

NC Department of Health and Human Services

# **Understanding Syphilis: What Every Community Needs to Know**

# What is Syphilis?

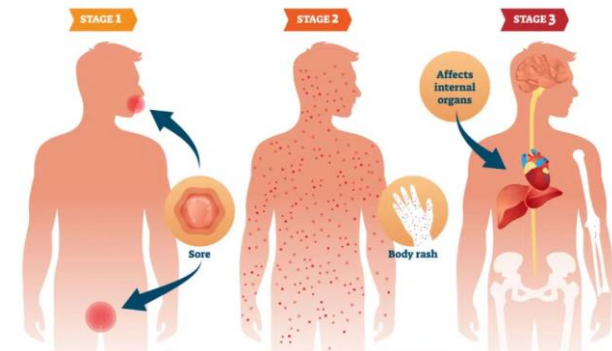
Syphilis is a sexually transmitted infection (STI) that can be treated.

Syphilis can cause serious health problems if it is not treated.

Syphilis infection develops in stages. Each stage can have different signs and symptoms.

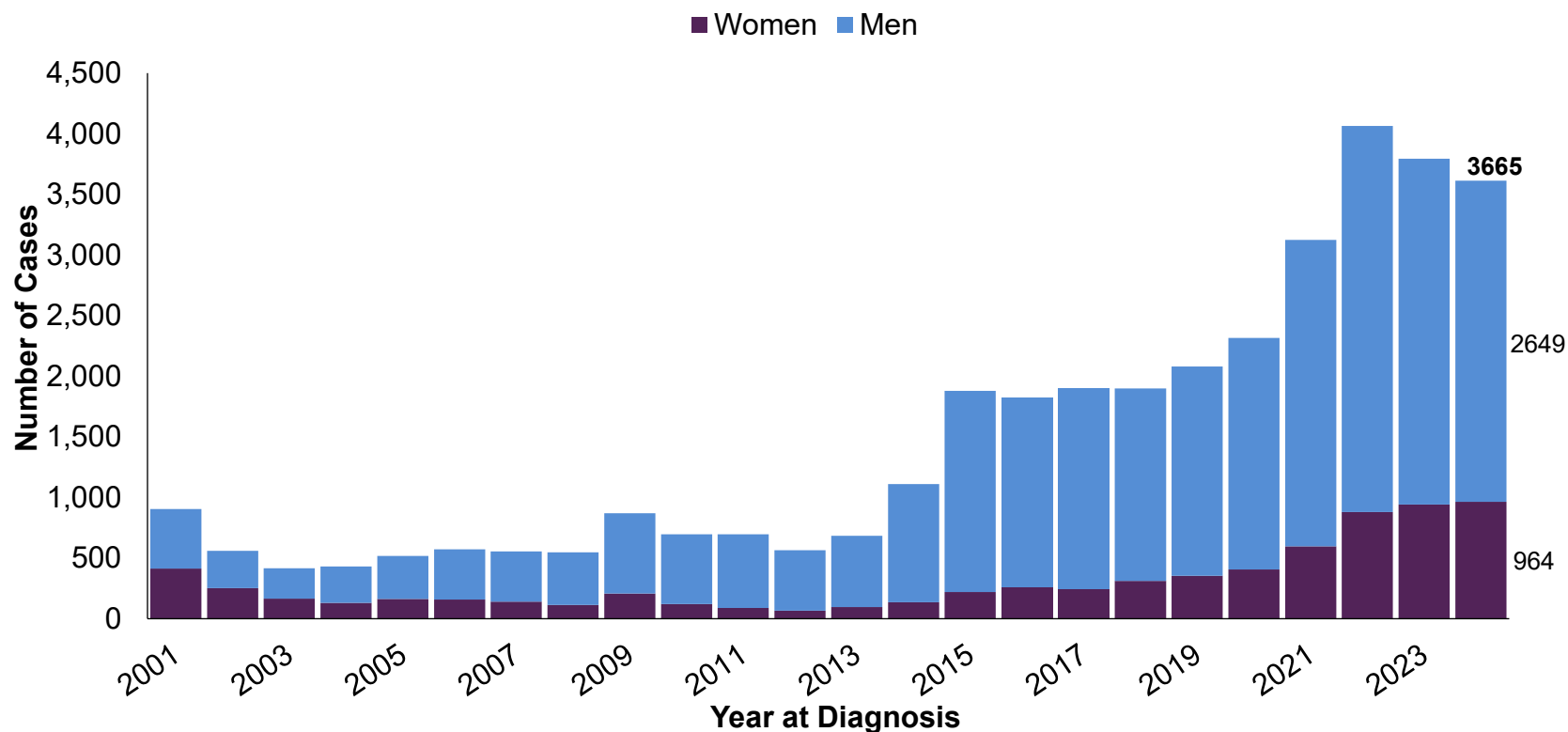
Syphilis spreads through direct contact with infectious sores. These sores can pass the infection to others during vaginal, oral, and anal sex.

