

Congenital Syphilis

February 16, 2024

KEY TAKEAWAYS

1. Texas has consistently had some of the highest reported cases of both syphilis and congenital syphilis in the country.¹⁻³
 - In 2022, approximately 25% of the nation's congenital syphilis cases came from Texas.¹
2. Congenital syphilis can have major health impacts on a baby, but the extent depends on
 - When syphilis was acquired
 - Whether the mother received adequate treatment.^{4,5}

Background

Congenital syphilis (CS) is a severe, disabling, and often life threatening disease seen in infants whose mothers were infected with syphilis during pregnancy and were not fully treated.

- The rate of syphilis among the general U.S. population began increasing more than a decade ago, with exponential annual increases since 2018, contributing to the rapidly increasing incidence of syphilis among pregnant women.^{4,5}



In 2022, **922 cases** of CS were reported in Texas.



This was **50% higher** than the next highest incidence of 616 in the state of California.¹

Implications

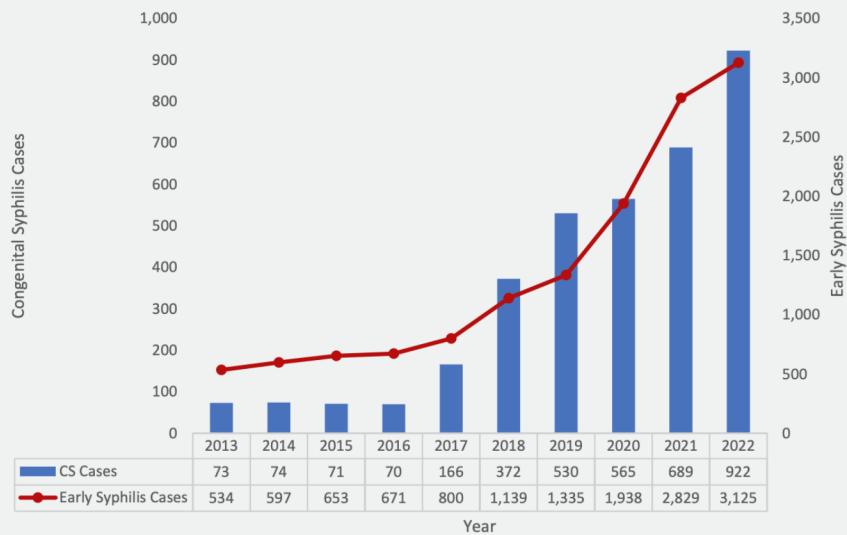
Approximately 40% of babies born to women with untreated syphilis can be stillborn or die from the infection soon after birth.⁴

- Surviving infants may be affected by lifelong health issues including bone damage, severe anemia, enlarged liver and spleen, blindness, deafness, intellectual or developmental disabilities, or seizures.^{2,4}
- People infected with syphilis often do not have symptoms — known as latent syphilis — and thus may not be aware of their infection.⁶
- As a result, the lack of timely testing and adequate treatment during pregnancy are the main drivers of CS.⁷

TREATMENT FOR ACTIVE SYPHILIS IN PREGNANT WOMEN CAN REDUCE THE RISK OF STILLBIRTH BY ROUGHLY 80%, HIGHLIGHTING THE PREVENTABILITY OF THIS ISSUE.⁸

CS and Early Syphilis Cases* in Women of Childbearing Age in Texas, 2013-2022

(Congenital Syphilis in Texas in 2022, DSHS)⁹



*Includes primary, secondary, and early non-primary non-secondary.

Black families are disproportionately affected.



The rate of CS among Black mothers & babies is **3x the rate** among White mothers & babies, and more than **2x the rate** among Hispanic mothers & babies.⁹

Mitigation Strategies

Mitigating congenital syphilis in Texas will require a multi-pronged approach.

- **Texas Health and Safety Code Section 81.090** requires that syphilis testing occur at the first prenatal visit, in the third trimester, and again at the time of delivery.^{3, 10}
- Statewide surveillance and referral programs bolster required testing, as a pregnant person's partner(s) must also be tested and treated to **prevent reinfection**.
- **Intramuscular benzathine penicillin G** is the only antibiotic effective in clearing syphilis from the fetus.⁶
 - Due to how rapidly syphilis is spreading, there is currently a nationwide shortage of penicillin.
 - Syphilis infections *not in pregnant women* should therefore only be treated by *oral antibiotics*.¹¹
- In 2022, 27% of women delivering an infant with CS received their diagnoses in settings other than the hospital, primary care office, or OB-GYN clinic.⁹
 - STD clinics, community health centers, and correctional facilities must be equipped with adequate testing and treatment resources.

Next Steps & Other Solutions

Additional actions can be taken to support the efforts to reduce rates of congenital syphilis.

- Train providers on **implementing best practices** for reducing rates of congenital syphilis.
- Ensure patient-provider follow-up for **adequate treatment**.
- Develop **field-delivered treatment programs** for patients who may be unable or unlikely to receive timely treatment in a clinical setting.
- Develop public education campaigns for **community awareness** of syphilis and congenital syphilis.

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