



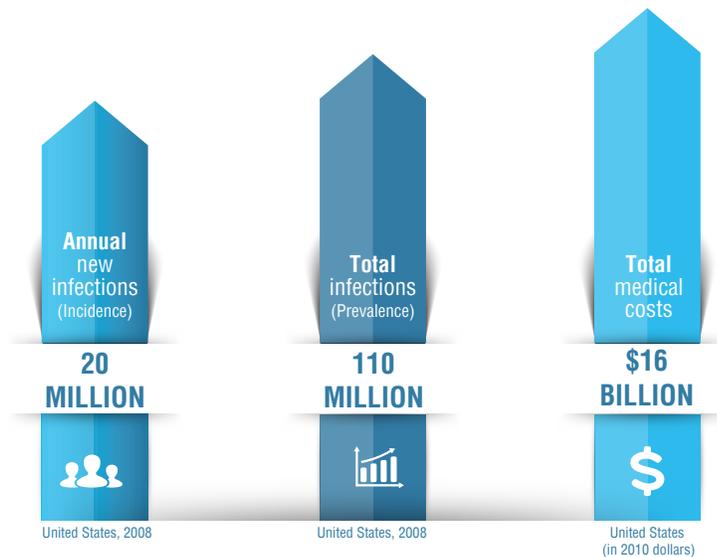
High-Impact HIV Prevention
Capacity Building Assistance
for Healthcare Organizations

Syphilis Rising:

Preventing Congenital Syphilis and Applying Lessons Learned from Mother-to-child Transmission of HIV

STD prevention is HIV prevention. The risk behaviors that can lead to someone acquiring HIV are the same risk behaviors that make that same person vulnerable to other more common sexually transmitted diseases. CDC estimates that there are nearly 20 million new STDs in the United States each year.¹

CDC's Estimates of Sexually Transmitted Infections:



Moreover, we know that screening and identifying cases of STDs like chlamydia, gonorrhea, or syphilis can create an opportunity to provide proper treatment for those infections and thereby decrease the biological susceptibility to HIV acquisition if exposed.

Screening for other STDs also creates an opportunity to identify individuals with high-risk behaviors and intervene with behavior and/or bio-medical interventions to ensure those same behaviors do not lead to HIV infection. STD and HIV prevention professionals must collaborate efforts to ensure the best possible outcomes for individuals and communities.

In assuring the health of pregnant women and their fetuses, lessons learned regarding mother-to child transmission of HIV (MTCT) can be applied to preventing MTCT syphilis, also known as congenital syphilis.

Fortunately, we have had a near elimination of MTCT in the United States and near similar success with the transmission of syphilis from pregnant women to their fetuses.

(Continued on the next page)

OUTCOMES OF CONGENITAL SYPHILIS

Congenital syphilis occurs when a pregnant woman passes the infection to her fetus during pregnancy. The results of congenital syphilis can be quite severe.

According to the CDC, up to 40 percent of babies born who contract the infection congenitally may be stillborn births or die from the infection as a newborn. Babies born with the infection can also have deformed bones, severe anemia, an enlarged liver and spleen, meningitis, jaundice, and nerve disorders, including blindness and deafness.

Given the severity of congenital syphilis and the increasing number of cases seen across the country, we must do everything possible to prevent transmission from mother to child.

CONGENITAL SYPHILIS GLOBALLY

Globally, the public health field is also rallying to end congenital syphilis. Luckily, the CDC has identified the transmission of both HIV and syphilis from mothers to their children as a global winnable battle.

Each year, more than 500,000 stillbirths and infant deaths occur across the globe as a result of untreated syphilis among pregnant women. One proposed intervention is supporting the integration of services to expectant mothers to provide rapid, point-of-care testing so that before these patients even leave the clinic, infections can be identified and treated to prevent mother-to-child-transmission.



In collaboration with

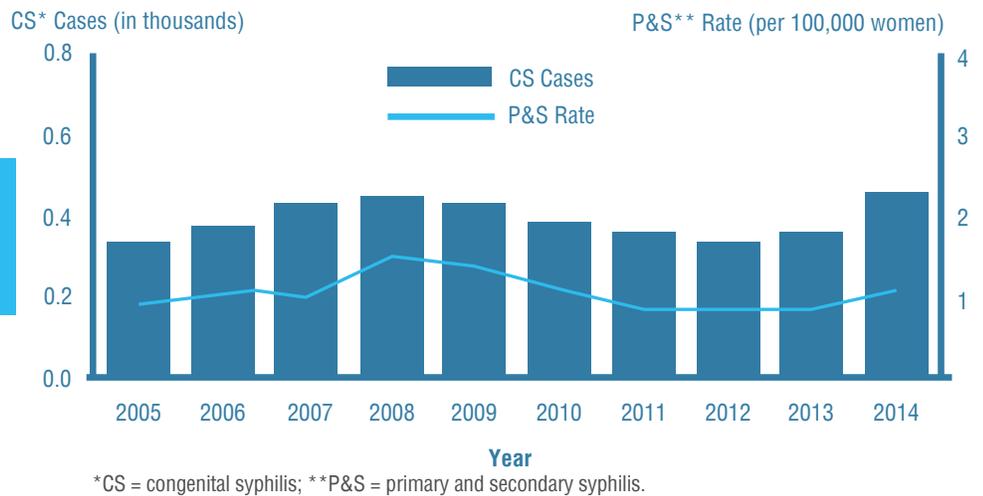


However, over the past several years, we have seen a significant increase in incidences of congenital syphilis. According to data from the Centers for Disease Control and Prevention (CDC), between 2012 and 2014 the national congenital syphilis rate increased an alarming 38 percent from 8.4 cases per 100,000 live births in 2012 to 10.5 cases per 100,000 in 2014, or from 334 actual cases to 446 nationally.

