

Health Advisory: Adult and Congenital Syphilis

Georgia Department of Public Health Requests Reports of Syphilis Infection

Action Steps:

Local health departments: *Please forward to hospitals and clinics in your jurisdiction.*

Hospitals and clinics: *Please distribute to Infectious disease doctors, infection preventionists, emergency department physicians, intensive care physicians, neurologists, radiologists, primary care providers, Advanced Nurse Practitioners, obstetricians, and pediatricians.*

Summary

Since 2018, syphilis infections have been **increasing** in Georgia and the U.S. Most Georgia cases of syphilis occur among adult males; however, there is growing concern for the significantly rising rates among **females of reproductive age and newborns**. The Centers for Disease Control and Prevention (CDC) recommends serologic testing to identify *Treponema pallidum*. **Senate Bill 46**, enacted in 2023, requires healthcare providers who provide prenatal care services to test pregnant females for syphilis and HIV at the 1st prenatal care visit, at 28-32 weeks gestation, and at time of delivery. Penicillin G is the only known effective treatment for pregnant females with syphilis. Syphilis can present with a wide range of symptoms and the Georgia Department of Public Health (DPH) urges healthcare providers to maintain heightened awareness for patients with syphilis infection.

The purpose of this health alert is to inform clinicians and health authorities about:

1. The increasing rates of congenital, primary, and secondary syphilis in Georgia and across the United States.
2. The importance of testing and treatment for sexually transmitted infections (STIs), particularly syphilis.
3. Georgia Senate Bill 46, enacted in 2023, now **requires** every physician and health care provider who provides prenatal care to test pregnant females for syphilis and HIV at the 1st prenatal care visit, at 28-32 weeks gestation, and at time of delivery.

Clinical Presentation

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. Syphilis can cause serious health problems if not adequately treated. Infection develops in stages: primary, secondary, latent, and tertiary. Each stage can have different signs and symptoms.

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Primary syphilis can result in single or multiple ulcers or chancres. The ulcer or chancre location is found where the *T. pallidum* bacterium entered the body. The ulcer or chancre usually occur in, on, or around the penis, vagina, anus, rectum, lips, and/or in the mouth. The ulcers or chancres are usually firm, round, and can be painless or painful. A painless ulcer or chancre can go unrecognized. The signs and symptoms can last 3 to 6 weeks, regardless of treatment. It is essential to ensure that the **full course of treatment** is administered, even if the signs and symptoms have resolved in order to prevent the infection from progressing to the secondary stage.

Secondary syphilis manifestations occur when an individual does not receive treatment during the primary stage. This stage can result in skin rashes and/or sores in the mouth, vagina, or anus. The rashes can occur on the palms of the hand and/or the soles of the feet. The rashes often look rough, red, or reddish-brown. The lesions are typically non-pruritic and may present as hypopigmented, making them less noticeable. Other symptoms may occur, including fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue. Without **adequate and prompt treatment**, the infection will progress to latent and potentially fatal tertiary stages.

Latent syphilis occurs when an individual has no apparent signs or symptoms. If left untreated, syphilis can persist within your body for years. **Tertiary syphilis** could occur 10–30 years post initial infection. Tertiary syphilis can impact various organ systems (e.g., heart, blood vessels, brain, and nervous system) and lead to fatality. However, most individuals with untreated syphilis don't progress to tertiary syphilis.

Congenital syphilis (CS) is an infection that occurs due to vertical transmission of *T. pallidum* when a female with syphilis passes the infection onto her infant during pregnancy. CS can cause major negative health impacts including spontaneous miscarriage, stillbirth, premature delivery, low birth weight or infant mortality shortly after birth. Approximately 40% of babies born to females with untreated syphilis may be stillborn or die from the infection as a newborn. Newborn infants with CS can have bone deformities, severe anemia, hepatosplenomegaly, jaundice, blindness, deafness, neuropathy, meningitis, and skin rashes.

Assessment and Laboratory Testing

Syphilis: Clinicians should conduct a thorough comprehensive sexual history evaluation or assessment at each visit. Any person with signs or symptoms suggestive of syphilis should be tested for syphilis, as well as those with a history of syphilis/other STIs or **other behavioral factors** that could contribute to new infection.

Congenital syphilis: Clinicians should conduct a thorough, comprehensive sexual history evaluation for all females of childbearing age (as well as throughout pregnancy). In addition, providers need to discuss STI prevention methods. Clinicians should advise

patients to tell their sexual partner(s) about the risk of infection and encourage them to get tested and treated to avoid (re)infection and prevent congenital syphilis.

Congenital syphilis is [preventable](#) through timely testing and adequate treatment of syphilis during pregnancy.

Opportunities for congenital syphilis prevention include:

- Testing at first prenatal visit, at 28-32 weeks gestation, and at delivery
- Treating with the recommended treatment regimen
- Initiating treatment at least 30 days prior to delivery
- Treating sex partner(s) if possible

Laboratory Testing: CDC and Georgia DPH recommend [serologic testing](#) to identify *Treponema pallidum*. Both nontreponemal (e.g., VDRL, RPR, or equivalent serologic methods) and treponemal tests (e.g., TP-PA, EIA, FTA, or equivalent serologic methods) should be used in conjunction to help distinguish between an untreated infection or a past infection that has been successfully treated. Syphilis specimens can be processed by commercial laboratories. If testing cannot be done at your facility, patients can be referred to your local health department for assistance. To coordinate specimen collection and laboratory submission, call your [District Health Office](#) or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) afterhours on evenings and weekends. Please do not send specimens directly to the Georgia Public Health Laboratory (GPHL).

Treatment

Penicillin G is the only known effective antimicrobial for treating pregnant females and preventing congenital syphilis. Please refer to the [CDC Sexually Transmitted Infections Treatment Guidelines, 2021](#) for more treatment recommendations for adult and congenital syphilis.

Reporting

Syphilis is a notifiable condition in Georgia and should be reported immediately to the Georgia Department of Public Health. Call your local [District Health Office](#) or the DPH Acute Disease Epidemiology Section at 404-657-2588 during business hours Monday through Friday, or 1-866-PUB-HLTH (1-866-782-4584) after-hours on evenings and weekends. Cases can also be reported electronically through the State Electronic Notifiable Disease Surveillance System ([SENDSS](#)).

Georgia DPH Contact Information

Acute Disease Epidemiology Section

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