

EPI Monthly Report

Florida Department of Health in Miami-Dade County

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Congenital Syphilis: Prevention Measures and Recommendations

Background

Syphilis is a sexually transmitted disease (STD) caused by the bacteria *Treponema pallidum* that may result in serious congenital conditions if contracted during prenatal development. Congenital syphilis occurs when the spirochete *Treponema pallidum* is passed from a pregnant woman to her fetus. Syphilis has been linked to premature births, *still-births* and, in some cases, death shortly after birth. Untreated infants that survive tend to develop problems in multiple organs, including the brain, eyes, ears, heart, skin, teeth, and bones.

Congenital syphilis (CS) remains an important public health problem following an increase in syphilis infections in the United States. The Centers for Disease Control and Prevention (CDC) estimates, that annually, 55,400 people in the United States acquire new syphilis infections. There were 46,042 new cases of syphilis reported in 2011, compared to 48,298 newly diagnosed HIV infections and 321,849 cases of gonorrhea in the same year. Of new cases of syphilis, 13,970 were primary and secondary (P&S) syphilis; the earliest and most infectious stages of syphilis. In 2011, 72% of P&S syphilis occurred among men who have sex with men (MSM). In addition, there were 360 reported cases of congenital syphilis in 2011.

Epidemiology

The rate of P&S syphilis reported in the United States decreased during the 1990s and in 2000, the rate was the lowest since reporting began in 1941.

The rate increased annually from 2001 to 2009 and slightly declined during 2010 through 2011.

Despite this, Florida is one of the 15 highest states in the United States with a rate of 6.7, exceeding the national rate of 4.5 cases per 100,000 population in 2011 (Figure-1). In Miami-Dade County, 13% of the Florida population accounted for 25% of the total P&S syphilis cases. The incidence rate was 13.7 per 100,000 population in 2012, which was 1.9 times higher than the State of Florida average of 7.2. Following an increase in syphilis infections, congenital syphilis cases have recently increased during the past two years in Florida. However, an increase in cases at the local level has not yet been observed.

Prevention Measures

Congenital syphilis is preventable through screening and treatment of syphilis infections in women, especially pregnant women. The State of Florida law mandates syphilis screening for all pregnant women. According to *Florida Administrative Code 64D-3.042 STD Testing Related to Pregnancy*, practitioners should screen all pregnant women for syphilis (including HIV, chlamydia, gonorrhea and hepatitis B) at the initial examination related to her pregnancy; and again at 28 to 32 weeks gestation (third trimester).



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Women who appear at delivery or within 30 days postpartum with: (a) No record of prenatal care; or (b) Prenatal care with no record of testing; (c) Prenatal care with no record of testing after the 27th week of gestation shall be considered at a high risk for sexually transmissible diseases and shall be tested for hepatitis B surface antigen (HBsAg), HIV and syphilis prior to discharge.

Moreover, as part of the management of pregnant women who have syphilis, information concerning treatment of sex partners should be obtained to assess the risk for reinfection. All pregnant women who have syphilis should be tested for HIV infection. Routine screening of newborn sera or umbilical cord blood is not recommended. Serologic testing of the mother's serum is preferred rather than testing of the infant's serum because the serologic tests performed on infant serum can be nonreactive if the mother's serologic test result is of low titer or was infected late in pregnancy.

Recommendations for Pregnant Women

Screening and treating pregnant women for syphilis and other STDs is a vital way to prevent serious health complications to both mother and baby that may otherwise happen with infection. The sooner a woman begins receiving medical care during pregnancy, the better the health outcomes will be for herself and her unborn baby. Pregnant women should ask their doctors about getting

