

PREGNANCY SYPHILIS SCREENING AND TREATMENT GUIDELINES

SCREEN

All healthcare providers should screen all patients three times during pregnancy:

- 1 At confirmation of pregnancy,
- 2 Early in the third trimester (28-32 weeks' gestation),
- 3 And at delivery

Providers should screen in any healthcare setting including emergency departments, urgent care centers, correctional facilities, substance abuse facilities, and primary care clinics.

All patients who experience a stillbirth¹ should be tested.

The reverse algorithm is generally preferred for screening during pregnancy to detect early infection and late, untreated infection.²

Test and give presumptive treatment for those with syphilis signs/symptoms, sexual contact with someone with syphilis, and patients with likely untreated syphilis who are high-risk or may not follow up with linkage to prenatal care.

STAGE & TREAT

1. **PRIMARY:** Chancre
2. **SECONDARY:** Rash and/or other signs³
3. **EARLY NON-PRIMARY AND NON-SECONDARY:**

Evidence of new infection occurred within one year⁴

TREATMENT: Benzathine penicillin G
2.4 Million Units,
Once⁶ Intramuscularly (IM)

LATE-LATENT OR UNKNOWN DURATION

No symptoms and infection does not meet criteria for early latent

TREATMENT: Benzathine penicillin G

- 2.4 Million Units IM every 7 days, for 3 doses (7.2 mu total)
- **A 6-9 day interval is acceptable.** If any doses are late (>9 days) or missed, restart the entire three-dose series

LATE-LATENT OR UNKNOWN DURATION

- CNS signs or symptoms
- CSF findings on lumbar puncture criteria for early latent

TREATMENT: Aqueous penicillin G
3-4 Million Units Intravenously every four hours for 10-14 days

MONITOR

If treated at/prior to 24 weeks' gestation, wait at least eight weeks to repeat titers unless symptoms/signs for primary/secondary stage are present or treatment failure is suspected.

Titers should be repeated for all patients at delivery.

Post-treatment serologic response during pregnancy varies widely. Many people do not experience a fourfold decline by delivery. If sustained (>2 weeks) fourfold increase occurs after treatment completion, evaluate for reinfection and neurosyphilis.

COMMUNICATE & EVALUATE






Report syphilis cases during pregnancy to MDH and refer to partner services at (651) 201-5414.

Communicate results and treatment dosing/timing to pediatric providers.

Pediatric providers should evaluate for congenital syphilis and treat infant per [CDC STI Treatment Guidelines \(www.cdc.gov/std/treatment-guidelines\)](http://www.cdc.gov/std/treatment-guidelines).

1. Fetal death after 20 weeks' gestation or fetus weighs greater than 500 g
2. If the traditional algorithm is used, consider also sending a treponemal test.
3. Signs of secondary syphilis also include condyloma lata, patchy alopecia, and mucous patches.
4. Criteria for an early non-primary non-secondary diagnosis: during the prior 12 months, the patient had: a) negative treponema test (EIA, TPPA or FTA) or sustained fourfold titer rise (RPR or VDRL); or b) symptoms consistent with primary and secondary syphilis (chancre or rash); or c) a sex partner with documented primary, secondary, or early latent syphilis.
5. Neurosyphilis, ocular, and otic syphilis can occur at any stage. Patients should receive a neurologic exam including ophthalmic and otic; CSF evaluation recommended if signs/symptoms (cranial nerve palsies or other) present. If only ocular/otic manifestation without other abnormalities on neuro exam, CSF evaluation not necessary.
6. Some evidence suggests that a 2nd dose of 2.4 million units one week after the first dose for early syphilis may be more effective in preventing congenital infection in pregnancy.

IMPORTANT CONSIDERATIONS FOR SYPHILIS TREATMENT IN PREGNANCY

-  **Screen early, treat as soon as possible.** Prenatal therapy adequate for the pregnant person's stage should be started as soon as possible, and be initiated ≥ 30 days before delivery to be most effective.
-  **Treatment is safe and highly effective.** Prenatal therapy treats both mother and fetus. When using timely, appropriate therapy, effectiveness approaches 100%.
-  **Benzathine Penicillin G (Bicillin-LA) or aqueous IV Penicillin depending on stage is the ONLY recommended therapy for pregnant people infected with syphilis.**
-  **Treat someone with signs, symptoms, or exposure to syphilis.** They should receive treatment for early disease regardless of whether or not serology results are available.
-  **Partners should be presumptively treated to prevent reinfection** during pregnancy, evaluated for syphilis by a provider, staged, and treated appropriately.

RESOURCES

- For questions on past and current syphilis screening, diagnosis, or treatment in pregnancy, or to report cases (including syphilitic stillbirths) among pregnant persons, call MDH at (651) 201-5414 or refer to the [Syphilis in Pregnancy and Congenital Syphilis \(www.health.state.mn.us/diseases/syphilis/hcp/healthcarewomen.html\)](http://www.health.state.mn.us/diseases/syphilis/hcp/healthcarewomen.html) for additional information.
- For detailed evaluation and treatment guidelines for pregnant people, including penicillin allergy recommendations and evaluation/treatment of infants, see the [CDC STI Treatment Guidelines \(www.cdc.gov/std/treatment-guidelines\)](http://www.cdc.gov/std/treatment-guidelines).
- To request a syphilis training/presentation by MDH, please complete the [STI/HIV/TB Data and Presentation Request Form \(https://survey.vovici.com/se/56206EE3662437AB\)](https://survey.vovici.com/se/56206EE3662437AB).
- For partner referrals, please contact 651-201-5414 or visit the MDH STD/HIV Partner Services website
- A free STD consultation service for healthcare providers can be accessed through the [STD Clinical Consultation Network \(www.stdccn.org/render/Public\)](http://www.stdccn.org/render/Public).

PENICILLIN ALLERGY?

- **Verify the nature of the allergy.** Approximately 10% of the population reports a penicillin allergy, but less than 1% of the population has a true IgE-mediated allergy.
- **Symptoms of an IgE-mediated (type 1) allergy include:** Hives, angioedema, wheezing and shortness of breath, and anaphylaxis. Reactions typically occur within one hour of exposure.
- **Refer for penicillin skin testing if the nature of the allergy is uncertain or cannot be determined.**
- **Desensitization should be performed in an appropriate medical setting.** Serious allergic reactions can occur. Consult and allergist.
- **Once desensitized, treat the patient with recommended IM or IV penicillin for the appropriate stage of syphilis.**