

Syphilis in Women and Congenital Syphilis: An Update for Healthcare Providers in Los Angeles County (LAC)

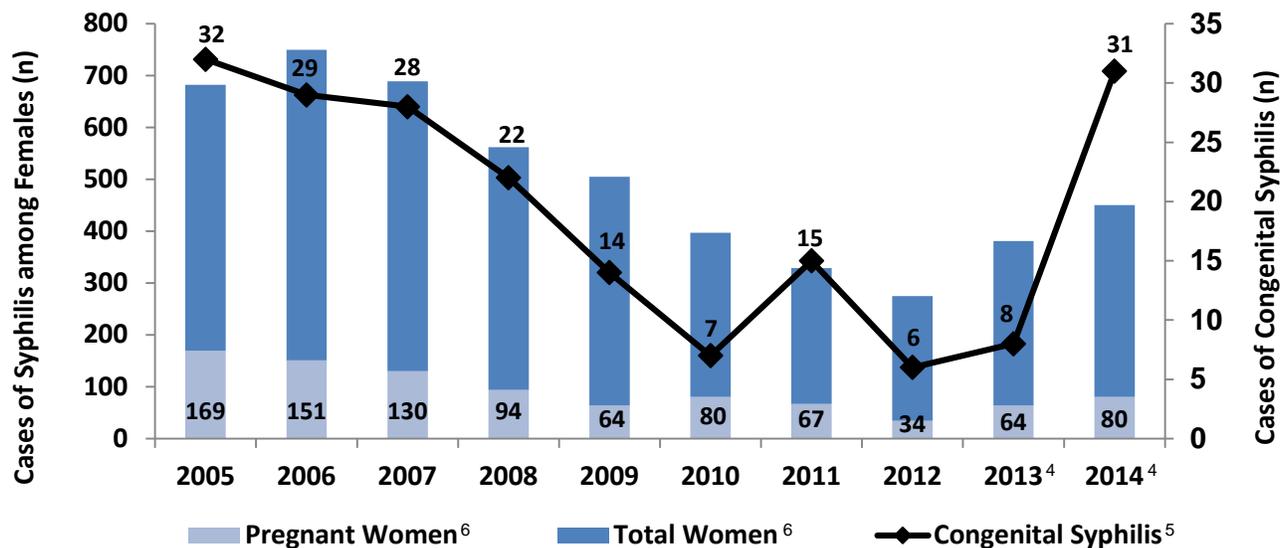
Since 2012, LAC has seen an increase in the number of syphilis cases among women. This parallels a steady increase in syphilis cases in men during the same time period. Similar increases have been seen across the U.S. and in other parts of California.^{1,2} While most cases occur among men who have sex with men, the epidemic also affects other sexually active groups.



How have more female syphilis cases affected the number of congenital syphilis cases?

Increases in female syphilis cases led to a dramatic increase of congenital syphilis in LAC in 2014 (Figure 1). Congenital syphilis is a preventable and rare condition that results from untreated syphilis during pregnancy, with potentially severe consequences for infected infants. Congenital syphilis can lead to stillbirth, neonatal death, birth defects involving the nervous system or bones, blindness or deafness, skin lesions and scarring, and other manifestations. Fetal infection can occur during any trimester of pregnancy, and during any stage of syphilis, though transmission to the fetus is most likely in primary, secondary, and early latent syphilis cases. Treating a pregnant woman for syphilis also treats her fetus. Preventing adverse pregnancy outcomes requires early screening and, if positive, immediate treatment, at least 30 days before delivery.

Figure 1. Number of Female Syphilis Cases and Congenital Syphilis Cases, LAC 2005-2014³



¹ Centers for Disease Control and Prevention. 2013 Sexually Transmitted Diseases Surveillance: Syphilis. Available from: <http://www.cdc.gov/std/stats13/syphilis.htm>

² California Department of Public Health STD Control Branch. Congenital syphilis information for STD Controllers. Available from:

http://www.cdph.ca.gov/programs/std/Documents/Bauer_CA_STD_Controllers_Letter_Congenital%20Syphilis_04_01_15.pdf

³ Data are from STD Casewatch as of 03/13/2015 and exclude cases in Long Beach and Pasadena.

