CONGENITAL SYPHILIS is the transplacental transfer of syphilis from an infected mother to her child during pregnancy. Congenital syphilis infections result in a wide spectrum of symptom severity in newborns, and only severe cases are clinically apparent at birth.

In the absence of effective treatment:
- 25% of pregnancies will result in 2nd trimester miscarriage or stillbirth (especially women diagnosed with primary or secondary syphilis)\(^1\)
- 11% will result in neonatal death at term\(^1\)
- 13% will result in a preterm or low birth weight infant\(^1\)
- 20% will have clinical signs of congenital syphilis.\(^1\)

Infected babies may present with jaundice, anemia, snuffles, rash, and pseudo-paralysis.\(^1\)

At delivery, infected babies may not exhibit clear signs or symptoms of congenital syphilis infection. Without treatment, they may develop symptoms such as dermatologic lesions, swollen lymph nodes, and failure to thrive during the first few months of life (early congenital syphilis). They may not develop symptoms until after two years of age (late congenital syphilis) resulting in neurological, musculoskeletal, and developmental problems.\(^1\)

**Syphilis Testing and Indiana Code**

Indiana code (IC 16-41-15-10) requires physicians to test women when they initially become pregnant and again at the third trimester if the woman belongs to a high risk population.\(^2\)

Indiana’s Communicable Disease Reporting Rule for Physicians, Hospitals, and Laboratories (410 IAC 1-2.3) requires cases of syphilis (and other communicable diseases) to be reported within 72 hours. For confirmed or suspected syphilis cases, please call the STI Resource Center Hotline at 1-800-227-8922 for immediate assistance.\(^3\) A Disease Intervention Specialist will include contact and treat partners, which is important to reduce the risk of re-infection of the mother once she is treated.\(^3\)

**Indiana and Congenital Syphilis**

Nationwide, there has been a startling increase in the number of congenital syphilis cases. Between 2012 and 2014, the rate of congenital syphilis rose 38% across the U.S. In 2014, eight cases of congenital syphilis were reported in Indiana. This alarming increase follows a period of years without any reported cases [Figure 1].

**Testing for Syphilis**

Syphilis is diagnosed with a blood test. Individuals who have been adequately treated for syphilis can still have positive test results, so it is important to ask your patients if he or she has ever been diagnosed with or treated for syphilis. Because interpreting syphilis test results can be complicated, Indiana Disease Intervention Specialists are trained to work with clinicians to diagnose, treat, and case-manage patients with syphilis.

To make a positive syphilis diagnosis, you must have BOTH a positive screening test, including titer, and a positive confirmatory test.\(^4\)

For pregnant women, testing in particularly important. Early diagnosis and treatment of syphilis improves health outcomes for both mother and infant.

Please note: Alternate tests for syphilis are available, but please refer to your CDC treatment guidelines for other approved testing.

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For additional information on congenital syphilis in Indiana, please visit: [www.in.gov/isdh/17440.htm](http://www.in.gov/isdh/17440.htm)
CONGENITAL SYphilIS

Treatment for Syphilis

Preferred treatment for a pregnant woman is dependent on the stage of her infection. To lessen the risk of loss to follow up care, physicians should treat patients as soon as possible.6

| Early Syphilis Treatment (determined with Disease Intervention Specialist to be less than one year’s duration) |
| 2.4 mu Benzathine penicillin G IM in a single dose |

| Latent Syphilis Treatment (unknown duration) |
| 2.4 mu Benzathine penicillin G IM once a week for 3 weeks (7.2 million units total) |

*For allergies, please review the CDC STD treatment guidelines. Desensitization is recommended. 4

Treating a pregnant woman infected with syphilis also effectively treats her fetus.7 To prevent adverse pregnancy outcomes, pregnant women must be screened early, and, if positive, treated immediately, but at least 28 days before delivery. Treatment in early pregnancy reduces the potential for fetal complications.1 Because sex with an untreated partner can cause re-infection, it is especially important to inform pregnant women who have been treated of the risk to their infants should they have sex with an untreated partner.

For infants with confirmed congenital syphilis, or at high risk for having the infection, please refer to the CDC treatment guidelines at www.cdc.gov/std/treatment/2010/toc.htm. 4

Most Common Mistakes

- Not running a quantitative RPR test or confirmatory test.
- Testing the umbilical cord blood for syphilis.
- Ordering invasive procedures on infants not indicated by CDC for assessment.
- Patient’s risks are not properly evaluated for follow-up testing in the 3rd trimester.

Fast Facts

- Syphilis is curable.
- Congenital syphilis is preventable.
- All pregnant women should be tested.
- According to the CDC, the rate of congenital syphilis in the U.S. in 2014 was 11.6 cases per 100,000 live births.8
- Indiana currently ranks 15th in the U.S. for congenital syphilis at 9.6 cases per 100,000 live births.
- Local reporting authorities can be found at www.in.gov/isdh/17440.htm.

References


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