Urgent Need for Increased Syphilis Testing and Treatment

Background

The Indiana Department of Health (IDOH) has a goal of eliminating congenital syphilis from our state. In recent years our country and state have seen an alarming increase in the numbers of syphilis and congenital syphilis cases. According to the Centers for Disease Control and Prevention (CDC), the United States has seen a 755% increase in congenital syphilis cases between 2012 and 2021. Unfortunately, nearly 9 in 10 of these cases could have been prevented with timely testing and appropriate treatment during pregnancy. In around 2 in 5 cases of congenital syphilis, the pregnant mother did not receive prenatal care. In Indiana, we have seen the number of congenital syphilis cases increase every year since 2020, with a 2,300% increase from 2018-2023 (see Appendix).

The risk of congenital syphilis decreases if a pregnant mother with syphilis is diagnosed and treated appropriately. Undiagnosed and/or inadequately treated, congenital syphilis leads to significant morbidity and mortality. Outcomes of syphilis infection *in utero* include pregnancy loss, stillbirth, prematurity, low birth weight, early infant death, and damage of multiple organs in infants born with congenital syphilis.

Strategies

We ask for your assistance in our efforts to eliminate congenital syphilis by implementing the following strategies to identify and treat syphilis. We have prepared this document to provide educational materials and guidance regarding testing, prevention, treatment, and reporting of syphilis cases.

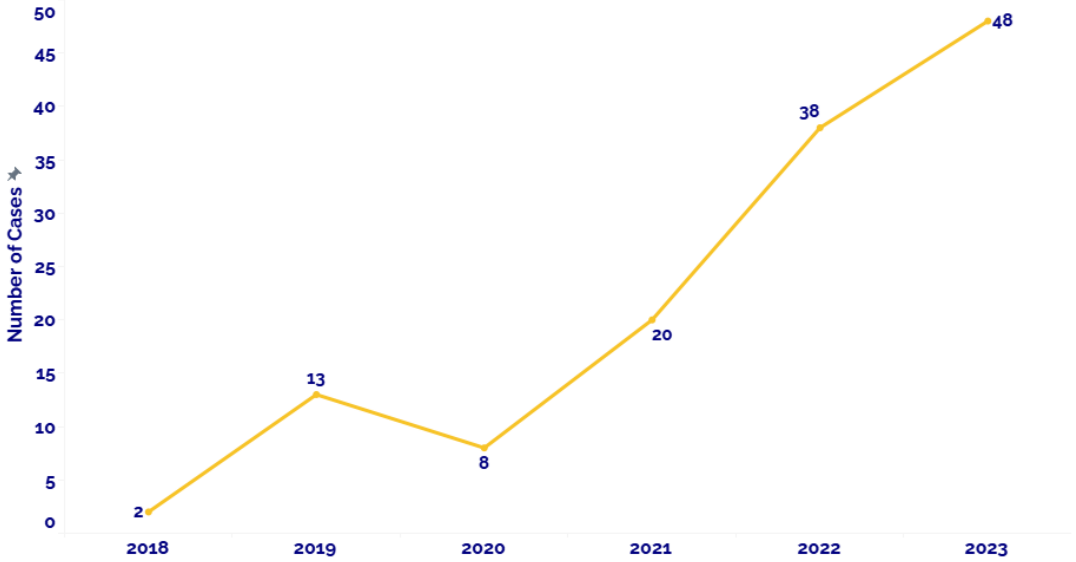
1. **Education:** Educate patients about syphilis and the importance of testing and treatment. You may access CDC's multiple educational brochures here.
2. **Testing during pregnancy:**
    - All pregnant patients should be tested in their first trimester (or at the initial visit for prenatal care), again in the third trimester (28-32 weeks), and then at the time of delivery.
    - Perform syphilis testing on all patients upon finding a positive pregnancy test.
    - Maternal and child health programs should start testing at multiple points during pregnancy if not already doing so.
    - Test in other settings in which pregnant patients are encountered such as emergency departments, urgent care centers, primary care visits, jail/prison intake, local health departments, community programs, and addiction services.
        - For example, emergency departments and urgent care centers can perform opt-out testing of all pregnant patients prior to discharge.
3. **Testing non-pregnant adults:**
    - Perform opt-out screening of all sexually active women and their partners for syphilis in counties with high syphilis rates (above the Healthy People 2030 target of 4.6 per 100,000).
    - Perform opt-out screening of people with other risk factors for syphilis (have unprotected sex and do not use condoms or do not use them correctly, have multiple sex partners, have a sex partner who has syphilis and have sex with a partner who has multiple sex partners).

