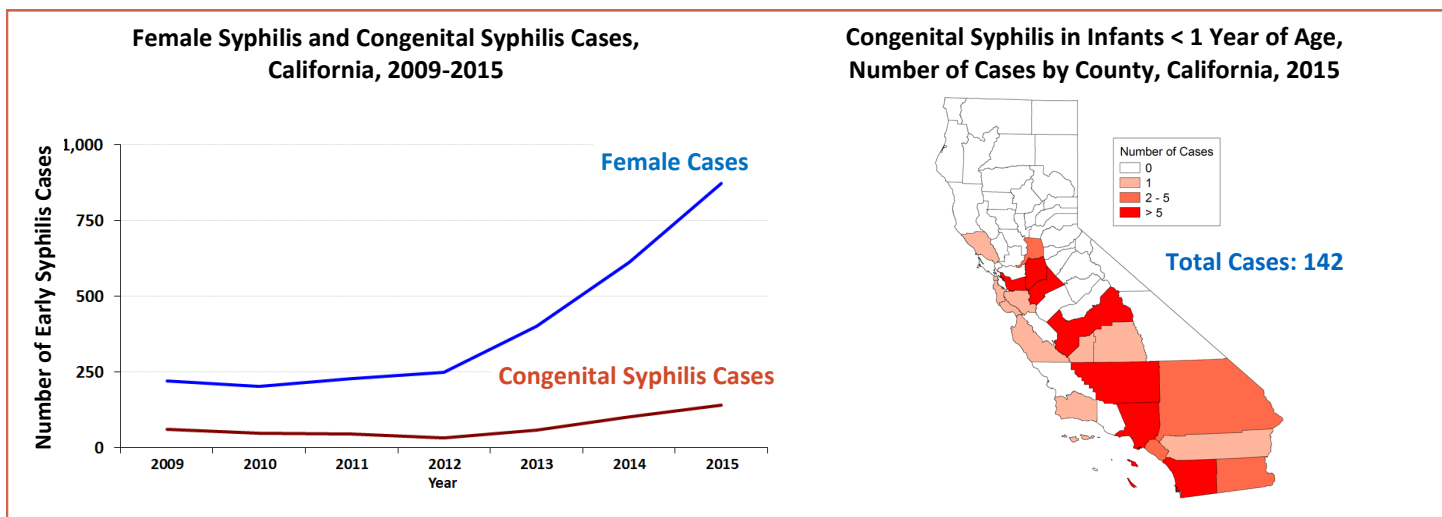




THE PROBLEM: INCREASING CONGENITAL SYPHILIS IN CALIFORNIA

California has had a concerning increase in syphilis among women. This has been accompanied by a three-fold increase in congenital syphilis cases from 2011 to 2015. In 2015, most female early syphilis cases and congenital syphilis cases in California were reported from the Central Valley.¹ Most women who gave birth to babies with congenital syphilis received prenatal care late in pregnancy or not at all.

This increase in numbers of congenital syphilis cases in California is an important public health problem requiring immediate attention from medical providers caring for pregnant women and women of reproductive age.



WHAT IS CONGENITAL SYPHILIS?

Congenital syphilis occurs when syphilis is transmitted from an infected mother to her fetus during pregnancy. It is a potentially devastating disease that can cause severe illness in babies including premature birth, low birth weight, birth defects, blindness and hearing loss. It can also lead to stillbirth and infant death.²

CONGENITAL SYPHILIS CAN BE PREVENTED!

Congenital syphilis can be prevented with early detection and timely and effective treatment of syphilis in pregnant women and women who could become pregnant. Preconception and interconception care should include screening for HIV and sexually transmitted diseases (STDs), including syphilis, in women at risk, in addition to access to highly effective contraception.

PRENATAL SCREENING: IT'S THE LAW!

All pregnant women should receive routine prenatal care which includes syphilis testing. **In California, it is required by law that pregnant women get tested for syphilis at their first prenatal visit.**³

Syphilis testing should be repeated during the third trimester (28-32 weeks gestational age) and at delivery in women who are at high risk for syphilis or live in areas with high rates of syphilis,⁴ particularly among females. Routine risk assessment should be conducted throughout pregnancy to assess the risk factors highlighted in the box on page 2; this should inform the need for additional testing.

Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least once during pregnancy and, for at-risk women, again at delivery.

1. California Department of Public Health (CDPH) Sexually Transmitted Diseases Control Branch 2015 STD Surveillance Report <http://www.cdph.ca.gov/data/statistics/Pages/STDData.aspx> and Congenital Syphilis Prevention Guidance <https://www.cdph.ca.gov/programs/std/Documents/Bauer-CA-STD-Controllers-Letter-Congenital-Syphilis.pdf>

2. Centers for Disease Control and Prevention Syphilis Fact Sheet <http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>.

3. California State Code <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=120001-121000&file=120675-120715>.

4. Centers for Disease Control and Prevention 2015 Treatment Guidelines for Syphilis in Pregnancy <http://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>.

WOMEN WHO WOULD BENEFIT FROM ADDITIONAL SYPHILIS TESTING IN THE THIRD TRIMESTER (28-32 WEEKS) AND AT DELIVERY INCLUDE THOSE WHO:

- Have signs and symptoms of syphilis infection.
- Live in areas with high rates of syphilis, particularly among females.
- Receive late or limited prenatal care.
- Did not get tested in the first or second trimester.
- Have partners that may have other partners, or partners with male partners.
- Are involved with substance use or exchange sex for money, housing, or other resources.

COMMON MISTAKES

Not reporting syphilis cases to local health departments within 24 hours.

Not strictly adhering to treatment guidelines for pregnant women with syphilis.

Not properly conducting routine risk assessment throughout pregnancy to determine need for additional testing.

DIAGNOSING SYPHILIS

Syphilis is diagnosed by reviewing patient history, taking a sexual risk assessment, physical exam, and blood tests. Making the diagnosis of syphilis requires interpretation of both treponemal and non-treponemal serology tests results. For guidance on interpreting syphilis test results, refer to the CDPH screening and diagnostic guide listed in the *Resources for Health Care Providers* section.

SYPHILIS TREATMENT

Treatment for a pregnant woman is based on the stage of her infection. To prevent adverse pregnancy outcomes, physicians should treat patients as soon as possible.⁵ Treating a pregnant woman infected with syphilis also treats her fetus.⁶

Treatment for Early Syphilis
(determined to be less than one year's duration)

Benzathine penicillin G 2.4 million units by intramuscular injection in a single dose

OR

Treatment for Late Latent Syphilis or Unknown Duration

Benzathine penicillin G 2.4 million units by intramuscular injection every 7 days for 3 weeks (7.2 million units total)

In pregnancy, penicillin is the only recommended therapy. Pregnant women with penicillin allergies should be desensitized and treated with penicillin.⁷ There are no alternatives.

For pregnant women, benzathine penicillin doses for treatment of late latent syphilis must be administered at 7-day intervals; if a dose is missed or late, the entire series must be restarted.

PARTNER TREATMENT AND THE ROLE OF LOCAL HEALTH DEPARTMENTS

Because sex with an untreated partner can cause re-infection, it is especially important to ensure that the partner(s) receive treatment and to inform pregnant women about the risk to their infants if they have sex with an untreated partner. Local health departments are key collaborators in the prevention of congenital syphilis, and can assist with partner treatment.

California law requires that all syphilis infections be reported to the local health department where the patient resides within 24 hours of diagnosis. Contact information for local health department staff working on syphilis prevention and reporting can be found here: http://www.cdph.ca.gov/HealthInfo/Documents/LHD_CD_Contact_Info.doc

RESOURCES FOR HEALTH CARE PROVIDERS

Centers for Disease Control and Prevention: <http://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

California Department of Public Health (CDPH): <https://www.cdph.ca.gov/HealthInfo/discond/Pages/CongenitalSyphilis.aspx>

CDPH, Use of Treponemal Immunoassays for Screening and Diagnosis of Syphilis http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/Treponemal_Immunoassays_for_Syphilis_Screening_and_Diagnosis.pdf

5. CDC 2015 STD Treatment Guidelines Syphilis During Pregnancy <http://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>.

6. De Santis, M., De Luca, C., Mappa, I., Spagnuolo, T., Licameli, A., Straface, G., & Scambia, G. (2012). Syphilis infection during pregnancy: Fetal risks and clinical management. *Infectious Diseases in Obstetrics and Gynecology*, 2012.