**Concerning Increases in Syphilis in Women and Congenital Syphilis: An Update for California Health Care Providers**

**The Problem: Increasing Congenital Syphilis in California**

California has had a concerning increase in syphilis among women over the past two years. This has been accompanied by a tripling of congenital syphilis cases from 2012 to 2014. In 2014, most female early syphilis cases and congenital syphilis cases in California were reported from the Central Valley and Los Angeles County.\(^1\) Most women who gave birth to babies with congenital syphilis received prenatal care late in pregnancy or not at all.

This increase in numbers of congenital syphilis cases in California is an important public health problem requiring immediate attention from medical providers caring for pregnant women and women of reproductive age.

**What Is Congenital Syphilis?**

Congenital syphilis occurs when syphilis is transmitted from an infected mother to her fetus during pregnancy. It is a potentially devastating disease that can cause severe illness in babies including premature birth, low birth weight, birth defects, blindness and hearing loss. It can also lead to stillbirth and infant death.\(^2\)

**Congenital Syphilis Can Be Prevented!**

Congenital syphilis can be prevented with early detection and timely and effective treatment of syphilis in pregnant women and women who could become pregnant. Preconception and interconception care should include screening for HIV and sexually transmitted diseases (STDs), including syphilis, in women at risk, in addition to access to highly effective contraception.

**Prenatal Screening: It’s the Law!**

All pregnant women should receive routine prenatal care which includes syphilis testing. In California, it is required by law that pregnant women get tested for syphilis at their first prenatal visit.\(^3\)

Syphilis testing should be repeated during the third trimester (28-32 weeks gestational age) and at delivery in women who are at high risk for syphilis or live in areas with high rates of syphilis,\(^4\) particularly among females. Routine risk assessment should be conducted throughout pregnancy to assess the risk factors highlighted in the box on page 2; this should inform the need for additional testing.

Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined at least once during pregnancy and, for at-risk women, again at delivery.

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**Diagnosing Syphilis**

Syphilis is diagnosed by reviewing patient history, taking a sexual risk assessment, physical exam, and blood tests. Making the diagnosis of syphilis requires interpretation of both treponemal and non-treponemal serology tests results. For guidance on interpreting syphilis test results, refer to the CDPH screening and diagnostic guide listed in the Resources for Health Care Providers section.

**Syphilis Treatment**

Treatment for a pregnant woman is based on the stage of her infection. To prevent adverse pregnancy outcomes, physicians should treat patients as soon as possible. Treating a pregnant woman infected with syphilis also treats her fetus.

<table>
<thead>
<tr>
<th>Treatment for Early Syphilis (determined to be less than one year’s duration)</th>
<th>OR</th>
<th>Treatment for Late Latent Syphilis or Unknown Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benzathine penicillin G 2.4 million units by intramuscular injection in a single dose</td>
<td>Benzathine penicillin G 2.4 million units by intramuscular injection every 7 days for 3 weeks (7.2 million units total)</td>
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</tbody>
</table>

*In pregnancy, penicillin is the only recommended therapy.* Pregnant women with penicillin allergies should be desensitized and treated with penicillin. There are no alternatives.

For pregnant women, benzathine penicillin doses for treatment of late latent syphilis *must be administered at 7-day intervals*; if a dose is missed or late, the entire series must be restarted.

**Partner Treatment and the Role of Local Health Departments**

Because sex with an untreated partner can cause re-infection, it is especially important to ensure that the partner(s) receive treatment and to inform pregnant women about the risk to their infants if they have sex with an untreated partner. Local health departments are key collaborators in the prevention of congenital syphilis, and can assist with partner treatment.

*California law requires that all syphilis infections be reported to the local health department where the patient resides within 24 hours of diagnosis.* Contact information for local health department staff working on syphilis prevention and reporting can be found here: [http://www.cdph.ca.gov/HealthInfo/Documents/LHD_CD_Contact_Info.doc](http://www.cdph.ca.gov/HealthInfo/Documents/LHD_CD_Contact_Info.doc)

**Resources For Health Care Providers**

Centers for Disease Control and Prevention: [http://www.cdc.gov/std/syphilis](http://www.cdc.gov/std/syphilis)


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