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IDPH
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CDPH
Chicago Department of Public Health

Illinois Chapter
INCORPORATED IN ILLINOIS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Congenital Syphilis:
An Update for Pediatricians

8/2/2023

CME Accreditation Statement

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Illinois State Medical Society

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CME Disclosure Grid

Name and Credentials	Role in Activity	Was there a relevant Financial Disclosure	List of Mitigated Disclosures
Irina Tabidze, MD, MPH	Faculty/Presenter	No	N/A
Kyran Quinlan, MD, FAAP	Faculty/Presenter Planning Committee Member	No	N/A
Arti Barnes, MD, MPH	Faculty/Presenter	No	N/A
Stephanie Atella MPH, CHES	Staff	No	N/A
Erin Moore, MS	Staff Content Reviewer	No	N/A

Learning Objectives

After participating in this session, attendees will be able to:

- Describe risk factors for syphilis and how syphilis is transmitted.
- Summarize congenital syphilis epidemiology in Illinois and Chicago.
- Describe clinical implications of congenital syphilis including testing and treatment.
- Apply screening recommendations and treatment best practices.

Speakers

- Arti Barnes, MD, MPH - Chief Medical Officer
- Kyran Quinlan, MD, MPH, FAAP - Pediatric Medical Advisor
- Irina Tabidze, MD, MPH - Director of Program Operations

Arti Barnes MD, MPH &
Kyran Quinlan MD, MPH, FAAP

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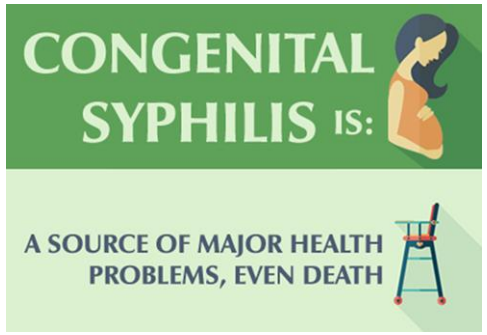
What is Congenital Syphilis (CS)?

- A <u>preventable</u> and <u>treatable</u> spirochete infection acquired by the fetus during pregnancy, transmitted through sexual contact to the pregnant person and across the placenta to the fetus
  - ***Adequate treatment for syphilis during pregnancy is 98% effective in reducing congenital syphilis***



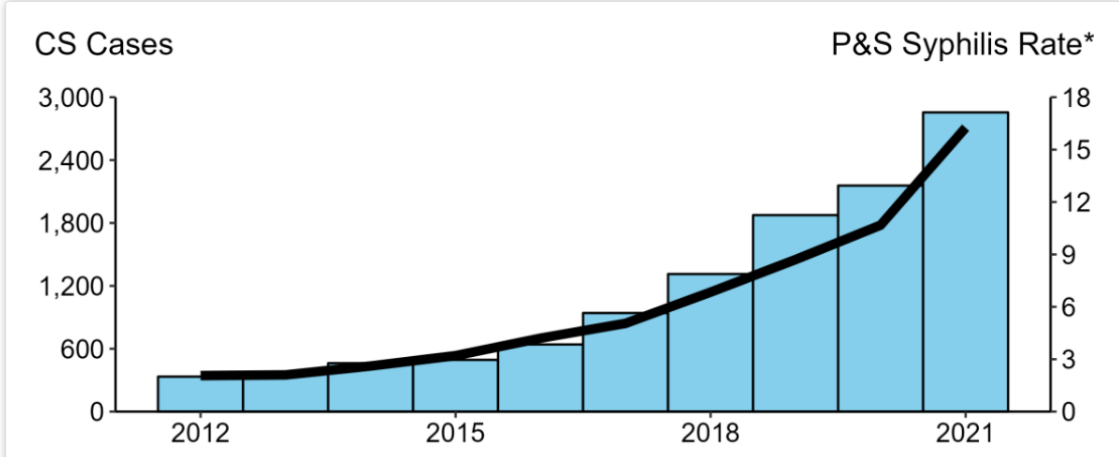
- A disease that causes significant morbidity and mortality
  - 25% untreated pregnancies result in **pregnancy loss** or other adverse outcomes
    - Neonatal death, prematurity, low birth weight, **lifetime morbidity including developmental delay and hearing loss**
  - 21% increased risk for stillbirth

But…syphilis is gone from the US, right?

- CS decreased during 1991–2005
  - Started increasing slightly by 2008
- By 2014, it had sharply risen to 11.6 per 100K live births;
- By 2018 it had reached 33 per 100K live births
- By 2021 it was 77.6 per 100k live births
  - >200% increase since 2017

Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women Aged 15–44 Years, United States, 2012–2021

Print



CDC 2021 report on Congenital Syphilis

Annual Cases of Congenital Syphilis—Illinois, 2007-2022

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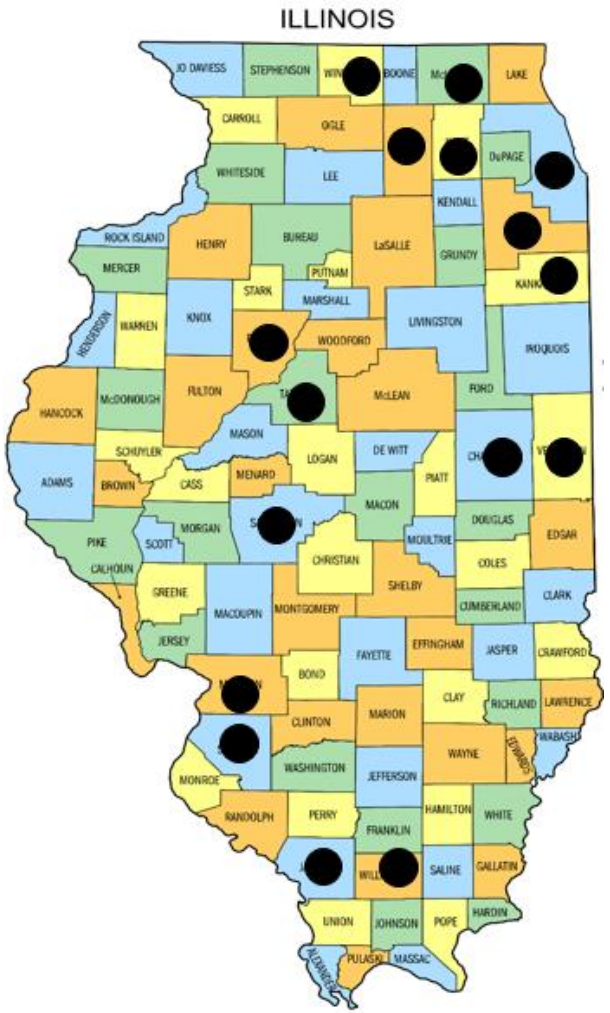
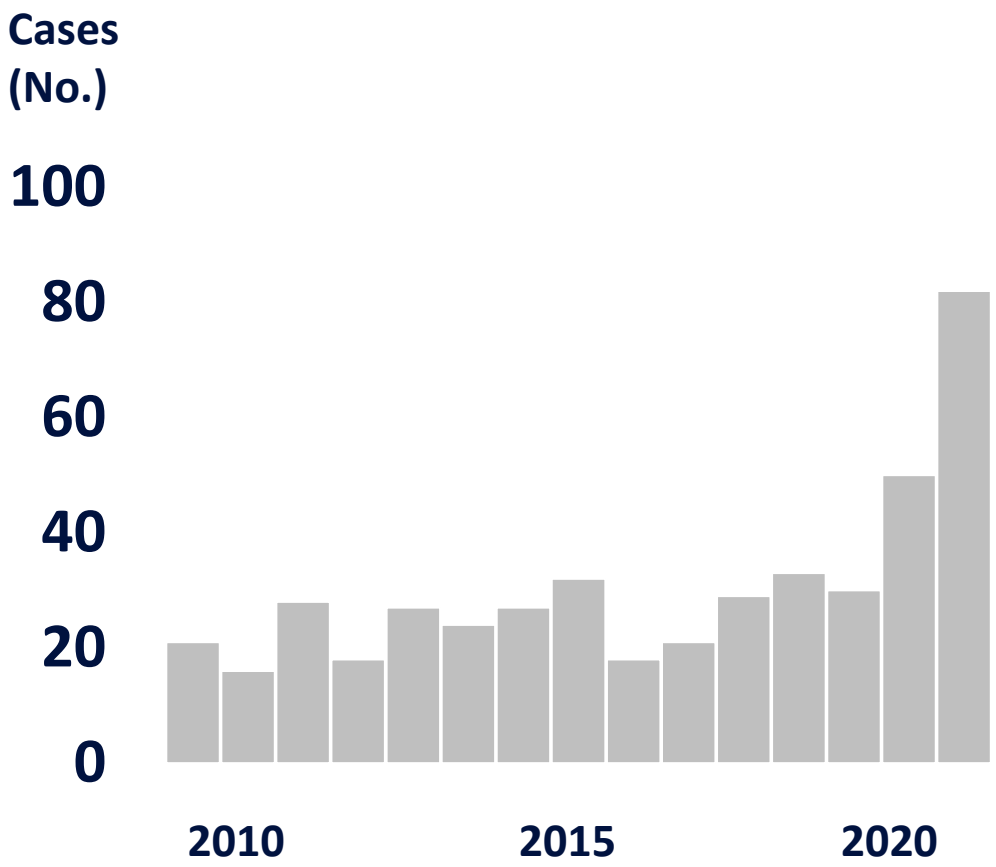
Where is it?

