



DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Promoting and protecting health, well-being, self-sufficiency, and safety of all in Marin County.



Benita McLarin, FACHE
DIRECTOR

Matthew Willis, MD, MPH
PUBLIC HEALTH OFFICER

Lisa M. Santora, MD, MPH
DEPUTY PUBLIC HEALTH OFFICER

3240 Kerner Boulevard
San Rafael, CA 94901
415 473 4163 T
415 473 2326 F
415 473 3232 TTY
marinhhs.org/public-health

PUBLIC HEALTH ADVISORY

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Congenital Syphilis Case in Marin County CONGENITAL SYPHILIS PREVENTION GUIDELINES

Dear Colleagues:

Syphilis rates are on the rise nationally and across the region, reversing decades of progress. This advisory provides information about congenital syphilis, treatment options, reporting procedures, and additional resources for Marin County clinicians and community-based providers.

Healthcare providers caring for pregnant women can prevent congenital syphilis by following [Centers for Disease Control and Prevention \(CDC\) Sexually Transmitted Disease Screening Guidelines](#), which include first trimester syphilis screening for all pregnant women and third trimester screening for high-risk pregnant women.

Current Situation

Last month, a Marin County resident gave birth to a preterm infant with syphilis. This is the county's first case of congenital syphilis in decades. The infant's mother screened negative for syphilis during her first trimester but tested positive in the third trimester. She did not receive treatment until one day prior to delivery. The infant received prompt antibiotic treatment in the hospital.

Actions requested of providers

1. **Screen** all pregnant women for syphilis:
 - a. At their first prenatal visit (required by California state law); and
 - b. In the third trimester (ideally at 28-32 weeks gestation), if at high risk¹.
2. **Treat infected individuals** – regardless of pregnancy status – and their partner(s) without delay. Current CDC Treatment Guidelines recommend benzathine penicillin G (Bicillin L-A) as the only treatment option for pregnant women with confirmed or suspected syphilis infection. The complete CDC recommendations for the treatment of syphilis are available online.
3. **Rescreen at delivery** if the mother was not screened at 28-32 weeks gestation or is at high risk for contracting syphilis. For any stillbirth, the mother should receive syphilis testing at delivery regardless of prior testing and the fetal remains examination should include testing for syphilis.

¹ High risk is defined as: lives in high morbidity area during pregnancy; HIV-positive; other STD diagnosed within the past 12 months; illicit substance use; reports sex exchange; homeless/unstable housing; history of incarceration within the past 12 months; multiple sex partners, or partner with other partners and or untreated partner.

4. **Report all cases of syphilis** at any stage to the Marin County Public Health within one working day of positive test results: Phone: 415 473 4163.

Background Information

In 2009, the rate of syphilis infection [began increasing](#) in Marin County consistent with regional, state and national trends. Syphilis rates continue to rise across California, and throughout the country. Nationally, the rate of congenital syphilis has risen 40% in the last year alone, to a rate of 33 per 100,000 live births in 2018. California has the fifth-highest rate of congenital syphilis in the country, with 68 cases per 100,000 live births in 2018.

Clinical Presentation

Syphilis is a sexually- or congenitally- acquired systemic infection caused by the spirochete *Treponema pallidum*. Clinicians must keep a high index of suspicion for syphilis due to its non-specific clinical manifestations. Clinical manifestations depend on the stage of infection. The initial clinical sign of infection is a localized skin lesion, or chancre. Chancres usually appear on genitalia, but may also occur at other inoculation sites, including the oropharynx or anus.

After initial infection, approximately 25 percent of untreated patients develop secondary syphilis in 4-10 weeks. Patients with secondary syphilis may have constitutional symptoms, adenopathy, liver and renal abnormalities, with or without the classic diffuse, symmetric maculopapular rash on the trunk and extremities. Up to 40 percent of patients with untreated syphilis develop late or tertiary syphilis. Late disease can include aortitis, granulomatous, nodular skin and bony lesions, or central nervous system involvement. Late syphilis can develop decades after initial infection in both previously symptomatic and asymptomatic patients.

Treatment Options

Penicillin G is the preferred drug for treating syphilis. The preparation, dosage, and length of treatment depend on the stage and clinical manifestations. Parenteral penicillin G is the only therapy with documented efficacy for syphilis during pregnancy. Pregnant women with syphilis in any stage who report penicillin allergy should be desensitized and treated with penicillin.

Additional Resources

[California STD/HIV Screening Recommendations in Pregnancy](#)

[CDPH Prenatal Syphilis Pocket Card](#)

[A Guide to Taking a Sexual History](#)

[Marin County Communicable Disease Updates for Prenatal Care Providers](#)

[California STD 2015 Screening Recommendations](#)

[California Treatment Guidelines Table for Adults & Adolescents 2015](#)

Sincerely,

Matthew Willis, MD, MPH
Public Health Officer
MWillis@marincounty.org