*Treponema pallidum* bacterium



# Syphilis in NC

# Early Syphilis Cases by Gender, North Carolina-2001-2024



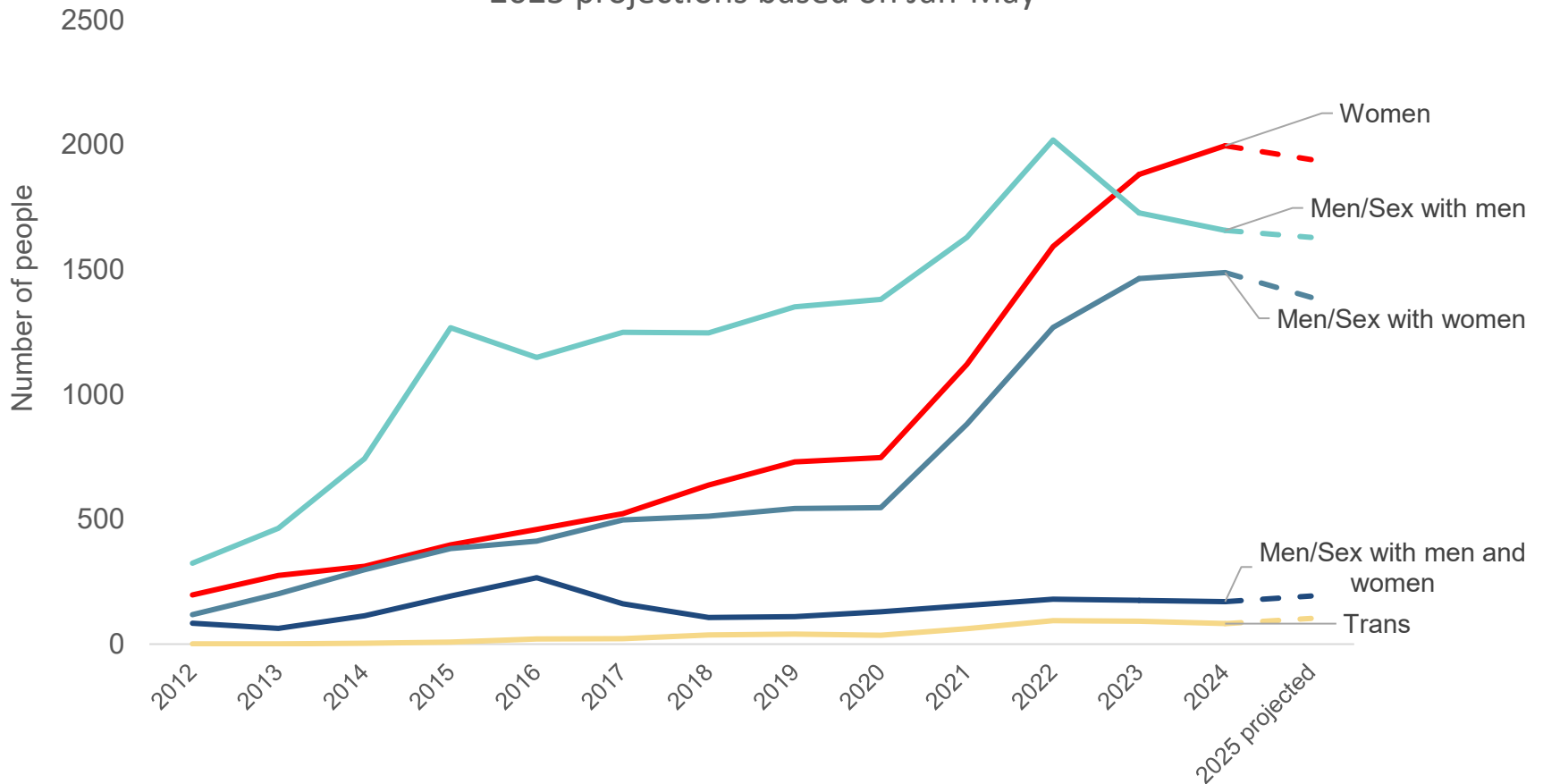
<sup>a</sup>Early syphilis is defined as primary, secondary, or latent syphilis contracted within the past year.

