLS Client Services at 589-5101.