2022 presumptive case distribution





And who is this happening to?

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TABLE 1. Number and rate* of congenital syphilis (CS) cases by race/ethnicity of mother and region of birth of infant — United States, 2008–2014†

Characteristic	2008		2009		2010		2011		2012		2013		2014	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Race/ethnicity of mother														
White, non-Hispanic	67	2.9	65	2.9	63	2.9	50	2.3	50	2.3	61	2.8	80	3.7
Black, non-Hispanic	226	35.9	216	35.1	216	36.3	211	35.9	189	32.1	185	31.4	225	38.2
Hispanic	135	13.0	128	12.8	91	9.6	73	8.0	80	8.8	92	10.2	110	12.2
Asian/Pacific Islander	7	2.9	11	4.6	9	3.8	14	5.7	6	2.3	9	3.5	18	
American Indian/Alaska Native	6	13.8	5	11.8	1	2.5	2	5.0	2	5.1	5	12.8	5	12.8
Other	1	N/A	2	N/A	3	N/A	3	N/A	4	N/A	3	N/A	7	N/A
Unknown	4	N/A	4	N/A	4	N/A	5	N/A	3	N/A	4	N/A	13	N/A
Region of birth of infant§														
Northeast	37	5.5	30	4.5	26	4.0	23	3.6	17	2.7	17	2.7	30	4.8
Midwest	37	4.2	41	4.7	45	5.3	41	4.9	57	6.8	53	6.4	71	8.5
South	265	16.4	263	16.7	253	16.6	234	15.5	206	13.7	213	14.1	234	15.5
West	107	10.1	97	9.5	63	6.4	60	6.2	54	5.5	76	7.9	123	12.8
Total	**446**	**10.5**	**431**	**10.4**	**387**	**9.7**	**358**	**9.1**	**334**	**8.4**	**359**	**9.1**	**458**	**11.6**

* CS rates during 2008–2013 were calculated as cases per 100,000 live births by using annual live birth data as denominators. Available at http://wonder.cdc.gov/natality-current.html.

A Moment of Reflection on Inequity in Syphilis

- Black women had a 4.5 times higher odds of birthing a child with congenital syphilis
- Hispanic women : 1.8 times higher odds
- Low income : 2.8 times higher odds
- Rural: 2.0 times higher odds
- Immigrant: 4.6 times higher odds
- Use of cocaine: 9.3 times higher odds

Pascoal et al, 2023

Open Forum Infect Dis. 2022 May; 9(5): ofac169.
Published online 2022 Apr 3. doi: 10.1093/ofid/ofac169

PMCID: PMC9045944
PMID: 35493123

Characteristics of Pregnant Women With Syphilis and Factors Associated With Congenital Syphilis at a Chicago Hospital

Corinne Thornton,[1] Lelia H Chaisson,[2] and Susan C Bleasdale[2]

Women with psychiatric illness and noninjection substance use each had a >5-fold increased odds of having an infant with congenital syphilis.

Cases with congenital syphilis were more likely to have **late or scant prenatal care** and **initiated treatment nearly 3 months later in pregnancy.**

There's more....

Other Congenital syphilis risk factors

- High community syphilis rates
- Multiple partners
- Presence of other STI including HIV
- Recent immigration to the US
- Incarceration
- Transactional sex
- Unstable housing
- Limited access to prenatal care

- Although national data from 2012-2016 showed almost half of CS cases lacked traditional risk factors

Trividi et al, Obstet Gynecolo 2019;133:27-32

The Urgent Need for Provider Based Reporting

- Public health systems experience challenges linking pregnancy data with syphilis results
- In the United States and in IL, congenital syphilis is a national notifiable disease
- For reporting purposes, congenital syphilis includes:
  - Stillbirths due to syphilis
  - Cases of congenital syphilis detected in newborns
  - Cases of congenitally acquired syphilis in infants and children.
- But we need to find the moms first before the children develop congenital syphilis!

Provider Reporting

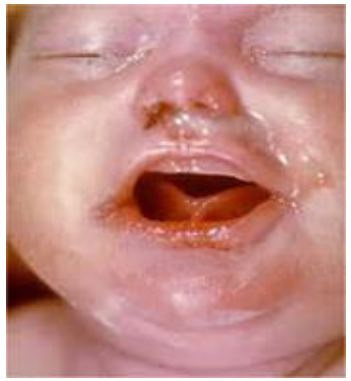
We need to find these cases fast!

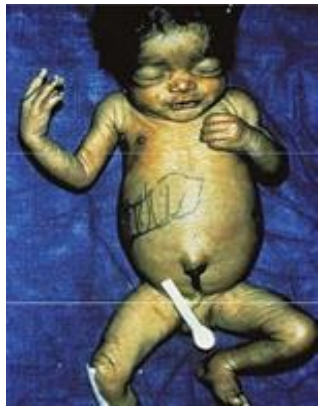
United States Centers for Disease Control and Prevention surveillance case definition for congenital syphilis

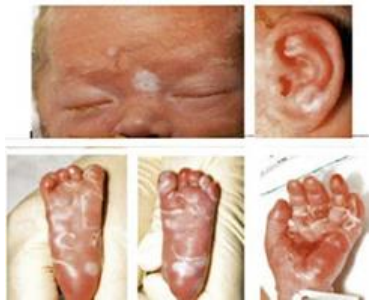
Laboratory criteria for diagnosis
Demonstration of *Treponema pallidum* by **any** of the following: ▪ Darkfield microscopy of lesions, body fluids, or neonatal nasal discharge, **or** ▪ PCR or other equivalent direct molecular methods of lesions, neonatal nasal discharge, umbilical cord, or autopsy material, **or** ▪ Immunohistochemistry or special staining (eg, silver staining) of lesions, neonatal nasal discharge, umbilical cord, or autopsy material
Case classification
Probable
An infant whose mother had untreated or inadequately treated* syphilis at delivery, regardless of signs in the infant, **or**
An infant or child who has a reactive non-treponemal test for syphilis (VDRL, RPR, or equivalent methods) **and** any of the following: ▪ Evidence of congenital syphilis on physical examination¶ ▪ Evidence of congenital syphilis on radiographs of long bones ▪ Reactive CSF VDRL ▪ Elevated CSF WBC count or CSF protein (in a nontraumatic LP and without any other cause)Δ
Confirmed
Any case that is laboratory confirmed according to the laboratory criteria above

