Prenatal Syphilis Screening, Staging, and Management for Congenital Syphilis Prevention

Screen

Screen all patients THREE times during pregnancy[1]

1. **Once at confirmation of pregnancy or at first prenatal encounter (ideally first trimester);**
2. **Early in third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and;**
3. **At delivery.**

Initial diagnosis requires both a non-treponemal test (RPR,VDRL) and a confirmatory treponemal test (TP-PA, FTA-ABS, or EIA/CIA)

Stage

Syphilis Diagnosis and Management at Prenatal Screening

Stage	Symptom
Primary	*+Chancre*
Secondary	*+Rash and/or other signs[2]*
Early- Latent	***NO** symptoms and infection occurred within one year[3]*
Late-Latent or Unknown Duration	***NO** symptoms, and infection does not meet criteria for early latent[3]*
Neurosyphilis/ Ocular / Otic[4]	*+CNS sign or symptoms* *+CSF findings on lumbar puncture (LP)*

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	Stage	Treatment
Treat	**Primary, Secondary, & Early- Latent**	**Benzathine penicillin G** 2.4 Million Units, Intramuscularly (IM) Once
Treat	**Late-Latent or Unknown Duration**	**Benzathine penicillin G** 2.4 Million Units, IM every 7 days, for 3 doses (7.2 mu total) A 6-8 day interval is acceptable. If any doses are late or missed, restart the entire 3-dose series.
Treat	**Neurosyphilis/ Ocular / Otic[4]**	**Aqueous penicillin G** 3-4 Million Units, Intravenously every 4 hours for 10-14 days
Monitor	**If treated at/prior to 24 weeks gestation, wait at least 8 weeks to repeat syphilis titers unless symptoms or signs for primary/secondary stage are present, or treatment failure is suspected. Titers should be repeated for all patients at delivery.** Post-treatment serologic response during pregnancy varies widely. Many pregnant patients do not experience a fourfold decline by delivery. If sustained (>2 weeks) fourfold increase occurs after treatment completion, evaluate for reinfection and neurosyphilis.	

1. California Department of Public Health (CDPH) Updates Syphilis Screening Recommendations
2. Signs of secondary syphilis also include condyloma lata, patchy alopecia, and mucous patches.
3. Persons can receive a diagnosis of early latent if, during the prior 12 months, they had (a) seroconversion or sustained fourfold titer rise (RPR or VDRL); (b) unequivocal symptoms of primary and secondary syphilis, or (c) a sex partner with primary, secondary, or early latent syphilis.
4. Neurosyphilis, ocular, and otic syphilis can occur at any stage. Patients should receive a neurologic exam including ophthalmic and otic; CSF evaluation recommended if signs/symptoms (cranial nerve palsies or other) present. If only ocular/otic manifestation without other abnormalities on neuro exam, CSF evaluation not necessary.

Important Considerations for Syphilis Treatment in Pregnancy

Screen early, treat as soon as possible
Treatment failure, and subsequent congenital syphilis, has been associated with a later gestational age at time of treatment.

Treatment is safe and highly effective
Prenatal therapy treats both pregnant patient and fetus; effectiveness approaches 100%.

Benzathine Penicillin G (or Bicillin-LA) is the ONLY recommended therapy for pregnant patients infected with syphilis.

Those with signs, symptoms, or exposure to syphilis should receive empiric treatment for early stage disease regardless of whether serology results are available.

Additional Resources
- **For detailed treatment guidelines,** including penicillin allergy recommendations see the CDC 2021 STI Treatment Guidelines (cdc.gov/std/treatment-guidelines)
- **For clinical questions,** enter your consult online at the STD Clinical Consultation Network (stdccn.org)

Important Considerations for Syphilis Treatment in Pregnancy

What if my Patient is Allergic to Penicillin?

- **Verify the nature of the allergy**. Approximately 10% of the population reports a penicillin allergy, but less than 1% of the whole population has a true IgE-mediated allergy.
- **Symptoms of an IgE-mediated (type 1) allergy include**: Hives, angioedema, wheezing and shortness of breath, and anaphylaxis. Reactions typically occur within 1 hour of exposure.
- **Refer for penicillin skin testing** if the nature of the allergy is uncertain or cannot be determined.
- **Refer for desensitization with penicillin** if the skin test is positive or the patient has a true penicillin allergy.
- **Desensitization should be performed in a hospital.** Serious allergic reactions can occur. Consult an allergist.
- **Treat the patient with benzathine penicillin G.** Treat according to appropriate stage of syphilis (see opposite page for treatment regimen).

For more information about IgE-mediated penicillin allergy:
Penicillin Fact Sheet 508 (PDF) (cdc.gov/antibiotic-use/media/pdfs/penicillin-factsheet-508.pdf)
Penicillin Allergy Treatment Guidelines (cdc.gov/std/treatment- guidelines/penicillin-allergy.htm)

Sources
Workowski KA, Bachmann LH, Chan P et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70 (No.4); Assessment, U. *Screening for syphilis infection in pregnancy: US Preventive Services Task Force reaffirmation recommendation statement.* Ann Intern Med, 2009. 150: p. 705-709; Alexander JM, Sheffield JS, Sanchez PJ, et al. Efficacy of treatment for syphilis in pregnancy. *Obstetrics & Gynecology* 1999;93(1):5-8; Plotzker RE, Murphy RD, Stoltey, JE. "Congenital Syphilis Prevention: Strategies, Evidence, and Future Directions." *Sexually Transmitted Diseases* (2018); Wendel GO, Jr, Stark BJ, Jamison RB, Melina RD, Sullivan TJ. Penicillin Allergy and Desensitization in Serious Infections During Pregnancy. N Engl J Med 1985;312:1229–32.