Division of Public Health Curtis State Office Building 1000 SW Jackson St., Suite 300 Topeka, KS 66612-1368



Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

www.kdheks.gov

Phone: 785-296-1086

## **NOTICE**

The Kansas Department of Health and Environment's (KDHE's) Bureau of Disease Control and Prevention is alerting Kansas providers that the number of babies born with syphilis has reached its highest level in over 20 years. The 2018 STD Surveillance Report released by the Centers for Disease Control and Prevention (CDC) shows that Kansas ranks 15<sup>th</sup> in the nation for Congenital Syphilis cases when adjusted for population, despite ranking much lower in syphilis infections among adults.

Although sexually transmitted infections of all kinds have been increasing in Kansas since 2012, the largest increases have been seen in syphilis cases, which have nearly tripled in the past five years. As the rates of syphilis have increased among young women, we are now seeing a significant increase in congenital syphilis cases.

A baby that is born infected with syphilis may become developmentally delayed, have seizures, or die if the infection is not detected and treated during the mother's pregnancy. Untreated syphilis in pregnant women results in infant death in up to 40 percent of cases, so all pregnant women should be tested for syphilis at the first prenatal visit, and KDHE recommends that syphilis screening test should be repeated at the beginning of the third trimester (28 to 32 weeks gestation) and again at delivery.

An infected baby born alive may not have any signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. All babies born to mothers who test positive for syphilis during pregnancy should be screened for syphilis and examined thoroughly for evidence of congenital syphilis. Any woman who delivers a stillborn infant after 20 week's gestation should also be tested for syphilis.

For pregnant women, only penicillin therapy can be used to treat syphilis and prevent passing the disease to her baby; treatment with penicillin is extremely effective (success rate of 98%) in preventing mother-to-child transmission. Pregnant women who are allergic to penicillin should be referred to a specialist for desensitization to penicillin.

Please report all positive tests, diagnoses, or treatment of confirmed or suspected syphilis to immediately using the Kansas STI Case Report Form available at <a href="http://www.kdheks.gov/sti\_hiv/download/STI\_Report\_Form.pdf">http://www.kdheks.gov/sti\_hiv/download/STI\_Report\_Form.pdf</a>. For any questions or concerns related to case reporting, please contact the STI/HIV Surveillance Program at 785-296-5596, or the Bureau of Disease Control and Prevention at 785-296-6174.

For more information on syphilis, please visit the CDC website at: https://www.cdc.gov/std/syphilis/default.htm.

The current CDC treatment guidelines for all stages of syphilis can be found at: <a href="https://www.cdc.gov/std/tg2015/default.htm">https://www.cdc.gov/std/tg2015/default.htm</a>.