Public Health Alert December 19, 2022

TO: North Carolina Medical Providers

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SUBJECT: Increase in Female and Congenital Syphilis Infections

Syphilis infection among women of reproductive age is on the rise in North Carolina. Between 2012 and 2021, there was a 538% increase in reported syphilis cases among women with an associated 4100% increase in congenital syphilis infections.

Congenital syphilis is entirely preventable through the early detection and appropriate treatment of maternal infection during pregnancy. Failure to conduct all required syphilis screenings and provide timely treatment can result in poor pregnancy outcomes such as miscarriage, stillbirth, preterm delivery, and perinatal death. Additionally, illnesses associated with congenital syphilis can manifest in the newborn or later in childhood including hydrops fetalis, hepatosplenomegaly, blindness, deafness, and deformities of the bones and teeth. Infected infants may be asymptomatic at birth but, if left untreated, manifest terrible complications later in life.

North Carolina public health law requires healthcare providers screen all pregnant women for syphilis during the first prenatal visit, between 28-30 weeks gestation, and at delivery. Failure to adhere to NC’s public health law will result in missed opportunities to identify, treat, and prevent congenital syphilis.

In 2021:
- 92% of pregnant women with syphilis were asymptomatic at diagnosis; Symptom directed screening alone would have missed these infections!
- 43% of congenital syphilis mothers had little or no prenatal care prior to delivery; Delivery screen is a critical safety net for identifying infected mothers and infants!

1st Prenatal Visit 28-30 weeks Delivery
What Can Healthcare Providers Do

1) Adhere to NC’s syphilis screening during pregnancy requirements. To avoid missed opportunities to prevent congenital syphilis, pregnant women should be offered syphilis screening during non-prenatal healthcare encounters, such as urgent care or emergency room visits, in addition to prenatal care encounters.

   ➢ Two tests are necessary to diagnose syphilis: a positive RPR/VDRL screen should reflex to a confirmatory treponemal test (e.g., TP-PA, EIA, CMIA)

2) Follow the 2021 CDC’s STI Treatment Guidelines for treating syphilis in pregnancy.

   Benzathine penicillin G 2.4 million units, intramuscularly:
   ➢ 1 dose if syphilis was acquired within the prior 12 months
   ➢ 3 doses, spaced 7 days apart, if syphilis was acquired >12 months prior; if doses are missed or further than 9 days apart, treatment must be restarted

3) Ensure sex partners of pregnant women are referred to a healthcare provider or local health department for evaluation and presumptive treatment to prevent reinfection of the mother.

   ➢ Women can notify their own sex partners of exposure directly or anonymously using a partner notification website (e.g., TellYourPartner.org)

4) Screen all pregnant women diagnosed with syphilis for HIV infection.

5) Wait to discharge newborns from the hospital until the mother’s delivery syphilis testing results are known.

5) Report all new syphilis and HIV infections to NC Public Health within 24 hours of diagnosis.

Because infected infants can be asymptomatic at birth, it is critical that all infants born to untreated or inadequately treated women with syphilis be appropriately evaluated for congenital syphilis at birth. The CDC guidelines for the evaluation and treatment of congenital syphilis can be accessed here: Congenital Syphilis - STI Treatment Guidelines (cdc.gov)

Provider Resources

- 2021 CDC STI Treatment Guidelines: Syphilis - STI Treatment Guidelines (cdc.gov)
- NC Local Health Department Contact Information: County Health Departments | NCDHHS
- CDC’s syphilis images: Syphilis Images (cdc.gov)
- National STD Clinical Consultation Network: STDCCN Ask Your Question

Achieving a healthier North Carolina starts with the care you provide to your patients. Thank you for your continued partnership in preventing congenital syphilis.

For assistance, please email victoria.mobley@dhhs.nc.gov or call (919)733-3419.