



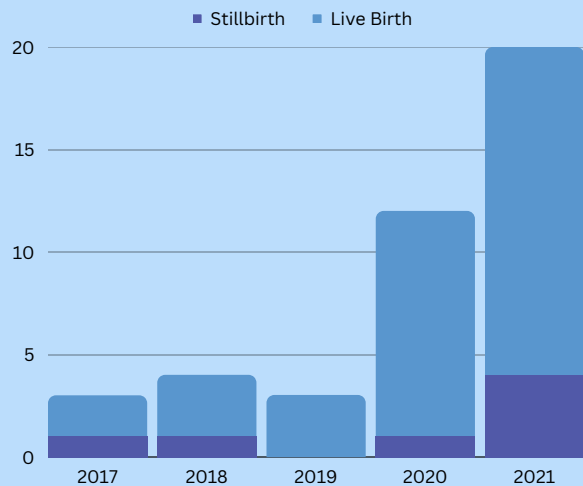
# Rising Rates of Congenital Syphilis in Hawai'i

## AN UPDATE FOR HAWAI'I HEALTH CARE PROVIDERS

Hawai'i has experienced an **alarming increase** in syphilis among females of reproductive age and congenital syphilis (CS). Primary and secondary syphilis cases in females jumped from 6 cases in 2017 to 83 cases in 2021, a **1283% increase**. CS cases increased **more than six-fold**, from 3 cases in 2017 to 20 cases in 2021. Based on preliminary data for 2022, the trend appears to be continuing. Almost half of maternal cases (46%) were clinically staged as **Late Latent** or **Unknown Duration** at the time of healthcare interaction. Of the maternal cases who tested positive for syphilis during their pregnancy, over half (52%) were diagnosed in their **third trimester**, leaving a **narrow window** of time for impactful prevention.

**This increase in the number of congenital syphilis cases in Hawai'i is an important public health problem. It requires immediate attention from health care providers caring for pregnant people and people who may become pregnant.**

From 2017-2021, Hawai'i has experienced an **upward trend** of congenital syphilis cases



**1 in 5** babies were stillborn among congenital syphilis cases reported in Hawai'i, from 2017-2021

In 2021, Hawai'i was ranked **10th highest** in the country for congenital syphilis case rates

### What is Congenital Syphilis?

Congenital syphilis occurs when *Treponema pallidum* is vertically transmitted from a pregnant person to the fetus. Transmission can occur at any time during gestation. Untreated or inadequately treated infections in pregnant people can lead to serious health effects such as miscarriage, premature birth, birth defects, low birth weight, or fetal demise. Not all babies born with congenital syphilis will show symptoms at birth. Symptoms may not become apparent until several weeks or months after birth and, in some cases, may take years to appear.<sup>1</sup>

### Congenital Syphilis Prevention

Congenital syphilis can be prevented with early detection and prompt treatment of syphilis in pregnant people and people who may become pregnant. Penicillin is the only acceptable treatment for syphilis during pregnancy. It is especially important all pregnant persons diagnosed with syphilis receive the recommended penicillin regimen appropriate for their stage of infection.<sup>2</sup>

Because sex with an untreated partner can cause re-infection, each partner should be screened and treated for syphilis. Pregnant persons should also be informed about the risks of having sex with an untreated partner.

### Reporting Syphilis

In Hawai'i, both laboratories and providers are required to report all syphilis infections to the STI Prevention Program at HDOH or local District Health Office within 3 business days in accordance with **Hawai'i Administrative Rules, Title 11, Chapter 156 & Hawai'i Statute Chapter 325, Section 2**. For additional information about reporting please visit: [health.hawaii.gov/harmreduction/for-providers/disease-reporting/](https://health.hawaii.gov/harmreduction/for-providers/disease-reporting/)

It is not always necessary to call to report, but we urge providers to do so in cases where a pregnant patient has syphilis or there is an infant suspected of having congenital syphilis.

