

## Marked Congenital Syphilis Increase in Tennessee

**Situation:** From 2017 to 2021, Tennessee Department of Health (TDH) reports a 227% increase in congenital syphilis cases, compared to a 185% increase nationally. These increases have continued in 2022 with 62 congenital syphilis cases preliminarily reported. Over 60% of preventable congenital syphilis infections in Tennessee were among women with no or late prenatal care. TDH is asking for your help to prevent congenital syphilis.

**Background:** A pregnant woman can transmit syphilis to her child during any stage of syphilis and any trimester of pregnancy. Risk of transmission is highest with recent infection. Syphilis infection during pregnancy increases preterm birth and stillbirth. Up to 40% of babies born to mothers with untreated syphilis will be stillborn or die in infancy. Infected infants can be asymptomatic at birth but develop serious symptoms in the neonatal period or later in life. Adequate detection and treatment of syphilis during pregnancy is critical.

## **TDH Recommendations:**

- Screen and treat all patients with signs and symptoms consistent with primary and secondary syphilis when they present for care rather than waiting for serologic confirmation.
- All pregnancies must be screened serologically for syphilis in the first trimester or at their first prenatal care visit, per Tennessee state law.
- Rescreening at 28 weeks gestation and at delivery should be strongly considered, regardless of first trimester test results.
- Syphilis screening should be considered at the time of pregnancy testing including emergency departments and urgent care patient touchpoints.
- Women who experience stillbirth after 20 weeks should be tested for syphilis.
- No infant should leave the hospital without the serologic status of the infants' mother having been documented at least once during pregnancy.
- Congenital syphilis should be considered in infants of mothers with evidence of syphilis infection during pregnancy, especially if syphilis is newly acquired during pregnancy.
- \*NEW\* Positive syphilis serology and treatment history can be confirmed by contacting your <u>local health</u> <u>department</u> or by submitting a syphilis history request: <a href="https://redcap.link/syphilis">https://redcap.link/syphilis</a>.
- Report suspected or probable congenital syphilis cases to the local county health department <a href="here">here</a>, or fax the <a href="here">PH-1600 Form</a> to (615) 741-3857.
- Refer to the <u>CDC treatment guidelines</u> for management of syphilis in pregnancy and congenital syphilis.

## **Resources:**

- 2021 CDC STI treatment guidelines: https://www.cdc.gov/std/treatment-guidelines/syphilis.htm
- National STD Curriculum: <a href="https://www.std.uw.edu/">https://www.std.uw.edu/</a>
- Network of STD Clinical Prevention Training Centers Consult: NNPTC Online Consultation
- TN Syphilis History Request Form: https://redcap.link/syphilis
- TN Reportable Disease form (PH-1600)

For more information contact Syphilis.history@tn.gov or call 615-741-7500.