<sup>\*</sup>2020 data should be treated with caution due to reduced availability of testing caused by the COVID-19 pandemic.

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of July 1, 2025).

# Syphilis by Gender and Partner Gender – North Carolina

Syphilis (all stages), North Carolina  
2025 projections based on Jan-May



# **Congenital Syphilis in NC**

# What is congenital syphilis?

Syphilis passed to the baby during pregnancy or delivery



It can lead to

Miscarriage

Issues with  
placenta and  
umbilical  
cord

Stillbirth

Low birth  
weight

Severe and  
life-long birth  
defects

Premature  
birth

Neonatal  
death

# How does syphilis affect babies if not treated?

---

Born premature

---

Deformed bones

---

Severe anemia (low blood count)

---

Enlarged liver and spleen

---

Jaundice (yellowing of the skin or eyes)

---

Brain and nerve problems, like blindness or deafness

---

Meningitis

---

Skin rashes

---



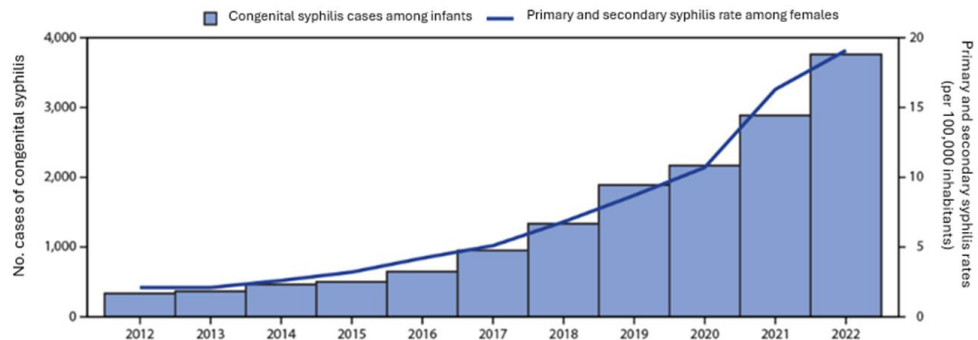


# A national crisis has been declared

## *Infants Are Born With Syphilis in Growing Numbers, a Sign of a Wider Epidemic*

Congenital syphilis has become more than ten times as common over the past decade, the C.D.C. reported. “The situation is dire,” said one expert – New York Times.

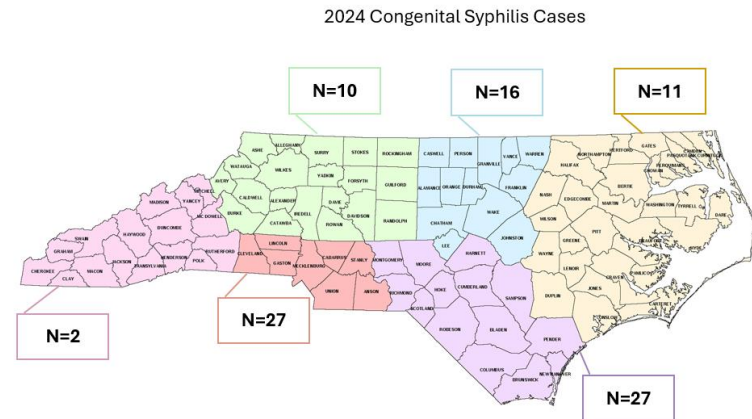
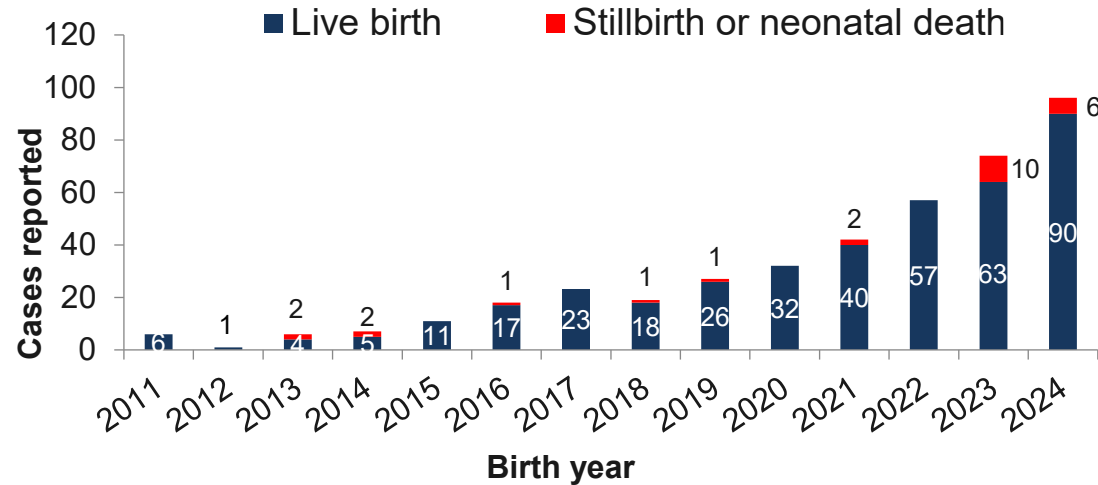
Figure 1. Numbers of congenital syphilis cases among infants by birth year and rates\* of reported cases of primary and secondary syphilis\* among women ages 15 to 44, per year, in the United States between 2012 and 2022.