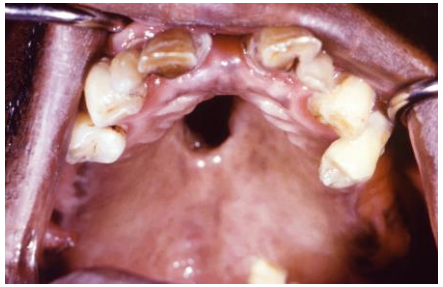
Neonatal CS Clinical Findings

- Rhinitis “snuffles”: which is contagious
- Hepatosplenomegaly
- Desquamating skin rash
- Hutchinson’s Triad
  - Notched teeth
  - Deafness
  - Interstitial keratitis
- Anemia
- Meningitis

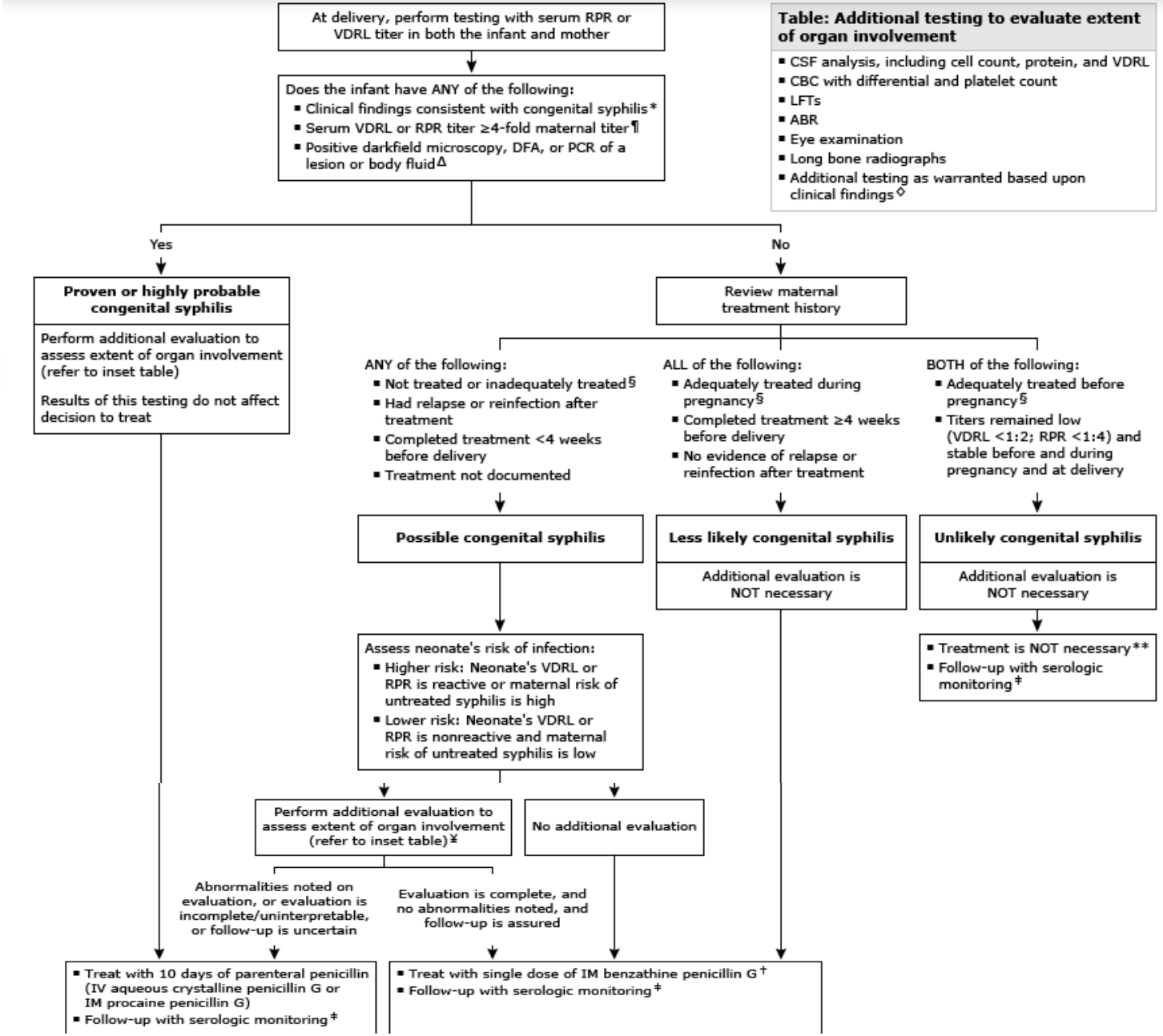






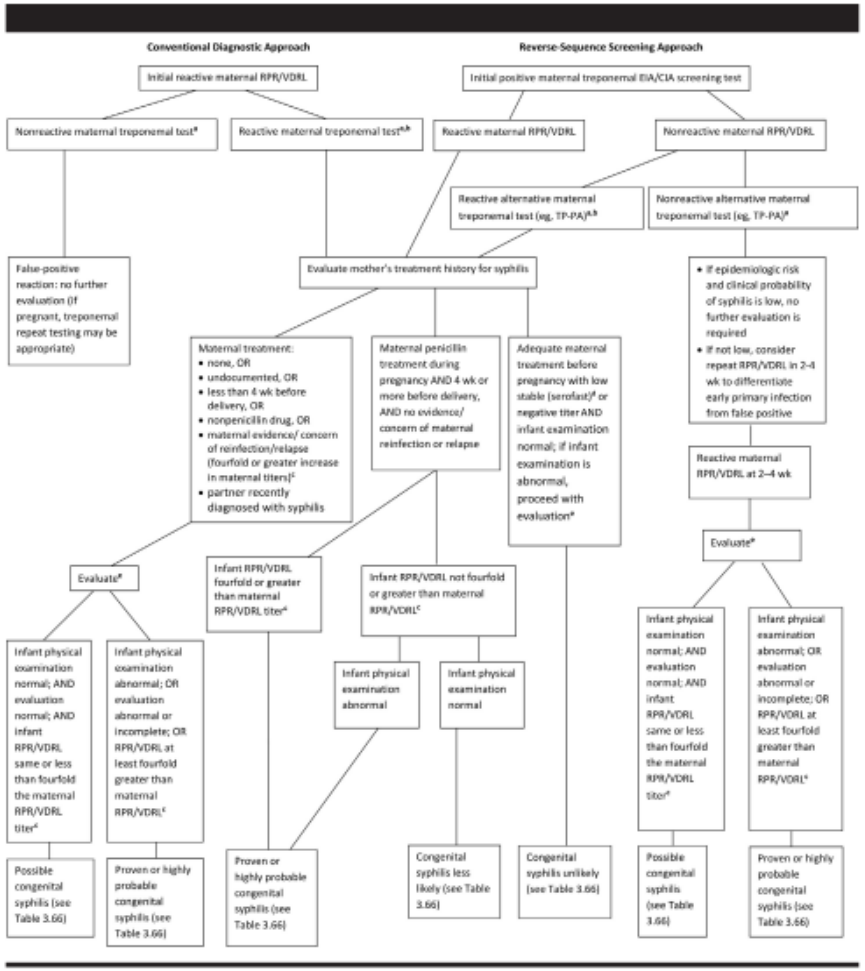


Approach to evaluation and management of newborns born to mothers who tested positive for syphilis during pregnancy



UpToDate, 2023

FIG 3.15. ALGORITHM FOR DIAGNOSTIC APPROACH OF INFANTS BORN TO MOTHERS WITH REACTIVE SEROLOGIC TESTS FOR SYPHILIS.



RPR indicates rapid plasma reagin; VDRL, Venereal Disease Research Laboratory.

[a] *Treponema pallidum* particle agglutination (TP-PA) (which is the preferred treponemal test) or fluorescent treponemal antibody absorption (FTA-ABS).

