

Historic Increases in Reported Congenital Syphilis

DATE:	11/02/2022
TO:	Health Alert Network
FROM:	Denise Johnson, M.D., FACOG, FACHE, Acting Secretary of Health
SUBJECT:	Historic Increases in Reported Congenital Syphilis
DISTRIBUTION:	Statewide
LOCATION:	N/A
STREET ADDRESS:	N/A
COUNTY:	N/A
MUNICIPALITY:	N/A
ZIP CODE:	N/A

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

- During the first 10 months of calendar year (CY) 2022 the Pennsylvania Department of Health (PADOH) reported 11 cases of Congenital Syphilis (exclusive of Philadelphia).
- Based on current trends, the PADOH is projecting that Pennsylvania (exclusive of Philadelphia) will report 14 cases of Congenital Syphilis by the end of CY 2022.
- The projected 14 cases of Congenital Syphilis would represent the highest number of Congenital Syphilis cases reported in Pennsylvania (exclusive of Philadelphia) since 1990.
- The leading factor for the increase of Congenital Syphilis has been the recent surge in overall Early Syphilis cases in females, with CY 2022 projected cases for Pennsylvania (exclusive of Philadelphia) expected to exceed 257 female cases with 86% of the cases in females of reproductive age, ages 15-44.
- The projected total number of Early Syphilis Cases is 1,362 in Pennsylvania (exclusive of Philadelphia). This would represent the highest number of Syphilis cases since 1990.

Recommendations

In response to the recent increases in both overall Congenital Syphilis and Early Syphilis among females, the PADOH is recommending the following:

1. All pregnant females 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. 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 notice is in addition to the statewide requirement for syphilis testing contained in 28 Pa Code § 27.89 (a)(1)(i) that directs a physician who attends, treats or examines a pregnant woman for conditions relating to pregnancy to offer the woman a test for syphilis at the time of first examination.

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

Treatment Recommendations

1. Primary, secondary, and early latent: adults (including pregnant women and people with HIV infection) benzathine penicillin G 2.4 million units IM in a single dose.
2. Late latent adults (including pregnant women 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 women with syphilis in any stage who report penicillin allergy should be desensitized and treated with Benzathine penicillin G.

Special Note: Parenteral Benzathine penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women 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 Pennsylvania Department of Health 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

The Department of Health 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. Providers are reminded that these reporting requirements expect providers to report diagnosis and treatments for positive 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 are asked to 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 women can be found online at: www.cdc.gov/std/treatment

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 November 2, 2022 but may be modified in the future. We will continue to post updated information regarding the most common questions about this subject.