

# Prenatal Syphilis Screening, Staging, and Management for Congenital Syphilis Prevention

Screen	<b>Screen <u>all</u> patients at three points in pregnancy:</b> <b>①First prenatal visit or time of pregnancy testing    ②24- 28 weeks' gestation    ③Delivery</b> Initial diagnosis requires both a non-treponemal test (RPR) and treponemal test (TP-PA, FTA-ABS, EIA/CIA)			<b>FACTORS ASSOCIATED WITH SYPHILIS IN PREGNANCY</b>  All visits are prenatal visits. Screen patients with no, limited, or unknown prenatal care for syphilis, particularly when they present to EDs, urgent care clinics, correctional facilities, drug user health programs, and OB triage. The following factors are associated with syphilis in pregnancy:  <ul style="list-style-type: none"> <li>• Limited or no prenatal care</li> <li>• Injection drug use (or partner who uses injection drugs)</li> <li>• Methamphetamine or fentanyl use by any route (or a partner who uses methamphetamine or fentanyl)</li> <li>• Houselessness or unstable housing</li> <li>• Criminal justice involvement within previous 2 years (or partner with criminal justice involvement)</li> <li>• Living with HIV or hepatitis C</li> <li>• Other STI diagnosed within previous 2 years</li> <li>• Multiple sex partners, a new partner, or partner with other partners</li> </ul>
	<b>SYPHILIS DIAGNOSIS</b>			
	<b>Primary</b> + Chancre  <b>Secondary</b> + Rash and/or other signs <sup>1</sup>  <b>Early Latent</b> <u>NO</u> symptoms, and infection occurred within the past year <sup>2</sup>	<b>Late Latent or Unknown Duration</b>  <u>NO</u> symptoms, and infection does not meet criteria for early latent <sup>2</sup>	<b>Neurosyphilis/ Ocular/ Ootosyphilis<sup>3</sup></b>  + CNS signs or symptoms  + CSF findings on lumbar puncture (LP)	
	<b>Benzathine penicillin G</b>  2.4 Million Units Intramuscularly (IM) <u>Once</u>  <i>Certain evidence indicates that additional therapy is beneficial for early syphilis in pregnancy. A second dose of benzathine penicillin G 2.4 million units IM can be given 7 days after the initial dose.</i>	<b>Benzathine penicillin G</b>  2.4 Million Units IM <u>every 7 days</u> , for 3 doses (7.2 Million Units total)  <i>A 6-9 day interval between doses is acceptable. If any doses are late or missed, re-start the entire 3-dose series.</i>	<b>Aqueous penicillin G</b>  18-24 Million Units per day administered as 3-4 Million Units IV every 4 hours or continuous infusion for 10-14 days. See 2021 CDC STI Treatment Guidelines for non-intravenous alternative regimen.	
<p style="color: red;"> <b>If syphilis treated at/before 24 weeks' gestation, wait at least 8 weeks to repeat titer and repeat again at delivery. Repeat sooner if reinfection or treatment failure is suspected. If treated after 24 weeks' gestation, repeat titer at delivery. Consider more frequent monitoring if at high risk for reinfection in pregnancy (see risks at right).</b> </p> <p style="color: red;"> <b>If syphilis is diagnosed after 20 weeks' gestation, management should include a level 2 fetal ultrasound to look for sonographic signs of congenital syphilis. Refer to Maternal-Fetal Medicine specialist / perinatologist if any anomalies are found.</b> </p> <p>                 Post-treatment serologic response during pregnancy varies widely. Many women do not experience a fourfold decline by delivery. If sustained (&gt;2 weeks) fourfold increase occurs after treatment completion, evaluate for re-infection, HIV infection, and neurosyphilis.             </p>				
Screen	Stage	Treat	Monitor	

1. Signs of secondary syphilis also include condyloma lata, patchy alopecia, and mucous patches.  
 2. Persons can receive a diagnosis of early latent if, during the prior 12 months, they had a) new positive treponemal test or a new or sustained fourfold rise in RPR titer b) unequivocal symptoms of primary or secondary syphilis; or c) a sex partner with primary, secondary, or early latent syphilis.  
 3. Neurosyphilis, ocular, and otic syphilis can occur at any stage. Patients need a full neurologic exam including ophthalmic and otic; If clinical evidence of neurologic involvement is observed (e.g., headache, new onset vision or hearing changes, motor or sensory deficits, cranial nerve palsies, seizure, or signs or symptoms of meningitis or stroke), a CSF examination should be performed before treatment. In the case of ocular symptoms with an abnormal ophthalmologic exam or otic symptoms, CSF evaluation is not necessary before starting treatment for neurosyphilis.

