Dear Colleague,

Thank you for your continued support of public health in Tennessee. Due to the continued rise in syphilis and congenital syphilis (CS) cases, the Tennessee Department of Health (TDH) strongly encourages additional recommendations for screening and treatment.

Untreated syphilis in pregnancy results in severe adverse pregnancy outcomes. Syphilis is a major cause of stillbirth and increases risk of preterm birth. Up to 40% of babies born to mothers with untreated syphilis are stillborn or die in infancy. Infected infants can be asymptomatic at birth but develop serious symptoms as neonates or later in life. **Adequate detection and treatment of syphilis during pregnancy is critical.** A pregnant woman can transmit syphilis to her child during any stage of syphilis and any trimester of pregnancy.

- From 2017 to 2021, TN had a 227% increase in CS cases, compared to a 185% increase nationally.
- Increases continued in 2022 with 219 pregnant patients with syphilis (all stages) and 61 CS cases. In 2022, there were 3,870 cases of syphilis (all stages) in TN.
- Of the CS cases in 2022, 15% of the moms who screened negative for syphilis in the 1st or 2nd trimester were not rescreened at 28-32 weeks, but had a subsequent baby with CS.
- 76% of pregnancies resulting in CS had some prenatal care, but 24% had no prenatal care.
- The burden of CS cases is greater among certain racial and ethnic populations. Removing barriers to care can help ensure that health access is equitable for all.

Pregnancy/Stillbirth Recommendations:

- Currently, state law requires all pregnancies be tested for syphilis in the 1st trimester or at the 1st prenatal care visit.
- **Rescreening** for syphilis at 28-32 weeks gestation and at delivery is **highly encouraged** by TDH for ALL patients, regardless of first trimester test results.
- If a patient is getting a pregnancy test in an emergency department or outpatient/walk-in setting, TDH highly encourages concurrent sexually transmitted infection testing including syphilis. Cases of CS can be prevented if syphilis has been detected and treated at the time the time pregnancy was diagnosed.
- If a patient has a vaginal complaint in pregnancy which requires a workup, strongly consider testing for syphilis in addition to your other testing.
- If a patient faces obstacles to care, TDH recommends starting syphilis treatment right away following a positive rapid syphilis test during pregnancy. Send for full confirmatory syphilis testing for optimal patient follow-up. Bicillin® (long-acting penicillin G) is the only recommended treatment for syphilis during pregnancy. **Due to the ongoing Bicillin® shortages, prioritize Bicillin® for pregnant patients.**
- All women who experience stillbirth after 20 weeks should be tested for syphilis.

Pediatric Recommendations:

- Infants should not leave the hospital without the serologic status of the infants' mother having been documented at least once during pregnancy.
- CS should be considered in infants of mothers with evidence of syphilis infection during pregnancy, especially if syphilis is newly acquired during pregnancy.

Treatment

- Report suspected/probable CS cases to local health departments or fax the PH-1600 Form to (615) 741-3857.

- Need to know your patient's syphilis history to accurately treat? Positive syphilis serology and treatment history can be confirmed by contacting your local health department or by submitting a syphilis history request to https://redcap.link/syphilis.
- Refer to the CDC treatment guidelines for management of syphilis in pregnancy and congenital syphilis. https://www.cdc.gov/std/treatment-guidelines/default.htm

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