



Congenital Syphilis Update, Information and Recommendations for Providers

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Public Health Message Type: Advisory, Update

Counties Affected: All

Intended Audience: Healthcare providers, All public health partners, local health departments

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Message: In response to continued alarming increases in cases of early syphilis, syphilis in women and congenital syphilis in New Jersey, the NJ DOH is recommending the consideration of additional testing precautions for pregnant patients throughout New Jersey. Since 2015, New Jersey overall cases of syphilis have increased by 81%, cases of syphilis in women have increased by 143%, and cases of congenital syphilis have increased from 0 cases in 2015 to 24 cases in 2020.

The risk of maternal-fetal syphilis transmission and the severity of fetal health outcomes are increased in those newly infected during pregnancy compared to those with untreated/undiagnosed syphilis prior to becoming pregnant. Therefore, it is essential to identify new syphilis infections in pregnant patients while there is enough time to adequately treat the patient prior to delivery, which is likely to prevent congenital syphilis.

N.J.A.C.26:4-49.4 requires a physician who treats a patient for pregnancy to conduct syphilis testing at the first prenatal visit and at the time of delivery. The NJ DOH supports the joint recommendation from the Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) for additional syphilis rescreening early in the third trimester for patients at increased risk for syphilis, which includes those living in geographic areas with higher prevalence of syphilis. Given the historical increases in syphilis cases throughout New Jersey, the NJDOH is recommending additional third trimester screening for all pregnant patients. Specifically, NJ DOH is recommending that physicians offer syphilis testing to pregnant patients:

- At their first prenatal visit
- Early in the third trimester of pregnancy (about 28 weeks gestation)
- At time of delivery of an infant
- At time of fetal death after 20 weeks gestation

A complete syphilis test includes BOTH an RPR and a specific treponemal (e.g. FTA, TPPA) test. Please work with your IT team to ensure that EHR lab orders are coded properly to include "reflex to confirmatory". Delaying confirmatory testing can create delays to treatment as well as increased spread of disease. For assistance interpreting results, reporting treatment, or other concerns, please call the NJ DOH STD Program at 609-826-4869.

Resources and Information:

Syphilis testing and treatment <https://www.cdc.gov/std/treatment/default.htm>

Syphilis Pocket Guide for Providers <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>

CDC Congenital Syphilis Page <https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

NJDOH Congenital Syphilis Site http://www.nj.gov/health/hivstdtb/stds/congenital_syphilis.shtml

NJ STD Reporting Requirements <http://www.nj.gov/health/hivstdtb/stds/>