



November 12, 2015

Dear Colleagues,

Today, the U.S. Centers for Disease Control and Prevention (CDC) published "[Increase in Incidence of Congenital Syphilis — United States, 2012–2014](#)," in the *Morbidity and Mortality Weekly Report*. The analysis shows that, after years of decline, the number of congenital syphilis cases reported in the United States increased between 2012 and 2014.

Analysis Highlights

- *Congenital syphilis can lead to death, or a life of major health problems.* Babies infected with syphilis during pregnancy may have developmental delays or other poor health outcomes. Historically, up to 40% of babies born to women with untreated syphilis may be stillborn or die from the infection.
- *Congenital syphilis is preventable.* Healthcare providers should test their pregnant patients for syphilis at the first prenatal visit and treat them if infected. Treating pregnant women at least 30 days before delivery is 98% effective at preventing illness in infants.
- *Every case of congenital syphilis is a needless tragedy.* The resurgence of congenital syphilis points to missed opportunities for prevention. Physicians, health departments, and the public health community must do a better job of protecting mothers and newborn babies from this dangerous infection.

Background & Trends

After a period of decline from 2008 to 2012, congenital syphilis rates increased by 38 percent between 2012 and 2014: from 8.4 to 11.6 cases per 100,000 live births. The total number of congenital syphilis cases increased from 334 in 2012 to 458 cases in 2014. This increase parallels a national increase in primary and secondary (P&S) syphilis among women during the same time period. P&S syphilis are the most infectious stages of sexually-transmitted adult syphilis. However, pregnant women with untreated syphilis can infect their fetus at any stage of syphilis through the bloodstream.

- Of 458 congenital syphilis cases in 2014, 22 percent of mothers received no prenatal care.
- Of women who received prenatal care but were never treated, 15 percent were never tested for syphilis during their pregnancy.

Prevention

This recent increase in congenital syphilis is evidence of missed opportunities for prevention within the public health and the health care systems. As public health and medical officials, you should:

- Be aware of syphilis trends in women and men who have sex with women (MSW), as well as local congenital syphilis trends.
- Public health departments can reduce syphilis transmission within the community through partner services and screening programs for women and MSW. Health departments should also work with the local health care delivery systems to increase access to timely syphilis testing and treatment, clinical services, health education, and community engagement.

- Take a sexual history. This will make you aware of your patient's risk factors for syphilis, including drug use, number of sex partners, concurrency, and prior syphilis infection. Talk to your patient and provide counseling about STD prevention.
- Know who to test and when. Screen all pregnant women for syphilis at the first prenatal visit. Repeat screenings for women at high risk and in areas of high morbidity early in the third trimester and again at delivery.
- If she has syphilis, take immediate action by treating her according to CDC's STD Treatment Guidelines.
- Test and treat her sex partner(s) to avoid reinfection.
- Report all cases of syphilis and congenital syphilis to your local or state health department right away. Ideally, congenital syphilis should be reported within 24 hours of diagnosis.
- Before discharging the mother or infant from the hospital, make sure the mother has been tested for syphilis at least once during pregnancy or at delivery. If she tests positive, manage the infant appropriately.
- Many cases of congenital syphilis are due to a lack of prenatal care. Even among those receiving some prenatal care, the detection and treatment of maternal syphilis often occurs too late to prevent congenital syphilis. Health departments, in partnership with prenatal care providers and other local organizations, should work together to address barriers to obtaining early and adequate prenatal care for the most vulnerable pregnant women in their communities. Women who are uninsured or underinsured, and women with substance use issues have been found to be at increased risk for receiving inadequate or no prenatal care, placing their unborn babies at increased risk for congenital syphilis.
- Any woman who delivers a stillborn infant should be tested for syphilis.

For more information:

- ["Increase in Incidence of Congenital Syphilis — United States, 2012–2014"](#)
- [2015 STD Treatment Guidelines for Congenital Syphilis](#)
- [2015 STD Treatment Guidelines for Syphilis During Pregnancy](#)
- [NCHHSTP Atlas](#) -- Use HIV, STD, hepatitis, and TB data to create maps, charts, and detailed reports, and analyze trends and patterns

Thank You,

Gail Bolan, M.D.
 Director, Division of STD Prevention
 National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

Stay in touch with the Division of STD Prevention by following us on Twitter [@CDCSTD](#) and on