⁴ 2013-2014 data are provisional due to reporting delay.

⁵ Congenital Syphilis includes syphilitic stillbirths.

⁶ Syphilis among females includes all cases staged as primary, secondary, early latent, late latent and late.

When should pregnant women be screened for syphilis?

All pregnant women must be screened for syphilis at their first prenatal visit.⁷ **Pregnant women at higher risk for syphilis should be screened again during the third trimester (28-32 weeks estimated gestational age) and at delivery.** No newborn should leave the hospital without provider review of maternal serologic status during pregnancy, and preferably, review of maternal status at delivery. Any woman who delivers a stillborn (fetal demise after 20 weeks gestation) should also be evaluated for syphilis.

Which women are considered at higher risk for syphilis during pregnancy?

- Women who access pre-natal care late, sporadically, or not at all (including foreign national women who present late in pregnancy)
- African American and Latina women
- Cash-paying or MediCal-covered patients
- Women whose sex partner may have other partners, especially male partners
- Women with substance abuse problems
- Women who exchange sex for money, shelter, drugs, or other things of value

Some recent congenital syphilis cases in LAC have occurred in women who tested negative for syphilis early in pregnancy but were infected prior to delivery. Other women who tested positive for syphilis were treated and re-infected, not treated properly, or not treated at all. Enhanced screening and timely treatment are essential to eradicate congenital syphilis in LAC.

Since more than half of all pregnancies in LAC are unplanned,⁸ prevention, detection, and treatment of syphilis in women of reproductive age is important to eliminate congenital syphilis. Women should be tested if they report new or multiple sexual partners, or a partner who has male partners. Women who plan to get pregnant or who are not using effective birth control, especially if they're in the listed higher risk categories, should be tested.

What lab testing and reporting is done for syphilis?

Syphilis is usually diagnosed through a careful review of patient history along with serologic testing. Two types of blood tests are used to diagnose syphilis—non-treponemal and treponemal tests. Both types of tests must be used to confirm a diagnosis.

Test	Function	Examples
Non-treponemal	<ul style="list-style-type: none"> • Target non-specific antibodies that bind to lipoidal antigens released from cells damaged by syphilis or by other conditions • Quantitative results that usually decrease with successful treatment 	<ul style="list-style-type: none"> • VDRL and RPR
Treponemal	<ul style="list-style-type: none"> • Identify antibodies to <i>T. pallidum</i>, the bacteria that cause syphilis • Results typically remain positive throughout a patient's lifetime 	<ul style="list-style-type: none"> • TP-PA, FTA-ABS, EIA, and CIA assays

By law, all cases of syphilis must be reported to the Department of Public Health within one working day. For more information, see: <http://publichealth.lacounty.gov/dhsp/ReportCase.htm>

The LAC Department of Public Health Division of HIV and STD Programs helps interpret syphilis test results and provides guidance on appropriate and timely treatment. Call the nursing consultation line at 213-744-3106.

Where can providers go for more information?

You can find more information on the following state and federal websites:

- <http://www.cdph.ca.gov/HealthInfo/discond/Pages/Syphilis.aspx>
- <http://www.cdph.ca.gov/programs/std/Pages/default.aspx>
- <http://www.cdc.gov/std/syphilis/default.htm>
- <http://www.cdc.gov/std/syphilis/syphilis-webinar-slides.pdf>

⁷ California Health and Safety Code 120675-120715

⁸ Los Angeles County Department of Public Health, Office of Health Assessment and Epidemiology. Healthy Women, Healthy Children: Preconception Health in LA County. LA Health; March 2010.