



Congenital Syphilis Report

**As Required By
Health and Safety Code Section 81.090**



**Department of State Health Services
January 2017**

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Introduction

[Health and Safety Code Section 81.090](#) was amended by Senate Bill 1128, 84th Legislature, Regular Session, 2015 to require that all pregnant women in Texas be tested for syphilis at their first prenatal visit and again during the third trimester of their pregnancy. If testing is not performed during the third trimester, or cannot be verified, testing must be performed at delivery. Previously, pregnant women were required to be tested at their first prenatal visit and at delivery.

The legislation also requires that the Department of State Health Services (DSHS) report to the Legislature no later than January 1 of each odd-numbered year the number of early and late congenital syphilis cases diagnosed in Texas in the preceding biennium.

Background

Causes and Complications of Congenital Syphilis

Pregnant mothers infected with syphilis can pass the disease to their child during fetal development or at birth. The disease can cause miscarriage, stillbirth, or death shortly after delivery. According to the Centers for Disease Control and Prevention (CDC), up to 40 percent of babies born to women with untreated syphilis may be stillborn or die as a newborn [1]. Some infected infants can appear healthy at birth, but develop life-altering complications later in life.

Early and Late Congenital Syphilis

Congenital syphilis is classified as “early” when the child exhibits symptoms at birth up to his or her second birthday, and “late” when symptoms start after age two. Left untreated, early congenital syphilis can cause inflammation of the liver, spleen, or mucus membranes of the nose; rash; non-viral hepatitis causing jaundice of the skin and eyes; and, wart-like lesions on the genitals. Older children may develop clinical manifestations of late congenital syphilis, including problems with bone development, hearing, vision, and the central nervous and cardiovascular systems [2].

Treatment for Congenital Syphilis

Infected mothers should seek treatment as early in pregnancy as possible to avert serious health problems for their child. Only penicillin therapy can be used to treat syphilis and prevent passing the infection to the baby. This therapy is extremely effective in preventing mother-to-child transmission, with a success rate of 98 percent. Pregnant women who are allergic to penicillin should be referred to a specialist for desensitization to penicillin [3]. The penicillin treatment regimen appropriate for the mother’s stage of disease must be started 30 days prior to delivery to ensure fetal uptake [4].

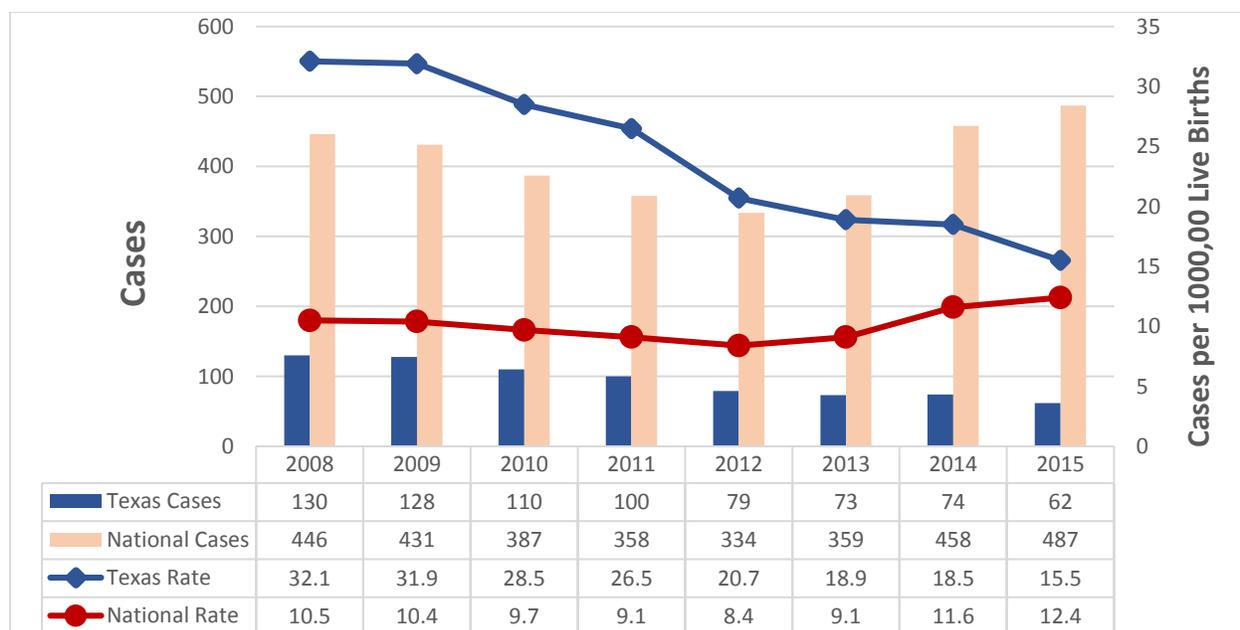
Congenital Syphilis in Texas, 2014-15 Biennium

