

July 13, 2018

HEALTH ADVISORY**Recommendation for Syphilis Screening Among Pregnant Women**

The North Dakota Department of Health (NDDoH) is alerting healthcare providers in North Dakota about the rise of syphilis infections across all areas of the state. There was a 24% increase in cases from 2016 to 2017. As the total case counts have increased, so has the proportion of cases among women, especially those of childbearing age. In 2016 and 2017, women accounted for 15% and 22% of all syphilis cases. So far in 2018, women have accounted for 28% (12 cases) of all reported syphilis cases. The increase of cases among women is of concern due to the possibility of transmission to an unborn child (congenital syphilis), which can result in serious complications or death of the baby. Many of these women did not know they were at risk for syphilis due to unknown risk factors of their partners. Nationwide, congenital syphilis cases have increased 86.9% from 2012 to 2016, with 628 reported cases, including 41 syphilitic stillbirths in 2016.

Currently, all pregnant women are screened for syphilis in the first trimester. The NDDoH, following CDC guidance, is recommending pregnant women also be screened twice during the third trimester, once at 28-32 weeks gestation and again at delivery. Any woman who has a fetal death after 20 weeks gestation should be tested for syphilis. Surrounding states have found success in identifying syphilis infections late in pregnancy with this recommendation.

Action Items:

Local and Tribal Health Departments: Please forward this health advisory to all healthcare providers in your jurisdiction.

Hospitals and Clinics: Please forward this health advisory to all OB/GYN, infectious disease, primary care and emergency/urgent care providers.

Health Care Providers:

- Screen all pregnant women for syphilis in the first trimester, at 28-32 weeks gestation and at delivery.
- Pregnant women should be treated at the time of diagnosis with the penicillin regimen appropriate for the stage of infection (Table 1). Penicillin G is the only known antimicrobial for preventing maternal transmission to the fetus.
- An adequate response to treatment should be monitored throughout pregnancy.
- For pregnant women diagnosed with syphilis, information concerning ongoing risk behaviors and treatment of sex partners should be obtained to assess the risk for reinfection.

Congenital syphilis is preventable through routine screening and timely treatment. Treatment for syphilis varies depending on the stage of the infection. Some evidence suggests that additional therapy is beneficial for pregnant women. For women who are staged as having primary, secondary or early latent syphilis, a second dose of benzathine penicillin 2.4 million units IM can be administered one week after the initial dose.

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Table 1. Recommended syphilis treatment by stage

Stage	Treatment
Primary (Presence of one or more ulcerative lesions, e.g. chancre)	Benzathine penicillin G 2.4 million units IM
Secondary (Localized or diffuse mucocutaneous lesions, e.g. rash, palmar or plantar rash, alopecia)	Benzathine penicillin G 2.4 million units IM
Early latent (No symptoms, initial infection occurred within the previous 12 months)	Benzathine penicillin G 2.4 million units IM
Late Latent (No symptoms, initial infection occurred greater than 12 months previously)	Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

All neonates born to women diagnosed with syphilis in pregnancy should be evaluated for syphilis with a quantitative nontreponemal serologic test on the neonate’s serum as well as be examined thoroughly for clinical evidence of congenital syphilis. Refer to the most recent treatment guidelines located at <https://www.cdc.gov/std/tg2015/default.htm> with questions about syphilis clinical management and screening.

For any questions, please contact the NDDoH STD program at 701.328.2378 or 800.472.2180.

Categories of Health Alert Network messages:

Health Alert Requires immediate action or attention; highest level of importance

Health Advisory May not require immediate action; provides important information for a specific incident or situation

Health Update Unlikely to require immediate action; provides updated information regarding an incident or situation

HAN Info Service Does not require immediate action; provides general public health information

##This message was distributed to state and local health officers, state and local epidemiologists, state and local laboratory directors, public information officers, HAN coordinators, and clinician organizations##