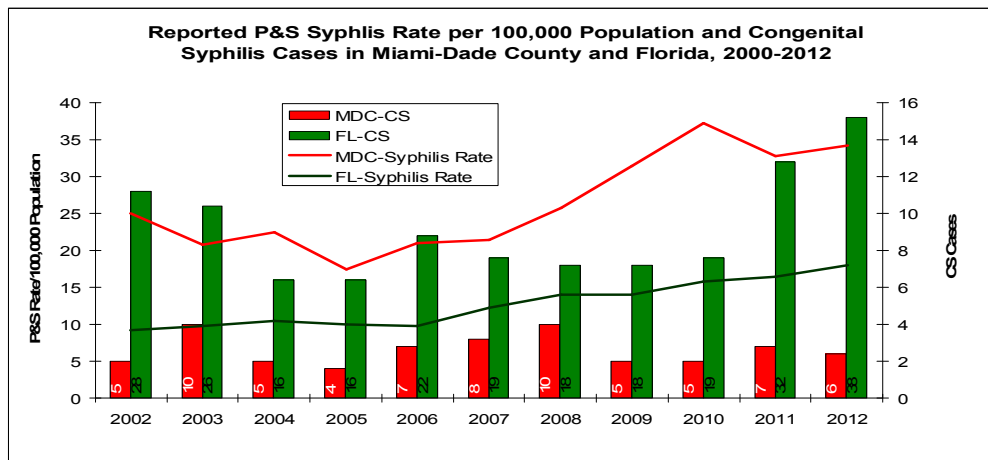
tested for STDs. Even if a woman has been tested in the past, she should be tested again when she becomes pregnant. The surest way to avoid transmission of STDs, including syphilis, is to abstain from sexual contact or to be in a long-term mutually monogamous relationship with a partner who has been tested and is known to be uninfected.

The Florida Department of Health in Miami-Dade County requires all health care providers to screen and treat syphilis in pregnant women. Providers are also required to report all syphilis cases in a timely manner to ensure rapid public health follow-up. For more information, contact the Florida Department of Health STD Program at 305- 575-5430

References:

1. Centers for Disease Control and Prevention. [Sexually Transmitted Diseases Treatment Guidelines, 2010](#). MMWR 2010;59 (no.RR-12).
2. Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2011*. Atlanta: U.S. Department of Health and Human Services; 2012.
3. Centers for Disease Control and Prevention. STDs & Pregnancy- Fact Sheet.. <http://www.cdc.gov/std/pregnancy/STDfact-Pregnancy.htm>
4. Florida Administrative Code: 64D-3.042, STD Testing Related to Pregnancy.

Figure-1

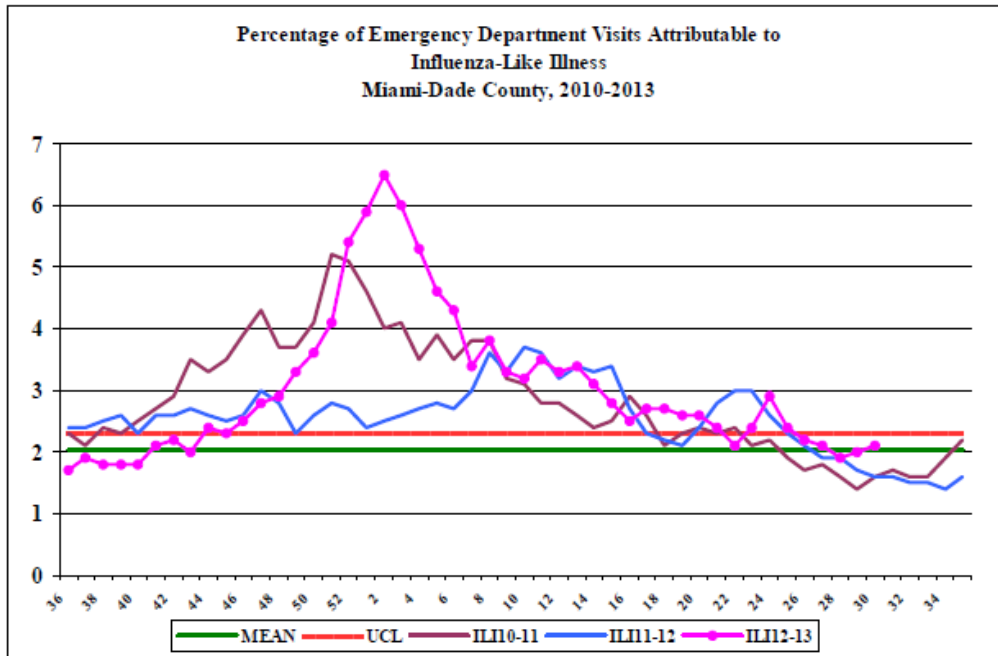


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Influenza-Like-Illness, All Age



During this period, there were 21,119 ED visits; among them 437 (2.1%) were ILI. At the same week of last year, 1.6% of ED visits were ILI.

