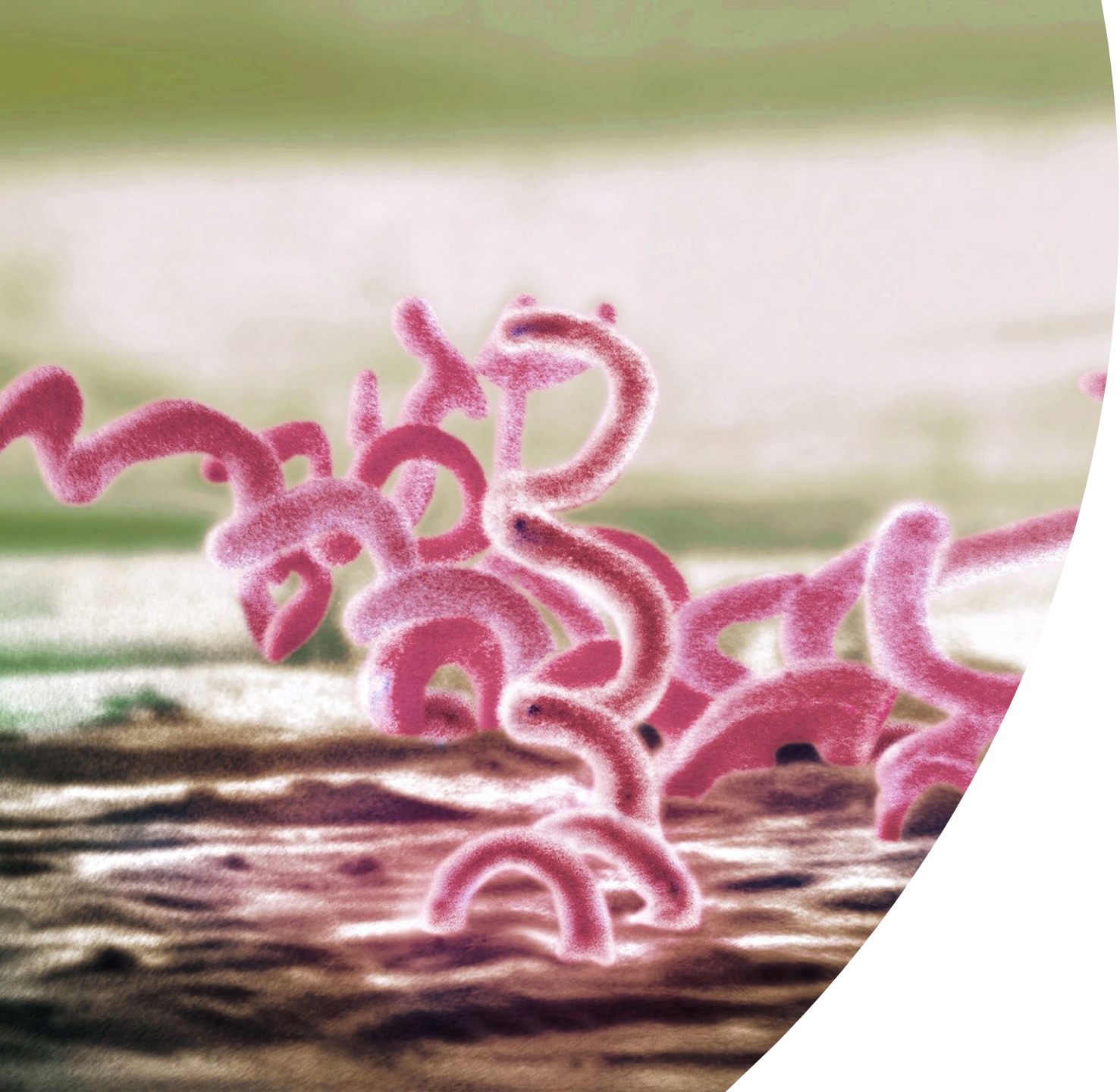


What's the best time for congenital syphilis prevention?

