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, stillbirths 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.

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).
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:**

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.

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

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### 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)

*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.