

Historic Increases in Reported Congenital Syphilis

DATE:	May 18, 2023
TO:	Health Alert Network
FROM:	Debra L. Bogen, M.D., FAAP, Acting Secretary of Health
SUBJECT:	Historic Increases in Reported Congenital Syphilis
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MUNICIPALITY:	N/A
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This transmission is a "Health Advisory" provides important information for a specific incident or situation; may not require immediate action.

HOSPITALS: PLEASE SHARE WITH ALL MEDICAL, PEDIATRIC, NURSING AND LABORATORY STAFF IN YOUR HOSPITAL; EMS COUNCILS: PLEASE DISTRIBUTE AS APPROPRIATE; FQHCs: PLEASE DISTRIBUTE AS APPROPRIATE LOCAL HEALTH JURISDICTIONS: PLEASE DISTRIBUTE AS APPROPRIATE; PROFESSIONAL ORGANIZATIONS: PLEASE DISTRIBUTE TO YOUR MEMBERSHIP; LONG-TERM CARE FACILITIES: PLEASE SHARE WITH ALL MEDICAL, INFECTION CONTROL, AND NURSING STAFF IN YOUR FACILITY

Summary

- In CY 2022, the Pennsylvania Department of Health (DOH) reported 13 cases of Congenital Syphilis (exclusive of Philadelphia), which is the highest number reported in Pennsylvania since 1990.
- There has been a significant increase in overall reported Early Syphilis cases in females. In 2022, cases for Pennsylvania (exclusive of Philadelphia) increased 32% from 238 cases reported in 2021 to 314 cases reported in 2022.
- Of the 314 female cases of Early Syphilis reported in 2022, 86% were reported in females of reproductive age, ages 15-44.
- In 2022, Pennsylvania (exclusive of Philadelphia) reported a total of 1,600 cases of Early Syphilis which represents the highest number of Syphilis cases since 1990.
- DOH recommends that pregnant individuals be offered a test for syphilis three times at the first prenatal visit, the third trimester of pregnancy, and at the delivery of a child or a stillborn child.
- If you have any questions, please call DOH at 1-877-PA-HEALTH (1-877-724-3258) or your local health department.

Increase in Congenital Syphilis

In 2022, DOH reported 13 cases of Congenital Syphilis (exclusive of Philadelphia). The 13 cases of Congenital Syphilis represent the highest number of Congenital Syphilis cases reported in Pennsylvania (exclusive of Philadelphia) since1990. There has been a significant increase in overall reported Early Syphilis cases in females. In 2022 cases for Pennsylvania (exclusive of Philadelphia) increased 32% from 238 cases reported in 2021 to 314 cases reported in 2022. Of the 314 female cases of Early Syphilis reported in 2022, 86% of the cases were reported in females of reproductive age, ages 15-44. In 2022, Pennsylvania (exclusive of Philadelphia) reported a total of 1,600 cases of Early Syphilis which represents the highest number of Syphilis cases since 1990.

Recommendations

In response to the recent increases in both overall Congenital Syphilis and Early Syphilis, the Dis recommends the following:

- 1. All pregnant individuals should be offered a test for syphilis at the following intervals:
 - At the first prenatal visit
 - At the third trimester of pregnancy
 - At the delivery of a child, or
 - At the delivery of a stillborn child
- 2. All individuals with a recent positive test for another sexually transmitted disease, such as gonorrhea or chlamydia, should be tested for syphilis and HIV regardless of timing in pregnancy and in addition to the routine screening recommendations for each.
- 3. All individuals presenting with any of the following symptoms or conditions should be tested for syphilis:
 - A macular and/or papular rash on the palms of the hands or on the soles of the feet
 - A generalized rash that may be macular, papular, or papulosquamous on the back, chest, or stomach
 - A lesion in the genital, rectal, or oral area
 - Moist papules in the anogenital region or the mouth
 - Sudden "moth-eaten" scalp alopecia with a typical onset at the back of the head
 - Loss of eyelashes and the lateral third of the eyebrows
 - Generalized lymphadenopathy
 - Malaise

This advisory expands the statewide requirement for syphilis testing contained in 28 Pa Code § 27.89 that directs a physician who attends, treats, or examines a pregnant individual for conditions relating to pregnancy to offer the individual a test for syphilis at the time of first examination. Depending on the rate of syphilis occurring in a given population, the regulation also requires a test for syphilis be offered to an individual following the delivery of a newborn or stillborn.

If a pregnant individual does not object, the test shall be performed in accordance with 28 Pa Code § 27.89. If a pregnant individual objects, the regulation requires the person attending the patient to explain the need for the test. With respect to the individual who has given birth, information relating to the test or the objection to the test is to be recorded in both the patient's medical record and in the record of the newborn, as regulation states.

Treatment Recommendations

- 1. Primary, secondary, and early latent: adults (including pregnant individuals and people with HIV infection) benzathine penicillin G 2.4 million units IM in a single dose.
- 2. Late latent adults (including pregnant individuals and people with HIV infection) benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals.
- 3. Parenteral Benzathine penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant individuals with syphilis in any stage who report penicillin allergy should be desensitized and treated with Benzathine penicillin G.

<u>Special Note:</u> Parenteral Benzathine penicillin G is the <u>only therapy</u> with documented efficacy for syphilis during pregnancy. Pregnant individuals with syphilis in any stage who report penicillin allergy should be desensitized and treated with Benzathine penicillin G. Due to the recent changes in health care delivery, some providers have not been able to obtain cost-effective access to Benzathine penicillin G for their at-risk pregnant clients. In these situations, providers are strongly encouraged to contact the DOH for treatment assistance.

Management of Sex Partners

- 1. Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis <90 days before the diagnosis, should be treated presumptively for early syphilis, even if serologic test results are negative or unknown.
- 2. Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis >90 days before the diagnosis, should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and syphilis stage.
- 3. Long-term sex partners of persons who have late latent syphilis should be evaluated clinically and serologically for syphilis and treated based on the findings.

Reporting Requirements

DOH requires all providers and laboratories to electronically report all diseases, infections and conditions listed in 28 Pa. Code Chapter 27, Subchapter B (relating to reporting of diseases, infections, and conditions) through its electronic disease surveillance system, PA-NEDSS. Reporting requirements are that providers report the diagnosis of and treatments for STD cases. Providers not registered for PA-NEDSS can do so by contacting the PA-NEDSS Security Officer by email at RA-DHNEDSSACCTREQ@pa.gov or by phone at 717-783-9171.

Additional Information

Physicians needing additional information should call the following number: Pennsylvania Department of Health Bureau of Communicable Diseases Division of TB/STD STD Program (717) 787-3981 8:00 A.M. – 5:00 P.M

Additional Web Links

Additional information on syphilis testing and treatment for pregnant individuals can be found online at: <u>www.cdc.gov/std/treatment</u>

Individuals interested in receiving further PA-HANs are encouraged to register

at HAN Notification Registration (mir3.com)

Categories of Health Alert messages:

Health Alert: conveys the highest level of importance; warrants immediate action or attention.

Health Advisory: provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.

This information is current as of May 18, 2023 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.