Hilary Reno MD, PhD, FIDSA
Medical Consultant, CDC, DSTDP
Medical Director, St. Louis STI/ HIV Prevention Training Center

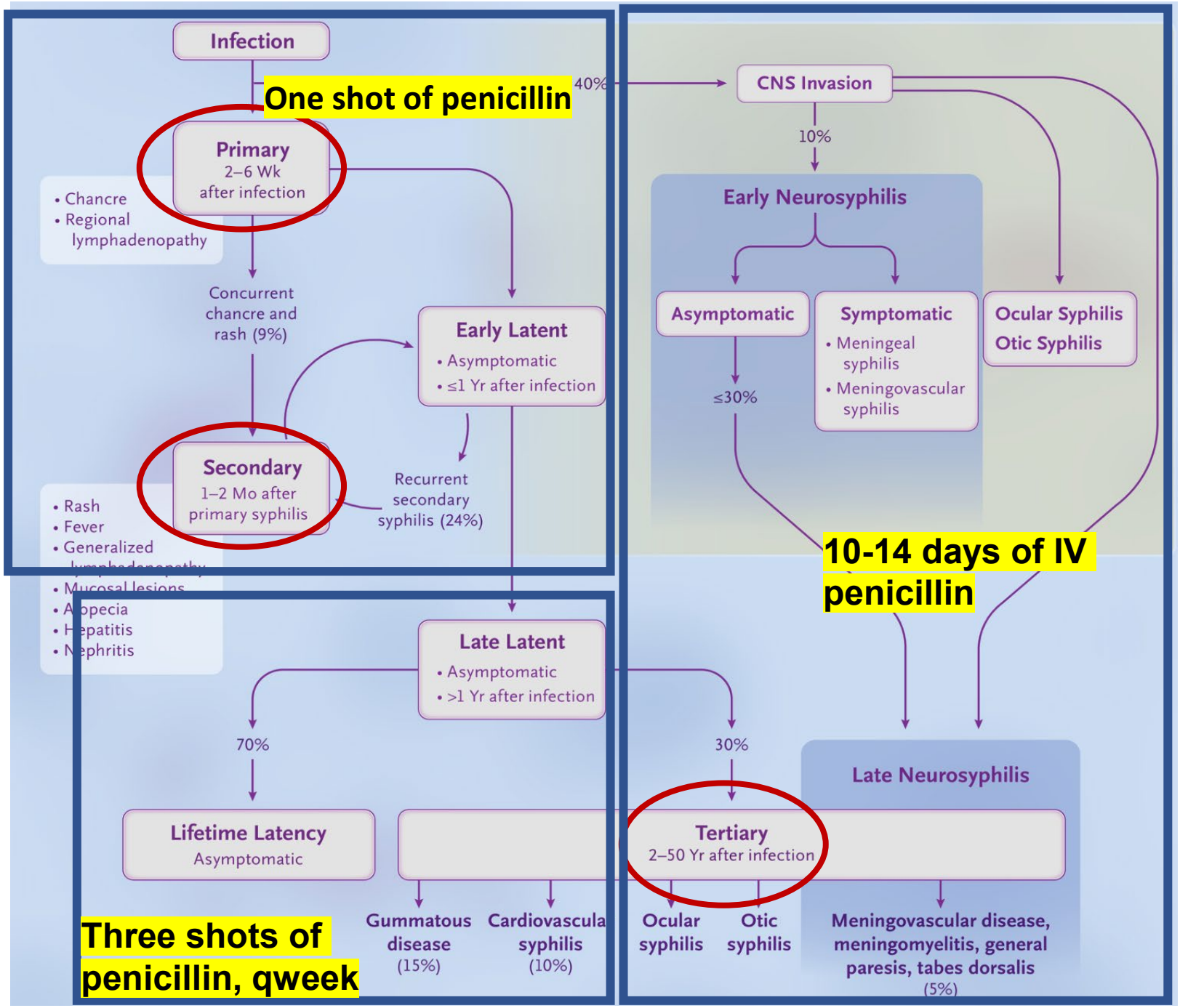
St. Louis
STI/HIV Prevention
Training Center

MUST KNOWS to understand syphilis

- Syphilis must be on the differential to be diagnosed
- Disseminates at every stage
- The more syphilis we see, the more unusual presentations we see.
- Recent rise in cases is somewhat due to an increase in association with drug use.
- Two things every patient with syphilis needs:

    - Neuro ROS→ if positive, continue with further assessment
    - Assessment of pregnancy status

Stages of Syphilis



Key Points:

- Without treatment, secondary syphilis can be recurrent.
- Ocular and otic syphilis can present at any stage of syphilis.
- Work with DIS/ health department to review patient's history

Ghanem KG, Ram S, Rice PA. The Modern Epidemic of Syphilis. *N Engl J Med*. 2020;382(9):845-854. doi:10.1056/NEJMra1901593

Ensuring quality care

Case

24-year-old cisgender woman sees her WHNP for her pap smear and STI screening. She reports 2 cisgender male sexual partners in the last year, uses condoms occasionally. She is taking OCPs to prevent pregnancy but notes that she would like to stop them and is planning to become pregnant this year.