[b] Test for human immunodeficiency virus (HIV) antibody. Infants of HIV-infected mothers do not require different evaluation or treatment for syphilis.

[c] A fourfold change in titer is the same as a change of 2 dilutions. For example, a titer of 1:64 is fourfold greater than a titer of 1:16, and a titer of 1:4 is fourfold lower than a titer of 1:16. When comparing titers, the same type of nontreponemal test should be used (eg, if the initial test was an RPR, the follow-up test should also be an RPR).

[d] Stable VDRL titers 1:2 or less or RPR 1:4 or less beyond 1 year after successful treatment are considered low serofast.

[e] Complete blood cell (CBC) and platelet count; cerebrospinal fluid (CSF) examination for cell count, protein, and quantitative VDRL; other tests as clinically indicated (eg, chest radiographs, long-bone radiographs, eye examination, liver function tests, neuroimaging, and auditory brainstem response). For neonates, pathologic examination of the placenta or umbilical cord with specific fluorescent antitreponemal antibody staining, if possible.

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AAP, Red Book, 2023

Congenital Syphilis Evaluation and Treatment

- Confirmed/Highly probable
- Possible
- Less Likely
- Unlikely

CDC, 2023

Confirmed Proven/Highly Probable Congenital Syphilis

- Abnormal physical examination consistent with congenital syphilis
- RPR or VDRL ≥ fourfold higher than mother's at delivery
- a positive darkfield test or PCR

Recommended Evaluation

- CSF analysis for VDRL, cell count, and protein
- CBC with diff and platelets
- Long-bone radiographs
- Other tests as clinically indicated (e.g., chest radiograph, liver function tests, neuroimaging, ophthalmologic examination, and auditory brain stem response)

Possible Congenital Syphilis

Normal physical examination with RPR/VDRL ≤ fourfold of maternal titer at delivery and one of the following:

- Mother was not treated, inadequately treated, no documentation of treatment.
- The mother was treated with a nonpenicillin G regimen.
- The mother received the recommended regimen <30 days before delivery.

Recommended Evaluation

- CSF analysis for VDRL, cell count, and protein.
- CBC with differential and platelets.
- Long-bone radiographs.

Less Likely Congenital Syphilis

Normal physical examination and RPR/VDRL ≤ equal fourfold of the maternal titer at delivery and both:

- The mother was treated during pregnancy, treatment was appropriate for the infection stage, and the treatment regimen was initiated ≥30 days before delivery.
- The mother has no evidence of reinfection or relapse.

Recommended Evaluation

- No evaluation is recommended.

https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis

Unlikely Congenital Syphilis

- Normal physical examination and RPR/VDRL ≤ fourfold of the maternal titer at delivery and both:
  - Mother's treatment was adequate before pregnancy.
  - The mother's RPR/VDRL remained low and stable (i.e., serofast) before and during pregnancy and at delivery.

Recommended Evaluation

- No evaluation is recommended.

https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis

Treatment

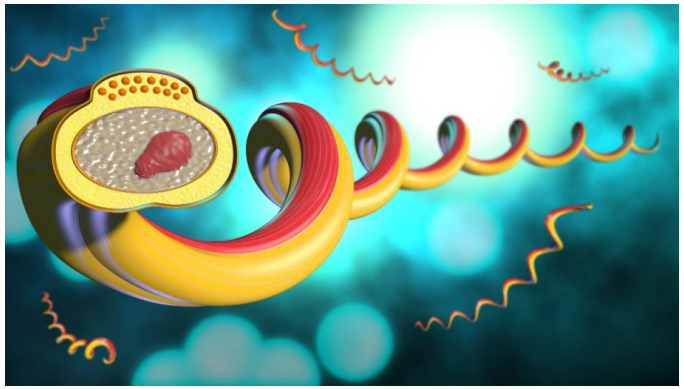
Depends on likelihood of infection.

Confirmed: PCN X 10 days (IV PCN G or IM Procaine PCN)

Possible: Above or LA Bicillin X 1 dose

Less likely: LA Bicillin X 1 dose

Unlikely: No Tx



https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis

Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

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Sexually Transmitted Infections Treatment Guidelines, 2021

Bicillin L-A® Shortage

The FDA has listed penicillin G benzathine injectable suspension products (Bicillin L-A®) on their drug shortage webpage, noting limited supply due to increased demand. The FDA website includes an expected duration for the shortage. CDC continues to monitor the situation and will post updates as needed.

Bicillin L-A® is the first-line recommended treatment for syphilis and the only recommended treatment option for some patients.

During this time, programs should:

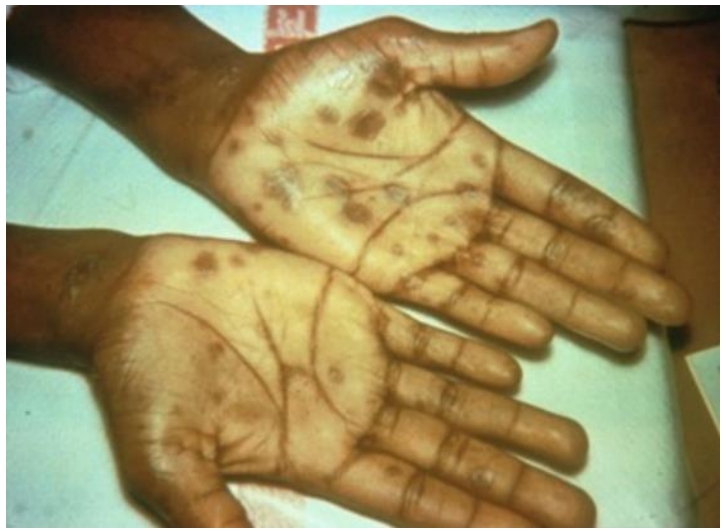
- Continue to follow CDC's treatment recommendations. Penicillin G benzathine (Bicillin L-A®) is the only recommended treatment for pregnant people infected with or exposed to syphilis.
  - Doxycycline 100mg PO BID for two weeks (for early syphilis) or for four weeks (for late latent or syphilis of unknown 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.
- To help CDC continue to monitor the situation, notify DSTDP (stdshortages@cdc.gov) of:
  - Shortages or stock-outs of Bicillin L-A® in the jurisdiction.
  - Situations in which patients diagnosed with syphilis are not being treated due to the inability to procure Bicillin L-A® in the jurisdiction.
- Report any shortages to the Pfizer Supply Continuity Team at 844-646-4398 (select 1 and then select 3).

Follow-up

- Follow Exam and RPR/VDRL Q 2-3 mo.
- Expect titer to decrease by 3 mo, non-reactive by 6 mo.
- Persistent RPR/VDRL at 6-12 mo. May need LP, retreatment? Consult ID
- Seroneg at birth-check RPR/VDRL at 3 mo to rule out incubating CS
- If initial CSF abnormal, repeat LP not needed unless RPR/VDRL persist at 6-12 months. Consult ID

Case

- Male in prison with rash—Syphilis.
- One partner who has a 2.5 mo old baby.
- Mom syphilis neg at delivery, Mom tested and seropositive now.
- Baby seen: Rash, long bone xrays abnormal, seropos and CSF with high VDRL titer.
- Mom and baby treated.

