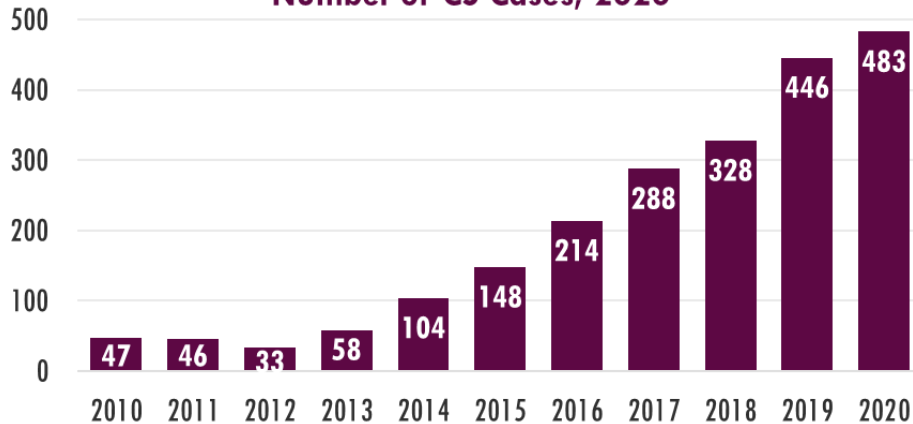


# CONGENITAL SYPHILIS IN CALIFORNIA

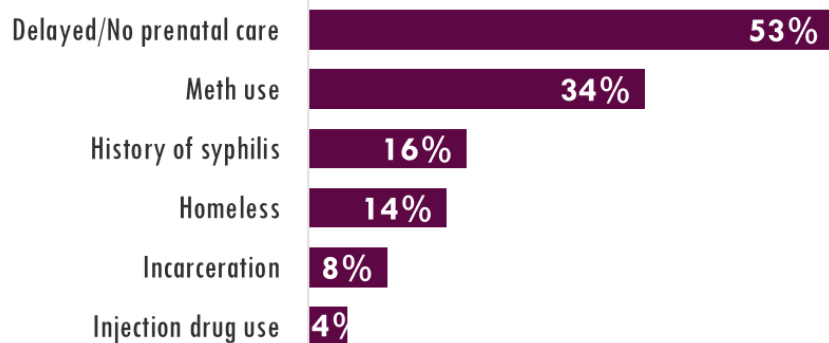
Congenital syphilis (CS) is transmitted from pregnant person to child during pregnancy or at delivery, at any stage of disease in the birthing parent. CS can cause severe illness in babies, including miscarriage, stillbirth, infant death shortly after delivery, premature birth, low birth weight, meningitis, neurologic problems including blindness and deafness, anemia, bone deformities, enlarged liver or spleen, jaundice, and skin rashes.

Number of CS Cases, 2020



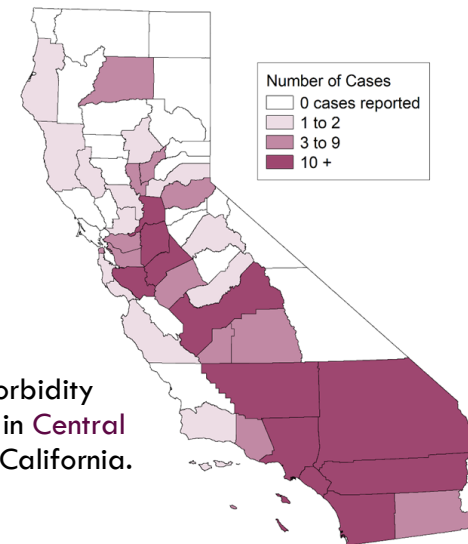
Most cases of CS were born to Latina birthing parents; however, the highest rate of CS is among Black birthing parents (almost 4 times higher than the state rate in 2020). These findings highlight the importance of centering racial equity to prevent CS.

Risk Factors reported by mothers of CS infants, California Project Area, 2020



Pregnant people diagnosed with syphilis are living in a context with complex social determinants of health: poverty, disparities in access to care, stigma, and structural racism.

Number of CS Cases, 2020



The highest morbidity counties were in Central and Southern California.

## State and Local Level Response

- Developing and promoting guidelines, resources, best practices, and training, including developing a statewide sexually transmitted infection (STI)/HIV/hepatitis C (HCV) strategic plan grounded in social determinants of health
- Monitoring data to inform program, including implementing and evaluating morbidity & mortality reviews of CS cases in high morbidity jurisdictions
- Collaborating with partners at the state and local level, including Maternal, Child, and Adolescent Health, housing, and substance use
- Interviewing people with syphilis and offering help with partner notification and treatment, prioritizing pregnant people and people who can become pregnant
- Ensuring access to adequate, timely, and low-cost treatment
- Providing enhanced case management for pregnant people with syphilis and their infants
- Supporting innovative solutions for pregnant people with syphilis who do not access prenatal care, including expanding syphilis screening and treatment in emergency department and correctional settings
- Providing surge capacity and responding to outbreaks

PREVENTION

**CONGENITAL SYPHILIS IS PREVENTABLE.**

There are opportunities for prevention within the sexual network, for the pregnant person, and for the infant.

- Timely screening, diagnosis, and timely treatment
- Partner services
- Access to: housing, family planning/contraception, and harm reduction/medication-assisted treatment (MAT)

SEXUAL NETWORK



PREGNANT PERSON



- Same as above
- Linkage to prenatal care
- Case management, including monitoring of follow-up labs and outcomes

INFANT



- Same as left
- Timely evaluation and treatment
- Linkage to follow-up care

SCREENING

**PREGNANT PEOPLE**

All pregnant patients should be screened for syphilis **at least twice during pregnancy**: once at either confirmation of pregnancy or at the first prenatal encounter (ideally in the first trimester) and again during the third trimester (ideally between 28-32 weeks' gestation). Patients should also be screened at **delivery**.

**EMERGENCY DEPARTMENT AND CORRECTIONAL SETTINGS**

The California Department of Public Health (CDPH) recommends **emergency department, urgent care, and adult correctional facilities** consider implementing routine opt-out testing for syphilis and confirming the syphilis status of all pregnant patients prior to discharge.

**PEOPLE WHO CAN BECOME PREGNANT**

All **sexually active people who could become pregnant** should get at least **one lifetime screen for syphilis** with additional screening for those at increased risk, and be screened for syphilis at the time of **each HIV test**.

Sources: [CDPH Expanded Syphilis Screening Recommendations](#), [CDPH Dear Colleague Letter: Opt-Out ED Screening for HIV, HCV, and Syphilis](#), [CDPH Dear Colleague Letter: Call to Expand HIV and Syphilis Testing for Pregnant Women](#)

TREATMENT

Penicillin is the <b>ONLY</b> treatment for syphilis in pregnancy; pregnant people who are allergic to penicillin must be <b>desensitized</b> .	<b>STAGE</b>	<b>Early Syphilis (&lt;1 Year)</b>			<b>Late Syphilis (&gt;1 Year) or Unknown Duration</b>
	<b>SIGNS/ SYMPTOMS</b>	Primary	Secondary	Early Latent	
	<b>TREATMENT</b>	Chancere	Rash, mucous patches, candyloma lata, etc.	No evidence of primary or secondary disease	Often without signs or symptoms
		Benzathine Penicillin (Bicillin L-A) 2.4 million units IM x 1			Benzathine Penicillin (Bicillin L-A) 2.4 million units IM x 3

Source: [Centers for Disease Control and Prevention 2021 STI Treatment Guidelines Syphilis During Pregnancy](#)