



STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. BOX 3378
HONOLULU, HI 96801-3378

In reply, please refer to:
File:

August 18, 2020

MEDICAL ADVISORY: CONGENITAL SYPHILIS INCREASING STATEWIDE

Dear Healthcare Provider:

The Department of Health (DOH) recorded 10 probable cases of congenital syphilis from January 2020 to present, reflecting a marked increase in congenital syphilis in Hawaii this year. This increase is consistent with a nationwide trend that began in 2014. Congenital syphilis prevention includes syphilis prevention for women and their partners, timely identification and prompt treatment of pregnant women with syphilis, and testing with treatment of newborns. Infants may be asymptomatic at birth and still infected because of maternal reinfection, even with adequate maternal treatment a month or more before delivery.

DOH Recommendations¹

1. Screen at risk, sexually active women (e.g., women with substance use issues, homelessness, history of incarceration, history of sexually transmitted diseases [STDs], or other sociodemographic factors) for syphilis during annual medical visits regardless of intent to become pregnant.
2. Screen pregnant women for syphilis: 1) as early as possible during their pregnancy, 2) at 28–32 weeks of gestation, and 3) at delivery.
3. Obtain a baseline, *quantitative* Rapid Plasma Reagin (RPR) on all neonates born to mothers who have a reactive nontreponemal (e.g., Venereal Disease Research Laboratory [VDRL] or RPR) and treponemal test result.
4. Treat neonates with proven or probable congenital syphilis, and those whose mothers were inadequately treated for syphilis, including mothers treated within 30 days of delivery, with:
 - a. Aqueous crystalline penicillin G, 50,000 units/kg/dose IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days **(preferred)**, OR
 - b. Procaine penicillin G 50,000 units/kg IM in a single daily dose for 10 days.
5. Treat infants whose nontreponemal test result is equal to or less than fourfold the maternal titer and whose mother had adequate treatment for syphilis **during pregnancy.** Recommended treatment is one dose of benzathine penicillin G, 50,000 units/kg IM.

¹ These are compatible with the current CDC STD Treatment Guidelines (<https://www.cdc.gov/std/tg2015/default.htm>) and the current American Academy of Pediatrics Redbook (2018)

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6. Consider treating infants whose nontreponemal test result is equal to or less than fourfold the maternal titer (including infants with a nonreactive result), and whose mother had adequate treatment for syphilis before pregnancy, if the infant cannot be adequately followed and tested. Recommended treatment is one dose of benzathine penicillin G, 50,000 units/kg IM.
7. Treat the partner(s) of patients with syphilis or other sexually transmitted infection to avoid reinfection. Contact DOH for assistance (contact information noted below) with partner referrals, if needed.

Intervention Services

DOH assistance with syphilis case management or referrals may be requested through (808) 733-9281 (press#1), Monday-Friday 8:30AM–4:00PM

Clinical Consultations

May be requested through (808) 733-9281 (press #2), Monday–Friday, 9:30–11:30 AM and 3–4 PM (except state holidays) from the DOH STD/HIV Clinic and online from the National Network of Prevention Training Centers at <https://www.stdccn.org/>.

Thank you for your partnership in protecting our mothers and babies.

Sincerely,



Glenn M. Wasserman, MD, MPH
Chief, Communicable Disease and Public
Health Nursing Division



Sarah Y. Park, MD. FAAP
State Epidemiologist

Attachment

ATTACHMENT

Please report all SUSPECTED OR PROBABLE congenital syphilis cases, including all clinical and laboratory reports, as soon as possible to the Hawaii State Department of Health (DOH):
<https://health.hawaii.gov/harmreduction/files/2013/05/std-case-form.pdf>:

Kaua`i

Kaua`i District Health Office
Harm Reduction Services Branch
3040 Umi Street
Lihu`e, HI 96766
Phone 808-821-2741
Fax 808-241-3480

O`ahu

Diamond Head Health Center
Harm Reduction Services Branch
3627 Kilauea Avenue, #304
Honolulu, HI 96816
Phone 808-733-9293
Fax 808-733-9291

Maui

Wailuku Health Center
Harm Reduction Services Branch
121 Mahalani Street, Suite 104
Wailuku, HI 96793
Phone 808-984-2129
Fax 808-984-2132

Hawai`i (Big Island)

Waiakea Health Center
Harm Reduction Services Branch
191 Kuawa Street
Hilo, HI 96720
Phone 808-974-4247
Fax 808-974-4243

Hawaii Administrative Rules, Title 11, Chapter 156 mandates health care provider reporting of syphilis and congenital syphilis cases within 3 working days of diagnosis. Information **about DOH reporting requirements** is available at <https://health.hawaii.gov/harmreduction/for-providers/disease-reporting/>.

RESOURCES:

AAP Committee on Infectious Diseases. "Syphilis" in Red Book : Report of the Committee on Infectious Diseases. Elk Grove Village, IL :American Academy of Pediatrics, 2018.

Centers for Disease Control and Prevention. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64(No. RR-3): 45-47. <https://www.cdc.gov/std/tg2015/default.htm>. Updated June 4, 2015. Accessed July 6, 2020.

An algorithm for infant treatment recommendation corresponding to the CDC Syphilis Treatment Guidelines on pp. (above) is at https://californiaptc.com/wp-content/uploads/2019/11/Congenital_Syphilis_Algorithm-110919-1.pdf

Centers for Disease Control and Prevention. *Increase in Incidence of Congenital Syphilis — United States, 2012–2014*. MMWR; 2015;64(No 44): 1241-1245. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6444a3.htm>. November 13, 2015. Accessed July 6, 2020.

Centers for Disease Control and Prevention. *Missed Opportunities for Prevention of Congenital Syphilis — United States, 2018*. MMWR; 2020; 69(22);661-665 <https://www.cdc.gov/mmwr/volumes/69/wr/mm6922a1.htm> June 5, 2020. Accessed July 6, 2020.

US Preventive Services Task Force. Screening for Syphilis Infection in Pregnant Women US Preventive Services Task Force Reaffirmation Recommendation Statement. *JAMA* 2018; 320(9): 911-917. <https://jamanetwork.com/journals/jama/fullarticle/2698933>