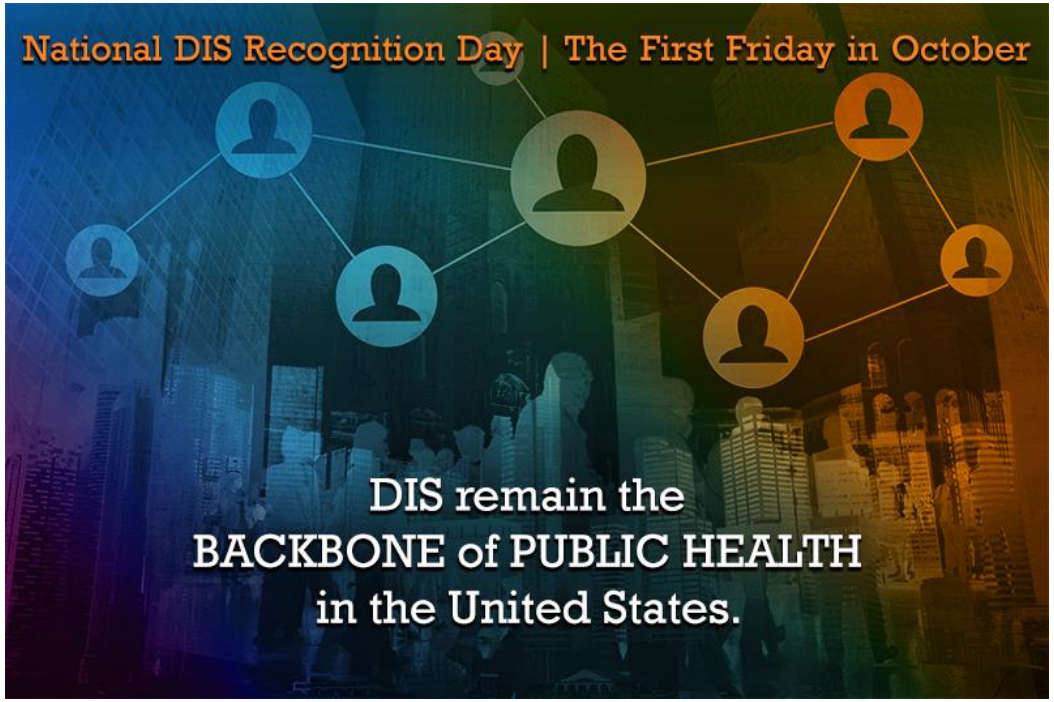


Incubating syphilis at birth.

Follow-up

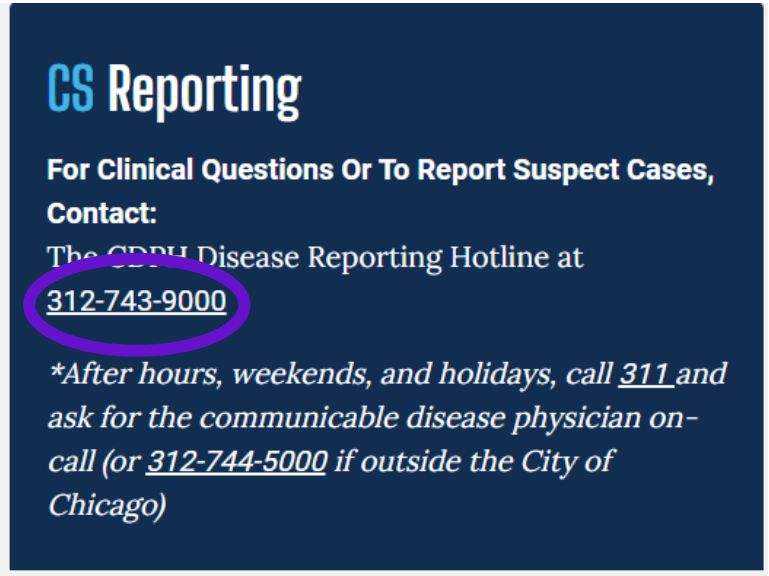
Connect with your Local Health Department!

Disease Intervention Specialists (DIS) will help!



Resources

- In Chicago/CDPH



CS Reporting

For Clinical Questions Or To Report Suspect Cases, Contact:

The CDPH Disease Reporting Hotline at 312-743-9000

**After hours, weekends, and holidays, call 311 and ask for the communicable disease physician on-call (or 312-744-5000 if outside the City of Chicago)*

- In Illinois/IDPH

REPORT ALL SYPHILIS CASES

Local Health Departments employ confidential means to locate and notify the partners of all early syphilis cases to prevent continued transmission.

- Reporting of all new syphilis cases within seven days of diagnosis to public health is required by law in Illinois; timely reporting of new cases is critical to the success of prevention and partner notification efforts
- STD Morbidity Report Forms should be completed and faxed to your local health department within seven days of disease diagnosis or treatment for presumed syphilis
- Additional information about disease reporting in Illinois can be found at: http://dph.illinois.gov/topics-services/diseases-and-conditions/infectious-diseases/stds

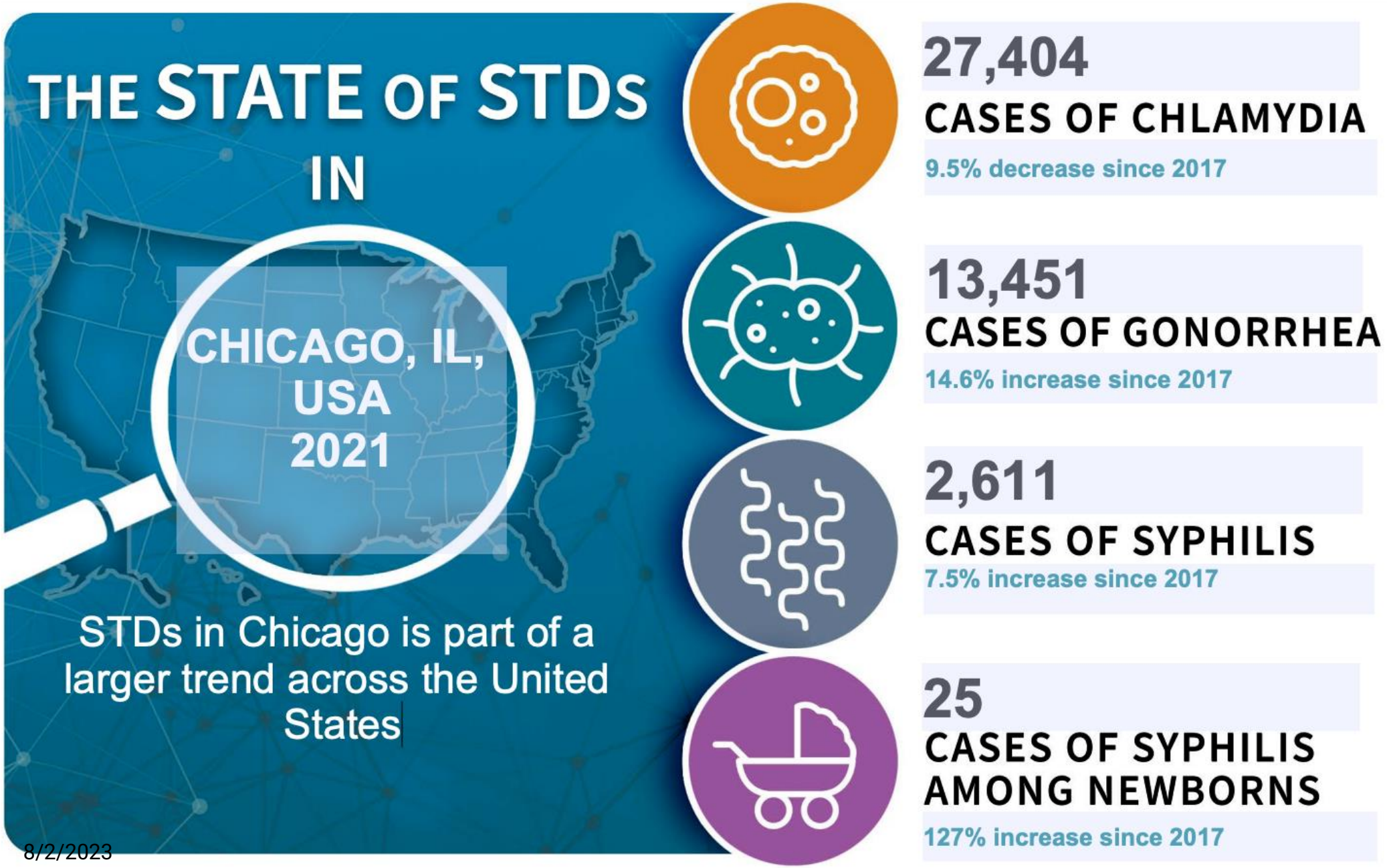
Please help us increase awareness among your patients of this serious statewide rise in early syphilis infections and what they can do to prevent infection. If your patients would like to learn more about syphilis or other STDs and how to prevent them, please refer them to CDC's STD website, http://www.cdc.gov/std/.