\*Cases per 100,000 inhabitants

†Data for primary and secondary cases in all U.S. territories and in freely associated states and outlying areas are not available for all years. Therefore, rates include only all 50 states and the District of Columbia.

# Congenital syphilis is experienced across North Carolina



Mothers of babies with congenital syphilis were more likely to:

- Have no symptoms of syphilis at time of diagnosis
- Have no or late entry into prenatal care
- Report at least one social determinant of health

# Social Determinants of Health (SDOH)

## Concerns among CS mothers

- Hard time getting transportation or other help
- History or current substance use
- Time spent in jail or prison
- Not having a stable home
- Issues with mental health
- Provider did not test **3 times** as required by **NC Public Health Law**

### Social Determinants of Health



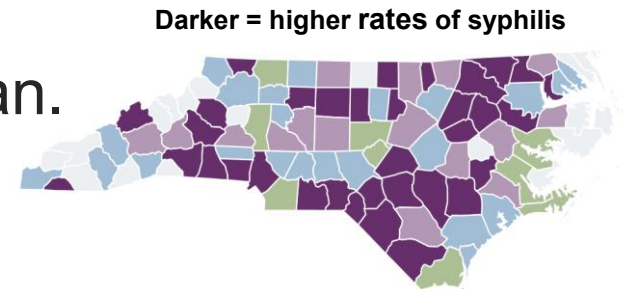
Social Determinants of Health  
Copyright-free

 Healthy People 2030

# Who should get tested for syphilis?



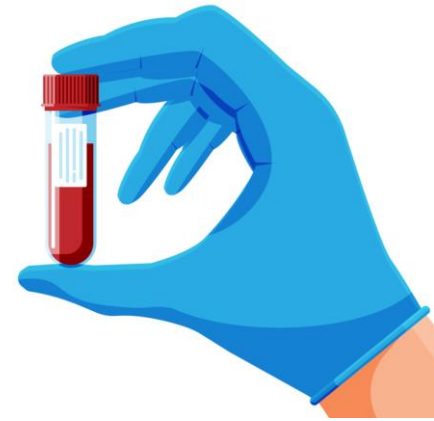
- Sexually active and live in a community with high rates of syphilis.
- Have partner(s) who has tested positive for syphilis.
- Are taking PrEP for HIV prevention.
- Are a sexually active gay or bisexual man.
- Have HIV infection.
- All pregnant people should receive syphilis testing at their first prenatal care visit, between 28 – 30 weeks gestation, and at delivery. **This is NC Public Health Law!**



# How do I know if I have syphilis?

People with syphilis may have mild symptoms **that are easy to miss.**

- The symptoms of syphilis can **be subtle and easily missed.**
- Symptoms **will resolve even if treatment hasn't been given. The infection remains present but** becomes “latent/hidden” and may not have symptoms for many years.
- To know for sure if you have syphilis, **you need to see a doctor and get a blood test; sex partners should also be tested.**



# How is syphilis treated?

- Syphilis can be treated with antibiotics.
- The dose and length of treatment depends on the stage of the infection.
- Sex partners **MUST** be treated to avoid reinfection.



# What can I do to protect myself and my baby from syphilis?

## If you are sexually active

- ❖ Be with one trusted partner who has been tested and does not have syphilis.
- ❖ You and your partner get tested for STIs before engaging in unprotected sex.
- ❖ Use condoms the right way, every time you have sex.

## If you are pregnant

- ❖ You should get tested for syphilis **three times** during your pregnancy.
- ❖ You should begin treatment right away if you test positive.
- ❖ Make sure all sex partners are tested and treated for syphilis to prevent reinfection.

