



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

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Dear Colleague,

The 84th State Legislature recently passed Senate Bill 1128 which made changes to the testing requirements for syphilis in pregnant women. Texas Health and Safety Code §81.090 (Diagnostic Testing During Pregnancy and After Birth) previously required that pregnant women be tested at their first prenatal care visit and at delivery.

Effective September 1, 2015, any physician or other person permitted by law to attend a pregnant woman during gestation or at delivery of an infant will be required to test the patient at the first prenatal care visit and again during the 3rd trimester, no earlier than 28 weeks gestation.

Congenital syphilis is a preventable infection which, if left untreated in the mother, can lead to extensive physical and mental deformities and even death of the infant. The Texas Department of State Health Services (DSHS) supports this effort to identify syphilis infection earlier in the pregnancy to avoid any negative health consequences for both the mother and the infant.

DSHS also supports testing for syphilis at delivery of an infant to identify missed infections and prevent late onset of congenital syphilis. Although there are no legal requirements for syphilis testing at the time of delivery, if there is evidence of testing in the third trimester, the Centers for Disease Control and Prevention (CDC) recommends that women should receive additional screening at delivery if they meet any of the following criteria:

- Reside in a high-morbidity area (rates of primary and secondary syphilis of 2.0 per 100,000 or higher). These areas include the major metropolitan and surrounding areas. Please review the 2014 STD Surveillance report (<http://www.dshs.state.tx.us/hivstd/reports/default.shtm>) for additional information.
- Have no evidence of prior testing for syphilis
- Are uninsured or low income
- Are diagnosed with any STD during their pregnancy
- Exchange sex for money, drugs, or other goods

Screen ALL patients for syphilis, at any time, if they meet at least one of the following risk factors:

- Exhibit or indicate a history of signs and symptoms of syphilis
- Are diagnosed with another STD, such as gonorrhea, chlamydia, HIV, or herpes
- Exchange sex for money, drugs, or other goods
- Have had multiple sex partners in the past 30 days, sex with a man who had sex with another man, and/or anonymous sex partners since their last syphilis test
- Have had a sexual relationship with someone who was recently diagnosed with an STD

Treat patients with signs and symptoms of syphilis on-site when possible. Patients who cannot be treated on-site should be referred to the local or regional health department for appropriate and expeditious treatment. If the patient was exposed to syphilis within the last 90 days and tests for syphilis are negative, provide prophylactic treatment for syphilis, as recommended by CDC (<http://www.cdc.gov/std/tg2015/default.htm>).

Report all syphilis cases in a timely manner to ensure rapid public health follow-up. Current disease reporting rules require all primary and secondary syphilis cases to be reported to the local or regional health department within **24-hours by telephone** for public health follow-up. Providers must report all other reportable syphilis test results to the local or regional health department within seven days (laboratories must report within three days). For more information regarding reporting, please visit: <http://www.dshs.state.tx.us/hivstd/healthcare/reporting.shtm>.

Local and regional health department staff are available for education and support. It is important for providers to have the support they need to make changes within their practices. Please contact your local or regional health department or Sydney Minnerly, M.A., Partner Services Coordinator for the Texas Department of State Health Services, at sydney.minnerly@dshs.state.tx.us or 512-533-3087 if you need additional information.

For more information on testing recommendations, STD treatment guidelines, and reporting requirements for congenital syphilis, please visit: www.dshs.state.tx.us/hivstd/se/congenital.shtm.

Decreasing the rates of early and congenital syphilis requires coordinated efforts of the public and private health care providers with public health. We thank you for the work you do to assist us.

Sincerely,

A handwritten signature in black ink, appearing to read 'Lisa Cornelius MD MPH', with a stylized, cursive script.

Lisa Cornelius, MD, MPH
Infectious Diseases Medical Officer
Texas Department of State Health Services