



# Congenital Syphilis in Texas

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A Texas Research-to-Policy  
Collaboration (TX RPC) Project  
Lunch & Learn Presentation



# Welcome!

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Today's room is sponsored by **Representative Thompson** – thank you!

- Dr. Deanna Hoelscher – About the TX RPC Project
- **Congenital Syphilis in Texas: Drs. Divya Patel & Pat Ramsey**
- **Upcoming Lunch & Learn:**
  - June 12: Texas SPAN

Let us know how we can support your office's legislative health policy interests in the interim and for the 2025 legislative session!



# TX RPC Project Funding provided by:

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# Texas Research-to-Policy Collaboration (TX RPC) Resources

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# TX RPC Project Health Policy Resources

## Food is Medicine

March 8, 2024

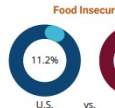
### KEY TAKEAWAYS

1. Food insecurity is associated with higher rates of chronic and diet-related conditions and diseases (e.g., obesity, diabetes).
2. Food is Medicine initiatives incorporate a multitude of supportive programs and services that bridge the connection between food, nutrition, and health.
3. Food is Medicine programs have been shown to help individuals and families experiencing food insecurity increase access to nutritious foods and decrease and manage chronic and diet-related diseases.

#### Background

**Food insecurity is defined as the lack of consistent access to adequate food in order to live an active and healthy lifestyle.<sup>1</sup>**

- Food insecurity is **higher among households with children** and **higher in Texas** compared to average.<sup>2</sup>
- According to a report by the United States Department of Agriculture, Texas has the second-highest food insecurity (15.5%) in the nation.<sup>2,3</sup>
- Approximately 1 in 6 Texas households report experiencing food insecurity, equating approximately 4.6 million Texans.<sup>3</sup>
- In the United States, households with children, especially those headed by a single mother are more likely to report experiencing food insecurity.<sup>4</sup>
- Around \$3.87 trillion is spent annually in the United States on healthcare costs related to chronic and diet-related disease.<sup>5</sup>



The 2022 White House's National Strategy on Hunger, Nutrition, and Health announced ending hunger and increasing nutrition security, healthy eating, and physical activity country by 2030 to reduce the number of health-related chronic diseases experienced by Americans.

**Nutrition security is the access to culturally appropriate, affordable, and healthy foods that are essential to living a healthy lifestyle.<sup>7</sup>**



## Paid Family Leave and Maternal & Infant Outcomes

TX RPC Project Legislative Rapid Response Request

February 17, 2023

#### Background

Enacted in 1993, the Family and Medical Leave Act (FMLA) is a federal policy implemented to support parental and family leave within the United States. The FMLA allows for 12 weeks of unpaid, job-protected leave to qualified workers with continuous health insurance coverage following the birth, adoption, or placement of a foster child. With Paid Family Leave (PFL), parents and infants have adequate time to receive postpartum medical care. Approximately 50% of workers in the U.S. qualify for FMLA, which excludes many parents who earn lower incomes and do not have the ability to take time off of work. (1-3)



#### Whom Does FMLA Impact?

The FMLA and PFL primarily benefit higher-income individuals. (1) Since the FMLA only assists by providing unpaid leave to workers who qualify for the benefit, parents who earn lower wages may not be able to take time off because they will lose wages in order to take care of a child. (1-4)

#### Paid Family Leave & Maternal and Child Wellbeing

- PFL improves mothers' mental health by decreasing postpartum psychological distress
  - Mothers are 9% more likely to report positive mental health and 5% more likely to day-to-day demands of parenting. (5)
- PFL improves both mother's and fathers' health by decreasing their risk of being obese and decreasing their consumption of alcohol by an average of 12%. (6)
- PFL fosters better child-parent relationships by allowing parents time to bond + positive caregiving skills, which leads to mothers spending more time with their babies together, or going on outings more frequently. (7-8)
- PFL improves child health and development:
  - Increases the likelihood of initiating breastfeeding, which builds stronger immunity, reduces infections, and reduces infant mortality. (9-11)
  - Reduces the likelihood of low birthweight and preterm births (especially among Black mothers) (12)
  - Decreases the likelihood of re-hospitalization within the first year of life by almost half (47%). (13)
  - Increases timely immunizations and well-child visits for the infant. (14)
  - Reduces rates of physical abuse in children below age 2. (15)
  - Reduces the likelihood of asthma, overweight, Attention Deficit/Hyperactivity Disorder (ADHD), and communication delays through elementary school. (16-17)