Historically, Texas has reported high numbers of congenital syphilis compared to other states. In 2014, Texas ranked sixth in the nation, with 74 cases, or 19.3 cases per 100,000 live births. This accounted for almost one-sixth of the total congenital cases reported in the United States [5]. In 2015, Texas reported 62 cases, or 15.5 per 100,000 live births. In 2015, Texas ranked 12th in the nation with 13 percent of the reported cases.

During the 2014-15 biennium, a total of 136 cases of congenital syphilis were reported in Texas, with all cases being classified as early, and none as late.

Nationally, the congenital syphilis rate decreased from 2008 to 2012, but started rising in 2013 [5]. Meanwhile in Texas, congenital syphilis rates have been declining for the past eight years, with 32.1 cases per 100,000 in 2008 compared to 15.5 cases per 100,000 in 2015 [3], as can be seen in the figure below.

Congenital syphilis cases are more likely to occur when infected pregnant women do not receive prenatal care or only receive care late in pregnancy. With timely prenatal care, testing, and treatment, potentially devastating health outcomes for children can be averted.



Congenital Syphilis Cases and Case Rates by Year of Diagnosis

Texas' Efforts to Reduce Congenital Syphilis

In January 2016, DSHS initiated a pilot project in Health Service Region 6/5 South called Fetal Infant Morbidity Review for Congenital Syphilis and Perinatal HIV. The project is modeled after a national effort to reduce perinatal HIV [6], but Texas added congenital syphilis to its pilot. The project involves performing extensive medical chart reviews and maternal interviews to identify

barriers women may face in receiving adequate prenatal care. The pilot is expected to conclude in late 2017. Once completed, it can be replicated in other communities.

A quality assurance project was also initiated in 2016 to improve reporting of congenital syphilis cases and identify gaps where post-delivery follow-up care is needed. During the coming biennium, DSHS will continue working to ensure full reporting, and also will perform the following:

- Evaluate health outcomes in children exposed to syphilis before birth
- Assess costs for performing syphilis testing at delivery in addition to state requirements for testing at the first prenatal visit and during the third trimester
- Maintain educational resources for public, provider, and stakeholder audiences, including:
 - [DSHS Syphilis webpage](#)
 - [Congenital Syphilis in Texas factsheet](#)
 - [Texas STD Surveillance Report](#)

Conclusion

At the time of this report, less than one year into implementation of changes in testing implemented as a result of S.B. 1128, it is too early to determine what effects the new requirements will have on the number or rate of reported cases. It may take up to five years to clinically identify any true increases or decreases. DSHS is closely monitoring the available data to identify any impact caused by the change in testing requirements.

References

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- [5] Centers for Disease Control and Prevention, "Sexually Transmitted Disease Surveillance 2014: Table 41. Congenital Syphilis – Reported Cases and Rate of Reported Cases by State, Ranked by Rates, United States, 2014," November 2015. [Online]. Available: <https://www.cdc.gov/std/stats14/surv-2014-print.pdf>. [Accessed 16 August 2016].
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