



April 16, 2019

Dear Colleague:

In 2017, Nevada ranked first in rates of primary and secondary syphilis and second in the nation for congenital syphilis. Specifically, in Southern Nevada the number of reported **congenital syphilis** cases were as follows:

2016	9 cases
2017	20 cases
2018	24 cases

While nationally and in Nevada the rate of syphilis among males is much higher than women, over the past several years there has been a consistent increasing trend among women.

Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy. CS can cause major health impacts to a baby including miscarriage, premature birth, low birth weight, or death shortly after birth. Up to of babies born to women with untreated syphilis may be stillborn or die from the infection as a newborn. Babies born with CS can have deformed bones, severe anemia, enlarged liver and spleen, jaundice, nerve problems, meningitis, and skin rashes.

Congenital syphilis can be prevented with early detection and timely and effective treatment of syphilis in pregnant women and women who could become pregnant. Preconception and interconception care should include screening for HIV and sexually transmitted infections (STIs), including syphilis, in women at risk.

RECOMMENDATIONS - TALK, TEST, AND TREAT!

TALK- Routine risk assessment, as well as a thorough sexual history, should be conducted throughout pregnancy to determine risk factors. Additionally, it is essential providers discuss STI prevention methods. Advise your patient to tell sexual partner/partners about the infection and encourage them to get tested and treated to avoid reinfection.

WOMEN AT RISK FOR SYPHILIS

- Have signs and symptoms of syphilis infection.
- Live in areas with high rates of syphilis, particularly among females.
- Have a history of syphilis or another STI.
- Receive late or limited prenatal care.
- Did not get tested in the first or second trimester.
- Have partners that may have other partners, or partners with male partners.
- Have history of incarceration.
- Are involved with substance use or exchange sex for money, housing, or other resources.

TEST - PRENATAL SCREENING: IT'S THE LAW! In Nevada, it is required by law (NRS 442.010) that pregnant women be tested for syphilis at their first prenatal visit and again early in the third trimester (28-32 weeks gestational age). Some women may be in the asymptomatic stage of syphilis. Women who are asymptomatic can still spread the infection to their unborn babies.

TREAT - If your patient is diagnosed with syphilis, take immediate action. Pregnant women diagnosed with syphilis should be treated immediately according to CDC's 2015 [STD treatment guidelines \(https://www.cdc.gov/std/tg2015/congenital.htm\)](https://www.cdc.gov/std/tg2015/congenital.htm). **Treatment as soon as diagnosed is likely to prevent congenital syphilis.**

Treatment for Early Syphilis (determined to be less than one year's duration)	Treatment for Late Latent Syphilis or Unknown Duration
Benzathine penicillin G 2.4 million units by intramuscular injection in a single dose	Benzathine penicillin G 2.4 million units by intramuscular injection every 7 days for 3 weeks (7.2 million units total)

*In pregnancy, **penicillin is the only recommended therapy.** Pregnant women with penicillin allergies should be desensitized and treated with penicillin. **There are no alternatives.***

- **Before discharging any newborn infant from the hospital, ensure the mother has been tested for syphilis at least once during her pregnancy or at delivery.** If the test is positive, ensure that the mother and baby are evaluated appropriately before discharge, and, if necessary, treated. Any woman who delivers a stillborn infant (greater than 20 weeks or 500g) should be tested for syphilis.

PARTNER TREATMENT AND THE ROLE OF THE SNHD

Because sex with an untreated partner can cause **re-infection**, it is especially important to ensure that the partner(s) receive treatment and to inform pregnant women about the risk to their infants if they have sex with an untreated partner. The Southern Nevada Health District can assist in the prevention of congenital syphilis and can assist with partner treatment. **Partner with the Health District, prenatal care providers, and other local organizations to address barriers to obtaining early and adequate prenatal care for the most vulnerable pregnant women in your community.**


In response to our community's public health crisis, The Southern Nevada Health District Office of Epidemiology and Disease Surveillance in collaboration with the Nevada Division of Public and Behavioral Health, developed this packet of information to bring awareness, cause discussion, and create a uniform understanding about the effective management of syphilis. Each packet contains both provider and patient education along with disease reporting, disease case management, and good discussion points to address with patients.

Making connections is very important to us. We are hopeful that medical providers and patients alike will find the connection to proactively eliminate the spread of syphilis.

Please feel free to contact us at (702) 759-0727 if you have any questions or need any additional information for your practice. My staff and I look forward to working with you.

Sincerely,

SOUTHERN NEVADA HEALTH DISTRICT

By: 

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