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## Economic and Business Benefits of SNAP

June 13, 2023

### KEY TAKEAWAYS

1. SNAP benefits lead to positive economic impacts at the local, state, and national levels by generating economic activity for food retailers and manufacturers and creating jobs in a variety of sectors.
2. SNAP participation improves health outcomes, saving states like Texas thousands of dollars per person every year through reduced healthcare costs.

#### Overview of SNAP

The Supplemental Nutrition Assistance Program (SNAP) is a federal nut administered by each state. SNAP provides benefits that supplement the nutritional quality for eligible adults and children. (1)

- More than 41 million U.S. residents (12% of the U.S. population) and 3.4 million Texans (11% of the state's population) received SNAP benefits in 2022. (2)
- More than 70% of SNAP participants in Texas were families with children, and around 27% of recipients were families with older adults or people living with a disability. (3)
- SNAP enrollment and utilization of benefits boost local economies and create jobs, creating an economic stimulus for communities. (4,5)
- SNAP is associated with reduced healthcare costs and improved health people with disabilities, resulting in healthcare savings. (3)

#### SNAP Boosts Local and Farm Economies

SNAP benefits are considered one of the most direct and effective forms of economic support for rural communities. (6)

- For every \$5 in SNAP benefits spent at local grocery stores or farm stands, the surrounding community, (6)
- Every \$1 billion of SNAP benefits distributed creates about 15,000 full-time jobs and each \$1 billion cut in SNAP funding, (6)



PROBLEM

The quality of a mother's pregnancy determines the well-being of her infant and is also the time when the foundations of a child's lifelong health are built. (1)

- Prenatal experiences like maternal malnutrition, elevated levels of stress hormones, or exposure to toxins are linked to disease outcomes later in life through fetal physiologic changes that can impact either the developing fetus directly or (b) the health of the mother, which in turn affects fetal development. (2,3)

Pregnancy can also impact the health of the mother beyond the birth of her child.

- Some women will develop medical issues like pre-eclampsia or gestational diabetes during pregnancy. (4) These issues can lead to long-lasting impacts.
- Women with these conditions see higher lifelong risks for cardiovascular disease, type 2 diabetes, and stroke. (5)
- The pre-eclampsia, a serious form of high blood pressure during pregnancy, is linked to hemorrhaging, one of Texas's leading causes of pregnancy-associated deaths. (6,7)

FOR YEARS, THE U.S. HAS HAD THE HIGHEST MATERNAL MORTALITY RATES OF ANY OTHER HIGH-INCOME COUNTRY

#### The maternal mortality crisis in the U.S. is well documented.

- The most recent data published in 2022 by the National Center for Health Statistics show 23.8 maternal deaths for every 100,000 live births in 2020, up 30% in just two years from 17.4 per 100,000 in 2018. (8)
- Racial disparities in maternal mortality have persisted for years. (9) Black women in the U.S. are almost three times as likely to die from pregnancy complications than white women are, regardless of socioeconomic status. (8)



## Building Responsible and Resilient Youth

January 18, 2023

### OVERVIEW

#### What is the problem?<sup>1-3</sup>



Children who experience behaviors that negatively impact relationships, such as bullying, manipulation, and rumor spreading, are more likely to have emotional outbursts, be inattentive, and display anger.

This can lead to a cycle, as students who exhibit frequent outbursts, anger, and spiraling emotions are more likely targets for bullies. In other words, bullying leads to emotional dysregulation which triggers further bullying.

