



Louisiana Health Alert Message 23-07: Increasing Numbers of Syphilis, Congenital Syphilis and Diagnoses of Other Sexually Transmitted Infections Across Louisiana

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Summary

On April 11, 2023, the CDC released the *Sexually Transmitted Disease (STD) Surveillance, 2021* annual report and identified over 2.5 million cases of chlamydia, gonorrhea and syphilis reported across the nation. New diagnoses of syphilis are on the rise nationally and across Louisiana. The number of syphilis cases in Louisiana increased by 36% from 2020 to 2021. In 2021, Louisiana ranked 11th in the nation for Primary & Secondary (P&S) syphilis case rates. In 2021, Louisiana reported 995 new diagnoses of P&S syphilis, 21.5 per 100,000 people. Of particular concern are the disproportionate rates of early syphilis among women, people of color, and gay and bisexual men in Louisiana. In 2021, 68% of early syphilis occurred among people of color and 38% of diagnoses were among gay and bisexual men; 48% of all early syphilis diagnoses were among Black men.

In 2021, Louisiana had the 3rd highest case rate in the nation with 110 congenital syphilis (CS) cases— an increase of 75% compared to 2020; 65% of cases occurred among Black women and 64% of mothers were under the age of 30 at delivery. In 2021, the rate of CS in Louisiana was 191.5 per 100,000 live births. During this same time, all nine of Louisiana’s public health regions reported congenital syphilis cases involving pregnant women and their babies. **The most commonly missed care opportunity among mothers linked to 2021 congenital syphilis cases was the lack of timely syphilis retesting within the third trimester (44%).** Across the nation, CS has increased 464% since 2001.

In addition to high rates of syphilis and congenital syphilis, Louisiana also has high rates of gonorrhea and chlamydia. In 2021, Louisiana had the 3rd highest rate of gonorrhea and the 3rd highest rate of chlamydia in the nation. In 2021, Louisiana reported 16,390 cases of gonorrhea for a rate of 354.5 per 100,000 people, and reported 33,759 cases of chlamydia for a rate of 730.1 per 100,000 people. Increases in gonorrhea and chlamydia are being reported across the nation with the highest reported cases to date.

The Louisiana Department of Health, Office of Public Health is requesting all healthcare providers in the state to increase syphilis screening and ensure timely treatment and reporting of syphilis

according to CDC recommendations and Louisiana reporting requirements that are referenced and summarized below:

Screening:

- The CDC’s current testing guidelines for syphilis and other STIs can be accessed at <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>.
- Due to rising syphilis rates, Louisiana recommends that all men and women should be screened for syphilis, especially if determined to be at increased risk. All gay and bisexual men, transgender persons and gender diverse populations should be screened at least annually. Persons living with HIV should be screened at their first HIV evaluation and annually thereafter.
- Per Louisiana Act 459, all pregnant women residing in Louisiana are to be screened for syphilis at their first examination during pregnancy, at their first examination in their third trimester and at delivery. ***No infant should leave the hospital without documentation of the mother’s serological status at least once during pregnancy.***
- All neonates born to women who have a reactive nontreponemal and treponemal tests should be evaluated with a quantitative nontreponemal serologic test (RPR or VDRL) and be examined thoroughly for evidence of congenital syphilis.
- The opioid crisis has created barriers to routine perinatal care for some women and may increase the risk of STI’s. Clinicians and other providers of substance use disorder care should:
 - Ensure all female patients of childbearing age know their pregnancy status by offering pregnancy tests on site or referrals to pregnancy testing if testing cannot be provided on site.
 - Ensure all pregnant women are linked/referred to prenatal care, including syphilis and HIV screening.
 - Ensure all patients are provided syphilis and screening for other STIs on-site or through referral to these services if they cannot be provided on-site.
 - Substance use treatment resources available in your community can be located here: <https://www.treatmentatlas.org/>
- As lack of appropriate screening during pregnancy and/or lack of appropriate perinatal care represents the largest missed care opportunity for congenital syphilis cases in Louisiana, clinicians who provide care to pregnant women outside of traditional perinatal visits should, to the extent possible, confirm or inquire if the patient has received the requisite syphilis screening during their pregnancy and consider offering syphilis screening if indicated.

Treatment:

Early Syphilis (Primary, Secondary, Early Non-Primary Non-Secondary)

No Allergy to PCN	Benzathine penicillin G 2.4 million units IM once
Pregnant or Lactating	Benzathine penicillin G 2.4 million units IM once
Allergy to PCN (Pregnant)	Desensitization and treatment with PCN
Allergy to PCN (Non-pregnant)	Treatment with Doxycycline 100 mg PO BID x 14 days

Late Latent Syphilis or Syphilis of Unknown Duration

No Allergy to PCN	Benzathine penicillin G 2.4 million units IM x 3 doses <ul style="list-style-type: none"> • Give as 2.4 million units IM each week for 3 consecutive weeks. • A minimum of 6 days and maximum of 14 days between doses or series must be restarted.
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Pregnant Women	Benzathine Penicillin G 2.4 million units IM x 3 doses <ul style="list-style-type: none"> • Give as 2.4 million units IM each week for 3 consecutive weeks. • Due to pregnancy, a strict dosage schedule for every 7 days for 3 doses (7.2 million units total) should be followed; however, a range of 6-9 days between each dose is allowable. • If any doses are given outside of the 6-9 day range, then restart the entire 3 dose series again.
Allergic to PCN (Pregnant)	Desensitization and treatment with PCN
Allergic to PCN (Non-pregnant)	Doxycycline 100 mg PO BID x 28 days

- Penicillin G, administered parenterally, is the preferred drug for treating patients in all stages of syphilis. The preparation used (i.e., Benzathine, aqueous procaine or aqueous crystalline), dosage and length of treatment depend on the stage and clinical manifestations of the disease.
- Adequate and timely treatment of syphilis in pregnant women decreases the rate of congenital syphilis. Penicillin G is the only known effective antimicrobial for treating fetal infection and preventing congenital syphilis.
- Infants born to untreated mothers or mothers with inadequate treatment (including those treated <30 days prior to delivery) should be evaluated and treated for congenital syphilis per CDC guidelines ([Congenital Syphilis - STI Treatment Guidelines \(cdc.gov\)](https://www.cdc.gov/std/tg2015/)). Infected infants can be asymptomatic at birth, but can develop serious symptoms in the neonatal period or later in life, including hydrops fetalis; hepatosplenomegaly; rashes; fevers; failure to thrive; deformity of the face, teeth and bones; blindness; and deafness.
- Congenital syphilis should be considered in all stillbirths after 20 weeks, and in infants of mothers with evidence of syphilis infection during pregnancy, especially if syphilis is newly acquired during pregnancy.

Syphilis Reporting:

Louisiana State Sanitary Code LAC 51:II.105 requires healthcare providers and laboratories to report notifiable diseases including syphilis, syphilis in pregnancy and perinatal exposure of syphilis. Disease intervention specialists (DIS) confidentially notify exposed partners to prevent additional transmission. Timely reporting of new syphilis cases and treatment are essential to mitigating the spread of syphilis and decreasing the number of congenital syphilis cases in Louisiana. Providers can report syphilis diagnoses and treatment by submitting the STD 43 form:

https://ldh.la.gov/assets/oph/HIVSTD/STDForm43NewCRx_Design-FormsCommitteerapprovedNov202.pdf

Please report all information related to clinical and laboratory reports on suspected/probable congenital syphilis cases to Perinatal Surveillance Supervisor Elizabeth Lindsay at 504-568-7047.