



Public Health
HEALTH AND HUMAN SERVICES

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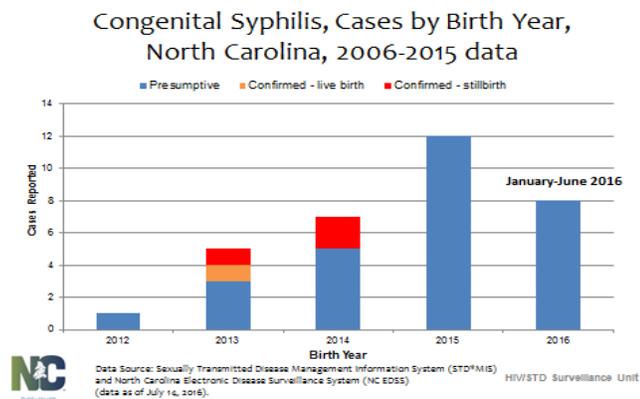
October 3, 2016

Public Health Advisory

TO: North Carolina Medical Providers
FROM: Victoria Mobley, MD MPH
Medical Director, HIV/STD Program
SUBJECT: Statewide Increase in Congenital Syphilis Infections

Congenital syphilis infections have been increasing in North Carolina since 2013. Between January and June of 2016, there have been 8 reported congenital syphilis cases in the state which is a 33% increase compared to the same time period in 2015.

Congenital syphilis occurs when a pregnant woman infected with syphilis transmits the infection to her unborn child. Untreated, congenital syphilis can result in devastating health consequences for the infant including birth defects, blindness, hearing loss, premature birth and low birth weight. Additionally, pregnant women infected with syphilis are at increased risk for miscarriage, stillbirth, and infant death (<http://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>).



Congenital syphilis is preventable. But preventing it requires appropriate syphilis screening during pregnancy. The majority of congenital syphilis cases reported in NC since January 1, 2016 have been among infants born to mothers who acquired the infection **during** their pregnancy, often after having screened negative for syphilis during their first trimester.

WE ASK PROVIDERS TO REVIEW AND FOLLOW THE BELOW ACTION STEPS:



Department of Health and Human Services | Division of Public Health
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- Screen ALL pregnant women for syphilis during pregnancy. **North Carolina Public Health Law 10A NCAC 41A .0204 requires** all pregnant women to be screened at the first prenatal visit, between 28-30 weeks gestation, AND at delivery.
- Perform a thorough sexual health and risk assessment **at every prenatal visit.** It is important to talk to pregnant women about their STD risks as women with ongoing risk behaviors may benefit from more frequent STD screenings.
- Pregnant women suspected of or diagnosed with syphilis infection should be treated immediately as treatment ≥ 30 days prior to delivery significantly decreases the likelihood of congenital syphilis.
- Newborns should not be discharged from the hospital until the serologic status of the mother is known to ensure rapid evaluation and treatment of the infant can be given if needed.
- Treat ALL sexual partners of pregnant women diagnosed with syphilis to prevent re-infection.
- Report all syphilis infections to your county health department within 24 hours of diagnosis. **Disease Intervention Specialist (DIS) can assist with partner notification efforts.**

TREATMENT OF SYPHILIS IN PREGNANCY:

Penicillin is the only acceptable treatment of syphilis in pregnant women. Therefore, women with penicillin allergies should be desensitized and treated with penicillin.

| Early Syphilis (infection duration <12 months) | Late Latent Syphilis or Syphilis of Unknown Duration |
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| Benzathine penicillin G 2.4 million units, Intramuscular, single dose. | Benzathine penicillin G 2.4 million units, Intramuscular, every 7 days for 3 weeks. Missed or late doses require restarting of entire series. |

2015 CDC STD Treatment Guidelines: <http://www.cdc.gov/std/tg2015/congenital.htm>.

Please call the Communicable Disease Branch with any questions or concerns, at 919-733-3419. **Thank you for your continued commitment to the health and safety of all North Carolinians.**