

# ALARMING INCREASE IN SYPHILIS AMONG WOMEN, CONGENITAL SYPHILIS, & ASSOCIATED FETAL DEMISE

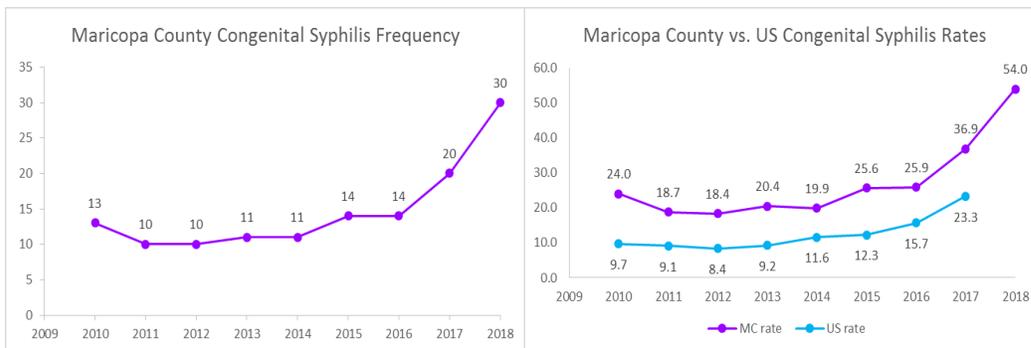
## URGENT CONCERN: PUT SYPHILIS BACK ON YOUR RADAR

Maricopa County Department of Public Health

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**Congenital Syphilis is a condition in which a pregnant woman with syphilis transmits that infection to her baby in utero.** Syphilis is connected to numerous adverse outcomes and often goes unnoticed or misdiagnosed due to vague symptomatology.

**National & County Statistics:** The lowest national rates of primary and secondary symptomatic syphilis were in 2000. Since then rates have continuously increased, with a spike in heterosexual cases after 2013. From 2014 to 2018, Maricopa County saw a 118% increase in all-stage syphilis cases and a 173% increase in congenital syphilis cases; a 50% increase from 2017 to 2018 alone. Between 2016 and 2018, the proportion of syphilis cases among females rose from 17% to 25%, accounting for a 126% increase in the total number of female syphilis cases. In 2018, 5 of 30 congenital syphilis cases experienced in Maricopa County resulted in fetal demise of the infant either by stillbirth or infant death shortly after delivery.



**Action Plan:** We emphasize the importance of testing women of child-bearing age, especially those pregnant, for syphilis with routine STD/HIV screens, to ensure women are aware of their status and adequately treated by their infection stage in a time-efficient and effective manner to reduce risk of congenital syphilis. Conduct thorough sexual histories to ensure partner(s) can successfully be contacted, tested, and treated when appropriate. Maricopa County has a team of communicable disease investigators who focus on health interviews to identify and inform potential partners of their exposure and need for testing, while connecting patients to treatment when applicable.

**Testing guidelines:** Arizona law requires syphilis testing during the first prenatal visit or first medical visit during pregnancy, which may include urgent care or emergency department settings. As a high morbidity county, all pregnant women should have repeated syphilis screening early during the third trimester and at delivery. Infants should not be discharged from hospitals until the syphilis serologic status of the mother is known. Infants born to women with reactive RPRs must have RPR tests themselves. New infections are indicated by a 4-fold increases in titer in those with a history, new reactive serologic tests in those without a history, or signs/symptoms evident of early syphilis in all. See MCDPH Order extension for the syphilis prevention policy for prenatal and obstetrical care.

**Treatment guidelines:** Timing and accuracy of proper treatment is critical. See CDC links:

Adult syphilis <https://www.cdc.gov/std/tg2015/syphilis.htm>

Congenital syphilis <https://www.cdc.gov/std/tg2015/congenital.htm>

Pregnant women diagnosed with syphilis must start treatment within 30 days of delivery and complete all doses in order for the infant to be considered not a case by maternal criteria.

**Reminder:** All syphilis test results and treatment should be thoroughly documented in the medical records of both mother and baby. Reactive syphilis tests must be reported within 24 hours. Maricopa County maintains as up to date records of syphilis tests as possible with these reports, which is an ideal resource for providers serving new patients. **Health Advisors are ready to assist you at 602-506-6205; Epidemiologists at 602-372-2849 or 602-506-5435.** <https://www.stdaz.com>

The Maricopa County Department of Public Health and the Arizona Department of Health Services strongly advise high priority syphilis testing and treatment guidelines for women of childbearing age.

### Congenital Syphilis

#### Symptomology

- Anemia
- Jaundice
- Hepatosplenomegaly
- Long bone deformities
- Skin lesions
- Skin rash
- Skin peeling
- Primary sore
- Mucous membrane lesions

#### Supplemental Labs

- Reactive CSF VDRL
- Elevated CSF protein
- Elevated CSF WBC

Patient-focused CS educational brochures have been created for distribution to healthcare facilities county-wide.

*Most mothers of CS infants claim only one sexual partner in the past year. Annual trends forecast CS spikes during the second half of the year.*