Her pap smear returns as normal with no abnormality and her GC/ CT testing was negative.

What advice on conception and pregnancy would be true:

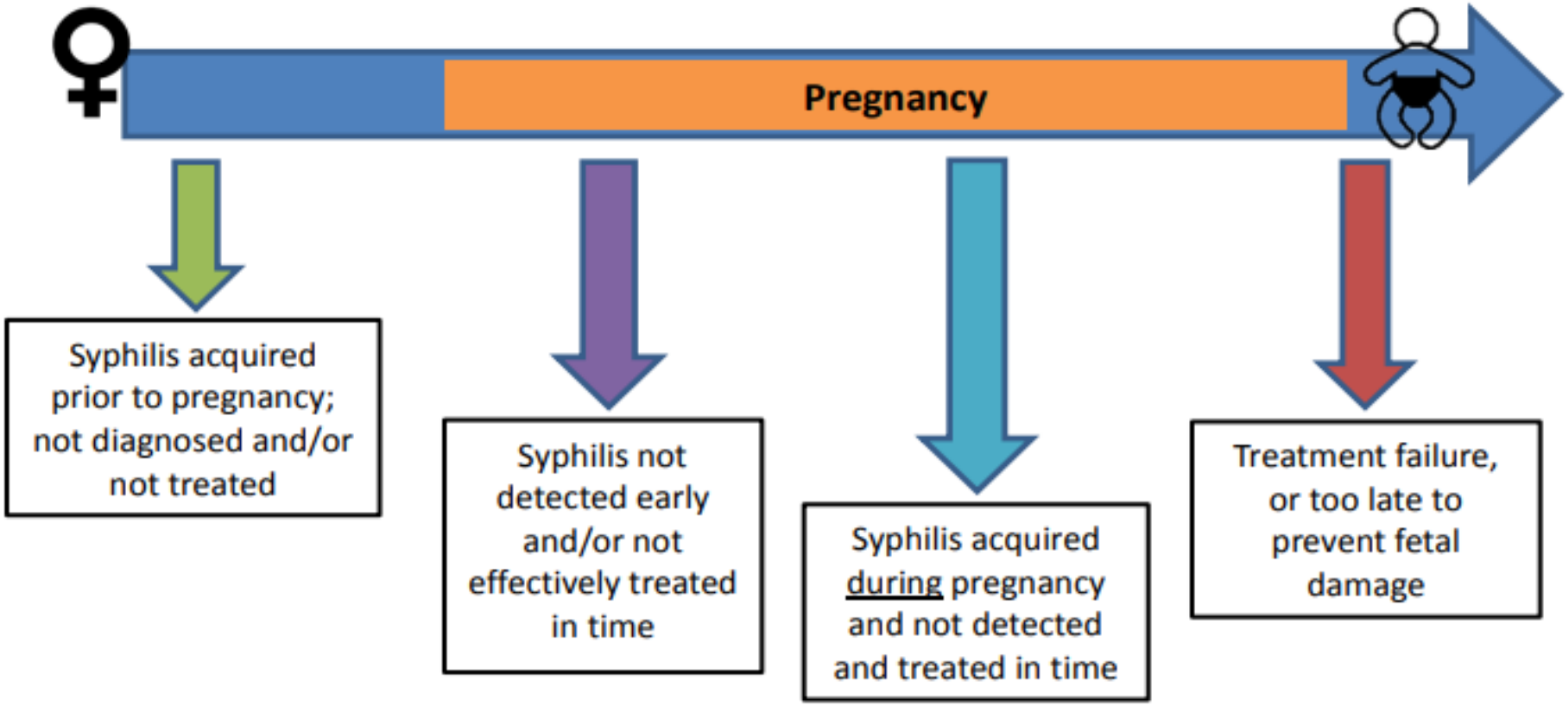
A) She should start a prenatal vitamin after she is pregnant.
B) She has been tested for STIs and will be tested again when she is pregnant.
C) She does not have an STI so her partner(s) should not be tested for STIs.
D) And STI during pregnancy can cause complications.