4. **Type of test:**
    - Providers should familiarize themselves with their institution's policies on syphilis testing algorithms.
        - Serologic testing and diagnosis include both screening and confirmatory testing.
    - IDOH lab testing information can be found here.
    - Providers can also obtain and utilize rapid, point of care syphilis (POC) tests. If these are utilized, IDOH recommends sending serology for confirmation of a positive POC test since a single test is typically insufficient for diagnosing syphilis.
        - However, if necessary, presumptive treatment can be considered for a patient with a chancre consistent with primary syphilis, and/or a peripheral specimen is collected PRIOR to treatment for non-treponemal and treponemal assays, and/or a patient is high risk for loss to follow up without evidence of advanced infection.
    - Test interpretation information from the CDC can be accessed here.
5. **Treatment**:
    - Begin treatment immediately upon diagnosis. The most current guidelines for treatment of all stages and types of syphilis can be found on the CDC's website. Additionally, the CDC has a wall chart of STI treatment and a document with staging algorithms.
        - **Pregnant patients should only be treated with benzathine penicillin G (Bicillin L-A)**.
            - Bicillin L-A must be spaced in intervals 7-9 days during pregnancy; if a patient requires more than one dose, an interval fewer than 7 days or greater than 9 days is inadequate during pregnancy and the entire course must be re-started.
        - Doxycycline may be used as an alternative in non-pregnant patients.
    - For further assistance with staging the infection and obtaining medication while there are shortages of Bicillin L-A, you can contact your local disease intervention specialist (see state map).
6. **Prevention:**
    - Treating mother and partner can help prevent initial infection or re-infection during pregnancy. A trifold with IDOH DIH information for partner services can be found here.
    - Doxycycline Post Exposure Prophylaxis (DoxyPEP: 200 mg of doxycycline within 24- 72 hours after condomless sex) has been shown to decrease syphilis rates. **However, it cannot be given to pregnant patients.**
7. **Reporting:**
    - Reporting information can be found on the IDOH website.
    - Both syphilis and congenital syphilis should be reported to IDOH within one working day.

The continued increase in syphilis and congenital syphilis in Indiana can only be addressed with increased testing and treatment. For more information on maternal/congenital syphilis, please contact Dawson Groves - dgroves1@health.in.gov, 317-233-7005. For general syphilis information, refer to the DIS contact map for DIS and IDOH STI specialists (bottom right-hand corner).

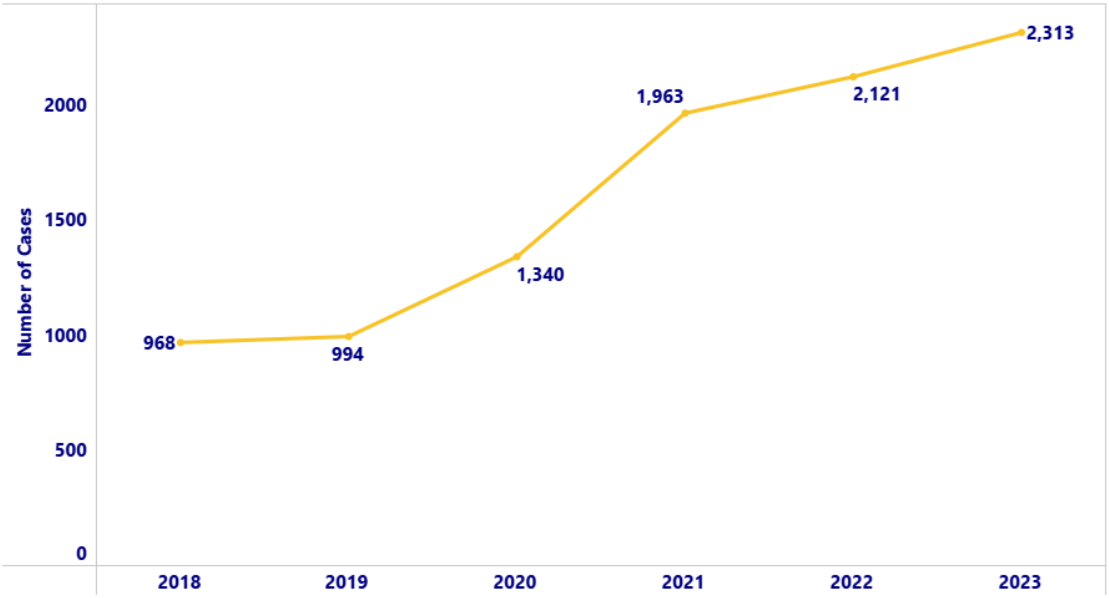
Appendix: By the numbers

Indiana Congenital Syphilis Morbidity, 2018-2023*



*2023 data are preliminary until reconciliation concludes. There have been 8 congenital syphilis cases reported in 2024 as of March 5, 2024.

Indiana Adult Syphilis Morbidity, 2018-2023*



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