In 2019, just over 1 in every 750 infants in Texas was born with congenital syphilis (CS).

Up to 40% of infants born to mothers with untreated syphilis when acquired within four years prior to delivery will be stillborn or die in infancy.

**Background**

Texas is experiencing a rapidly growing STD epidemic which is resulting in rising rates of syphilis in newborns. Congenital syphilis is an infection passed to an infant during pregnancy or at delivery when a pregnant woman has untreated or inadequately treated syphilis.

A syphilis diagnosis during pregnancy increases adverse pregnancy outcomes including preterm birth and stillbirth. Congenital syphilis can also lead to health complications in the child, including hydrops fetalis, hepatosplenomegaly, rashes, fever, anemia, failure to thrive, blindness, deafness, or deformity of the face, teeth, and bones.

**Recommendations for Texas Providers**

**Screen**

Syphilis screening during pregnancy is mandated by the Texas Health and Safety Code §81.090:

- At first prenatal care examination, **and**
- During third trimester (no earlier than 28 weeks’ gestation), **and**
- At delivery.

CDC recommends that women who experience a stillbirth after 20 weeks of pregnancy should be tested for syphilis.
**Treat**

Pregnant women with syphilis should be treated with the penicillin regimen appropriate for their stage of infection. Appropriate treatment should occur as early as possible during pregnancy to dramatically decrease the chance of passing syphilis to the infant.

If there is no evidence of neurosyphilis, then syphilis during pregnancy should be treated with intramuscular (IM) injection of benzathine penicillin G.

| Syphilis known to be acquired within the prior 12 months (i.e., primary, secondary, early) should be treated with **2.4 million units of IM benzathine penicillin G**. |
| Syphilis acquired more than 12 months prior (i.e., syphilis of late or unknown duration) should be treated with **benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals.** As per **CDC’s recent CS Health Alert**, patients who are pregnant and diagnosed with syphilis of late or unknown duration must restart treatment if doses are given more than 7 days apart or missed. For additional information on treating syphilis during pregnancy, please follow the **CDC treatment guidelines for syphilis during pregnancy**. |

Infants with CS may not have any signs or symptoms. Infants born to untreated or inadequately treated mothers (including those who initiated treatment less than 30 days prior to delivery) should be evaluated and treated for CS per the **CDC treatment guidelines for congenital syphilis**. The Department of State Health Services (DSHS) has also developed a physician-approved **CS infant evaluation and treatment flowchart**.

**Report**

**Promptly notify your local or regional health department of any positive syphilis lab results or diagnoses, and include pregnancy status in the report.**

If your patient reports a prior syphilis diagnosis, you should contact your local or regional health department to confirm reported syphilis history and treatment (from anywhere in the US).

**Resources**

- Texas Health and Safety Code - statutes.legis.state.tx.us/Docs/HS/htm/HS.81.htm
- STD/HIV Reporting - dshs.texas.gov/hivstd/reporting/regions/
- CDC treatment guidelines - cdc.gov/std/tg2015/syphilis.htm
- CS Epi-profile - dshs.texas.gov/hivstd/reports/epi-profile-cs/
- DSHS CS Fact Sheet - dshs.state.tx.us/hivstd/info/edmat/CongenitalSyphilis.pdf
- DSHS CS Consumer Fact Sheet - dshs.state.tx.us/hivstd/info/edmat/CongenitalSyphilisRise.pdf
- Health Alert Template for Congenital Syphilis - cdc.gov/std/program/outbreakresources/HANtemplate-cs.htm

*All 2018 and 2019 data are provisional.

These data and figures were those available at the time of publication and may be subject to changes due to ongoing quality assurance processes, enhanced surveillance activities, and/or additional reporting updates. Publication date: November 23, 2020.

National STD surveillance data is available going back to 1963. Archive: cdc.gov/std/statistics/archive.htm