How can schools and other youth organizations help to develop children's long-term mental health and overall well-being? Programs that incorporate Social-Emotional Learning (SEL) can help to develop responsible and resilient youth.

#### Social Emotional Learning<sup>4-7</sup>

SEL helps students learn how to apply knowledge and attitudes to manage emotions, improve personal and school outcomes, develop empathy for others, recognize supportive relationships, and engage in responsible decision-making.

SEL also teaches children about civility and citizenship. Asking students how they think they want to be treated and comparing it to how they should and should not treat others is similar to The Golden Rule.

**The Golden Rule:** Treat others the way you would like to be treated without expecting the same kindness back from them.

#### Helpful ways to learn to manage emotions:

- Practice deep breathing when upset
- Count to 10 to calm down
- Take a break from the situation - encourage students to grab a drink of water
- Ask them to identify what makes them happy, like reading a book, telling jokes, or playing outside. When students feel down, they can engage in mood boosters to help them cope with feelings

- Having discussions about managing emotions can help students learn what is making them sad or angry
  - Playing games that encourage mindfulness and movement activities, such as the [Calm app](#) or [GoNoodle.com](#)
  - Journaling or drawing to process emotions
  - Practicing problem-solving skills



# Legislative Resources

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TX RPC Project Resources

[go.uth.edu/RPCresources](https://go.uth.edu/RPCresources)

Texas Child Health Status Reports

[go.uth.edu/TexasChildHealth](https://go.uth.edu/TexasChildHealth)

Texas Legislative Bill Tracker

[go.uth.edu/LegTracker](https://go.uth.edu/LegTracker)

TX RPC Project Newsletter Archive

[go.uth.edu/RPCnewsletter](https://go.uth.edu/RPCnewsletter)

Michael & Susan Dell Center Webinar Series

[go.uth.edu/CenterWebinars](https://go.uth.edu/CenterWebinars)



Scan to view our  
Legislative Initiatives





# Rapid Request Responses

- Legislators complete the [Rapid Response Form](#)
- TX RPC Project team will conduct research and prepare report based on requested topic
  - Reports reviewed by TX RPC Project researchers, UTHealth Government Relations
- Provide requested information to legislator



## Student Demographics<sup>[1]</sup>

Most of today's college and other post-secondary students, about 71%, are considered "non-traditional" students. They may be financially independent from their parents, work full time, are enrolled part-time, are caretakers, or do not have a traditional high school diploma. The average age of college enrollment is 21, but 26 is the average age for all college students. More than one in five (22%) college students reported being parents or caring for a child dependent, with 14% stating they are single parents.

## Food Insecurity Impacts Education<sup>[1-3]</sup>

According to a 2020 survey, more than a fifth of research university students (22%) reported food insecurity. Students who are under 21 are less likely to report food insecurity, but students over 30 are more likely to be hungry. Despite these high rates of food insecurity, even before COVID-19, while more than one in six (18%) college students were eligible, only 3% of college students were receiving Supplemental Nutrition Assistance Program (SNAP) benefits.

### In a 2016 study:

- Nearly a third (32%) of food insecure students believed hunger impacted their education
- More than half (56%) reported that hunger kept them from buying textbooks
- A quarter (25%) of students who reported food insecurity also reported dropping a class
- More than half (53%) of students reported missing class in 2016 due to hunger

## The Policy Landscape<sup>[4]</sup>

In December 2020, the US House passed the Consolidated Appropriations Act (CAA). This act carved out an exception for higher education students enrolled at more than half time, who were previously ineligible to receive Supplemental Nutrition Assistance Program (SNAP) benefits if they met certain criteria: They must be eligible for Federal Work Study and have an expected family contribution of \$0. This exception will be in effect through the end of the declared COVID-19 Public Health Emergency (PHE), which is currently set to end on October 13, 2022, though it has been extended multiple times.