# Important Considerations for Syphilis Treatment in Pregnancy

## Screen early, treat as soon as possible

Treatment failure, and subsequent congenital syphilis, has been associated with treatment later in the pregnancy

**Treatment is safe and highly effective** for both the pregnant person and fetus

**Benzathine Penicillin G (Bicillin L-A) is the ONLY recommended therapy** for syphilis during pregnancy

**Someone with signs, symptoms, or exposure to syphilis** should receive treatment for early disease regardless of whether serology results are available

**Partner treatment is critical to prevent reinfection**

Your [local health jurisdiction](#) can help test and treat partners

## **ADDITIONAL RESOURCES**

- **For detailed treatment guidelines**, including penicillin allergy recommendations, see the CDC 2021 STI Treatment Guidelines: [www.cdc.gov/std/treatment-guidelines](http://www.cdc.gov/std/treatment-guidelines)
- **For clinical questions:**
  - Contact Dr. Tim Menza at Public Health- Seattle & King County ([menza@uw.edu](mailto:menza@uw.edu)), or
  - Enter your consult online at the STD Clinical Consultation Network: [stdccn.org](http://stdccn.org)

## What if my patient is allergic to penicillin?

- **Verify the nature of the allergy.** Approximately 10% of the population reports a penicillin allergy, but less than 1% of the whole 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 1 hour of exposure.
- **Refer for penicillin skin testing** if the nature of the allergy is uncertain or cannot be determined, and skin testing can be performed urgently.
- **Refer directly for desensitization** if skin testing cannot be performed urgently.
- **Desensitization should be performed.** Serious allergic reactions can occur. Consult an allergist.
- **Treat the patient with benzathine penicillin G.** Treat according to appropriate stage of syphilis (see opposite page for treatment regimen).

FOR MORE INFORMATION ABOUT IgE-MEDIATED PENICILLIN ALLERGY:

[www.cdc.gov/antibiotic-use/community/pdfs/penicillin-factsheet.pdf](http://www.cdc.gov/antibiotic-use/community/pdfs/penicillin-factsheet.pdf)  
[www.cdc.gov/std/treatment-guidelines/penicillin-allergy.htm](http://www.cdc.gov/std/treatment-guidelines/penicillin-allergy.htm)

## Sources

Workowski KA, Bachmann LH, Chan P et al. Sexually Transmitted Infections Treatment Guidelines, 2021. MMWR Recomm Rep 2021;70 (No.4); Assessment, U. Screening for syphilis infection in pregnancy: US Preventive Services Task Force reaffirmation recommendation statement. Ann Intern Med, 2009. 150: p. 705-709; Alexander JM, Sheffield JS, Sanchez PJ, et al. Efficacy of treatment for syphilis in pregnancy. Obstetrics & Gynecology 1999;93(1):5-8; Plotzker RE, Murphy RD, Stoltey, JE. "Congenital Syphilis Prevention: Strategies, Evidence, and Future Directions." Sexually Transmitted Diseases (2018); Wendel GO, Jr, Stark BJ, Jamison RB, Melina RD, Sullivan TJ. Penicillin Allergy and Desensitization in Serious Infections During Pregnancy. N Engl J Med 1985;312:1229–32. American College of Obstetricians and Gynecologists. Screening for syphilis in pregnancy. ACOG Practice Advisory. April 2024. Available at: <https://www.acog.org/clinical/clinical-guidance/practice-advisory/articles/2024/04/screening-for-syphilis-in-pregnancy>.