**You can get syphilis again after treatment, so use condoms or get tested with your partner**

# Medical Care During Pregnancy – What To Expect

Prenatal care is a form of medical care you receive during pregnancy to help keep you and your baby healthy.

It is important that you start prenatal care as soon as you know you're pregnant and go to all your appointments.

At these visits, your doctor will do lab tests using your blood or urine to check for health problems.



# Medical Care During Pregnancy – What To Expect

As part of routine pregnancy / prenatal care, your provider will



# Tips for discussing syphilis with your doctor

**Pick a provider you trust** and feel comfortable with.

**Be clear** – if you want to get tested, just say so.

**Be honest** – share your sexual history and any risks.

**Ask questions** – write them down ahead of time if it helps.

## Sample Questions You Can Ask:

- Am I at risk for syphilis?
- How often should I get tested?
- What happens during the test?
- When will I get my results?
- What if I have syphilis – what's next?
- Where can I learn more?

# Main Takeaway

The most common symptom of STIs is **NO SYMPTOM.**

Help pregnant people get early care and **full syphilis testing.**

Having a great sex life? Make sure to talk with your partner(s) and doctor about testing.

Talking about STIs isn't always easy, there are great tools to help you start the conversation.

# Resources

- [CDC - Syphilis](#)
- [CDC Public Health Image Library \(PHIL\)](#)
- [NCDHHS Syphilis Resources for Providers](#)
- [North Carolina Syphilis Rates](#)
- [Syphilis Testing Algorithm](#)
- [STI Testing Conversation Starters](#)
- [CDC - STI Screening Recommendations](#)
- [CDC - STI Treatment Guidelines](#)
- [ACOG- Routine Tests During Pregnancy](#)

# Prenatal Care Screening

Routine Laboratory Tests During Pregnancy	
Syphilis	First prenatal visit, 28-30 weeks' gestation, and at delivery
Hepatitis B	Initial appointment, unless known to be infected
Hepatitis C	Initial obstetrical lab appointment, unless known to be infected <i>* NC State Laboratory of Public Health has authorized no-cost hepatitis C testing for all pregnant women aged 18 and older.</i>
Human Immunodeficiency Virus (HIV)	Initial appointment and the third trimester <i>* Preferably before 36 weeks' gestation</i>
Neisseria gonococcal (Gonorrhea)	Initial appointment and in the third trimester if 25 years of age or younger.
Chlamydia trachomatis	Initial appointment and in the third trimester if 25 years of age or younger.
Blood group, Rh determination, and antibody screening	Initial appointment, repeat at 26-28 weeks' gestation for Rh D-negative patients with a negative initial antibody screening.
Group B Strep (GBS)	At 36-38 weeks' gestation if no GBS bacteriuria (bacteria) previously identified in current pregnancy.
Hemoglobin/hematocrit	Initial appointment, second trimester (as indicated) and third trimester
Gestational Diabetes	Patients at risk for Type 2 diabetes may be screened at the initial visit. For patients who are not screened at the initial appointment or did not meet criteria for gestational diabetes at the initial screening: <ul style="list-style-type: none"> <li>24-28 weeks' gestation</li> </ul>
Immunity Status Assessment	
Rubella (Measles)	Initial appointment: titers can be drawn if status cannot be obtained
Varicella (Chickenpox)	Initial appointment: titers can be drawn if status cannot be obtained
Immunizations	
Influenza (Flu)	Provided for all pregnant patients during influenza season (October through May).
Tetanus, diphtheria, and pertussis (Tdap)	Administered with each pregnancy preferably between 27- and 36-weeks' gestation.
SARS-CoV-2 (COVID)	mRNA vaccination should be recommended for all individuals who have not yet been vaccinated and for those eligible for a booster vaccine.
Respiratory Syncytial Virus (RSV)	The maternal RSV vaccine (Pfizer's <u>Abrysvo</u> ) is recommended if you are between 32 and 36 weeks pregnant during September through January

## Prenatal Care Screening

Preventive Treatment	
Low dose aspirin	Recommend the use of low dose aspirin (81 mg) initiated after the 12th week of pregnancy for patients considered to be at high risk for preeclampsia.
Routine Screenings	
Substance Use Disorder	Validated screening for substance use disorder at initial visit and postpartum visit (including tobacco and alcohol)
Intimate Partner Violence	Validated screening for intimate partner violence at initial visit, 2 <sup>nd</sup> trimester, 3 <sup>rd</sup> trimester, and postpartum
Mood Anxiety	Validated depression and validated anxiety screening at initial visit, 2 <sup>nd</sup> OR 3 <sup>rd</sup> trimester, and postpartum