

What is congenital syphilis?

Congenital syphilis is caused in utero by a pregnant woman's infection with syphilis. A wide spectrum of severity exists, and only severe cases are clinically apparent at birth. Left untreated, infants and children under two years may have signs of early congenital syphilis such as hepatosplenomegaly, rash, condylomata lata, snuffles, jaundice (non-viral hepatitis), pseudoparalysis, anemia and edema (nephrotic syndrome and/or malnutrition). An older child may develop stigmata involving bone development, hearing, vision, as well as the central nervous and cardiovascular systems (e.g., interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson teeth, saddle nose, rhagades, or Clutton joints).¹

Infected babies may be born without obvious signs or symptoms. Without treatment, they may develop health problems within months of delivery (early congenital). Left untreated, infected babies can develop late congenital syphilis (stigmata). If an infected pregnant woman is not treated in a timely manner, she is at an increased risk for having a stillbirth or a baby that dies shortly after birth. Women who have primary or secondary syphilis during pregnancy are at an increased risk of stillbirth.

Is congenital syphilis a problem in Texas?

Yes. In 2012, Texas ranked third in the nation for congenital syphilis with 78 cases, or 19.4 cases per 100,000 persons, accounting for almost one fourth of the total congenital cases reported in the U.S.² This is 21 cases less than in 2011,² and given the ease of testing and treatment, the number could be even lower. Testing and treating pregnant women for syphilis is an effective, low-cost intervention that can avert potentially devastating health outcomes. In 2012, Texas ranked 6th among states for primary and secondary syphilis case rates.³ Increases in congenital syphilis may occur when women don't receive prenatal care, or receive prenatal care late in their pregnancy.

In 2012, of the 24 counties reporting at least one congenital syphilis case, Harris County reported 22, the largest number of cases. Bexar followed with 17 and Tarrant with 8. Other counties reporting cases include: Dallas (4), Lubbock (4), Hidalgo (3) and Cass, Collin and Limestone counties with 2 each.

Testing for Syphilis

Syphilis is usually diagnosed with a blood test. It is important to discuss testing and treatment history with your patient because a person could still test positive after previously receiving adequate treatment. Because of this, interpretation of syphilis test results might require consultation with another physician or expert.

Reporting Syphilis

Syphilis is a reportable disease and must be reported to your local/regional health department. If you suspect your patient has signs or symptoms of primary or secondary syphilis, you must report this to the local health department within 24 hours for public health follow-up.

For questions about disease reporting, see DSHS reporting information (www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm). If you have questions about reporting, you may also consult your local or regional health department.

Syphilis Testing and the Law

Texas law (Texas Health and Safety code 81.090) requires that every pregnant woman be tested for syphilis at her first prenatal visit and at delivery.⁴ Although not required by law, the Texas Department of State Health Services recommends testing for syphilis in the third trimester (weeks 28-32) for women who:

- Live in a high-morbidity area (rates of primary and secondary syphilis of 2.0 per 100,000 or higher)
- Have no evidence of prior testing
- Are uninsured or low income
- Previously had another STD during pregnancy
- Trade sex for money and/or drugs

Any woman who delivers a stillborn infant after 20 weeks' gestation should be tested for syphilis. Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and again at delivery.⁵ All infants born to women with reactive serologic tests for syphilis should be examined thoroughly for evidence of congenital syphilis (e.g., non-immune hydrops, jaundice, hepatosplenomegaly, rhinitis, skin rash, and pseudoparalysis of an extremity).⁶

Treatment for Syphilis

Benzathine penicillin G, administered intramuscularly, is the preferred treatment of all stages of syphilis in the pregnant woman. If the woman reports an allergy to penicillin, assessment and penicillin desensitization procedures should begin. For infants with proven congenital syphilis or at high risk for congenital syphilis, the preferred treatment is intravenous aqueous crystalline penicillin G for 10 consecutive days. Whenever possible, physicians should treat their own patients instead of referring them to other providers to avoid losing patients to follow-up.

Refer to the CDC Treatment Guidelines at www.cdc.gov/std/treatment/2010/ for information on treating syphilis, including treatment for pregnant women.⁷ Penicillin will cross the placental barrier after the 18th week of pregnancy, treating the infected fetus. Local health departments can also answer questions about treatment. Because syphilis can be passed between partners, it is also important to discuss the possibility of reinfection with syphilis if they have sex with an untreated partner.

The Payoff

Syphilis testing during pregnancy is required by law, inexpensive and relatively painless. Syphilis is treatable with low-cost medications with little or no side effects for many people. The decrease in congenital syphilis, and the devastating effects of this disease mandate that we eliminate congenital syphilis in Texas.

Endnotes

- 1 Centers for Disease Control and Prevention. www.cdc.gov/nndss/script/casedef.aspx?CondYrID=861&DatePub=1/1/1996 accessed 1/10/2014.
- 2 Centers for Disease Control and Prevention. www.cdc.gov/std/stats12/tables/42.htm accessed 1/10/2014.
- 3 Centers for Disease Control and Prevention. www.cdc.gov/std/stats12/tables/26.htm accessed 1/10/2014.
- 4 Texas Health and Safety Code. www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm#81.090 accessed 1/10/2014.
- 5 Centers for Disease Control and Prevention. www.cdc.gov/std/treatment/2010/genital-ulcers.htm#syphpreg accessed 1/10/2014
- 6 Centers for Disease Control and Prevention www.cdc.gov/std/treatment/2010/genital-ulcers.htm accessed 1/10/2014
- 7 Centers for Disease Control and Prevention. www.cdc.gov/std/treatment/2010/ accessed 1/10/2014

FAST FACTS

Syphilis is curable.
Congenital syphilis is preventable.
Offer testing to your patients, especially those who are pregnant or are trying to get pregnant.
Local reporting authorities are at www.dshs.state.tx.us/hivstd/healthcare/reporting/regions.shtm.
CDC STD Treatment guidelines are at www.cdc.gov/std/treatment/2010/toc.htm.
More information about congenital syphilis is at www.dshs.state.tx.us/hivstd/se/congenital.shtm.



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