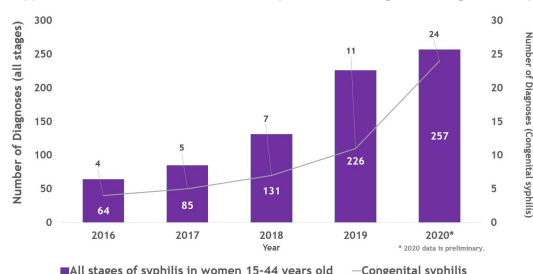


Provider Management for the Prevention of Congenital Syphilis in Colorado



Colorado Syphilis Cases: Cis-Women of Reproductive Age & Congenital Syphilis



Syphilis is on the rise in Colorado

- The number of reproductive aged women diagnosed with syphilis increased over 4 times from 2016 - 2020.
- Congenital syphilis cases increased near 6 times over the same period.

What is congenital syphilis?

- Congenital syphilis occurs when syphilis passes to the fetus during pregnancy.
- Fetal infection can result in miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth.
- Up to 40% of babies born with untreated syphilis may be stillborn or die as a newborn.

Courtesy of Kaitlyn Probst from Colorado Department of Public Health and Environment (CDPHE)

Clinical Guidelines for Management of Syphilis

Screen	Who	**Risk Based Screening	How
	All persons who: <ul style="list-style-type: none"> Are of reproductive age with risk** Are at first prenatal visit Are at 28 weeks gestational age Are at high risk again at delivery** Deliver stillborn infants Are infants whose mother did not get screening in pregnancy Are infants whose mother was diagnosed in pregnancy 	<ul style="list-style-type: none"> Lives in high morbidity area Recent history of syphilis Living with HIV Other STI diagnosed within the past 12 months Illicit substance use Reports sex exchange Multiple sex partners, or partner with other partners Reports sex with MSM partner 	<ul style="list-style-type: none"> Presumptive diagnosis requires use of 2 serologic tests: <ul style="list-style-type: none"> A nontreponemal test: RPR or VDRL A treponemal test: FTA-ABS, TP-PA, EIA or CIA Persons with a reactive nontreponemal test should always receive a treponemal test to confirm the presumptive diagnosis of syphilis.
Stage	Primary +Chancres Secondary + Rash and/or other signs ¹ Early-Latent NO symptoms and infection occurred within one year ²	Late-Latent or Unknown Duration NO symptoms, and infection does not meet criteria for early latent ²	Neurosyphilis³ + CNS sign or symptoms + CSF findings on lumbar puncture (LP)
Treat	Benzathine penicillin G 2.4 Million Units, Intramuscularly (IM) Once	Benzathine penicillin G 2.4 Million Units IM every 7 days, for 3 doses (7.2 mu total) - In pregnancy, if any doses are late or missed, must restart the entire 3-dose series	Aqueous penicillin G 3-4 Million Units Intravenously every 4 hours for 10-14 days
	If patient is pregnant, treatment must be started at least 30 days prior to delivery Sexual partners need screening/treatment per CDC management guidelines		
Monitor	Pregnant Persons Repeat follow-up titers at 28 weeks. Perform monthly titers until delivery if at high risk for reinfection. Post-treatment serologic response during pregnancy varies widely. Many women do not experience a fourfold decline by delivery. If fourfold increase occurs after treatment completion, evaluate for reinfection and neurosyphilis.	Non-pregnant Persons Clinical and serologic evaluation should be performed at 6 and 12 months after treatment of primary or secondary syphilis. Quantitative nontreponemal serologic tests should be repeated at 6, 12 and 24 months after treatment of latent syphilis.	People living with HIV Monitoring is recommended at more frequent intervals. See the CDC guidelines for further information.

- Signs of secondary syphilis also include condyloma lata, alopecia, and mucous patches.
- Persons can receive a diagnosis of early latent if, during the prior 12 months, they had a) seroconversion or sustained fourfold titer rise (RPR or VDRL); b) unequivocal symptoms of primary and/or secondary syphilis, or c) a sex partner with primary, secondary, or early latent syphilis.
- Neurosyphilis can occur at any stage. Patients should be assessed for evidence of central nervous system (CNS) involvement such as cognitive dysfunction, motor or sensory deficits, ophthalmic or auditory symptoms, cranial nerve palsies, and symptoms or signs of meningitis or stroke.
- Alternate treatment with Doxycycline is appropriate for non-pregnant patients only. For primary, secondary and early-latent, treat with oral Doxycycline 100mg twice daily x 14 days. For late-latent or unknown duration, treat with oral Doxycycline 100mg twice daily x 28 days. Benzathine penicillin G is the only acceptable treatment for pregnant patients. Pregnant patients with a confirmed penicillin allergy must undergo desensitization.



Adapted with permission from the CA Prevention Training Center and CA Department of Public Health STD Control Branch

Resources for Colorado Providers

For a clinician consultation, visit www.stdcn.org
A clinical expert will answer your question in 1-3 business days.

- Providers must report all syphilis infections to CDPHE within 24 hours of diagnosis.
- How to report: fax a confidential morbidity report (CMR) to CDPHE at 303-782-5393. The CMR is available online at <https://www.colorado.gov/pacific/cdphe/report-a-disease>
- If you have additional questions or have questions about prior syphilis history, you may contact CDPHE Syphilis Coordinator at 303-692-2694.
- Need help with treatment adherence, access to syphilis testing/treatment or help with partner notification? Disease Intervention Specialist (DIS) can help! Call #303-692-6226.

Other resource: Centers for Disease Control and Prevention, 2015 STD Treatment Guidelines: Syphilis During Pregnancy (<https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>)