We appreciate your commitment to maintaining and promoting the health of all Illinoisans. For any questions or assistance please contact the Illinois STD Section at 217-782-2747.

CDPH
Chicago Department of Public Health

Congenital Syphilis, Chicago, IL

Irina Tabidze, MD, MPH


THE STATE OF STDs IN
CHICAGO, IL, USA 2021
STDs in Chicago is part of a larger trend across the United States
27,404
CASES OF CHLAMYDIA
9.5% decrease since 2017
13,451
CASES OF GONORRHEA
14.6% increase since 2017
2,611
CASES OF SYPHILIS
7.5% increase since 2017
25
CASES OF SYPHILIS AMONG NEWBORNS
127% increase since 2017

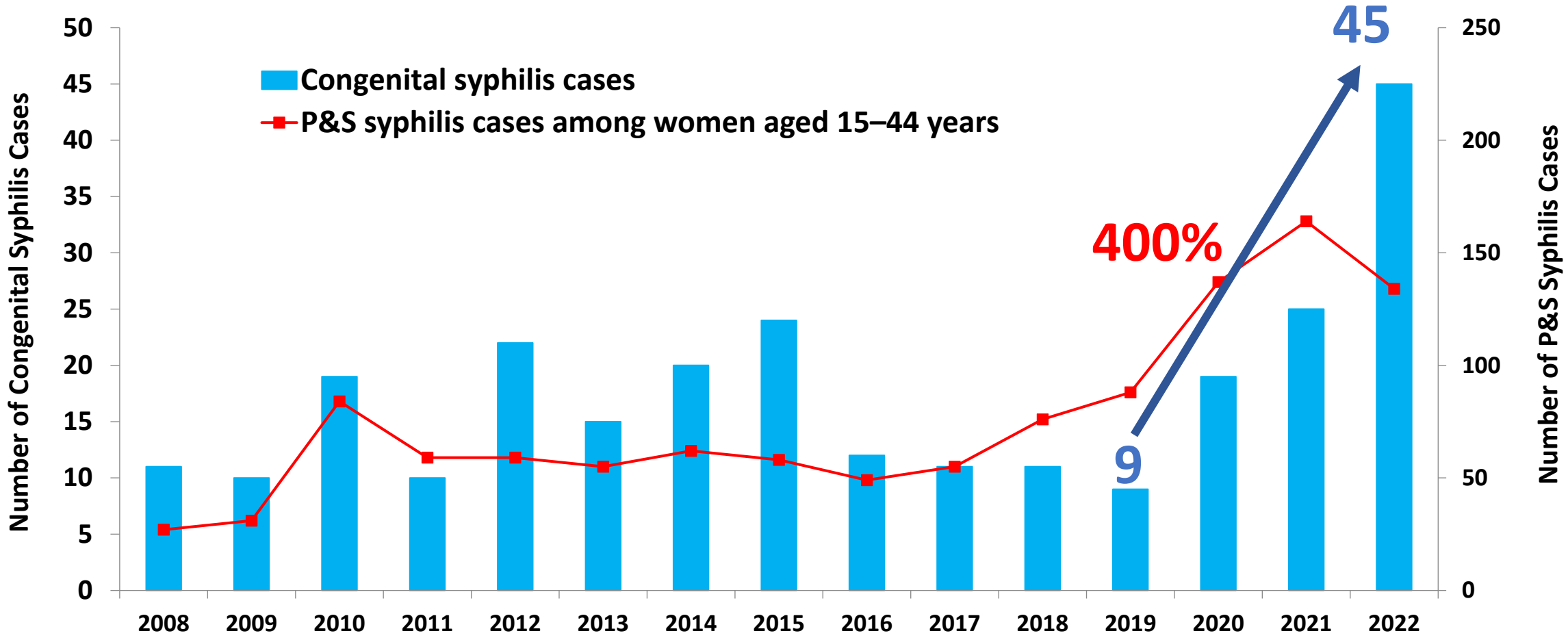
STDs, Chicago, 2021

- Chlamydia (53.9%)
- Gonorrhea (48.9%)
- Primary & Secondary (P&S) Syphilis (34.3%)

Known risk factors for syphilis among women

- Multiple sex partners
- History of incarceration
- Poverty
- Unstable housing
- Substance use disorders
- History of exchanging sex for drugs/money/housing
- Having a partner with multiple partners or history of incarceration

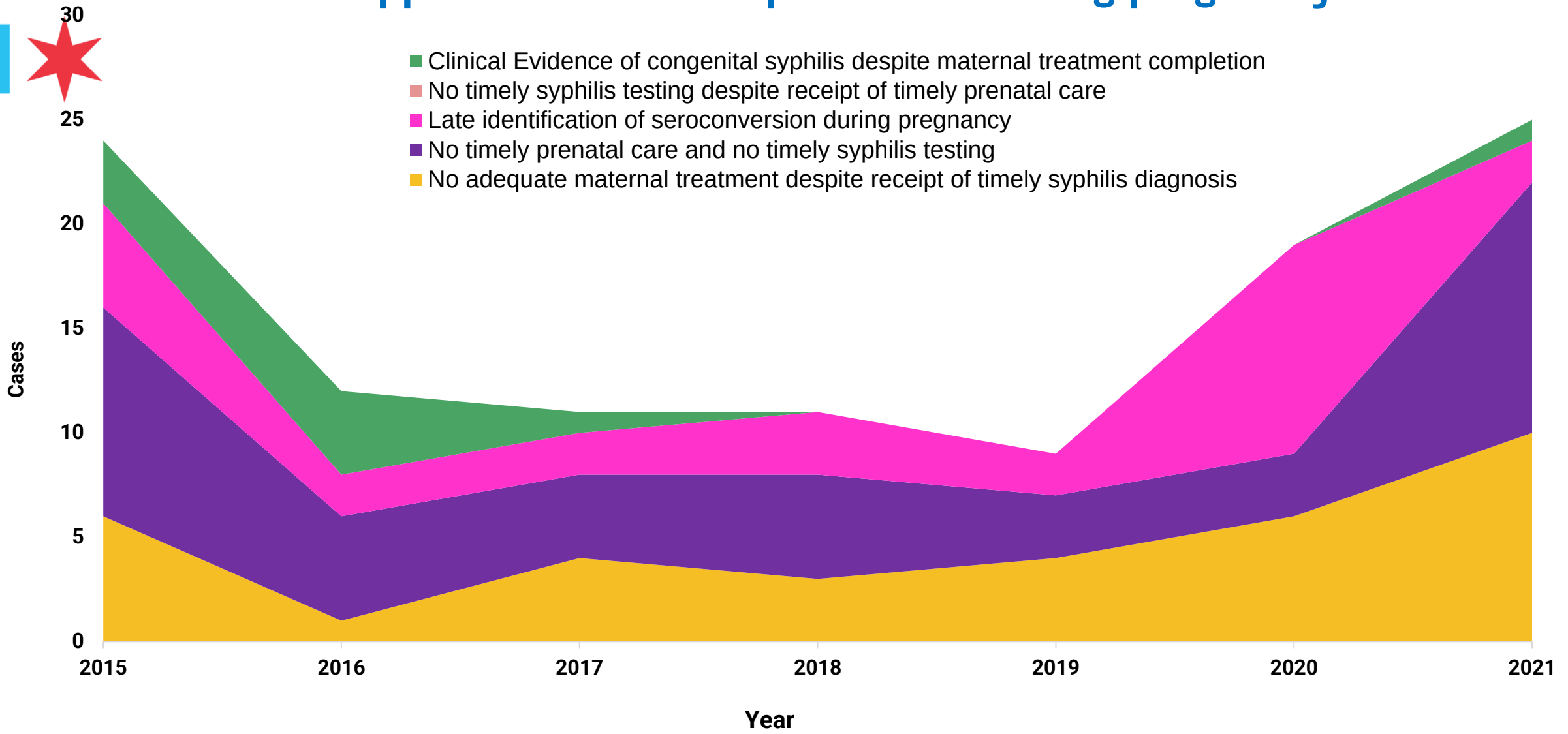
Reported Cases of Congenital Syphilis and Primary and Secondary (P&S) Syphilis Among Women, Chicago, 2008–2022



8/2/2023

* 2022 Data are still **provisional**

Missed Opportunities for CS prevention during pregnancy



What Are We Doing?