## Summary of Search Results<sup>[5-8]</sup>

Based on a preliminary search for legislation related to college students and SNAP, the TX RPC project team identified four states that have proposed or passed relevant legislation. Three states (Louisiana, Connecticut, and California) enacted laws related to this issue. One state (West Virginia) had Senate and House companion bills that appear to have stalled in committee.

It is important to note that no states have made the exception permanent because the rules about SNAP eligibility and college enrollment are set at the federal level and cannot be expanded at the state level.



# Congenital Syphilis in Texas

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Divya Patel, PhD, Associate Professor, UTHealth Houston School Of Public Health In Austin

Patrick S. Ramsey, MD, MSPH, Professor, UT Health San Antonio School Of Medicine



# Agenda

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- Trends in Congenital Syphilis in Texas
- Prevention Opportunities
- Q & A



# Trends in Congenital Syphilis in Texas

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Divya Patel, PhD  
Associate Professor  
Department Of Epidemiology  
UTHealth Houston School of Public Health In Austin

# What is congenital syphilis?

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Syphilis is a bacterial infection that is most commonly transmitted through sexual contact

Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy

CS can have major health impacts, depending on duration of infection and if/when received treatment:

- Miscarriage
- Stillbirth
- Prematurity
- Low birthweight
- Stillbirth or neonatal death

For babies born with CS, it can cause:

- Deformed bones
- Severe anemia
- Enlarged liver and spleen
- Jaundice
- Brain and nerve problems, like blindness and deafness
- Meningitis
- Skin rashes



<https://www.theguardian.com/us-news/2023/feb/12/mississippi-alarming-rise-newborns-syphilis>

# Maternal Syphilis Rising in the US

Maternal syphilis increased 222% from 2016 to 2022, from 87.2 to 280.4 per 100,000 births

In the US, syphilis rate highest in mothers who were American Indian and Alaska Native, younger than 25 years, and those with no prenatal care

Chlamydia, gonorrhea, and syphilis cases have been increasing for years.

