

Prevent Congenital Syphilis with Timely Screening, Diagnosis, and Treatment during Pregnancy

1. SCREEN	2. STAGE	3. TREAT	4. TEST
<p>Screen all patients at first prenatal visit, third trimester (28 weeks), and at delivery</p> <p>Use a combination of treponemal specific (e.g. EIA, TPPA) and non-specific tests (e.g. RPR), or a high clinical index of suspicion for primary syphilis, to make the diagnosis</p>	<p>Primary: Chancere</p> <p>Secondary: Rash, alopecia, adenopathy, condylomata lata, and/or other mucocutaneous findings</p> <p>Early-Latent: Asymptomatic, and infection occurred within one year of diagnosis</p> <p>Late-Latent or Unknown: Asymptomatic, and infection occurred over one year ago or duration is unknown</p> <p>Neurosyphilis can occur at any stage</p>	<p>Primary, Secondary & Early-Latent: Benzathine penicillin G 2.4 million units IM, single dose</p> <p>Late-Latent or Unknown Duration: Benzathine penicillin G 2.4 million units IM weekly for 3 weeks.</p> <p>Neurosyphilis: Aqueous penicillin G, 3-4 million units IV every 4 hours for 10-14 days</p>	<p>If treatment \leq 24 weeks gestation: Repeat syphilis titer 8 weeks after treatment and at delivery</p> <p>If treatment $>$ 24 weeks gestation: Repeat testing at delivery</p> <p>Test sooner if concern for reinfection or treatment failure</p> <p>Titers can fluctuate in pregnancy (4-fold decline may not be seen prior to delivery); a rising titer should be confirmed with repeat testing 2 weeks later</p>

Special Considerations in Pregnancy

When syphilis is diagnosed in the second half of pregnancy: obtain a fetal ultrasound to evaluate for congenital syphilis and provide counseling on the Jarisch-Herxheimer reaction.

Consider more frequent screening based on patient/partner factors including: Multiple partners, sex in combination with drug use or transactional sex, late to or lack of prenatal care, methamphetamine or heroin use, incarceration, and unstable housing.



Syphilis in Pregnancy – Special Considerations

Screen in the first and third trimesters

In NYS, late identification of seroconversion during pregnancy is the most commonly noted missed opportunity in congenital syphilis cases

Benzathine penicillin is the only recommended treatment

for pregnant persons with syphilis

Treat early and avoid delays

When treatment requires 3 weekly doses of benzathine penicillin, if follow up dose(s) are delayed with dosing interval >9 days, restart the 3-dose series

⚠️ Managing Penicillin Allergy

Penicillin allergies are often over or misreported, a detailed history surrounding the allergy is indicated to determine next steps for treatment

Allergic reactions of greatest concern that may require desensitization are primarily IgE-mediated (e.g. Anaphylaxis, angioedema, urticaria, shortness of breath and wheezing)

Patients can be referred for penicillin skin testing to better define the nature of the allergy (if uncertain), and whether allergy persists for those with remote (>10 years) reactions

Pregnant persons with syphilis and a verified allergy to penicillin should undergo penicillin desensitization in a hospital setting, and then be treated with penicillin accordingly

Source: Workowski KA, Bachmann LH, Chan PA et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70(4):39-60



Resources

CEI line information: [1-866-637-2342](tel:1-866-637-2342)

Press 6, then Press 1 to speak with a pediatric ID specialist about syphilis in newborns

Press 6, then Press 2 to speak with an adult ID specialist about syphilis, syphilis in pregnancy, and other STI related questions

CDC Syphilis Treatment Guideline:
www.cdc.gov/std/treatment-guidelines/syphilis.htm

Syphilis Training: www.CEItraining.org