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**Division of Disease Control**

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# ***Health Alert***

## **Increase in Congenital Syphilis**

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Since January 2007, the Philadelphia Department of Public Health (PDPH) has identified 15 cases of congenital syphilis in infants born to residents of Philadelphia. From 2004-06, no cases were reported. In 2007, 9 cases were identified; to date in 2008, there have been 7 cases. One of the 2008 cases was a stillbirth at 25 weeks gestation. Many of the congenital syphilis cases were born to women who were not in prenatal care but who did have a medical encounter prior to delivery. These encounters represent missed opportunities to screen for syphilis and possibly prevent a congenital syphilis case.

Congenital syphilis may result in fetal anomalies or demise, if infection is not identified and treated in the mother. The earlier the infection is treated, the better the outcome will be for the fetus. If maternal infection is not treated 30 days or more prior to delivery, the infant must be treated for congenital syphilis at birth. Women with primary or secondary syphilis may have a painless sore in the mouth, anus, or genitals, or may have a rash, patchy hair loss, fever, and adenopathy. However, these symptoms may be subtle and can resolve without treatment. Most women in Philadelphia who test positive for syphilis have no symptoms. Therefore, definitive diagnosis of infection requires serologic testing.

**The Commonwealth of Pennsylvania (28 Pa Code 27.89) mandates that pregnant women in Philadelphia be screened for syphilis at all of the following times:**

- At the first prenatal encounter
- At the third trimester of pregnancy
- At delivery
- At delivery of a stillborn child

**Clinicians should strongly consider syphilis screening, at each health encounter, for high-risk pregnant women, such as women:**

- With multiple sexual partners
- With a history of STD
- From medically-underserved countries or communities
- With a history of physical abuse
- Who use drugs

Because of the recent increase in congenital syphilis cases, PDPH encourages clinicians to screen pregnant women frequently. If a pregnant female presents for care in any medical setting, including an Emergency Departments or Urgent Care setting, the clinician should confirm that she is currently receiving adequate prenatal care. If prenatal care is determined to be inadequate, if it cannot be confirmed, or if the situation is unclear, an RPR or VDRL should be performed. Serologic tests should be performed even if clinicians are concerned that the patient will not return to receive the test results. PDPH is notified of all positive syphilis test results; staff will locate individuals who need treatment and assist in bringing them to care.

Pregnancy, even late pregnancy, is not a contraindication to syphilis therapy. All patients with primary, secondary, and early latent syphilis should be treated with benzathine penicillin G 2.4 million units IM. Patients with late latent or syphilis of unknown duration should be treated with benzathine penicillin G 2.4 million units IM weekly for 3 weeks.

**For additional information or assistance with syphilis diagnosis, testing, or treatment, please call PDPH at 215-685-6740. All patients with syphilis should be promptly reported to 215-685-6737.**