PARTICIPATE IN INFLUENZA SENTINEL PROVIDER SURVEILLANCE

Florida Department of Health in Miami-Dade County **NEEDS** Influenza Sentinel Providers!

Sentinel providers are key to the success of the Florida Department of Health's Influenza Surveillance System. Data reported by sentinel providers gives a picture of the influenza virus and ILI activity in the U.S. and Florida which can be used to guide prevention and control activities, vaccine strain selection, and patient care.

- Providers of any specialty, in any type of practice, are eligible to be sentinel providers.
- Most providers report that it takes **less than 30 minutes a week** to compile and report data on the total number of patients seen and the number of patients seen with influenza-like illness.
- Sentinel providers can submit specimens from a subset of patients to the state laboratory for virus isolation **free of charge**.

For more information, please contact
Lakisha Thomas at 305-470-5660.

TO REPORT ANY DISEASE AND FOR INFORMATION CALL:
Epidemiology, Disease Control & Immunization Services

Childhood Lead Poisoning Prevention Program305-470-6877
Hepatitis305-470-5536
Immunizations or outbreaks305-470-5660
HIV/AIDS Program305-470-6999
STD Program305-575-5430
Tuberculosis Program305- 575-5415
Immunization Service305-470-5660
To make an appointment.....786-845-0550

About the Epi Monthly Report

The Epi Monthly Report is a publication of the Florida Department of Health in Miami-Dade County: Epidemiology, Disease Control & Immunization Services. The publication serves a primary audience of physicians, nurses, and public health professionals. Articles published in the Epi Monthly Report may focus on quantitative research and analysis, program updates, field investigations, or provider education. For more information or to submit an article, contact Lakisha Thomas at (305) 470-5653.



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Miami-Dade County Monthly Report Select Reportable Disease/Conditions June 2013

Diseases/Conditions	2013 Current Month	2013 Year to Date	2012 Year to Date	2011 Year to Date
HIV/AIDS				
AIDS*	80	406	262	358
HIV	144	779	543	726
STD				
Infectious Syphilis*	34	164	162	158
Chlamydia*	791	5041	4630	4300
Gonorrhea*	170	1209	1202	1132
TB				
Tuberculosis**	11	63	41	58

Epidemiology, Disease Control & Immunization Services

Epidemiology

Campylobacteriosis	37	136	150	250
Ciguatera Poisoning	7	9	3	7
Cryptosporidiosis	0	9	12	9
Cyclosporiasis	0	1	1	2
Dengue Fever	1	14	5	5
E. coli, O157:H7	1	2	3	9
E. coli, Non-O157	0	0	0	0
Encephalitis, West Nile Virus	0	0	0	0
Giardiasis, Acute	11	113	87	145
Influenza Novel Strain	0	0	0	0
Influenza, Pediatric Death	0	1	2	0
Legionellosis	4	14	7	9
Leptospirosis	0	0	0	0
Listeriosis	0	1	1	0
Lyme disease	0	1	6	0
Malaria	0	5	5	9
Meningitis (except aseptic)	5	16	8	18
Meningococcal Disease	1	11	9	9
Salmonellosis	66	233	194	182
Shigellosis	2	23	21	57
Streptococcus pneumoniae, Drug Resistant	7	55	41	54
Toxoplasmosis	0	0	3	0
Typhoid Fever	1	1	2	1
Vibriosis	1	5	3	1
West Nile Fever	0	0	0	0

Immunization Preventable Diseases

Measles	0	0	0	0
Mumps	0	0	1	0
Pertussis	10	30	32	13
Rubella	0	0	0	0
Tetanus	0	0	0	0
Varicella	4	44	29	24

Hepatitis

Hepatitis A	2	14	15	12
Hepatitis B (Acute)	0	8	13	3

Lead

Lead Poisoning	12	52	38	70
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*Data is provisional at the county level and is subject to edit checks by state and federal agencies.

** Data on tuberculosis are provisional at the county level.

