



*Protecting, Maintaining and Improving the Health of All Minnesotans*

February 15, 2019

To: Minnesota Prenatal, Perinatal, and Pediatric Health Care Providers

RE: Revised Syphilis Screening Recommendations for Pregnant Women

### **Background**

In 2016, in response to a dramatic increase of early syphilis among women and congenital syphilis (CS) cases in Minnesota, MDH, in consultation with the Centers for Disease Control and Prevention issued a recommendation to screen all pregnant women for syphilis at three time points [first prenatal visit, 28 weeks (up to 36 weeks) gestation, and at delivery]. Several additional related recommendations were issued at that time including, but not limited to, ensuring that screening had been done before discharging a woman after delivery, and testing any woman delivering a stillborn at 20 weeks gestation or further for syphilis at the time of delivery. All of the recommendations were endorsed by the Minnesota Chapter of the American Academy of Pediatrics, Minnesota Academy of Family Physicians, Minnesota Affiliate of American College of Nurse-Midwives, and Minnesotan American Congress of Obstetricians and Gynecologists. Re-evaluation of these recommendations was planned for 2018.

### **Two-Year Evaluation**

During 2016 and 2017, the incidence of primary and secondary syphilis among women in Minnesota remained high (1.4 cases per 100,000 persons) which represents a 600 percent increase compared with the average annual incidence from 2007 through 2013. Notably, there has also been an increase nationally in syphilis cases among women and in congenital syphilis. Cases of CS continue to be reported in Minnesota with seven in 2016, two in 2017, and preliminary data indicate 10 cases in 2018. Guidelines state that women delivering a stillborn at 20 weeks gestation or later should be tested for syphilis. Although MDH is unaware of any CS cases that resulted in stillbirth during this evaluation time period, maternal testing for syphilis following stillbirth is still not being routinely performed.

During 2016–2017, 69 syphilis infections among pregnant women were reported in Minnesota, with a similar number of cases occurring among American Indian, black, Hispanic, and non-Hispanic white women. Cases were also nearly evenly divided among women residing within and outside of the seven-county Twin Cities Metropolitan area. Of the 69 infections, 18 (26 percent) could be staged as early syphilis infections (one primary, five secondary, 12 early latent). Of these 18 early infections, five (28 percent) would not have been identified had screening only been performed at the first prenatal visit. During 2016-17 we found no documented instances in which a negative screening test in the third trimester was followed by a positive screen at delivery.

## Updated Screening Recommendations

Based on these findings we believe women across the state remain at risk of acquiring syphilis before or during pregnancy. Furthermore, although the data do not necessarily support the need to screen all women at three time points, screening only once during pregnancy is not sufficient to prevent CS. Therefore, MDH and partner organizations strongly support the following updated recommendations:

- Screen **ALL pregnant women** for syphilis at least twice, as follows:
  - First prenatal visit
  - Early in third trimester (28-32 weeks' gestation). Screening during this time period is important to allow enough time for treatment to occur prior to delivery, in order to prevent CS.
- Screening at delivery is also needed for **MANY pregnant women**, including:
  - Women who do not have a **documented** syphilis screening test result from earlier in the third trimester, regardless of the presence or absence of any known risk factors for syphilis.
  - Women with one or more of the following risk factors:
    - No or inconsistent prenatal care
    - A sexually transmitted disease (STD) diagnosed during the past year
    - Current illicit drug use
    - Incarceration in past year
    - Currently experiencing homelessness or unstable housing
    - Multiple sexual partners
    - A sexual partner who has any of the following risk factors: STD in past year, multiple sexual partners, current illicit drug use, or recent incarceration or homelessness.
    - Even in the absence of any of the above risk factors, clinicians always have discretion in deciding to screen for syphilis at time of delivery.
- **Do not discharge a mother or newborn infant to home after delivery without a documented or provider-verified maternal syphilis test result from the third trimester or delivery.** Verbal reports from mothers of syphilis screen performed is not sufficient.
- Additional syphilis testing is needed at the time of identification for pregnant women with signs of primary or secondary syphilis and for women with sexual partners recently diagnosed with an STD, in addition to the two to three screening time points.
- Test any woman delivering a stillborn at 20 weeks gestation or later, for syphilis at the time of delivery.

## Additional Screening Recommendations

- Become familiar with MDH syphilis screening guidelines and protocols.
- Review how to recognize, diagnose, and treat all stages of syphilis including CS. Free online CME for syphilis and other STDs is available through the National STD Curriculum, <https://www.std.uw.edu>. Consider contacting your local infectious disease specialist if you suspect a case of CS, neurosyphilis or ocular syphilis.
- 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.
- Conduct an HIV test along with the initial syphilis screen at the first prenatal visit. HIV testing should be repeated if syphilis or another STD is diagnosed later in pregnancy.

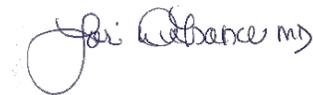
- Make sure to test and treat sex partners of patients who test positive. Obtain partner information from patients and encourage them to work with the MDH Partner Services Program.
- Pregnant women with syphilis must always be treated with a penicillin regimen appropriate for their stage of infection. Pregnant women with a penicillin allergy must undergo a penicillin desensitization protocol. The [2015 CDC STD Treatment Guidelines \(https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm\)](https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm) contain additional recommendations for pregnant women.
- Report cases (including syphilitic stillbirths) within 24 hours to MDH at 651-201-5414 or 1-877-676-5414.

We plan to re-evaluate these recommendations again in 2021.

Sincerely,



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