

Congenital Syphilis in Texas

Congenital syphilis is a multisystem infection caused by the bacterium *Treponema pallidum* and transmitted by an infected mother to the fetus via the placenta. **If left untreated in pregnant women**, the infection may lead to stillbirth, neonatal death, and infant disorders such as deafness, neurologic impairment and bone deformities.

Texas Syphilis Cases - Texas reported 1,405 Primary & Secondary (P&S) cases of syphilis in 2008 (up from 398 in 2000). Increases in P&S cases in women correspondently, lead to increases in congenital syphilis. Also, increases of congenital syphilis may occur when women do not enter or are late entering into prenatal care. In 2008, 124 cases of congenital syphilis were reported (up from 71 cases reported in 2000). Harris County reported the largest number of congenital syphilis cases in 2008 (45). Other counties reported the following number of congenital syphilis cases: Bexar – 11, Tarrant – 10, Jefferson – 9, Dallas – 7, El Paso – 5, Fort Bend – 4, Smith – 3, and Titus – 3, all other counties – 27. Texas reported 11 stillbirths associated with congenital syphilis in 2008.

Required and Recommended Testing during Pregnancy and at Delivery - Texas law (Health and Safety Code Sec 81.090) requires that all providers must test for syphilis at the first prenatal visit and at delivery. The Centers for Disease Control and Prevention (CDC) recommends:

*Women who are at high risk for syphilis, live in areas of high syphilis morbidity, are previously untested, or have positive serology in the first trimester should be screened again early in the third trimester (28 weeks' gestation) and at delivery.

*For communities and populations in which the prevalence of syphilis is high or for patients at high risk, serologic testing should be performed twice during the third trimester, at 28 to 32 weeks' gestation and at delivery.

*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 at least one time during pregnancy and preferably again at delivery.¹

Treatment of Syphilis - Benzathine penicillin G, administered IM, is the preferred treatment of all stages of syphilis in the pregnant woman. For infants with proven congenital syphilis or at high risk for congenital syphilis, the preferred treatment is IV aqueous crystalline penicillin G for ten consecutive days. Treatment of the pregnant woman in most cases of syphilis is simple and inexpensive. Whenever possible, physicians should treat their own patients instead of referring them to other providers because patients may be lost to follow-up. The current CDC STD Treatment Guidelines (2006) are found at <http://www.cdc.gov/STD/treatment>.

¹ CDC. Sexually Transmitted Diseases Treatment Guidelines, 2006. MMWR. 2006; 55 (R11): 1-94. (Pages 7 & 29)
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