Prevention of Congenital Syphilis

Key Points:

- Many of the clinicians that practice now, did not train when syphilis was more common.
- What is the role of screening for syphilis?
- How do we make sure that screening is important in the whole reproductive life timeline?

Common Pathway to baby being born with CS



Congenital syphilis can be prevented with screening three times during pregnancy – first prenatal care visit, at 28 weeks, and at delivery

Source: California Department of Public Health

Congenital syphilis prevention: screening

- Screen all women in early pregnancy
- Screen again twice in third trimester “for communities and populations in which the prevalence of syphilis is high, and for women at high risk of infection”
    - Screen at 28 weeks
    - Screen again at delivery
- Packaged STI screening

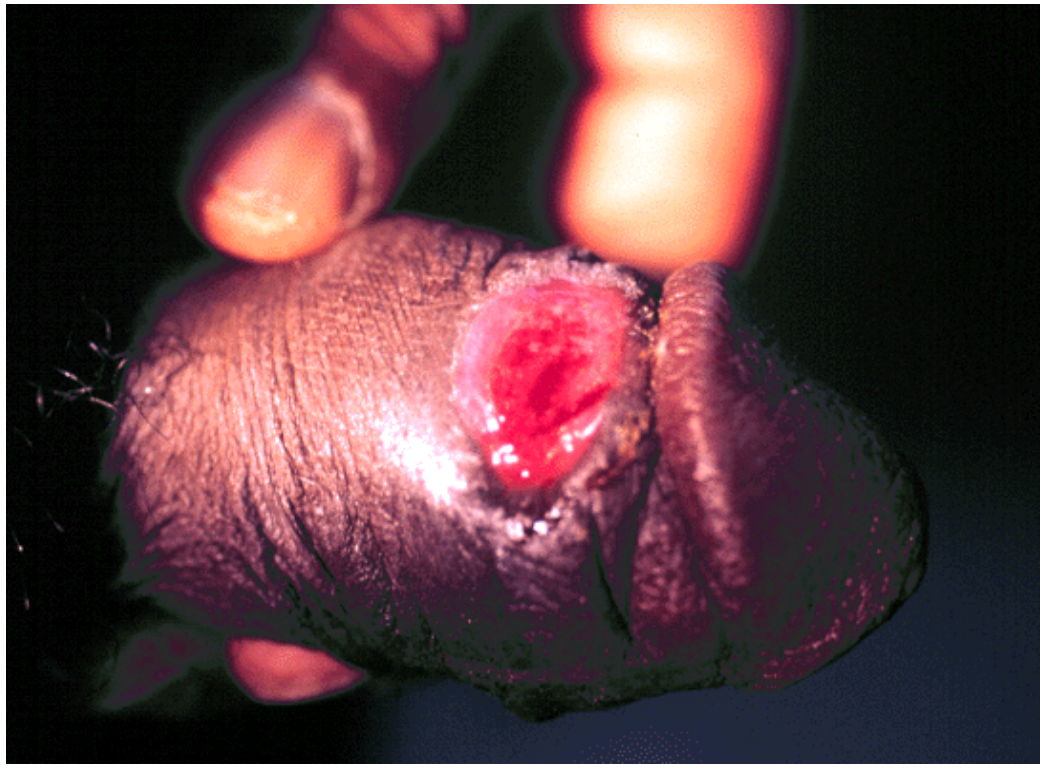
Sexually Transmitted Diseases Treatment Guidelines 2021

