CONGENITAL SYPHILIS: AN ALARMING THREAT

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BACKGROUND

Congenital Syphilis

Intrauterine infection caused by bacterium Treponema pallidum transmitted from the mother to the fetus during pregnancy or at birth from maternal lesions.

Epidemiology

- Commonly seen in infant born to mom who did not have prenatal care or inadequately treated
- More prevalent in mothers who were black compared to white and Hispanic mothers.
- Higher incidence in southern US than in western US and Midwest. Lowest in Northeastern
- Nevada has the second highest rate of CS in the nation which increased by 289% from 2015 to 2018 and first in rates of primary and secondary syphilis.

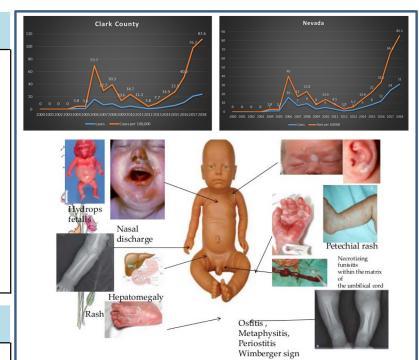
PURPOSE

To increase community awareness on the rise of Congenital Syphilis and complications in the neonatal population.

PREVENTION

Prenatal care is essential to the overall health and wellness of mother and unborn baby.

- Get a syphilis test at your first prenatal visit
- Reduce risk of getting syphilis before and during pregnancy by using condom
- Test all patients for syphilis (RPR or VDRL) 1 month after they have completed treatment for any other STD diagnosed during pregnancy



Before Delivery	After Delivery	Complications	
Preterm delivery Hydrops Fetalis Still birth	•Jaundice •Hepatosplenomegaly •Snuffles (Rhinitis) •Lymphadenopathy •Mucocutaneous lesion (gumma) •Pneumonia •Osteochondritis •Periosititis •Pseudoparalysis •Cranial nerve palsies •Anterior bowing of the shin (saber shins) •Edema •Maculopapular rash •Hemolytic anemia •Thrombocytopenia •Hutchinson triad	Intellectual disability skin gummas, scarring hearing deficits skeletal anomalies Jarisch-Herxheimer reaction	

TESTING & TREATMENT

Nontreponemal Test	Treponemal Test
Venereal Disease Research Laboratory (VDRL) slide	T Pallidum particle agglutination (TP-PA)
Rapid Plasma Reagin (RPR) test	T Pallidum chemiluminescent assay (TP-CIA)
	Fluorescent treponemal antibody absorption (FTA-ABS) test
Proven or Highly Probable CS	Possible Congenital Syphilis
Aqueous crystalline penicillin G OR Procaine penicillin G	Aqueous crystalline penicillin G OR Procaine penicillin G OR Benzathine penicillin G

CONCLUSIONS

Based on the current available data, congenital syphilis is continually increasing. Nevada has the second highest rate of CS in the nation. Importance of prenatal care and timely treatment of both the mother and the baby will play a crucial role in preventing CS. Treatment of CS requires a multidisciplinary approach including but not limited to obstetrician, neonatology, pediatrician, infectious disease, and nursing staff. Since there is available treatment for syphilis for century, long term complication such as intellectual disability, hearing impairment, skeletal abnormalities can be prevented.

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