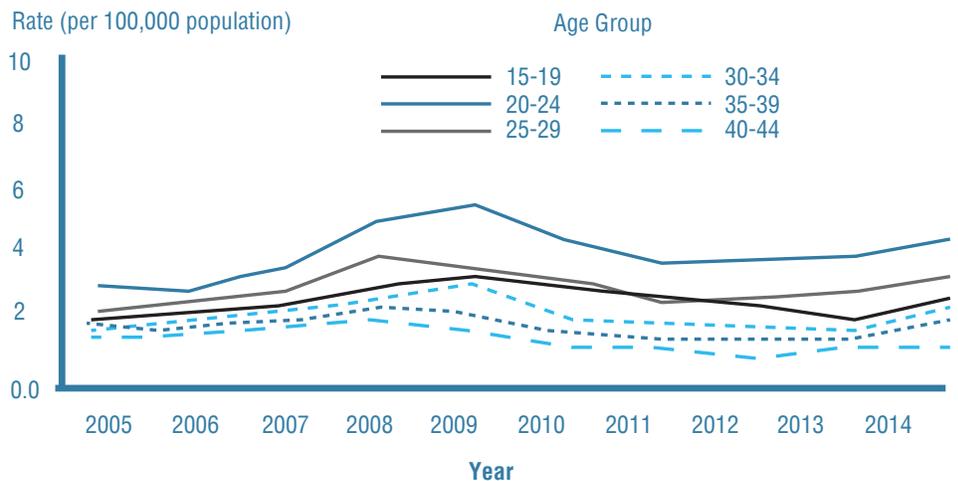
This increase in congenital syphilis coincides with a significant increase in rates of primary and secondary syphilis nationally, two stages of the infection where transmission is heightened. Public health officials have recorded syphilis since 1945 with the lowest rates recorded in 2000 and 2001.

Since then, rates have increased almost every year and even more recently, the increases have been more significant. Double digit increases have been recorded the last several years with an 11 percent increase in 2012, 10 percent in 2013, and 15 percent in 2014. In 2013 and 2014, rates of primary and secondary syphilis among women increased in every region of the country and nationally they increased by 22.7 percent. These increases are a cause for concern generally, but especially as they relate to increased infections among pregnant women.

Reported Cases by Year of Birth and Rates of Primary and Secondary Syphilis Among Women, United States, 2005–2014



Primary and Secondary Syphilis — Rates of Reported Cases Among Women Aged 15–44 Years by Age, United States, 2005–2014





KEY FACTS

- Syphilis is identified through testing, typically through a blood drawn sample sent to a laboratory, but also through a rapid point-of-care test recently approved for wide use in the U.S. Much like HIV, an initial positive finding of syphilis may require additional confirmatory testing.
- In its earliest stages, syphilis is easily and effectively treated with antibiotics.
- To prevent mother-to-child-transmission of syphilis, routine screening of pregnant women is necessary. The U.S. Preventive Services Task Force (USPSTF) has given syphilis screening during pregnancy an “A” grade, meaning the service is covered by most insurance plans. Most states mandate such screening during the first trimester, many at delivery, and an increasing number are also passing laws mandating screening at the third trimester.

RESOURCES:

For Providers:

- STDs during Pregnancy – CDC Fact Sheet www.cdc.gov/std/pregnancy/stdfact-pregnancy.htm
- 2015 Sexually Transmitted Disease Treatment Guidelines www.cdc.gov/std/tg2015/default.htm
- Subsection on syphilis during pregnancy www.cdc.gov/std/tg2015/syphilis-pregnancy.htm
- Subsection on congenital syphilis at www.cdc.gov/std/tg2015/congenital.htm

For Advocates and Policymakers

- The National Coalition of STD Directors (NCSDD) specializes in tailored policy-related technical assistance at the state and local level to promote sexual health through STD prevention, including on policy and regulation related to supporting expanded syphilis screening for pregnant women. www.ncsddc.org

For Pregnant Women:

- Syphilis – CDC Fact Sheet <http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>
- Congenital syphilis – CDC Fact Sheet <http://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

¹ Center for Disease Control (2013): Incidence, Prevalence, and Cost of Sexually Transmitted Infections in the United States. Retrieved April 11, 2016: <http://www.cdc.gov/std/stats/STI-Estimates-Fact-Sheet-Feb-2013.pdf>

² Center for Disease Control (2014): STDs and HIV – CDC Fact Sheet. Retrieved April 11, 2016: <http://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm>

³ Center for Disease Control (2014): STDs and HIV – CDC Fact Sheet. Retrieved April 11, 2016: <http://www.cdc.gov/std/hiv/stdfact-std-hiv-detailed.htm>

⁴ Bowen, Virginia et. al. (2015): Increase in Incidence of Congenital Syphilis — United States, 2012–2014. *Morbidity and Mortality Weekly Report*, 64(44);1241-1245.

⁵ Center for Disease Control (2015): Congenital Syphilis - CDC Fact Sheet. Retrieved April 8, 2016: www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm

⁶ Bowen, Virginia et. al. (2015): Increase in Incidence of Congenital Syphilis — United States, 2012–2014. *Morbidity and Mortality Weekly Report*, 64(44);1241-1245.

⁷ Office of Women’s Health (2012): Prenatal care fact sheet. Retrieved April 7, 2016: <http://www.womenshealth.gov/publications/our-publications/fact-sheet/prenatal-care.html>

⁸ Center for Disease Control (2011): Mother-to-Child Transmission of HIV and Syphilis Globally. Retrieved April 7, 2016: <http://www.cdc.gov/WinnableBattles/Mother-to-ChildTransmission/index.html>