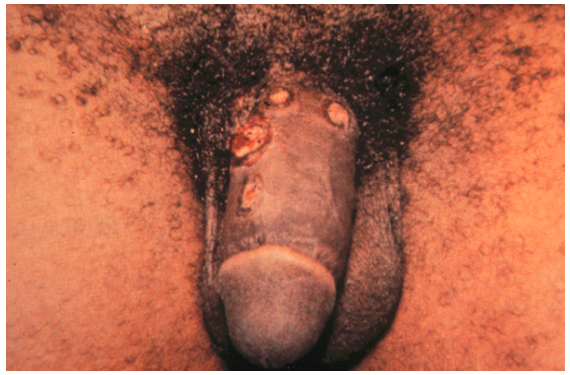
An example case

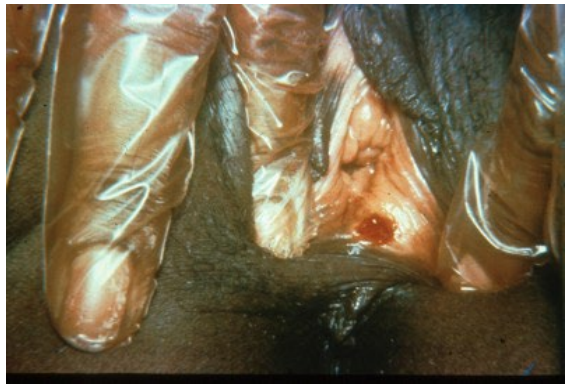
- Mom has adequate prenatal care with RPR NR at 8 wks gestation
- She presents with vaginal lesions at 35 weeks gestation
- HSV testing is negative.
- No other STI testing.
- Treated with valacyclovir.

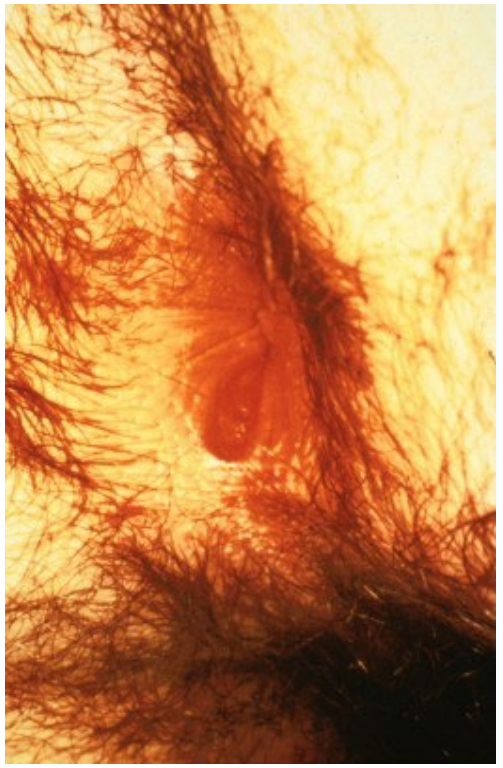
- Presents in labor at 37 weeks.
- No RPR at delivery.
- Baby has work up at 5 months for slow weight gain and developmental delay.
- Hip xrays indicate periosteal abnormalities and CS is diagnosed.