- In 2019, Chicago Department of Public Health in collaboration with medical and community partners formed Syphilis Elimination Task Force
- Working with regional HIV/STI Prevention Training Center to ensure providers have the knowledge to provide evidence-based quality of clinical care (grand round presentation, academic detailing were provided)
- Expanded capacity to provide quality care at the CDPH STI Specialty Clinic
- Expanding Disease Intervention Specialists capacity to provide rapid outbreak investigations and continue to work with communities
- Conducting public awareness campaigns that use culturally competent and linguistically appropriate messages

What Do Healthcare Providers Need to Know?

Syphilis Screening Recommendations:

Prenatal

1st prenatal visit: All pregnant women

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

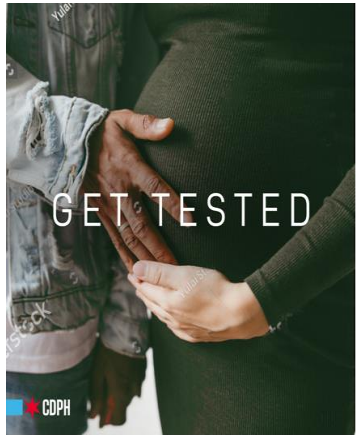
What Do Healthcare Providers Need to Know, cont..?

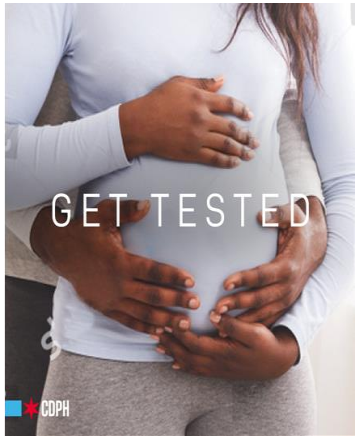
- Benzathine penicillin is the only acceptable treatment for a pregnant woman with syphilis
- Timely and adequate treatment for the stage of disease is critical to prevent transmission of syphilis from mother to her unborn baby
- Don't delay in treating a pregnant woman for syphilis
- Work closely with the Chicago Department of Public Health.
- Trained Disease Intervention Specialists (DIS) can help with locating hard-to-reach women
- Health Department may have historical syphilis information, including old titers and treatment information.


28
1137
Pregnant?
Get Prenatal Care and Protect Your Baby from
Congenital Syphilis


Know the Facts:
Your Baby Will Thank You!
You can get syphilis or other STDs more than once.
If you would like more information, talk to your health care provider, call or visit one of the Chicago Department of Public Health's STD/HIV clinics.
PROTECT YOUR BABY
from
Congenital Syphilis.
HEALTHY CHICAGO
Call 311 or visit healthychicagobabies.org


Proteja a su bebé de la
SÍFILIS
PROTEJA A SU FAMILIA
INFÓRMESE SOBRE LOS PELIGROS
HABLE
Visite a su médico y pregúntele sobre la prueba de sífilis.
ES POSIBLE QUE SU BEBÉ SEA
CIEGO
SORDO
PREMATURO
EVITE
LA MUERTE
LA MENINGITIS
LA ANEMIA
EL BAJO PESO AL NACER
HÁGASE LA PRUEBA
Hágase la prueba en su primera consulta prenatal y, si está en riesgo, también hágasela en el tercer trimestre y al momento del parto.
¡PREGUNTE CUÁLES FUERON LOS RESULTADOS!
En los últimos 4 años, los casos de sífilis congénita han AUMENTADO MÁS DEL DOBLE.
365
462
492
639
918
TRÁTESE
Si le diagnostican sífilis, hágase tratar de inmediato.
Asegúrese de que su pareja también reciba tratamiento.
Probabilidad de que una madre le transmita sífilis al feto si no se hace la prueba ni recibe tratamiento:
80%
Llame al 311 o visite healthychicagobabies.org


GET TESTED
CDPH


GET TESTED
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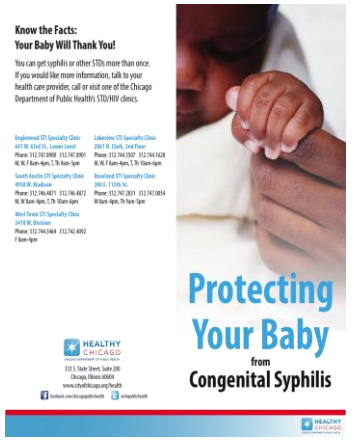
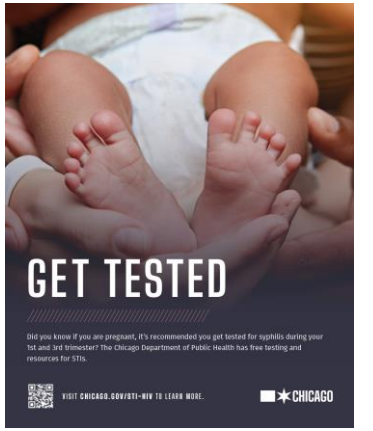
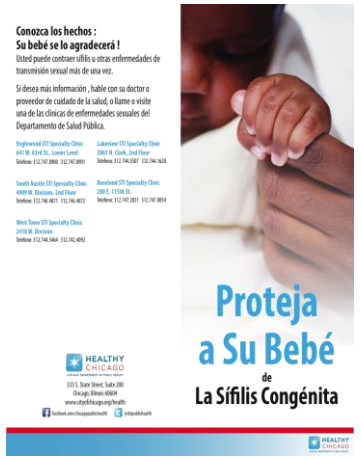

Know the Facts:
Your Baby Will Thank You!
You can get syphilis or other STDs more than once. If you would like more information, talk to your health care provider, call or visit one of the Chicago Department of Public Health's STD/HIV clinics.
Protecting Your Baby
from
Congenital Syphilis
HEALTHY CHICAGO


GET TESTED
Did you know if you are pregnant, it's recommended you get tested for syphilis during your 1st and 3rd trimester? The Chicago Department of Public Health has free testing and resources for STIs.
VISIT CHICAGO.GOV/STI+HIV TO LEARN MORE.
CHICAGO


Conozca los hechos :
Su bebé se lo agradecerá !
Usted puede contraer sífilis u otras enfermedades de transmisión sexual más de una vez.
Si desea más información , hable con su doctor o proveedor de cuidado de la salud, o llame o visite una de las clínicas de enfermedades sexuales del Departamento de Salud Pública.
Proteja a Su Bebé de La Sífilis Congénita
HEALTHY CHICAGO

