# Syphilis diagnosis and treatment during pregnancy

The increasing rate of syphilis in recent years has led to a 2024 health crisis across the United States, including Nevada. The Centers for Disease Control and Prevention (CDC) reports that Nevada alone had a rate of 113.6 per 100,000 persons who tested positive for syphilis in 2022.[1] According to the CDC, the United States has also seen a 755% increase in cases between 2012-2021 of congenital syphilis.[2]

Congenital syphilis occurs when a pregnant woman with syphilis passes it to her fetus during pregnancy, potentially causing stillbirth, birth defects and infant death. Congenital syphilis cases are frequently attributed to inadequate prenatal care, including the lack of diagnosis and treatment of syphilis in pregnant women.

In 2022, Nevada had 65 reported congenital syphilis cases with a rate of 193 per 100,000 live births.[3]

Health care professionals play a vital role in the identification of patients who are at risk for syphilis and the prevention of congenital syphilis. The CDC recommends screening for syphilis as early as possible during pregnancy. Studies found that consistent testing for syphilis during the third trimester of pregnancy and at the time of delivery and testing newborns before discharge from the hospital has been effective in preventing congenital syphilis. Clinicians should explain to their patients that screening is recommended regardless of age, relationship status, sexual orientation, race, ethnicity, education level, or socioeconomic status.

**The State of Nevada must follow the most current guidelines provided by the CDC for syphilis screening, treatment and reporting per NAC 441A.695.** Screening, which includes at least one treponemal and one non-treponemal test, is recommended for the following population:

- All sexually active people between the ages of 15 and 44 years
- All pregnant women three times:
  - at the first prenatal visit
  - early in the third trimester (28-32 weeks gestation)
  - and at delivery
- Partners of pregnant women with syphilis should be evaluated, tested and treated
- All pregnant people who present to an urgent care center or an emergency room if the patient has not received prior prenatal care or lacks documentation of adequate syphilis screening during their current pregnancy
- Women with an intrauterine fetal demise
- All pregnant women, as described above, in correctional facilities, such as prisons, jails and juvenile detention centers
- Any person being evaluated for a sexually transmitted infection
  - Testing should include syphilis, HIV, gonorrhea and chlamydia

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**Sources:**
[1] https://www.cdc.gov/std/statistics/2022/tables/20.htm.
[2] https://www.cdc.gov/mmwr/volumes/72/wr/mm7246e1.htm?s_cid=mm7246e1_w
[3] https://www.cdc.gov/std/statistics/2022/tables/31.htm

- Sexually active men who have sex with men (MSM) at least annually. Screen MSM every three to six months if at increased risk. (CDC considers increased risk to include history of incarceration or transactional sex work.)
- Transgender and gender-diverse people at least annually based on reported sexual behaviors and exposure
- Sexually active people living with HIV at first HIV evaluation and at least annually after that. More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.
- Infants born to any person who did not have prenatal care or syphilis screening before delivery before discharging the newborn from the hospital.
- Evaluate and screen all infants born to a birth parent who tested positive for syphilis during pregnancy
- Some patients who are at higher risk for acquiring syphilis may benefit from repeat screening. This includes women who have had multiple partners, participate in transactional sex, use illicit substances, experience housing insecurity or homelessness or are incarcerated.

**Timely and adequate treatment is critical during pregnancy to prevent congenital syphilis in newborns.** The good news is that syphilis is easily treated when detected. By ensuring early screening, diagnosis and treatment of syphilis during pregnancy, practitioners can have a positive impact on birth outcomes and reduce the number of congenital syphilis rates in Nevada.

**Molina is dedicated to supporting its members and clinicians during the current health crisis.** For more information on how Molina is partnering with clinicians to reduce the rate of congenital syphilis in this state, please email NVProviderRelations@MolinaHealthcare.com.

## Additional information and resources:

**Syphilis Pocket Guide for Providers:**

- www.cdc.gov/std/syphilis/syphilis-pocket-guide-final-508.pdf

**CDC Syphilis Facts:**

- www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm

**CDC Syphilis Brochure:**

- www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf

**Self-Study STD Modules for Clinicians:**

- www.std.uw.edu/custom/self-study/syphilis
- www.cdc.gov/std/treatment-guidelines/pregnant.htm

**Screening for Syphilis in Pregnancy:**

- www.acog.org
- www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm
- dpbh.nv.gov/uploadedFiles/dpbhnvgov/content/Resources/TB-Syphilis-NAC-441A-04-09-2024.pdf