Primary syphilis - chancre



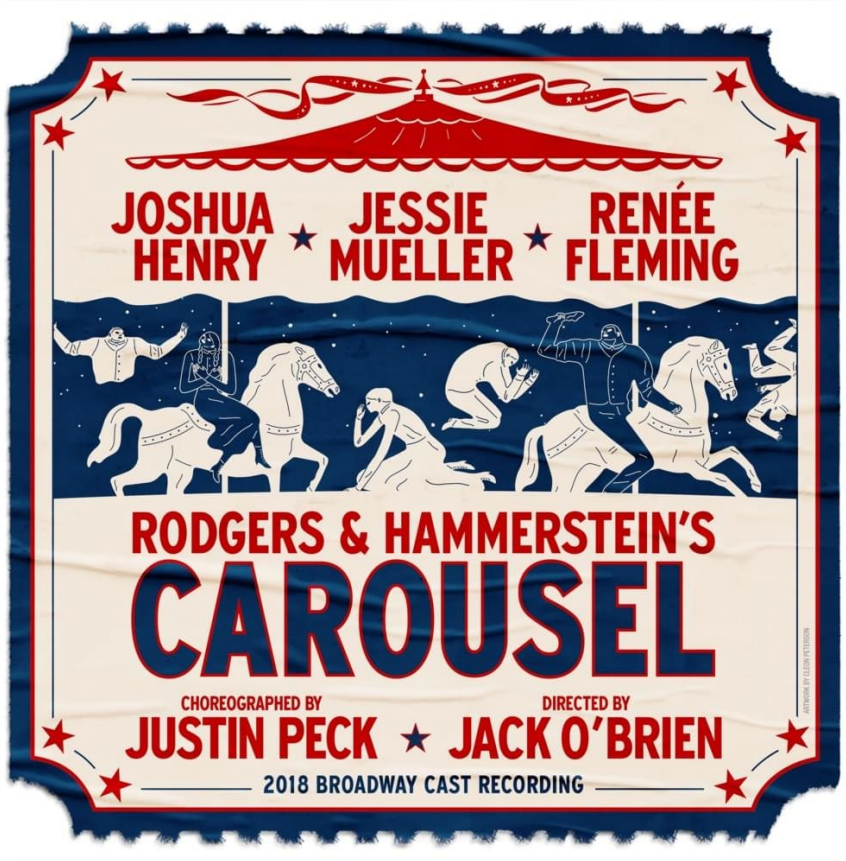






Congenital syphilis prevention: Quality Care

- Access to packaged STI testing for people of childbearing potential.
- Counseling pregnant people on STI prevention
  - Especially in the later half of pregnancy: Consider HSV and syphilis
- Do not forget syphilis can occur in pregnancy
- Go to the CDC STI guidelines for diagnosis and classifying CS



