

Congenital Syphilis Health Advisory October 3, 2019

Background

Syphilis cases have been increasing in men and women nationally, including women of childbearing age. Untreated syphilis during pregnancy can result in devastating health outcomes for the baby, including stillbirth or perinatal death, and congenital syphilis (CS) can be prevented by timely treatment of maternal syphilis.

In 2018, Texas saw increased cases of syphilis in women of childbearing age and of CS. In Texas, the number of CS cases increased 124% between 2017 (164 cases) and 2018 (367 cases). This is largest number of CS cases reported annually in Texas in more than 20 years and includes 352 probable cases, 2 confirmed cases, and 13 cases of syphilitic stillbirth.

In Bexar County, CS cases reported to the San Antonio Metropolitan Health District has more than tripled from 17 in 2017 to 61 in 2018. There have been 3 cases reported in 2018 for the additional 27 counties in Public Health Region 8 compared to 1 in 2017. The total includes all babies born to women with a history of syphilis and no documented treatment. This is different from the past years, when only women with syphilis diagnosis during the current pregnancy and no or inadequate treatment were reported.

New Legislation

As of September 1, 2019, Texas Health and Safety Code §81.090 mandates syphilis screening:

- At first prenatal care examination
- During third trimester (no earlier than 28 weeks gestation)
- At delivery

This represents a change from previous testing requirements, which mandated syphilis testing two times during pregnancy: at the first prenatal care examination and again during the third trimester.

Recommendations for Healthcare Providers

Screen all pregnant women for syphilis at the first prenatal encounter, during the third trimester (no earlier than 28 weeks gestation), and at delivery.

Evaluate for clinical signs/symptoms and laboratory evidence of syphilis.
(Signs/symptoms of syphilis are summarized in table 1 below.)

- Look for clinical manifestations of early syphilis, which include:
 - Chancre, which typically presents as a painless ulcer with raised margin and non-purulent base, often near the anus, genitalia, or mouth
 - Bilateral rash on palms/soles
 - Generalized body rash of any type, often on the trunk
 - Condyloma lata, presenting as large, raised, gray or white lesions on moist, warm areas of the body

- Order serologic tests for syphilis.
- Review syphilis test results in the context of the patient's prior syphilis testing and treatment. If documentation of prior treatment is not available, contact your local or regional health department for additional syphilis testing and treatment history.
- Consider consulting an infectious disease specialist for assistance interpreting results and determining appropriate treatment, if needed.
- Thoroughly evaluate all newborns potentially exposed to syphilis *in utero*.

Treat promptly pregnant women who are diagnosed with syphilis or exposed to syphilis over the last 90 days. (Recommended treatment is summarized in table 2 below.)

- Parenteral penicillin G is the only acceptable syphilis treatment for pregnant women.
 - Intramuscular benzathine penicillin G is the recommended treatment for pregnant women with syphilis who do not have neurologic involvement.
 - Pregnant women with syphilis who report a penicillin allergy must be desensitized and then treated with parenteral penicillin G.
- The treatment regimen must be appropriate for stage of infection, as detailed in the Centers for Disease Control and Prevention 2015 Sexually Transmitted Disease (STD) Treatment Guidelines (www.cdc.gov/std/tg2015/default.htm).
 - For patients with late latent syphilis, administer the three doses of benzathine penicillin G at one-week intervals. Pregnant women who miss any dose by greater than 14 days must repeat the full course.
 - Repeat syphilis titers monthly to document adequacy of response to treatment. Because many patients will deliver before their serologic response to treatment can be adequately assessed, post-partum follow-up of both mother and newborn are critical.
 - Screen for HIV in accordance with Texas Health and Safety Code §81.090. Syphilis treatment recommendations are the same regardless of HIV status.
 - Consider referral of patients to the local health department STD clinic for assistance with syphilis treatment.

Report promptly to the appropriate local or regional health department.

Bexar County Residents:

San Antonio Metropolitan Health District
 STD/HIV Program
 Phone: (210) 207-8830
 Fax: (210) 207-2116

Residents of Other Counties:

Texas Department of State Health Services
 Public Health Region 8
 Phone: (210) 949-2121
 Fax: (210) 949-2059

Update your electronic health record (EHR)/electronic medical record (EMR). Review current EHR/EMR systems to ensure that automated laboratory test algorithms, as well as other prompts or flags, are updated to incorporate current testing requirements.

Table 1. Summary of Signs and Symptoms of Syphilis by Stage of Infection

| Signs and Symptoms | Stage of Syphilis | | | |
|---|-------------------|-----------|--------------|---------------------------------|
| | Primary | Secondary | Early latent | Unknown duration or late latent |
| Lesion(s) at site of exposure (chancre) | x | | | |
| Bilateral rash on palms and/or soles | | x | | |
| Generalized rash, often involving trunk | | x | | |
| Large, raised, grey or white lesions in warm, moist areas of body (condyloma lata) | | x | | |
| No active signs/symptoms but patient recalls above sign/symptom occurring within the past 12 months | | | x | |
| No active signs/symptoms and patient does not recall above sign/symptom within the past 12 months | | | | x |

Table 2. Summary of Recommended Treatment Regimens for Syphilis Cases Without Neurologic Involvement, per CDC Guidelines

| Stage of Syphilis | Benzathine Penicillin G | |
|---------------------------------|---------------------------------------|---|
| | 2.4 million units IM as a single dose | 7.2 million units IM, administered as 3 doses of 2.4 million units each at 1-week intervals |
| Primary | x | |
| Secondary | x | |
| Early latent | x | |
| Unknown duration or late latent | | x |