

## Frequently Asked Questions

### Why is it important to diagnose and treat syphilis in pregnant women?

The number of nationally reported congenital syphilis cases increased by 755% between 2012 and 2021 from 335 in 2012 to 2,865 in 2021.<sup>1,2</sup> In 2022, lack of timely testing and adequate treatment of syphilis in pregnancy contributed to almost 90% of congenital syphilis cases in the United States.

### How is syphilis diagnosed during pregnancy?

Pregnant patients with reactive syphilis serology must be considered infected unless an adequate treatment history is clearly documented in their medical records and sequential serologic antibody titers have decreased as recommended for the syphilis stage (see *Interpretation of Syphilis Serology* below).

### What is adequate treatment for syphilis during pregnancy?

- Adequate treatment for syphilis during pregnancy entails the completion of a penicillin-based regimen, in accordance with Centers for Disease Control and Prevention treatment guidelines, appropriate for stage of infection, initiated thirty (30) or more days before delivery).<sup>1,3</sup>
- Bicillin L-A (Penicillin G Benzathine) is the only known effective antimicrobial for treating syphilis during pregnancy and preventing congenital syphilis.
  - missed doses (doses less than 7 days or greater than 9 days apart) are not acceptable for pregnant patients receiving therapy for late syphilis; if this interval is too great or too little, the entire course of therapy must be re-started.<sup>3</sup>
- Patients who have a history of penicillin allergy must be desensitized and treated with the Bicillin L-A (Penicillin G Benzathine) regimen appropriate for the stage of infection.<sup>3</sup>
- The United States has experienced a shortage of Bicillin L-A (Penicillin G Benzathine) since the spring of 2023, thereby reducing the capacity for treating syphilis among pregnant patients.<sup>2</sup>
  - *IDOH has earmarked Bicillin L-A (Penicillin G Benzathine) for 340B STI covered entities that employ disease intervention specialists (DIS) for the provision of syphilis treatment when the capacity for treatment is not otherwise available.*

### What to do if there is history of prior treatment of syphilis?

- Appropriate documentation of treatment is essential for determining treatment adequacy.
- If a patient was treated with a course of doxycycline prior to pregnancy, the Indiana Department of Health (IDOH) requires that confirmation be ascertained — in writing — that demonstrates that the patient received the medication, that documents the start date of treatment, and that confirms that the patient completed the appropriate treatment regimen for the diagnosed surveillance stage.
- If the patient requires more than one dose of Bicillin L-A (Penicillin G Benzathine), IDOH requires that each dose is documented separately with the date that treatment was administered.
- If a patient reports a history of syphilis and previous treatment from out-of-state, but records are unsuccessfully located or record search results are negative, the patient must be re-treated (see [Interstate Communication Control Records Process](#)).

- If the patient reports a history of syphilis from out of the country and does not have documentation of treatment, the patient must be re-treated.

### How do you diagnose congenital syphilis?

See CDC's recommended considerations here: [Congenital Syphilis; Sexually Transmitted Infection Treatment Guidelines](#)

### What makes a reportable case of congenital syphilis?

All reactive syphilis serology should be reported within one working day. Reportable cases of congenital syphilis are specific to maternal treatment adequacy and/or clinical evidence of congenital syphilis (e.g., on the basis of physical exam, radiographic finding[s], or laboratory finding[s]).<sup>1-3</sup>

For detailed information see [Congenital Syphilis Case Definition](#).

### Additional Resources

- [Indiana Department of Health, Disease Intervention Specialist Contact Map](#)
  - Navigate to *Online Reporting of STIs*
  - Click on *DIS Contact Map*
  - The DIS Contact Map is updated regularly.
- [Syphilis Staging for Public Health Surveillance Reporting](#)
- [Sexually Transmitted Infection Treatment Guidelines](#)
- [Syphilis During Pregnancy; Sexually Transmitted Infection Treatment Guidelines](#)
- [Congenital Syphilis; Sexually Transmitted Infection Treatment Guidelines](#)
- [Managing Patients Who Have a History of Penicillin Allergy; Sexually Transmitted Infection Treatment Guidelines](#)

### References

1. Centers for Disease Control and Prevention. (2021, April 16). *Syphilis (Treponema Pallidum) 2018 Case Definition*. Retrieved March 13, 2024, from <https://ndc.services.cdc.gov/case-definitions/syphilis-2018>
2. McDonald, R., O'Callaghan, K., Torrone, E., Barbee, L., Grey, J., Jackson, D., Woodworth, K., Olsen, E., Ludovic, J., Mayes, N., Chen, S., Wingard, R., Jones, M., Drame, F., Bachmann, L., Romaguera, R., and Mena, L. (2023). Missed Opportunities for Preventing Congenital Syphilis — United States, 2022. *Morbidity and Mortality Weekly Report*, 72(46), 1269–1274. <https://doi.org/10.15585/mmwr.mm7246e1>
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4. New York City Department of Health, Mental Hygiene Bureau of Sexually Transmitted Infections, and New York City Sexually Transmitted Disease Prevention Training Center. (2019, March). *The Diagnosis, Management, and Prevention of Syphilis*. Retrieved November 19, 2023, from [https://www.nycptc.org/x/Syphilis\\_Monograph\\_2019\\_NYC\\_PTC\\_NYC\\_DOHMH.pdf](https://www.nycptc.org/x/Syphilis_Monograph_2019_NYC_PTC_NYC_DOHMH.pdf)

