

## Health Advisory: Syphilis Testing of ALL Pregnant Women

Minnesota Department of Health Jan 14, 2016 13:00 CDT

### Action Steps:

**Local and tribal health departments:** Please forward to hospitals and clinics in your jurisdiction.

**Hospitals and clinics:** Please distribute to primary care providers, OBGYNs, nurse-midwives, and dermatologists.

### Healthcare providers:

- Test ALL pregnant women at:
  - First prenatal visit
  - 28 weeks' gestation (at minimum between 28-36 weeks)
  - Delivery
- 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.
- Test and treat sex partners of patients who test positive.
- Report cases within 24 hours to MDH at 651-201-5414 or 1-877-676-5414.

### Background:

As stated in the Health Advisory: Syphilis in Women (Dec. 7, 2015) 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.

Syphilis is a sexually transmitted disease divided into stages. If left untreated, syphilis can be harmful. Untreated syphilis can cause serious long-term health problems, including blindness, damage to the heart and other internal organs, mental illness and even death. Another possible consequence of untreated syphilis in pregnant women is congenital syphilis. Preferred treatment for all stages of syphilis is Penicillin G.

Syphilis can be transmitted to sexual partners through direct contact with a syphilis sore during vaginal, anal, or oral sex during the primary stage of the infection. Transmission may also occur during the secondary stage when mucous membrane lesions are present. A non-itchy skin rash is common during the secondary stage.

A complete sexual history includes the discussion of risk factors such as drug use, multiple sex partners, infected with other STDs, and prior syphilis infection. If patients test positive, test and treat sex partners. Clinicians should obtain partner information from patients and encourage them to work with the MDH Partner Services Program.

### For more information:

Visit the MDH web page 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>. For questions please call 651-201-5414.

A copy of this HAN is available at [www.health.state.mn.us/han/](http://www.health.state.mn.us/han/).

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