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

2. CDC 2021 STI Treatment Guidelines - Syphilis During Pregnancy - <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>

# Hawai'i DOH 2023 Updated Syphilis Screening Recommendations

Specific Population	Screening Recommendation
Pregnant Persons	<p>All pregnant persons should be screened <b>three</b> times:</p> <ul style="list-style-type: none"> <li>• At first prenatal care visit (or as early as possible during their pregnancy)</li> <li>• At 24-32 weeks of gestation</li> <li>• At delivery*</li> </ul> <p>➤ Pregnant persons who present late for prenatal care or have fragmented care, should be screened for syphilis and other STIs (chlamydia, gonorrhea and HIV) whenever they present at <u>any</u> healthcare setting (e.g., ED, urgent care, jail, substance use treatment facility).</p> <p>➤ Screening should be performed in cases of fetal demise at greater than 20 weeks gestation.</p>
<p>Non-pregnant Persons</p> <ul style="list-style-type: none"> <li>• Persons who may become pregnant</li> <li>• Males who have sex with females</li> <li>• Males who have sex with males</li> <li>• Transgender or gender diverse persons who have sex with males</li> </ul>	<p>Sexually active+ non-pregnant persons should be screened at least annually and whenever they present for care (up to every 3-6 months) based on increased risk of infection. Example risk indicators include:</p> <ul style="list-style-type: none"> <li>• Illicit substance use such as methamphetamine or nonprescription opioids</li> <li>• Homeless or unstable housing</li> <li>• History of transactional sex</li> <li>• Current or prior incarceration</li> <li>• History of STIs (chlamydia, gonorrhea, syphilis, or HIV)</li> <li>• Multiple or anonymous sex partners</li> <li>• Use of HIV pre-exposure prophylaxis (PrEP)</li> <li>• Condomless sex with a partner of unknown STI status</li> </ul> <p>➤ People with a sex partner with any of the above risks should be screened at least annually.</p> <p>➤ Females whose male partners have sex with both males and females should be screened annually.</p>

Medical providers should be especially vigilant in following these recommendations when caring for Native Hawaiian and other Pacific Islander patients as syphilis has disproportionately affected these communities.

\* Clinicians and healthcare organizations should test all pregnant persons at time of delivery if it is not possible to ascertain patient risk factors for syphilis.

+ Sexually active = any oral, anal, or vaginal sex in the last year or since last syphilis test

Adapted from 2022 PHSKC and WA DOH Updated Syphilis Screening Guidelines

July 2023

## Adult Syphilis Treatment

Early Syphilis (Primary, Secondary, and Early Latent)		Late Latent or Unknown Duration
<p><b>Benzathine Penicillin G</b> 2.4 million units IM in a single dose</p>	OR	<p><b>Benzathine Penicillin G</b> 2.4 million units IM administered every 7 days for 3 weeks (7.2 million units total)</p>

SPECIAL NOTE: **Benzathine Penicillin G is the only recommended treatment for pregnant people infected with or exposed to syphilis.** Pregnant people with penicillin allergies should be desensitized and treated with penicillin. For pregnant people receiving treatment for late latent syphilis, doses administered at intervals greater than 9 days are unacceptable. If a dose is missed or late the entire series must be restarted.<sup>2</sup>

CDC 2021 STI Treatment Guidelines state that a presumptive diagnosis of syphilis requires use of two laboratory serologic tests: a nontreponemal test and a treponemal test.<sup>3</sup> Nevertheless, it may be appropriate to treat based on a single reactive point-of-care test in the setting of multiple risk factors, uncertainty of follow-up and an unlikely prior history of syphilis.

Central nervous system involvement can occur at any stage of syphilis. See CDC STI Treatment Guidelines if patient has symptoms of neurosyphilis, ocular syphilis, and otosyphilis.<sup>4</sup>

3. CDC 2021 STI Treatment Guidelines - Syphilis - <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

4. CDC 2021 STI Treatment Guidelines - Neurosyphilis, Ocular Syphilis, and Otosyphilis - <https://www.cdc.gov/std/treatment-guidelines/neurosyphilis.htm>