January 14, 2016

To: Minnesota Prenatal, Perinatal and Pediatric Healthcare Providers

Minnesota is seeing a concerning increase of infectious and latent syphilis cases among women of child-bearing age in all racial and ethnic groups. The increase includes pregnant women; in addition two cases of congenital syphilis have been reported to the MDH in the last six months. Syphilis cases had been declining, but there is a clear and alarming trend of increased cases in women nationally; in Minnesota the number of cases in women has not been at this level for 20 years.

Based on the dramatic increase of syphilis in women, in consultation with the Centers for Disease Control and Prevention, MDH is making a change to their recommendation for syphilis testing of pregnant women. MDH now recommends that all pregnant women receive syphilis testing at three points in the pregnancy. This recommendation will be re-evaluated in two years.

All pregnant women should be tested for syphilis at:

1. First prenatal visit
2. 28 weeks’ gestation (at minimum between 28-36 weeks)
3. Delivery

Recommendations for prenatal, perinatal, and pediatric healthcare providers:

- Become familiar with MDH syphilis screening guidelines and protocols, see http://www.health.state.mn.us/divs/idepc/diseases/syphilis/hcp/protocol.html.
- Check that syphilis serology has been done on all pregnant women. If it has not been done, perform serology prior to discharge. Pediatric providers should check mother’s results on all births.
- Obtain a complete sexual history that includes the discussion of risk factors such as drug use, multiple sex partners, infections with other STDs, and prior syphilis infection. Testing for syphilis can be done at additional times if there is concern about syphilis exposure.
- An HIV test should be conducted along with the initial syphilis test at the first prenatal visit.
- Make sure to test and treat sex partners of patients who test positive. Obtain partner information from patients and encourage them to work with the MDH Partner Services Program.
Follow the preferred treatment for all stages of syphilis, which is Penicillin G.

- Pregnant women with syphilis must always be treated with penicillin. Pregnant women with a penicillin allergy must undergo a penicillin desensitization protocol.
- An alternative therapy may be indicated for other patients with a penicillin allergy; it may be useful to consult an expert in infectious diseases.

- Test any woman delivering a stillborn at 20 week gestation or further for syphilis at the time of delivery.
- Report cases (including syphilitic stillbirths) within 24 hours to MDH at 651-201-5414 or 1-877-676-5414.
- Review the clinical findings suggestive of congenital syphilis.

Background:

- There has been an 85 percent increase in early cases among women between 2014 and 2015 to date (preliminary data).
- Eighty percent of all cases in women are concentrated in the Twin Cities metropolitan area and 20 percent in Greater Minnesota; although half of the pregnant women with syphilis were in Greater Minnesota and half in the Twin Cities area.
- Native American women have the largest increase of syphilis at 750 percent. Cases in Native women are concentrated in Hennepin and Ramsey Counties, however many women travel frequently to areas outside the Twin Cities metropolitan area throughout their pregnancies.
- If left untreated, syphilis can cause serious long-term health problems, including blindness, damage to the heart and other internal organs, a variety of central nervous system manifestations, dementia and even death.
- The consequence of untreated syphilis in pregnant women includes congenital syphilis, stillbirth, and irreversible effects on the newborn.

Additional resources on syphilis:

- Visit the MDH website for more detailed treatment guidelines, to learn more about syphilis and the Partner Services Program, http://www.health.state.mn.us/divs/idepc/diseases/syphilis/index.html.
- CDC’s Sexually Transmitted Diseases website:
o STD Clinical Slides, [http://www.cdc.gov/Std/training/clinicalslides/default.htm](http://www.cdc.gov/Std/training/clinicalslides/default.htm)

For questions please call 651-201-5414.

Sincerely,

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