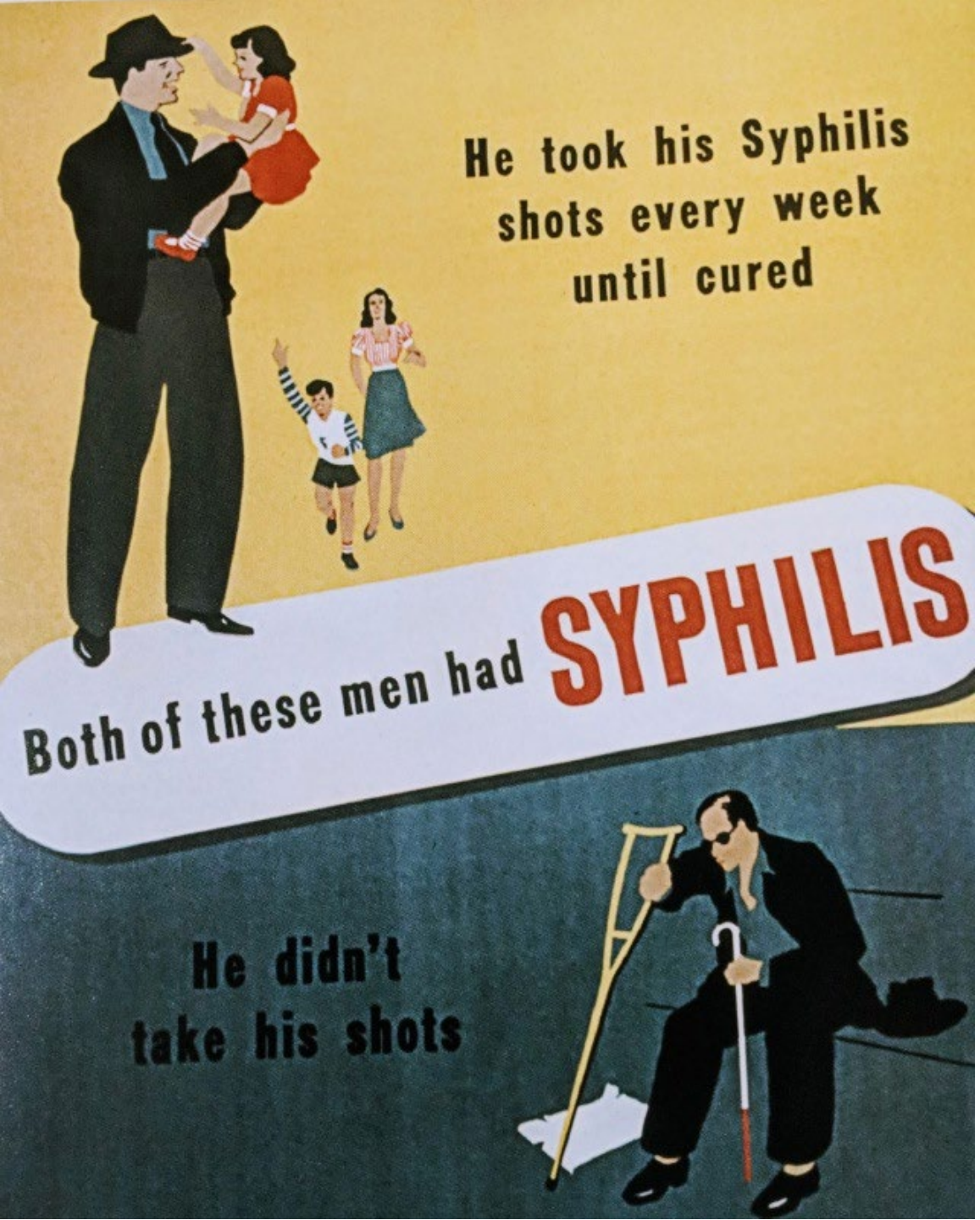
Updates to CDC STI Screening Guidelines

Syphilis

Women	• Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection[2,7]
Pregnant Women	• All pregnant women at the first prenatal visit[8] • Retest at 28 weeks gestation and at delivery if at high risk (lives in a community with high syphilis morbidity or is at risk for syphilis acquisition during pregnancy [drug misuse, STIs during pregnancy, multiple partners, a new partner, partner with STIs])[2]

Management of syphilis in pregnancy

- Obtain previous treatment history to help management.
- Management is the same as non-pregnant people.
- For P+S, ES, some give an additional IM dose 1 week after treatment.
- Goal is 7 days between doses of IM bicillin but if a person misses a dose, effort should be focused on getting the dose within 2 days.
  - Doses more than 9 days apart means restarting treatment.
- Recheck RPR 8 weeks after treatment.
- Management of syphilis, partner services is not the same as prenatal care.



The bad news: Treating maternal syphilis is hard

- Provider confusion over appropriate treatment for different syphilis stages
- Difficulty facilitating three weekly doses for late latent syphilis
- Difficulty managing penicillin allergies

Left: Unknown, 1941-1945

Slide: E. Daniels

Congenital Syphilis is <u>preventable</u> but…

- Timely prenatal care
- Timely syphilis testing
- Timely, stage-appropriate maternal treatment
- Timely identification of treatment failure, relapse, and seroconversion during pregnancy

Deadline to start treatment:
30 days prior to delivery!

What Do Healthcare Providers Need to Know?

Syphilis Screening Rec

Prenatal

1st prenatal visit: All p

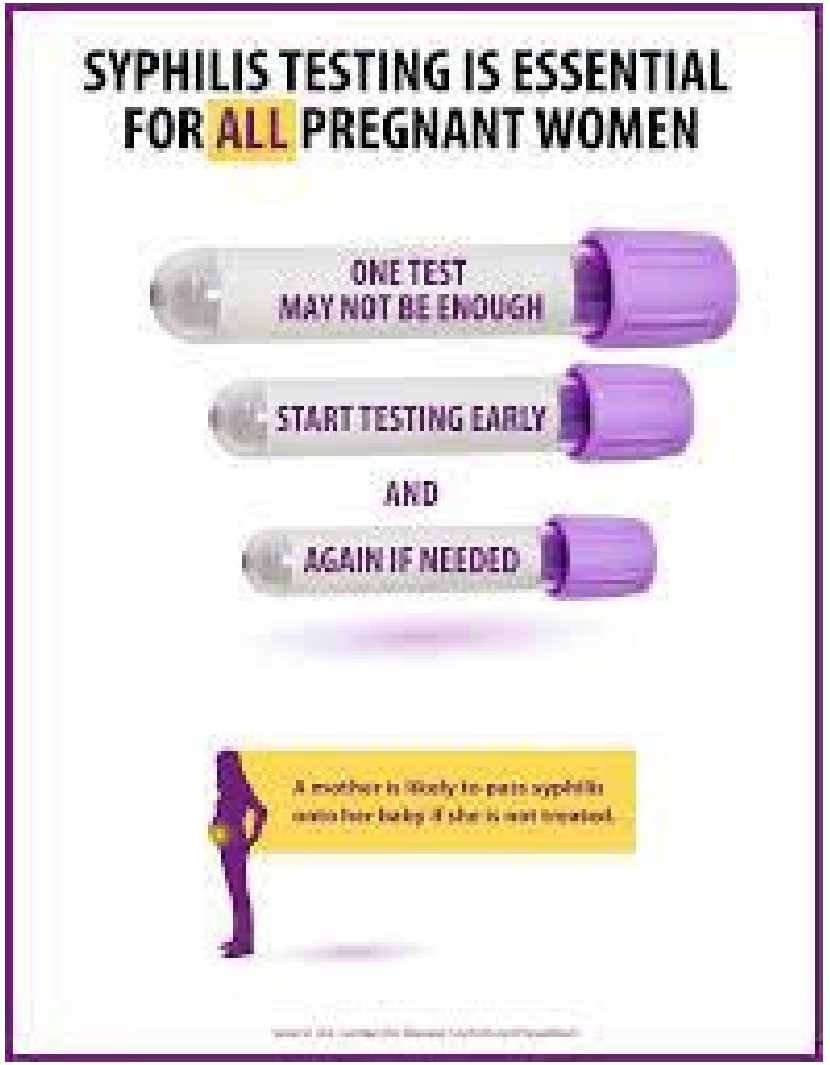
Early 3rd trimester (~28 weeks) and at delivery

