

Health Advisory

Increase in Congenital Syphilis Cases November 9, 2022

SUMMARY POINTS

- Minimize barriers to syphilis testing in pregnant patients with unstable housing, who use drugs, or may have other risk for syphilis.
- Patients in prenatal care should be screened three times in pregnancy.

In 2021, the Philadelphia Department of Public Health (PDPH) noted a substantial increase in the number of cases of syphilis among cisgender women. As a consequence, this year, we are seeing an alarming rise of congenital syphilis cases in the city. In 2022 to date, PDPH has identified 22 congenital syphilis cases, (including 2 syphilis-related fetal deaths), a 144% increase from 2021. This is the highest number of cases seen in over 30 years.

Congenital syphilis can be associated with severe sequelae, including cerebral palsy, sensorineural hearing loss and musculoskeletal deformity, as well as fetal demise. Timely testing and treatment can prevent these complications – in 2022 to date, 53 cases were averted by identifying and treating infected pregnant people engaged in prenatal care. However, 68% of infants with congenital syphilis were born to persons with late, inconsistent, or no prenatal care.

For this reason, PDPH is recommending that **health care providers in both obstetrical and non-obstetrical health settings screen pregnant patients for syphilis**. Pregnant patients receiving care or services at emergency departments, urgent care clinics, jail; mental health, drug treatment, and syringe services programs should have their current syphilis status confirmed, either by confirming adequate syphilis testing or by performing serological testing. These sites may see vulnerable people who are not otherwise engaged in health care and may be key to congenital syphilis prevention in Philadelphia. Concern about the ability to follow up on a positive test result should not be a barrier to testing; as syphilis is a reportable disease, the STD Control Program at PDPH will receive any positive test results from a Philadelphia resident and will thoroughly follow up on all patients with syphilis in pregnancy.

PDPH Recommendations:

- Minimize barriers to syphilis testing in pregnant patients with unstable housing, who use drugs, or in other women who may be at most risk.
- For patients in prenatal care, screen for syphilis three times during pregnancy:
 - The first test should be as early as possible (during the first trimester).
 - The second test should be between 28–32 weeks gestation or as soon after in the third trimester as possible.
 - The third test should be at delivery.

For more information on syphilis patient history, testing or treatment or on congenital syphilis, please call the STD Control Program at 215-685-6737.