

Congenital Syphilis in Texas

What is Congenital Syphilis?

Syphilis in newborns is known as Congenital Syphilis (CS). Syphilis can be transmitted during pregnancy or at delivery when someone is untreated or inadequately treated for their syphilis diagnosis. CS can lead to miscarriage, stillbirth, preterm delivery, birth defects, and even perinatal death. According to the Centers for Disease Control and Prevention (CDC), up to 40 percent of infants born to mothers with untreated syphilis acquired within four years of delivery may be stillborn or die as a newborn.¹ Some infants with CS can be asymptomatic and healthy at birth but develop life-altering complications later in life.

CS can present with a spectrum of serious manifestations. CS is classified as “early” when the child exhibits symptoms at birth up to their second birthday, and “late” when symptoms start after age two. Early CS can cause vision or hearing loss, non-viral hepatitis causing jaundice of the skin and eyes, long bone abnormalities, developmental delays, enlargement of the liver and/or spleen (hepatosplenomegaly), severe inflammation of the mucus membranes of the nose (snuffles), rash, anemia, pneumonia, and additional symptoms. Older children may develop clinical manifestations of late CS, including problems with bone and teeth development, hearing and vision loss, and issues with the central nervous and cardiovascular systems.² However, with timely prenatal care, testing, and treatment, potentially devastating health outcomes for children can be averted.

Is Congenital Syphilis a Problem in Texas?

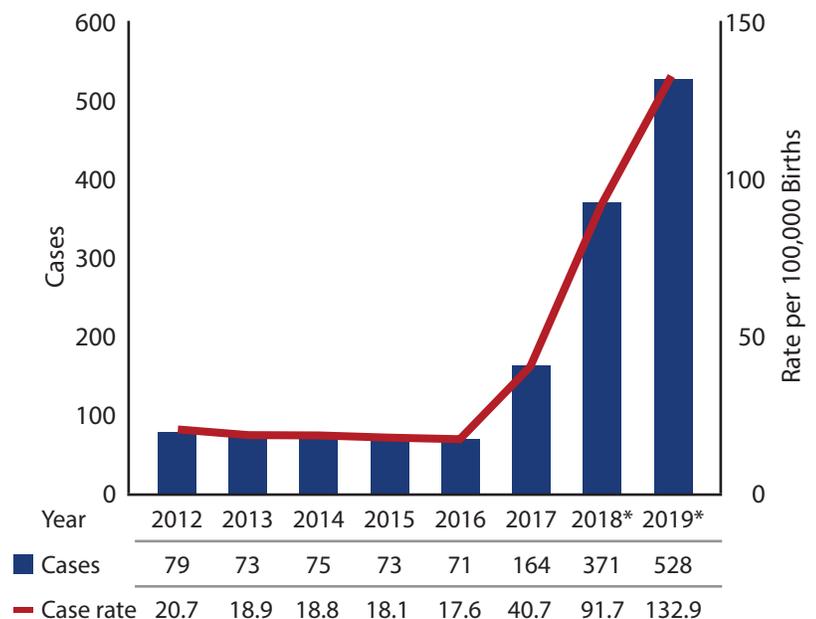
Yes. The national CS rate has been rising since 2013 and Texas has historically reported high numbers of CS cases compared to other states. In 2018, Texas reported the highest rate of CS cases in the nation.

In Texas, CS has increased approximately 650% from 2016-2019.

In 2019*:

- There were 528 cases of CS reported to DSHS.
- Just over 1 in 750 Texas infants was born with a CS diagnosis.
- This represents a nearly 43% increase relative to 2018, when 371 cases were reported at a rate of 91.9 cases per 100,000 live births.
- There were 66 counties that reported CS cases.
- Over 80% of CS cases in Texas were reported in Houston, Dallas, and San Antonio and the counties surrounding those cities.

Figure 1: Texas Congenital Syphilis Cases and Rates by Year of Diagnosis, 2012-2019



Syphilis Testing and the Law

Texas Health and Safety Code Section 81.090 requires all syphilis testing at three points during pregnancy: at their **first prenatal visit**, again during **the third trimester** of their pregnancy (no earlier than 28 weeks' gestation), and again at **delivery**.

CDC recommends third trimester testing at 28 weeks' gestation. Additionally, CDC recommends syphilis testing for all persons who deliver a stillborn at or greater than 20 weeks' gestation.

It is important to discuss testing and treatment history with the individual being tested because persons can still test positive after receiving treatment. It is important to have documented confirmation of appropriate treatment for all persons who are pregnant with positive syphilis serology. The [local or regional health authority](#) can assist with verification of testing and treatment history.

