

Date: March 23, 2016
 To: Medical Care Providers
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Please distribute to all providers and relevant medical staff in your office.

Health Alert

Ongoing Increase in Syphilis in Women Calls for Testing All Pregnant Women in the First & Third Trimester, and at Delivery

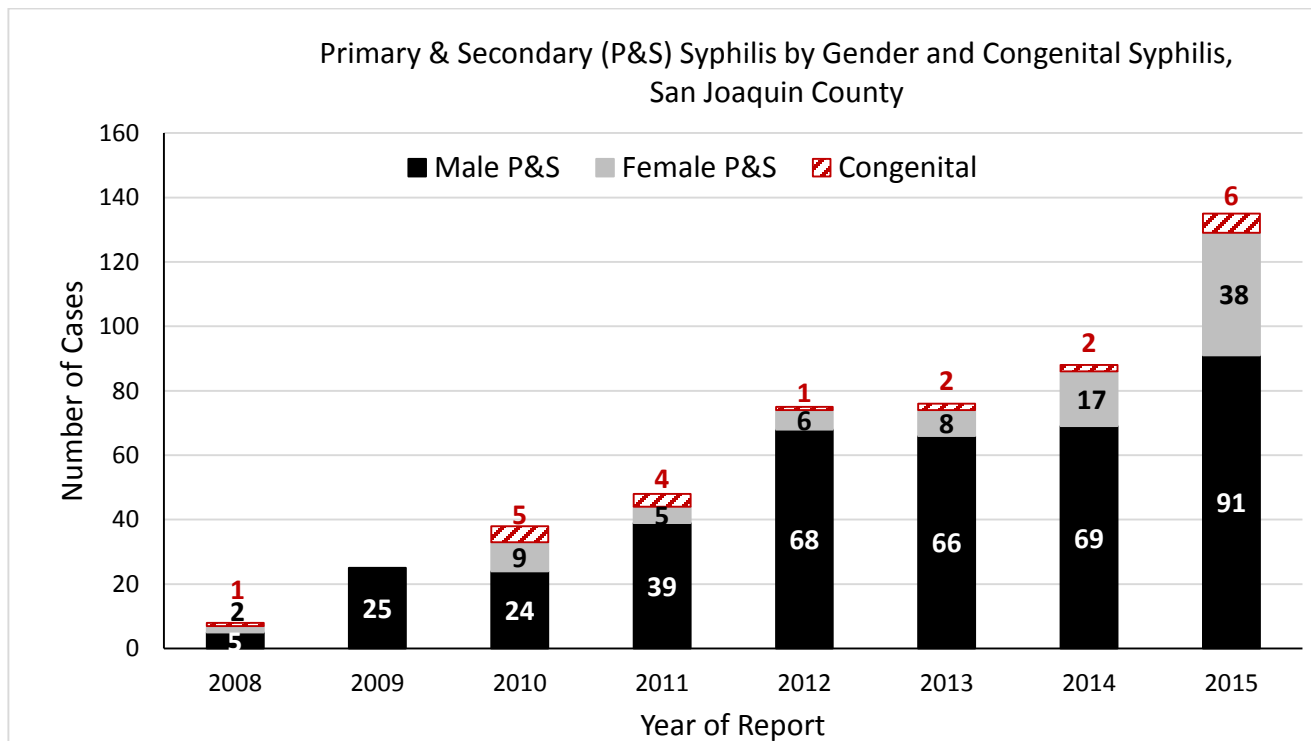
Situation: San Joaquin County is experiencing an increase in heterosexual transmission of syphilis, syphilis in women, and congenital syphilis. In 2015, 57% of syphilis was transmitted through heterosexual contact. Syphilis in women has increased dramatically and now accounts for 29% of all reported syphilis in the county. Six babies were reported with congenital syphilis in 2015 compared to two babies diagnosed with congenital syphilis in 2014. See Figure below.

The Health Officer is designating San Joaquin County as an area with high syphilis morbidity.

Such a designation calls for all clinicians to follow best practices and guidelines as established by the CDPH, CDC, and USPSTF. Those dictate screening for syphilis three times during ALL pregnancies: at the initial prenatal visit, again EARLY in the third trimester of pregnancy, and again at delivery.

Background: Reported cases of primary and secondary (P&S) syphilis have increased dramatically in the past seven years, from seven P&S syphilis cases reported in 2008 to 129 reported in 2015. While, in the recent past, syphilis has been transmitted primarily between men having sex with other men, San Joaquin County (and the whole Central Valley) has seen a dramatic increase in heterosexual transmission, raising the risk for women becoming infected before and during pregnancy.

Figure. Infectious Syphilis by Gender, and Congenital Syphilis, by Year, San Joaquin County



ACTIONS REQUESTED OF CLINICIANS:

Think of finding syphilis early, during prenatal visits. During this syphilis outbreak with such high heterosexual transmission, it is not possible to confidently screen for syphilis risk based on assessment of high risk sexual activity.

Test all pregnant women for syphilis at their first prenatal visit, at the beginning of their 3rd trimester, **and** at time of delivery. Testing in both first and third trimester will improve the chances of diagnosing and treating pregnant women with syphilis, which may reduce or eliminate the infection spreading to the fetus and reduce or avoid congenital syphilis.

Third trimester testing is recommended at the same time that Tdap vaccine is recommended, so link both prevention activities.

Infants should not be discharged from the hospital unless the syphilis serologic status of the mother has been confirmed at the time of delivery.

Treat syphilis in pregnant women as soon as infection is identified. Pregnant women should be treated with a penicillin regimen appropriate for their stage of infection. If a woman is allergic to penicillin, she must be de-sensitized prior to treatment with penicillin. It is imperative to also treat all partners to avoid re-infection. Contact PHS if you have any treatment questions.

Prevent congenital syphilis in newborn babies by treating the infected mother early.

Report all syphilis cases to San Joaquin County Public Health Services (PHS) within one working day, as required by State law. Confidential Morbidity Report can be found at:
<http://www.sjcphs.org/disease/documents/cdph110a.pdf?2>. Fax completed CMR to (209) 468-3495.

California Guidelines for Screening and Treatment in Pregnancy can be found at

<http://www.cdph.ca.gov/pubsforms/Guidelines/Documents/CA-STD-Screening-and-Treatment-in-Pregnancy.pdf>

California Department of Public Health update for health care providers on syphilis in women and congenital syphilis can be found at

<http://www.cdph.ca.gov/programs/std/Documents/CDPH-CS-Provider-Update.pdf>

For more information, call PHS Community Services at 468-3845