

Health Alert

Increase in Congenital Syphilis Cases – Recommendations for Screening September 9, 2019

Thus far in 2019, 5 cases of congenital syphilis have been reported to the STD Control Program, Philadelphia Department of Public Health (PDPH). This is compared to 4 cases in all of 2018, and corresponds with a 35.9% increase to date in cases of infectious syphilis in women, particularly in women who inject drugs. In response, PDPH is providing the following recommendations.

Screening in Pregnancy:

By regulation, (028 Pa Code §27.89), providers are required to screen pregnant persons for syphilis

- at the first prenatal encounter
- in the third trimester of pregnancy (28-32 weeks gestation)
- at delivery of a live or stillborn infant

PDPH stresses that a medical encounter with a pregnant person in any setting, including Family Planning clinics, emergency departments, and other non-obstetric settings, **should be considered a prenatal encounter**. PDPH receives reports of ALL positive syphilis tests in Philadelphia and will locate patients with positive test results who do not return for care.

PDPH recommends that pregnant persons be consistently screened during pregnancy with **quantitative non-treponemal tests (RPR or VDRL)**. However, if prenatal screening is done with treponemal tests (CIA or EIA), then 1) all positive results must be reflexed to a quantitative non-treponemal test so that titers can be monitored, and 2) this method may be used at delivery. **Screening with treponemal tests at delivery in persons who have been prenatally screened using RPR or VDRL may result in an inaccurate congenital syphilis diagnosis.**

Screening of Neonates:

All neonates born to patients who have reactive serologic tests for syphilis should be evaluated with RPR or VDRL performed on the neonate's serum, not on cord blood. Cord blood can result in false positive or false negative test results. Treponemal tests on neonatal serum are not recommended.

Treatment:

Patients with primary, secondary, or early latent syphilis and their sex partners should be treated with benzathine penicillin G, 2.4 million units IM. Patients with late latent syphilis or syphilis of unknown duration and their sex partners should be treated with benzathine penicillin 2.4 million units IM weekly for 3 weeks. Infants with proven, likely or possible congenital syphilis should be treated with aqueous crystalline penicillin G, 50,000 units/kg IV every 12 hours x 7 days and every 8 hours thereafter for a total of 10 days.

Additional information regarding the diagnosis and treatment of syphilis, including congenital syphilis, is available at <https://www.cdc.gov/std/tg2015/syphilis.htm>, or by calling PDPH at 215-685-6585.

SUMMARY POINTS

- Pregnant persons must be screened for syphilis at first prenatal encounter, third trimester, and delivery.
- A medical encounter with a pregnant person in any setting, including the ER, should be considered a prenatal encounter.
- RPR or VDRL tests are recommended for syphilis screening during pregnancy.
- RPR or VDRL tests on infant serum, not cord blood, are recommended for syphilis screening in neonates.