Pregnancy Syphilis Screening and Treatment Guide

Screen

All healthcare providers should screen all pregnant people 3 times: 1) at confirmation of pregnancy, 2) early in the third trimester (28-32 weeks' gestation), and 3) at delivery.

- Providers should screen in any health care setting including emergency departments, urgent care centers, correctional facilities, substance abuse facilities, and primary care clinics.
- All people who experience a stillbirth[1] should be tested.
- The reverse algorithm is generally preferred for screening in pregnant people to detect early infection and late, untreated infection.[2]

Test and give presumptive treatment for those with syphilis signs/symptoms, sexual contact with someone with syphilis, pregnant people with likely untreated syphilis who are high-risk or may not follow up, with linkage to prenatal care.

Stage & Treat

1. Primary
- Chancre

2. Secondary
- Rash and/or other signs[3]

3. Early non-primary non-secondary
- Evidence of new infection occured within one year[4]

Treatment: **Benzathine penicillin G**
- 2.4 Million Units, Once [6] Intramuscularly (IM)

Late-latent or unknown duration

No symptoms and infection does not meet criteria for early latent

Treatment: **Benzathine penicillin G**
- 2.4 Million Units IM every 7 days, for 3 doses (7.2 mu total)
- ***A 6-9 day interval is acceptable****. If any doses are late (>9 days) or missed, restart the entire three-dose series.*

Neurosypilis/ Ocular/Otic[5]
- CNS signs or symptoms
- CSF findings on lumbar puncture

Treatment: **Aqueous penicillin G**

3-4 Million Units Intravenously every four hours for 10-14 days

Monitor

- If treated at/prior to 24 weeks' gestation, wait at least 8 weeks to repeat titers unless symptoms/signs for primary/secondary stage are present or treatment failure is suspected.
- Titers should be repeated for all patients at delivery.
- Post-treatment serologic response during pregnancy varies widely. Many people do not experience a fourfold decline by delivery. If sustained (>2 weeks) fourfold increase occurs after treatment completion, evaluate for reinfection and neurosyphilis.

Communicate & Evaluate

- Report syphilis cases in pregnant people to MDH and refer to partner services at (651) 201-5414.
- Communicate results and treatment dosing/timing to pediatric providers.
- Pediatric providers should evaluate for congenital syphilis and treat infant per CDC STI Treatment Guidelines (https://www.cdc.gov/std/treatment-guidelines)

1. Fetal death after 20 weeks' gestation or fetus weighs greater than 500 g
2. If the traditional algorithm is used, consider also sending a treponemal test for pregnant people.
3. Signs of secondary syphilis also include condyloma lata, patchy alopecia, and mucous patches.
4. Criteria for an early non-primary non-secondary diagnosis: during the prior 12 months, the person had: a) negative treponema test (EIA, TPPA or FTA) or sustained fourfold titer rise (RPR or VDRL); or b) symptoms consistent with primary and secondary syphilis (chancre or rash); or c) a sex partner with documented primary, secondary, or early latent syphilis.
5. Neurosyphilis, ocular, and otic syphilis can occur at any stage. Patients should receive a neurologic exam including opthalmic and otic; CSF evaluation recommended if signs/symptoms (cranial nerve palsies or other) present. If only ocular/otic manifestation without other abnormalities on neuro exam, CSF evaluation not necessary.
6. Some evidence suggests that a 2nd dose of 2.4 million units one week after the 1st dose for early syphilis may be more effective in preventing congenital infection in pregnancy.

DEPARTMENT OF HEALTH

Infectious Disease Epidemiology, Prevention and Control
PO Box 64975, St. Paul, MN 55164
651-201-5414 or 1-877-676-5414
www.health.state.mn.us

Adapted with permission from the California Department of Public Health STD Control Branch (CDPH STDCB) and the California Prevention Training Center (CAPTC)

1/25/2024

Important Considerations for Syphilis Treatment in Pregnancy

Screen early, treat as soon as possible.
Prenatal therapy adequate for the pregnant person's stage should be started as soon as possible, and be initiated ≥ 30 days before delivery to be most effective.

Treatment is safe and highly effective.
Prenatal therapy treats both mother and fetus. When using timely, appropriate therapy, effectiveness approaches 100%.

Benzathine Penicillin G (Bicillin-LA) or aqueous IV Penicillin depending on stage is the ONLY recommended therapy for pregnant people infected with syphilis.

Treat someone with signs, symptoms, or exposure to syphilis.
They should receive treatment for early disease regardless of whether or not serology results are available.

Partners should be presumptively treated to prevent reinfection
during pregnancy, evaluated for syphilis by a provider, staged, and treated appropriately.

RESOURCES

- For questions on past and current syphilis screening, diagnosis, or treatment in pregnancy, or to report cases (including syphilitic stillbirths) among pregnant persons, call the Minnesota Department of Health (MDH) at (651) 201-5414 or refer to the Syphilis in Pregnancy and Congenital Syphilis - MN Dept. of Health (state.mn.us) website for additional information.
- For detailed evaluation and treatment guidelines for pregnant people, including penicillin allergy recommendations and evaluation/treatment of infants, see the CDC STI Treatment Guidelines (https://www.cdc.gov/std/treatment-guidelines).
- To request a syphilis training/presentation by MDH, please complete this form (https://survey.vovici.com/se/56206EE3662437AB).
- For partner referrals, please contact 651-201-5414 or visit the MDH STD/HIV Partner Services website (https://www.health.state.mn.us/diseases/stds/partnerservices.html)
- A free STD consultation service for healthcare providers can be accessed through the STD Clinical Consultation Network (https://www.stdccn.org/render/Public)

What if my patient is allergic to penicillin?

- Verify the nature of the allergy.
  - Approximately 10% of the population reports a penicillin allergy, but less than 1% of the whole population has a true IgE-mediated allergy.
- Symptoms of an IgE-mediated (type 1) allergy include:
  - Hives, angioedema, wheezing and shortness of breath, and anaphylaxis. Reactions typically occur within 1 hour of exposure.
- Refer for penicillin skin testing if the nature of the allergy is uncertain or cannot be determined.
- Desensitization should be performed in an appropriate medical setting.
  - Serious allergic reactions can occur. Consult an allergist.
- Once desensitized, treat the patient with recommended IM or IV penicillin for the appropriate stage of syphilis.

DEPARTMENT OF HEALTH

Infectious Disease Epidemiology, Prevention and Control
PO Box 64975, St. Paul, MN 55164
651-201-5414 or 1-877-676-5414
www.health.state.mn.us

Adapted with permission from the California Department of Public Health STD Control Branch (CDPH STDCB) and the California Prevention Training Center (CAPTC)

1/25/2024