

November 2, 2021

SUMMARY: Indiana is experiencing a significant increase in the number of women with infectious syphilis. Between 2018 and 2020, early syphilis (less than one year's duration) increased 169% among women. Over the past three years, syphilis cases among women have more than doubled (62 early cases in 2018 compared with 167 early cases in 2020); preliminary 2021 case counts have already surpassed 2020 totals, with 229 cases as of the end of August 2021.

The number of syphilis cases among **pregnant** women also more than doubled from January to August 2021, compared with the same timeframe in 2019 (from 25 cases to 57 cases). These increases are most pronounced in northern and central Indiana; increases are also more pronounced among those who are Black/African-American, Hispanic, and Other/Multi-Races.

BACKGROUND:

Primary and secondary stages of syphilis are considered the most infectious, but transmission is possible at any point during the first year of infection. Since primary syphilitic sores (chancre) are generally painless and all syphilis symptoms resolve without treatment, many patients do not seek medical care. This is why regular screening for syphilis is important, especially for pregnant women, men who have sex with other men, and people living with human immunodeficiency virus (HIV). Complete guidance on screening for syphilis and other sexually transmitted diseases (STDs) can be found on the Centers for Disease Control and Prevention's (CDC) [website](#).

For a clinical suspicion of syphilis, it is recommended that a serologic rapid plasma reagin (RPR) test be performed, with reflex to a quantitative RPR if reactive, as well as a confirmatory fluorescent treponemal antibody (FTA) test. State code 410 IAC 1-2.5 requires reporting of all laboratory confirmed and clinically suspected cases of syphilis to the appropriate Indiana [STD District](#) within 24 hours of identification. Providers should instruct patients to refer partners with whom they have had sexual contact to their local Disease Intervention Specialist (DIS) agency for evaluation, testing, and presumptive treatment for syphilis, as sexual contacts to early syphilis are at the most risk of infection.

RECOMMENDATIONS FOR PROVIDERS:

Screening and Treatment Recommendations for Pregnant Women and Women in Childbearing Years to Prevent Congenital Syphilis

Indiana healthcare providers are asked to be especially vigilant about screening pregnant women for syphilis according to clinical and public health recommendations **(at first trimester or first prenatal visit; between 28-32 weeks gestation; and at delivery)**. It is also imperative that adequate treatment (2.4 MU Bicillin, IM) be administered to the mother as quickly as possible to avert a potential congenital syphilis (CS) birth, with at least the first dose (depending on stage of syphilis) needing to be administered **no less than 30 days prior to delivery** for CS

prevention. Pregnant women with penicillin allergies should undergo desensitization, as Bicillin is the only recommended treatment for syphilis during pregnancy; the CDC's full STD Treatment Guidelines can be viewed at this link: <https://www.cdc.gov/std/treatment-guidelines/default.htm>.

Recent studies in the U.S. have shown that **syphilis screening** of all pregnant women presenting for any care in hospital emergency departments is an effective method of identifying syphilis cases. **IDOH strongly encourages hospitals to consider implementing this strategy.**

Screening Recommendations for Men and Others to Prevent Congenital Syphilis

Pregnant women with syphilis often present with few identifiable risk factors. In Indiana, the only risk for syphilis for approximately one-third of pregnant women is their steady male partner. Males under age 29, adults of any age with a history of incarceration or exchanging money or drugs for sex, and those in high-prevalence areas or populations are recommended to be screened annually for syphilis, according to CDC and the US Preventive Services Task Force¹. **Healthcare providers should ask male patients if any of their female partners could be pregnant to ensure they are tested and treated.** Local DIS are available to conduct partner services to help facilitate this. Please see this [link](#) for contact information.

FOR ADDITIONAL INFORMATION: Please contact Prevention Program Director, John Nichols, 317-232-3082, or STD Epidemiologist [Ariel Cheatham](#), 317-234-9707, with questions.

ADDITIONAL RESOURCES

- The STD Treatment Guidelines mobile app is free and available for [Apple devices](#) and [Android devices](#)
- CDC Congenital Syphilis Recommendations: <https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>
- HCET Provider STD Screening Training: <https://www.youtube.com/watch?v=uUBNLFmfWIU>
- Indiana Reporting Laws and Online STD Communicable Disease Reporting Form (printable/faxable version also available): <https://www.in.gov/isdh/17440.htm>
- Guidance for obtaining a sexual history is available on the CDC Division of STD Prevention resource page: <https://www.cdc.gov/std/treatment/resources.htm>
- National Network of STD Clinical Prevention Training Centers STD Clinical Consultation Network <https://www.stdccn.org/>
- National STD Curriculum <https://www.std.uw.edu/>
- STD Prevention Resources https://www.cdc.gov/std/publications/STDPreventionResources_WEB.pdf

¹ <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-in-nonpregnant-adults-and-adolescents>, accessed 9/28/21