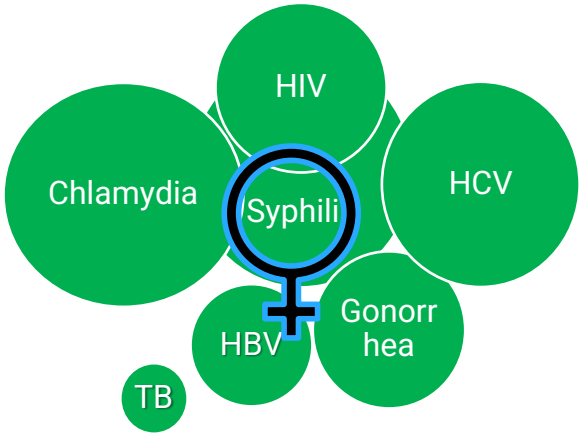

HAZTE LA PRUEBA
¡Sabías que se recomienda que te hagas la prueba de sífilis durante el primer y tercer trimestre del embarazo? El Departamento de Salud Pública de Chicago cuenta con pruebas y recursos gratuitos para las ITS.
PARA MÁS INFORMACIÓN, VISITA CHICAGO.GOV/STI+HIV.
CHICAGO

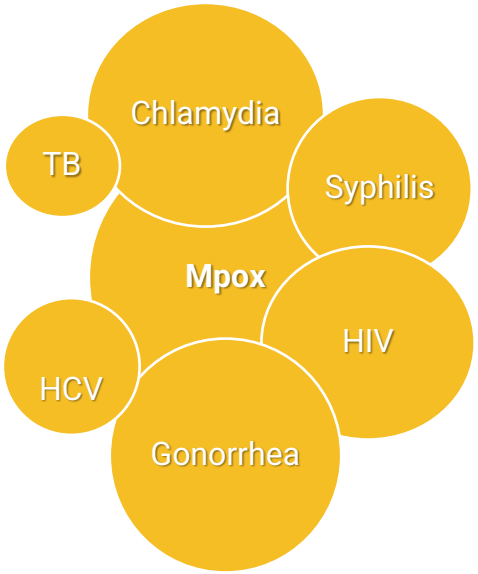
Case Study

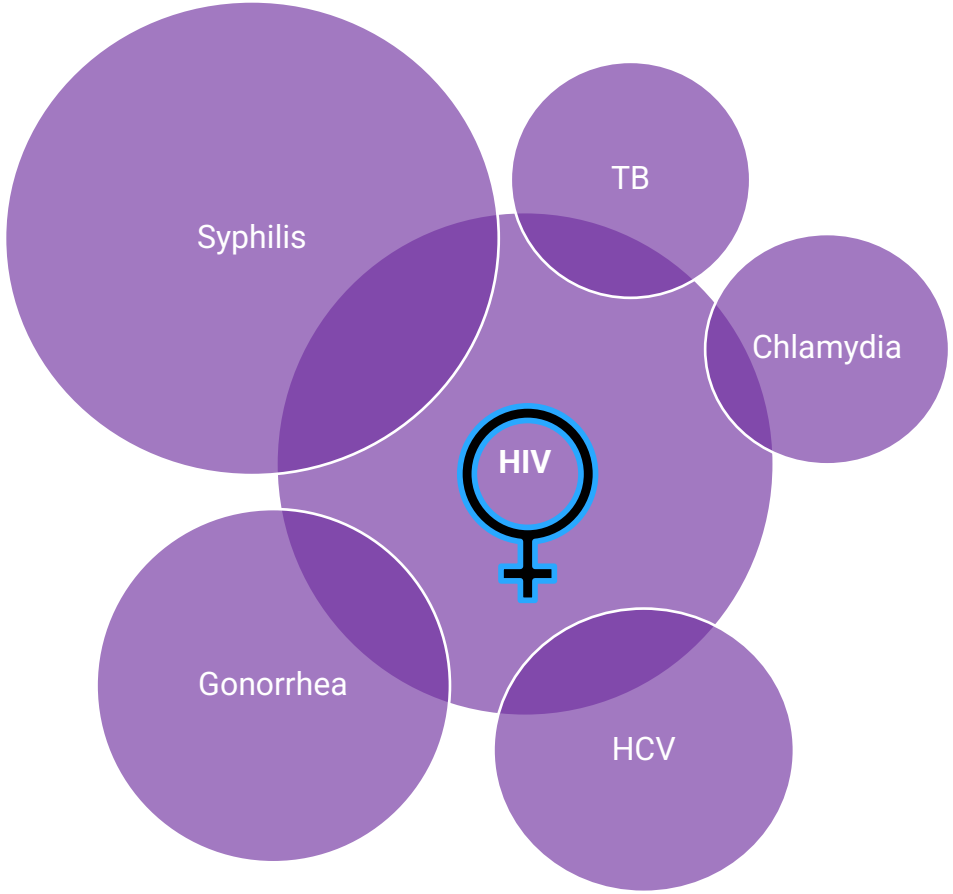
- **25-year-old single, NH Black female**
- **Unemployed, no reported drug use, no previous pregnancies**
- Nov 15—1st prenatal visit, negative for all STIs
- Feb 7— 3rd prenatal visit, no syphilis testing ordered by prenatal care provider
- March 1st- generalized body rash observed by physician
- April 1 —patient presented to hospital for COVID concerns (fever)
  - Fetal demise at 29 weeks gestation – induction of labor
- April 15 – patient received treatment for secondary syphilis

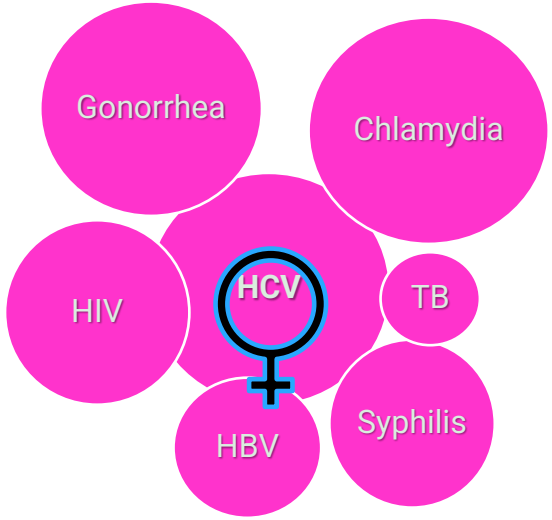
Syndemics *are* ***epidemics*** *that interact with each other and by that interaction increase their adverse effects on the* ***health of communities****, that face systematic, structural, and other inequities.*

Syndemics in Chicago









HIV/HBV co-infection data are not available. Research suggests 5-10% of PLWH are co-infected with HBV. (https://www.ncbi.nlm.nih.gov/pubmed/20158604)

Challenges are Real & Serious

"**Change will not come** if we wait for some other person or some other
time.
We are the ones we've been waiting for.
We are the change that we seek."

-***Barack Obama***

A routine blood test for syphilis protects the pregnant mother and her baby

Prioritize screening, diagnosis, and treatment of pregnant women => congenital syphilis is preventable!

Acknowledgments

- Syndemic Infectious Disease (SID) Bureau
- SID Bureau, Surveillance and Public Health Intervention Team
- Taylor Guidry
- Eric Warren
- Helen Cejtin
- CDPH Congenital Syphilis Team
- CDPH Office of Public Health Information

Upcoming Events

Illinois Chapter
INCORPORATED IN ILLINOIS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

- Bi-weekly COVID-19 Commercialization Updates
  - Friday, August 18 at 12PM
- Illinois Vaccinates Against COVID-19 (I-VAC) Virtual Bootcamp
  - Thursday August 24th from 8:00AM – 12:30PM
- ICAAP Immunizations Webinar: Flu & COVID Vaccines
  - Tuesday, September 19 at 12PM
- Vaccine Summits – In-Person!
  - September 7 – October 11

Register at illinoisaap.org/events

SCAN ME FOR CME

JOIN ICAAP FOR THE 2023

ANNUAL EDUCATION CONFERENCE

November 9 &10, 2023
Northern Illinois University Naperville

Illinois Chapter
INCORPORATED IN ILLINOIS
American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

- ⇒ Network and earn CME.
- ⇒ Hear the latest on “hot topics” and recent practical advances on a variety of subspecialty areas.
- ⇒ Keynote topics include:
  Pediatric Firearm Injuries and Fatalities
  &
  Pediatric Mental Health

Register today!

SCAN ME