Some states require all women to be screened at 3rd trimester and/or at delivery

Neonates: should *NOT BE* discharged from the hospital unless the syphilis serologic status of the mother has been determined at least one time during pregnancy and preferably again at delivery if at risk

Stillborn: Any woman who delivers a stillborn infant should be tested for syphilis

If legislation does not exist?
Engage healthcare systems



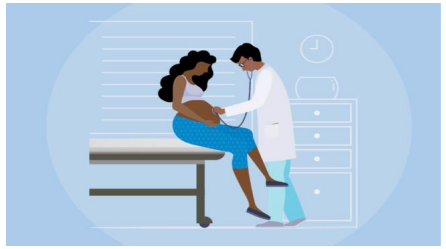
What Do Healthcare Providers Need to Know, cont..?

- Benzathine penic
  treatment for a p
- Timely and adeq
  disease is critical
  syphilis from mother to her unborn baby
- Don't delay in treating a pregnant woman for syphilis
- Work closely with your Department of Public Health.
  - Trained Disease Intervention Specialists (DIS) can help with locating ha
  - Health Departm
    information, inc
    information.

Increase visibility and awareness of DIS

Work with your PTC, medical directors, etc.

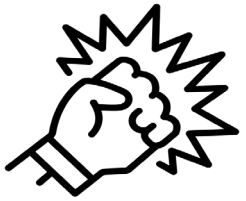
Beyond demographics, some themes emerge:



Limited Prenatal Care

Interactions with the Prison System

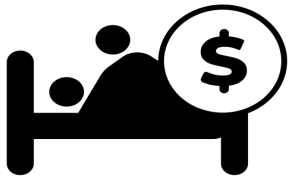
Housing instability



Intimate Partner Violence

Unemployment

Substance Use



Sex Work/Trafficking

DCFS Involvement

E. Daniels et al.

A Syndemic approach to Congenital Syphilis

- **Ensure quality care**
- **Team management: DIS, clinician, community health worker, etc**
- **Assess for social vulnerabilities**
- **Learn from programs that are doing work in adjacent areas**
- **Collaborate**
- **Involve Community**
- **Always address prevention and stigma**

Potential Access Challenges to Bicillin L-A®

CDC has received reports that some STD programs are currently unable to procure enough penicillin G benzathine (Bicillin L-A®) – the first-line recommended treatment for syphilis – to treat syphilis cases in their jurisdictions. The manufacturer anticipates the issue will be resolved in the next two months. In the meantime, they are working closely with CDC and FDA to address urgent requests.

During this time, programs should:

- Continue to follow CDC's Treatment recommendations. Penicillin G benzathine (Bicillin L-A®) is the only recommended treatment for pregnant people infected or exposed to syphilis.
    - Doxycycline 100mg PO BID for two weeks (for early syphilis) or for 4 weeks (for late latent or syphilis of unknown duration) is an alternative for the treatment of non-pregnant people with a penicillin allergy.
- Prioritize the use of Bicillin L-A® to treat pregnant people and babies with congenital syphilis.
- Notify DSTDP (stdshortages@cdc.gov) of any shortage or low inventories of Bicillin L-A® in your jurisdiction so CDC can continue to monitor this situation.
- Report any shortages to the Pfizer Supply Continuity Team at 844-646-4398 (select 1 and then select 3).

No-cost online clinical consultation on the prevention, diagnosis, and treatment of STDs by your Regional PTC Clinical Faculty

www.STDCCN.org

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