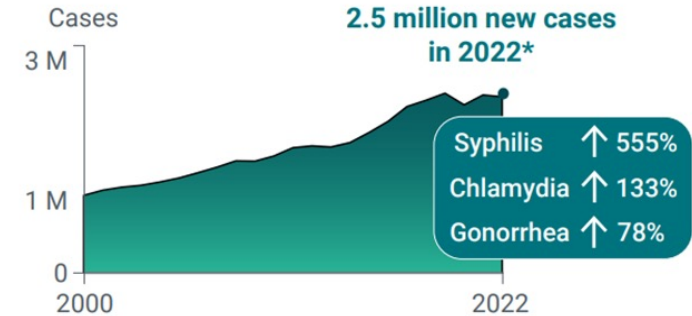


Figure 1. Maternal syphilis rate: United States, 2016–2022

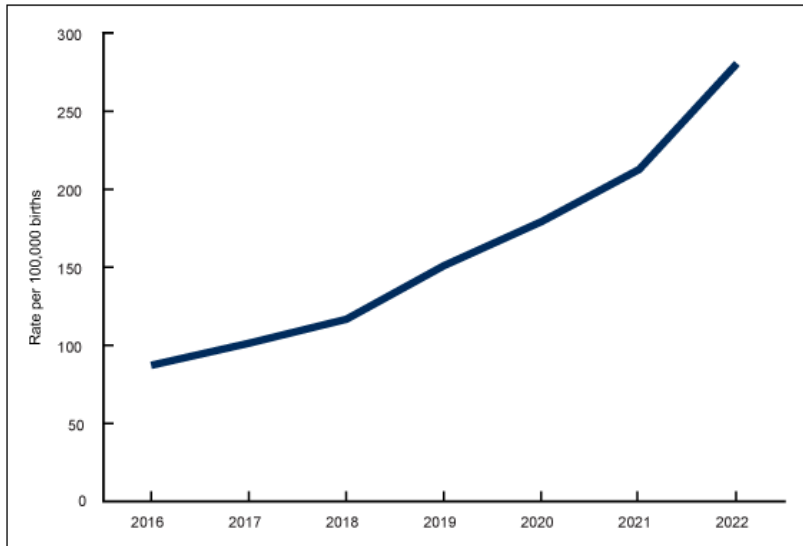
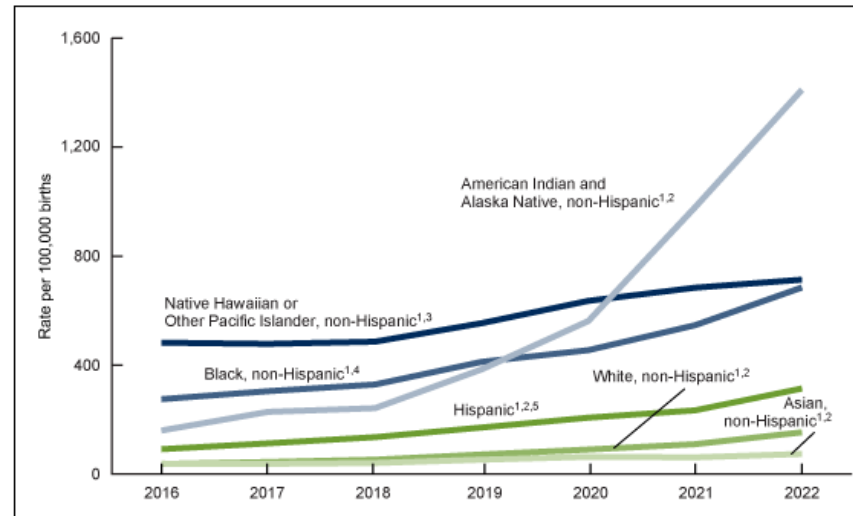
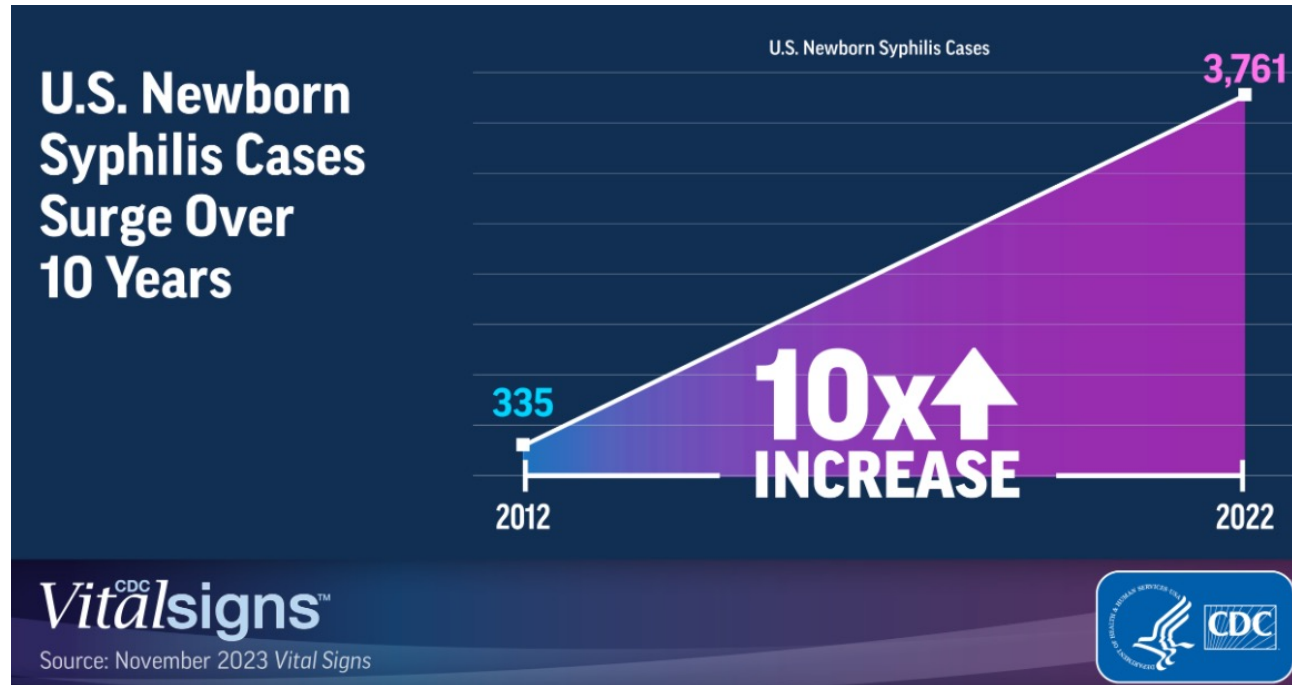


