



Technical Bulletin

Division of Public and Behavioral Health



Date: November 8 2016
Topic: Rising Rates of Congenital Syphilis in Nevada- Call for Action
Contact: Sandi Larson, MPH, State Epidemiologist, Office of Public Health Informatics and Epidemiology-
slarson@health.nv.gov, 702.486.0068
To: Health Care Providers, Medical Facilities, OBGYN

Current Situation: Rates of Congenital Syphilis nationally are the highest they have been since 2001, with an increase of 27.5% from 2013 to 2014 (11.6 cases per 100,000 live births in 2014). Nevada is currently ranked 4th in the nation for congenital syphilis cases, with 8 cases in 2015 (22.8 rate per 100,000 live births) and 8 cases in 2016 (as of Oct 2016). Nevada has seen rates of Congenital Syphilis consistently above the national average and has experienced a three-fold increase since 2014.

Background: Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy. CS can cause major health impacts to a baby including: miscarriage (losing the baby during pregnancy), stillbirth (a baby born dead), or death shortly after birth. Up to 40% of babies born to women with untreated syphilis may be stillborn, or die from the infection as a newborn. Babies born with CS can have: deformed bones, severe anemia (low blood count), enlarged liver and spleen, jaundice (yellowing of the skin or eyes), nerve problems (blindness or deafness), meningitis, and skin rashes.

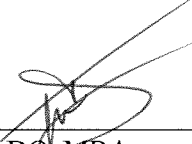
Recommendations: Clinicians who may treat pregnant women are asked to review current CDC recommendations and be aware of this increasing trend in the State of Nevada. Recommendations include:

- **Screening all pregnant women for syphilis in their 1st and 3rd trimester (SB 304 (2009)) or at their first prenatal visit if no documentation of test.** Some women may be in the asymptomatic stage of syphilis. Women who are asymptomatic can still spread the infection to their unborn babies.
- **Women at high risk should be rescreened early in their third trimester and again at delivery.** This includes women with a history of syphilis infection, incarceration, drug use, [or] multiple or concurrent partners, and those who live in areas with high rates of syphilis.
- **If your patient is diagnosed with syphilis, take immediate action.** Pregnant women diagnosed with syphilis should be treated immediately according to CDC's 2015 [STD treatment guidelines](#). Treatment at least 30 days prior to delivery is likely to prevent congenital syphilis.
- All cases of syphilis and congenital syphilis should be **reported to your local health department within 24 hours.**
- **Before discharging any newborn infant from the hospital, ensure the mother has been tested for syphilis at least once during her pregnancy or at delivery.** If the test is positive, ensure that the mother and baby are evaluated appropriately before discharge and, if necessary, treated. If a woman delivers a stillborn infant, she should be tested for syphilis.
- Take a sexual history throughout the course of your patient's pregnancy, and talk with her about prevention methods. Advise your patient to tell her sex partner or partners about the infection and encourage them to get tested and treated to avoid reinfection.
- **Partner with health departments, prenatal care providers, and other local organizations to address barriers to obtaining early and adequate prenatal care for the most vulnerable pregnant women in your community.** Women who are uninsured or underinsured, and women with substance use issues, have been found to be at increased risk of receiving inadequate or no prenatal care, placing their unborn babies at risk for congenital syphilis.

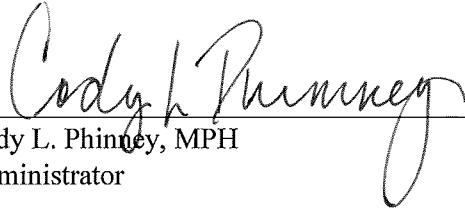
For more information:

For more information, please see CDC's Sexually Transmitted Diseases (STDs) <http://www.cdc.gov/std>.
CDC's 2015 STD Treatment Guidelines - <http://www.cdc.gov/std/tg2015/congenital.htm>

Reporting: Congenital Syphilis care are reportable, please use the *Confidential Morbidity Report* form:
[http://dpbh.nv.gov/Programs/OPHIE/dta/Forms/Public_Health_Informatics_and_Epidemiology_\(OPHIE\)_-_Forms/](http://dpbh.nv.gov/Programs/OPHIE/dta/Forms/Public_Health_Informatics_and_Epidemiology_(OPHIE)_-_Forms/)



John M. DiMuro, DO, MBA
Chief Medical Officer



Cody L. Phinney, MPH
Administrator