

January 25, 2024

Dear Health Care Provider:

Re: Increased Congenital Syphilis Cases and Updated Pregnancy Screening Recommendations

Mirroring nationwide syphilis trends, Minnesota has experienced a 244% increase in syphilis over the past decade. Among females, early syphilis cases have increased by over 1,900% (from 18 to 345 cases from 2012 to 2022). During this time, congenital syphilis cases rose nationally, with more than 3,700 babies born with syphilis in 2022, according to the Centers for Disease Control and Prevention. In Minnesota, as of December 31, 2023, 29 cases of congenital syphilis have been reported -- the highest in more than 40 years (2023 data are preliminary and subject to change). Notably, in 2013 and 2014 there were 0 cases of congenital syphilis in Minnesota.

Congenital syphilis is a preventable condition, with the potential for pregnancy complications, death, or severe harm to the infant. However, timely, adequate screening and treatment can prevent congenital syphilis. Syphilis and congenital syphilis disproportionately affect communities that experience other health disparities, including African American and American Indian communities in Minnesota. Some pregnant people may not access prenatal care. Because they may miss this opportunity for care, screening for syphilis should be considered in other health care settings. Pregnant patients should be encouraged and assisted with accessing prenatal care to prevent congenital syphilis and improve pregnancy and neonatal outcomes in general.

Updated Screening Recommendations for Pregnant People

Pregnant people should be screened at least three times during pregnancy including:

1. At first prenatal encounter – ideally during the first trimester

- Pregnant people who are not accessing prenatal care and have not been screened for syphilis should be tested in any health care setting
- **Early in the third trimester (28-32 weeks' gestation)**
- Screening early in the third trimester is important to allow enough time for treatment to occur prior to delivery in order to prevent congenital syphilis
- **At delivery**
- Including pregnant people who experience a stillbirth (fetal death after 20 weeks' gestation, or fetus weighs greater than 500 g)

Important Considerations

- Providers should screen pregnant people, as per guidelines, in any health care setting (not limited to prenatal care), including emergency departments, urgent care centers, correctional facilities, substance use treatment facilities, and primary care clinics.
- The reverse algorithm is generally preferred for screening in pregnant people to detect early infection and late, untreated infection. However, either algorithm is acceptable, and local factors should be considered in determining clinical and laboratory approach to syphilis screening in pregnancy. If the traditional algorithm is used, consider also sending a treponemal test for pregnant people.
- Providers should review all syphilis results, including from-delivery, of the birthing parent before birthing parent and child leave the facility.
- Providers should test and treat sex partners of patients who test positive and encourage them to work with MDH Partner Services.
- In response to the increased burden of syphilis statewide in MN (among all genders and sexual orientations), providers should have a high index of suspicion for syphilis testing and consider routine syphilis screening for sexually active adolescents and adults. Updated screening guidelines for non-pregnant people will be forthcoming from MDH in 2024.
- For questions on past and current syphilis screening, diagnosis, or treatment in pregnancy, or to report cases (including syphilitic stillbirths) among pregnant persons, call the Minnesota Department of Health (MDH) at (651) 201-5414.

Resources

- Review MDH pregnancy screening recommendations, FAQs, one-page resource on syphilis in pregnancy, and additional information on the [Minnesota Department of Health's \(MDH\) Syphilis Information for Health Professionals web page](https://www.health.state.mn.us/diseases/syphilis/hcp/index.html) (<https://www.health.state.mn.us/diseases/syphilis/hcp/index.html>).
- Test and treat sex partners. Refer partners to the [MDH STD/HIV Partner Services Program](https://www.health.state.mn.us/diseases/stds/partnerservices.html) (<https://www.health.state.mn.us/diseases/stds/partnerservices.html>) at (651) 201-5414.
- Pregnant people with syphilis must always be treated with a penicillin regimen appropriate for their stage of infection. The [2021 CDC STD Treatment Guidelines](https://www.cdc.gov/std/treatment-guidelines/default.htm) (<https://www.cdc.gov/std/treatment-guidelines/default.htm>) contain detailed evaluation and treatment guidelines for pregnant people and infants.
- See the [2022 Minnesota Syphilis Virtual Learning Series](https://www.health.state.mn.us/diseases/syphilis/hcp/learnseries.html) (<https://www.health.state.mn.us/diseases/syphilis/hcp/learnseries.html>) for additional information.

Upcoming Training on Congenital Syphilis

- In partnership with the Minnesota Medical Association (MMA), MDH will be doing a virtual MMA Physician Forum about congenital syphilis on February 2, 2024.
 - [MMA Physician Forums \(https://www.mnmed.org/education-and-events/physician-forums\)](https://www.mnmed.org/education-and-events/physician-forums)
 - [Register for MMA Physician Forum - Congenital Syphilis 2-2-24 \(https://ebiz.mnmed.org/DNN/Events/-Events-Calendar/Meeting-Details/productId/284077167\)](https://ebiz.mnmed.org/DNN/Events/-Events-Calendar/Meeting-Details/productId/284077167)

For questions on current or past syphilis screening, diagnosis, or treatment in pregnancy, and to report cases (including syphilitic stillbirths) among pregnant persons, call MDH at (651) 201-5414.

Sincerely,

Ruth Lynfield, MD

State Epidemiologist and Medical Director, Minnesota Department of Health

Endorsed by:



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