

Congenital Syphilis in Texas

Texas Department of State Health Services HIV/STD Program

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What is congenital syphilis?

Congenital syphilis is caused in utero by a pregnant woman's infection with syphilis. A wide spectrum of severity exists, and only severe cases are clinically apparent at birth.

Left untreated, infants and children under two years of age may have signs of early congenital syphilis such as hepatosplenomegaly (simultaneous inflammation of the liver and the spleen), rash, condylomata lata, snuffles, jaundice (non-viral hepatitis), pseudoparalysis, anemia and edema (nephrotic syndrome and/or malnutrition). An older child may develop stigmata involving bone development, hearing, vision, as well as the central nervous and cardiovascular systems (e.g., interstitial keratitis, nerve deafness, anterior bowing of shins, frontal bossing, mulberry molars, Hutchinson teeth, saddle nose, rhagades, or Clutton joints).¹

Infected babies may be born without obvious signs or symptoms. Without treatment, they may develop health problems within months of delivery (early congenital). Left untreated, infected babies can develop late congenital syphilis (stigmata). If an infected pregnant woman is not treated in a timely manner, she is at an increased risk for having a stillbirth or a baby that dies shortly after birth. Women who have primary or secondary syphilis during pregnancy are at an increased risk for having a stillbirth.

Is congenital syphilis a problem in Texas?

Yes. In 2014, Texas ranked sixth in the nation for congenital syphilis with 74 cases, or 19.3 cases per 100,000 persons, accounting for almost one fifth of the total congenital cases reported in the U.S.*² Texas ranked 15th among states for primary and secondary syphilis case rates in 2014.³

Increases in congenital syphilis follow increases in early syphilis cases among women. Increases in congenital syphilis may be more pronounced when women don't receive prenatal care, or receive prenatal care late in their pregnancy. As long as women are able to access timely prenatal care, testing and treating pregnant women for syphilis is an effective, low-cost intervention that can avert potentially devastating health outcomes.

In 2015, of the 21 counties reporting at least one congenital syphilis case, Harris County reported 14, the largest number of cases. Bexar County followed with 10 and Tarrant County with 9. Other counties reporting cases include: Hidalgo (6), Dallas (4), Webb, Nueces, and Cameron (2 each).

Testing for Syphilis

Syphilis is usually diagnosed with a blood test. It is important to discuss testing and treatment history with your patient because a person could still test positive after previously receiving adequate treatment. Because of this, interpretation of syphilis test results might require consultation with another physician or expert.

Reporting Syphilis

Syphilis is a reportable disease and must be reported to your local/regional health department. If you suspect your patient has signs or symptoms of primary or secondary syphilis, you must report this to the local health department within 24 hours for public health follow-up.

For questions about disease reporting, see DSHS reporting information (www.dshs.state.tx.us/hivstd/reporting/) or consult your local or regional health department.

Syphilis Testing and the Law

In 2015, the Texas Legislature passed Senate Bill 1128 revising Texas law (Texas Health and Safety Code 81.090) to require that every pregnant woman be tested for syphilis at her first prenatal visit **and at third trimester, no earlier than 28 weeks gestation.**⁴ This law took effect September 1, 2015. The Centers for Disease Control and Prevention (CDC) recommend the third trimester test should occur between 28-32 weeks gestation, ensuring timely treatment of the mother and fetus. Although not required by law, DSHS recommends testing for syphilis at delivery for women who:

- Live in a high-morbidity area (rates of primary and secondary syphilis of 2.0 per 100,000 or higher);
- Have no evidence of prior testing;
- Are uninsured or low income;
- Are diagnosed with a STD during pregnancy; and/or
- Exchange sex for money and/or drugs.

If the serologic status of the mother is not known, serologic status of the newborn must be determined. Any woman who delivers a stillborn infant after 20 weeks gestation should be tested for syphilis. Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been determined either during pregnancy or at delivery.⁵ All infants born to women with reactive serologic tests for syphilis should be examined thoroughly for evidence of congenital syphilis (e.g., non-immune hydrops, jaundice, hepatosplenomegaly, rhinitis, skin rash, and pseudoparalysis of an extremity).⁶

Treatment for Syphilis

Benzathine penicillin G, administered intramuscularly, is the preferred treatment of all stages of syphilis in the pregnant woman. If the woman reports an allergy to penicillin, assessment and penicillin desensitization procedures should begin. For infants with proven congenital syphilis or at high risk for congenital syphilis, the preferred treatment is intravenous aqueous crystalline penicillin G for 10 consecutive days. Whenever possible, physicians should treat their own patients instead of referring them to other providers to avoid losing patients to follow-up.

Refer to the CDC Treatment Guidelines at www.cdc.gov/std/tg2015/ for information on treating syphilis, including treatment for pregnant women.⁷ Penicillin will cross the placental barrier after the 18th week of pregnancy, treating the infected fetus. Local health departments can also answer questions about treatment. Because syphilis can be passed between partners, it is also important to discuss the possibility of reinfection with syphilis if they have sex with an untreated partner.

The Payoff

Syphilis testing during pregnancy is required by law, inexpensive and relatively painless. Syphilis is treatable with low-cost medications with little or no side effects for many people. The decrease in congenital syphilis and the devastating effects of this disease mandate that we eliminate congenital syphilis in Texas.

* *There are slight variations between the numbers reported in the CDC National Report and those reported in the Texas STD Surveillance Report. This is due to the use of different report dates contained within the data. For the purposes of this fact sheet, the national report was used.*

Endnotes

- 1 Centers for Disease Control and Prevention. wwwn.cdc.gov/nndss/script/casedef.aspx?CondYrID=861&DatePub=1/1/1996 accessed 3/17/2016.
- 2 Centers for Disease Control and Prevention. www.cdc.gov/std/stats13/surv2013-print.pdf accessed 3/17/2016.
- 3 Centers for Disease Control and Prevention. www.cdc.gov/std/stats13/surv2013-print.pdf accessed 3/17/2016.
- 4 Texas Health and Safety Code. www.statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm#81.090 accessed 3/17/2016.
- 5 Centers for Disease Control and Prevention. www.cdc.gov/std/tg2015/genital-ulcers.htm accessed 3/17/2016.
- 6 Centers for Disease Control and Prevention www.cdc.gov/std/tg2015/genital-ulcers.htm accessed 3/17/2016.
- 7 Centers for Disease Control and Prevention. www.cdc.gov/std/tg2015/ accessed 3/17/2016

FAST FACTS

Syphilis is curable.
Congenital syphilis is preventable.
Offer testing to your patients, especially those who are pregnant or are trying to get pregnant.
Local reporting authorities are at www.dshs.state.tx.us/hivstd/healthcare/reporting/regions.shtm.
CDC STD Treatment guidelines are at www.cdc.gov/std/tg2015/.
More information about congenital syphilis is at www.dshs.state.tx.us/hivstd/se/congenital.shtm.



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