Syphilis in Women

Women who are diagnosed with primary and secondary syphilis (symptomatic syphilis) during pregnancy and do not initiate treatment at least 30 days prior to delivery or are untreated at the time of delivery are more likely to deliver infants with clinical manifestations of congenital syphilis.

Treatment for Syphilis

Persons with a syphilis diagnosis should seek treatment as soon as possible: especially if they are pregnant to prevent serious neonatal complications. Long-acting benzathine penicillin G therapy must be used to treat syphilis during pregnancy to prevent syphilis transmission to the infant.³ This therapy is extremely effective in preventing CS, with a success rate of up to 98 percent.⁴ Persons who are allergic to penicillin should see a specialist for desensitization to penicillin.⁵

Women diagnosed with late syphilis of unknown duration require three doses of benzathine penicillin G given one week apart; if doses are missed or given more than seven days apart, treatment must be restarted.⁶ Failure to initiate and complete appropriate syphilis treatment at least 30 days prior to delivery will result in a reported CS case.⁷

Whenever possible, physicians should treat their own patients instead of referring them to other providers to avoid barriers to patient treatment. [Local and regional health authorities](#) can also answer questions about syphilis and other STD treatments. Since syphilis can be passed between partners, it is also important to discuss the possibility of reinfection with syphilis if sex continues with an untreated partner.

Per the [CDC treatment guidelines](#) for congenital syphilis, all infants born to women with a positive syphilis serology should have a non-treponemal serology performed. Additional evaluations and treatment considerations for infants should be made following those guidelines. DSHS has also developed a physician-approved [CS Infant evaluation and treatment flowchart](#) (PDF) which follows CDC guidelines.

Reporting Syphilis

In Texas, syphilis is a reportable condition and all positive syphilis labs are required to be reported to DSHS in accordance with [Texas Administrative Code, Title 25, Part 1, Chapter 97, Subchapter F](#). If a patient presents with symptoms of primary or secondary syphilis, the diagnosis should be reported to the local health authority within 24 hours for public health follow-up. For additional information about reporting, please see the [DSHS disease reporting website](#) or consult with the local or regional health department.

Resources

- [CDC STD Treatment guidelines for syphilis](#)
- [Special considerations for pregnant women with syphilis \(CDC\)](#)
- [Congenital Syphilis treatment guidelines](#)
- [DSHS Congenital Syphilis Infant Evaluation and Treatment Flowchart](#) (PDF)
- [DSHS Congenital Syphilis Epi-Profile](#)

References

- 1 Centers for Disease Control and Prevention, "Congenital Syphilis – CDC Fact Sheet," January 31, 2017. [Online]. Available: cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm [Accessed December 7, 2020].
- 2 Centers for Disease Control and Prevention, "Congenital Syphilis (Treponema pallidum) 2018 Case Definition." [Online]. Available: cdc.gov/nndss/conditions/congenital-syphilis/case-definition/2018/ [Accessed August 28, 2019].
- 3 Centers for Disease Control and Prevention, "2015 Sexually Transmitted Diseases Treatment Guidelines," June 2015. [Online]. Available: cdc.gov/std/tg2015/ [Accessed August 28, 2019].
- 4 Bowen, V., Su, J., Torrone, E., Kidd, S., & Weinstock, H. (2015). Increase in Incidence of Congenital Syphilis — United States, 2012–2014. MMWR. Morbidity and Mortality Weekly Report, 64(44), 1241–1245. doi:10.15585/mmwr.mm6444a3. [Online]. Available: cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm [Accessed August 28, 2019].
- 5 Centers for Disease Control and Prevention, "2015 Sexually Transmitted Diseases Treatment Guidelines," June 2015. [Online]. Available: cdc.gov/std/tg2015/ [Accessed August 28, 2019].
- 6 Bowen, V., Su, J., Torrone, E., Kidd, S., & Weinstock, H. (2015). Increase in Incidence of Congenital Syphilis — United States, 2012–2014. MMWR. Morbidity and Mortality Weekly Report, 64(44), 1241–1245. doi:10.15585/mmwr.mm6444a3. [Online]. Available: cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm [Accessed August 28, 2019].
- 7 Centers for Disease Control and Prevention, "2015 Sexually Transmitted Diseases Treatment Guidelines," June 2015. [Online]. Available: cdc.gov/std/tg2015/ [Accessed August 28, 2019].

FAST FACTS CONGENITAL SYPHILIS

Syphilis is curable.

Congenital syphilis is preventable.

Offer syphilis testing to your patients. Syphilis testing is legally required for pregnant women.

Local reporting authorities
[dshs.texas.gov/hivstd/
reporting/regions/](http://dshs.texas.gov/hivstd/reporting/regions/)

DSHS TB/HIV/STD Section

(737) 255-4300
dshs.texas.gov/hivstd/

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** 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. All 2018 and 2019 data are provisional.*



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