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November 9, 2023

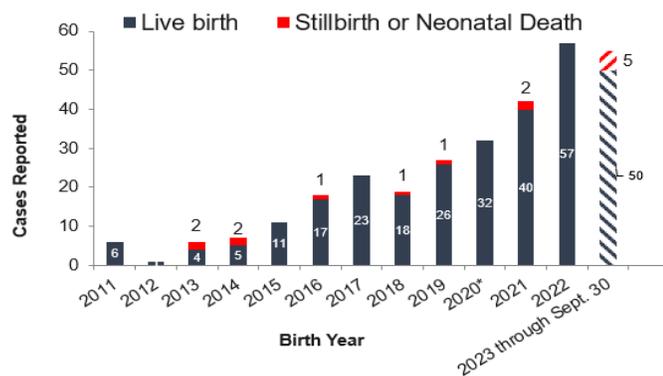
TO: All North Carolina Clinicians

FROM: Victoria Mobley, MD MPH
Medical Director, HIV/STD Program

SUBJECT: Public Health Alert: We Need Your Help Preventing Congenital Syphilis

[Congenital Syphilis is continuing to rise in North Carolina.](#) Between 2012 and 2022, there was a 547% increase in reported syphilis cases among women with an associated 5600% increase in congenital syphilis infections. Already in 2023, we have experienced 5 congenital syphilis related stillbirths and neonatal deaths. This trend mirrors the national trend as described recently in the [CDC's Vital Signs](#).

Congenital Syphilis Cases, North Carolina



Data source: NC EDSS 11/1/23

As a healthcare provider, you are critical in helping to reverse this trend.

Congenital syphilis is preventable. A review of North Carolina's 2022 congenital syphilis cases identified the following missed opportunities to prevent infections:

- 1) Little or no prenatal care – 53% of mothers of infants with congenital syphilis had little or no prenatal care.
- 2) Failure to adhere to NC's Public Health law regarding syphilis screening in pregnancy.
- 3) Inadequate or delayed treatment of the maternal syphilis infection.

All pregnant women should be screened at least three times during pregnancy, irrespective of clinical signs (syphilis can be asymptomatic) or perceived risk. In 2022, 86% of syphilis infections

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reported in pregnant North Carolinians were asymptomatic at the time of diagnosis. Symptom-based screening alone would have missed these infections.

North Carolina public health law **requires healthcare providers screen all pregnant women for syphilis at:**

- the first prenatal visit, AND
- between 28-30 weeks' gestation, AND
- at delivery.



Failure to screen all pregnant women at these points will result in missed opportunities to identify, treat, and prevent congenital syphilis and is a violation of NC's public health law.

Congenital syphilis is entirely preventable through early detection and appropriate treatment of maternal infection. If left untreated, syphilis in pregnancy can result in miscarriages, stillbirth, and neonatal death. **Failure to identify and appropriately treat infection in newborns represents a missed opportunity to prevent devastating health outcomes associated with congenital syphilis such as blindness, deafness, and deformities of the bone and teeth.**

What Healthcare Providers Should Do

1. **Adhere to NC's requirements for syphilis screening during pregnancy.** *Because a large percentage of mothers of infants with congenital syphilis have little or no prenatal care, it is important that non-prenatal healthcare encounters, such as urgent care or emergency room visits, are also utilized to provide syphilis screening.*
2. **Follow the [CDC guidelines](#) for treating syphilis in pregnancy** with Benzathine penicillin G 2.4 million units, intramuscularly:
 - ⇒ 1 dose if syphilis was acquired within the prior 12 months, or
 - ⇒ 3 doses, spaced 7-9 days apart, if syphilis was acquired >12 months prior. *If doses are missed or further than 9 days apart, treatment must be restarted.*
3. **Advise your patients to notify all sex partners of their exposure** to prevent re-infection. People can anonymously notify sex partners using [TellYourPartner.org](https://www.tellyourpartner.org)
4. **Wait to discharge newborns from the hospital** until the mother's delivery syphilis testing results are known.
5. **Report all newly diagnosed syphilis and HIV infections** to your [local health department](#) or to the NC Communicable Disease Branch at 919-733-3419 within 24 hours of diagnosis.
6. **Offer syphilis screening to all sexually active people** aged 15-44 years in counties with high rates of syphilis in women of reproductive age. County-level syphilis rates for women can be accessed here: [County-level Syphilis Rates | AtlasPlus | NCHHSTP | CDC](#)

Visit our new [Congenital Syphilis Resources for Providers](#) webpage for additional resources and to learn more about how you can help reduce the rates of congenital syphilis.

Thank you for your continued partnership in preventing congenital syphilis.



STOP SYPHILIS IN ITS TRACKS

As a health care provider,
you play an important role in
reducing congenital syphilis.

HERE'S HOW YOU CAN DO YOUR PART!

- Complete a sexual health history for all your patients.
- Test all pregnant women for syphilis at the first prenatal visit, between 28-30 weeks gestation, **AND** at delivery.
- Treat patients with syphilis immediately.
- Know mom's delivery syphilis test results before the newborn goes home.
- Immediately report syphilis and congenital syphilis infections to **Public Health**.



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