State of Oregon
Health Alert Network

Increasing congenital syphilis in Oregon

Issued Wednesday, October 20, 2021

Summary:

The Oregon Health Authority (OHA) is issuing this Health Alert Network Health Alert to notify public health practitioners and health care providers about the urgent need to address the increasing number of congenital syphilis cases in Oregon. There were no cases of congenital syphilis in 2013; in contrast, there were 19 cases in 2020 and, as of this alert, there have been 17 cases reported to OHA in 2021.

Action Requested:

- Treat all patients with signs or symptoms consistent with primary or secondary syphilis when they present for care. Clinicians should perform serological tests on patients with signs or symptoms of syphilis ***but should not wait for the results*** of such tests to provide treatment, particularly among pregnant people, people experiencing houselessness, and other people for whom medical follow-up is difficult to ensure.
- Know the symptoms of primary syphilis: A syphilitic chancre is usually a firm ulcer at the site of inoculation; it is usually painless and may be associated with localized lymphadenopathy.
- Know the many symptoms of secondary syphilis: Rash is the most common symptom and may present as a generalized maculopapular rash on the torso with or without palmar and plantar lesions, though the rash may also be pustular; other presentations of rash include condyloma lata, mucous patches, alopecia; other symptoms include generalized malaise, lymphadenopathy, sore throat and arthralgias.
- Test **ALL PREGNANT** people for syphilis at their first prenatal visit and **AGAIN** with routine 3rd trimester labs, typically at 24-28 weeks gestation, **REGARDLESS OF RISK**. New infections and re-infections during pregnancy make up almost one-fourth of cases in Oregon.
- Pregnant people who present late for prenatal care or have fragmented care should be screened for syphilis (along with HIV, hepatitis B, hepatitis C, and STI testing), whenever they present for care and especially when they present to ***emergency departments and urgent cares, jails or other carceral settings, substance use disorder treatment facilities, and labor and delivery***.
- People of childbearing potential diagnosed with syphilis who are not on contraception and who do not desire pregnancy, should be offered, or referred for contraception.
- Test people experiencing houselessness, people who exchange money or drugs for sex, people who use methamphetamine, heroin or cocaine by any route for syphilis when they present for care, including and especially in emergency rooms and urgent cares, jails or other carceral settings, and substance use disorder treatment facilities.

- Treat anyone who reports sexual exposure to someone with syphilis, even in the absence of signs or symptoms of infection. Treatment is not dependent on the results of serological testing, which can be falsely negative early in infection. While clinicians should test people exposed to syphilis, ***treatment should not be withheld awaiting test results***.

Background:

Congenital syphilis (CS) is a disease that occurs when a pregnant person with syphilis passes the infection on to their baby during pregnancy. CS can cause miscarriage, stillbirth, preterm delivery, low birth weight, and neonatal death. Infants born with CS may experience bone deformities, anemia, hepatosplenomegaly, jaundice, neurologic problems, and skin rashes.

CS cases have increased significantly in Oregon in recent years. In 2013, no cases of CS were reported to the Oregon Health Authority (OHA); in contrast, in 2020, there were 19 reported CS cases. In 2019, Oregon ranked 11th highest in the nation for CS cases with a rate of 43 cases per 100,000 live births.

Concurrently, the rate of early syphilis, including primary, secondary, and early non-primary non-secondary syphilis (formerly early latent), among people assigned female at birth increased over 900% from 2013 to 2020 from less than 1 case per 100,000 to almost 10 cases per 100,000. Similarly, the rate of syphilis in pregnancy increased from 18 cases per 100,000 live births in 2013 to 129 cases per 100,000 live births in 2020. During this same period, more people assigned female at birth diagnosed with early syphilis reported injection drug use (0% in 2013 compared to 28% in 2018), more than 80% of which was methamphetamine.

Age, geography, race/ethnicity, and social determinants are key factors among pregnant people with syphilis. Between 2014 and 2020, the median age of the 69 pregnant people who delivered an infant with CS was 27 years with a range of 18-44 years. Eighty percent of cases were diagnosed in just five counties including Multnomah (36% of cases), Marion (14% of cases), Jackson (13% of cases), Lane (9% of cases), and Washington (7% of cases) counties. Black/African American, American Indian/Alaska Native, Native Hawaiian and Pacific Islander, and Hispanic/Latina/o/x pregnant people were disproportionately more likely to deliver an infant with CS. Forty-eight percent of pregnant people who delivered an infant with CS were houseless or unstably housed. One-quarter had criminal justice involvement in the 12 months prior to or during their pregnancy. Thirty-two percent had a history of injection drug use, 52% had a history of methamphetamine use, and 20% had a history of heroin or other opiate use. Over 90% of pregnant people who delivered an infant with CS reported only one male partner in the prior 12 months. None were living with HIV. Forty-five percent had a history of gonorrhea or chlamydia and 17% were living with chronic hepatitis C.

Pregnant people with congenital syphilis do not get the care that they need. Almost 40% of pregnant Oregonians who delivered an infant with CS did not receive prenatal care more than 30 days prior to delivery. Overall, only 35% of pregnant people who delivered an infant with CS received treatment for syphilis 30 days or more prior to delivery. Twelve percent received no treatment at all.

Congenital syphilis is deadly. Five of the 69 (7%) CS cases were stillborn and 2 (3%) were characterized by neonatal death for an ***overall case fatality rate of 10%.***

OHA recommends urgent action by all. Given the severe consequences of CS, every case is a sentinel event indicating that the healthcare system is not meeting the needs of marginalized and minoritized Oregonians. We found that almost 40% of pregnant people who delivered an infant with CS did not receive prenatal care. In the context of intersecting social determinants of health, including experiences of racism, houselessness, substance use, and criminal justice involvement, this finding suggests that safe, supportive, judgment-free prenatal care is not readily accessible to all pregnant people, particularly those with syphilis. Pregnant people with syphilis likely have touchpoints with other providers, systems, and services during their pregnancy. Better coordination of these systems has the potential to avert cases of CS.

Early screening of all pregnant people for syphilis is a Grade A United States Preventive Services Task Force recommendation. In Oregon, there is room for improvement in the screening of pregnant people for syphilis. While screening at delivery is common, increased screening at first presentation to prenatal care and third trimester screening may avert additional CS cases. The concerning number of seroconversions and reinfections among pregnant people who delivered an infant with CS supports the need for early third trimester screening in Oregon, a state with high syphilis incidence and prevalence. In addition, the initiation and completion of treatment can be challenging. For pregnant people diagnosed with late syphilis or syphilis of unknown duration, treatment requires three precisely timed injections of Bicillin LA at seven-day intervals initiated at least 30 days prior to delivery. Treatment may also require coordination with additional providers and health systems for timely initiation and completion of this multi-dose regimen.

Contact OHA or your local public health authority for additional resources, including:

- Incentive program to help engage pregnant patients in prenatal care and for syphilis screening, re-screening, and treatment.
- Bicillin Access Program to assist clinics and providers who do not routinely carry benzathine penicillin G (Bicillin LA) to access this critical medication for syphilis treatment.
- The May 2021 CD Summary on CS. Please share this resource with your colleagues.
- Congenital syphilis webpage with helpful resources and guidance

The OHA STD Program is here as a resource for you. Please call Dr. Tim Menza with any questions, cases, or concerns about these resources or data at 971-673-0150.

Unless otherwise noted, feel free to share this HAN Notification with:
- Others within your organization.
- Professionals within your health, preparedness, and response affiliations.

Oregon 24/7 disease reporting: 971-673-1111