Figure 2. Maternal syphilis rate, by race and Hispanic origin of mother: United States, 2016–2022

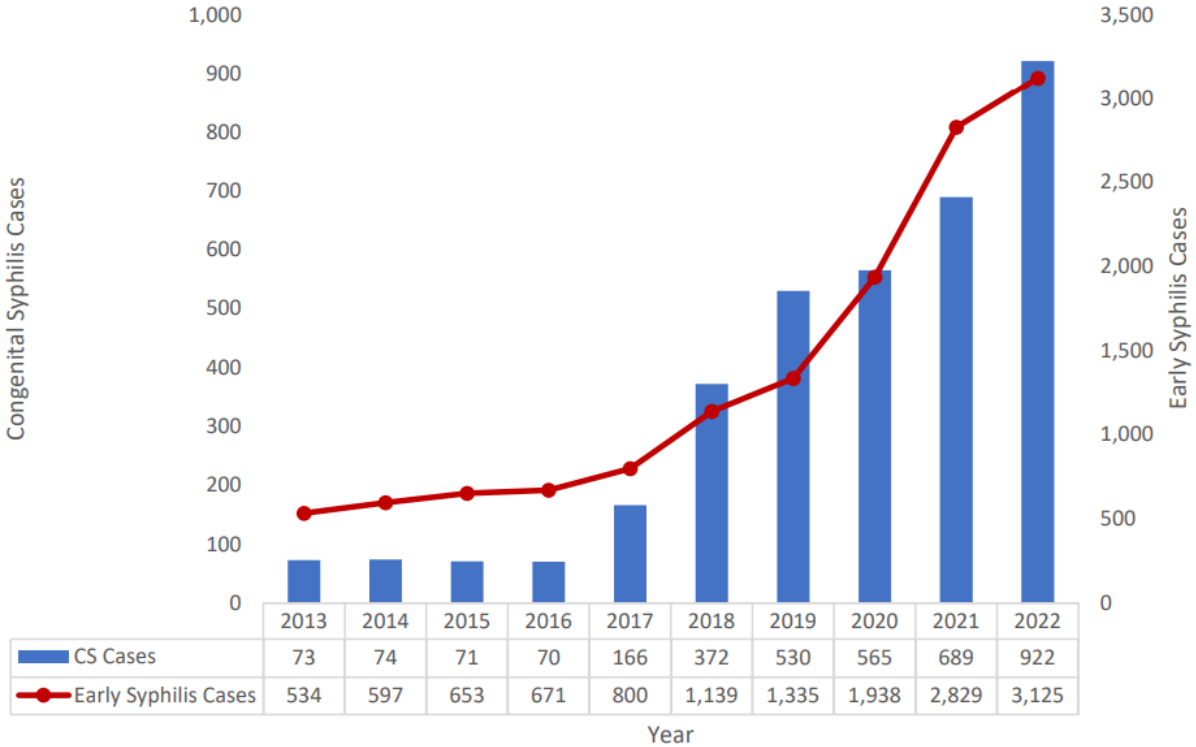


# Congenital Syphilis in the US



- Growing number of CS cases in the US
- >3,700 babies born with syphilis in 2022, which was more than 10 times the number in 2012
- Cases in 2022 highest reported in one year since 1992

# CS and Early Syphilis Cases in Women of Childbearing Age, Texas, 2013-2022



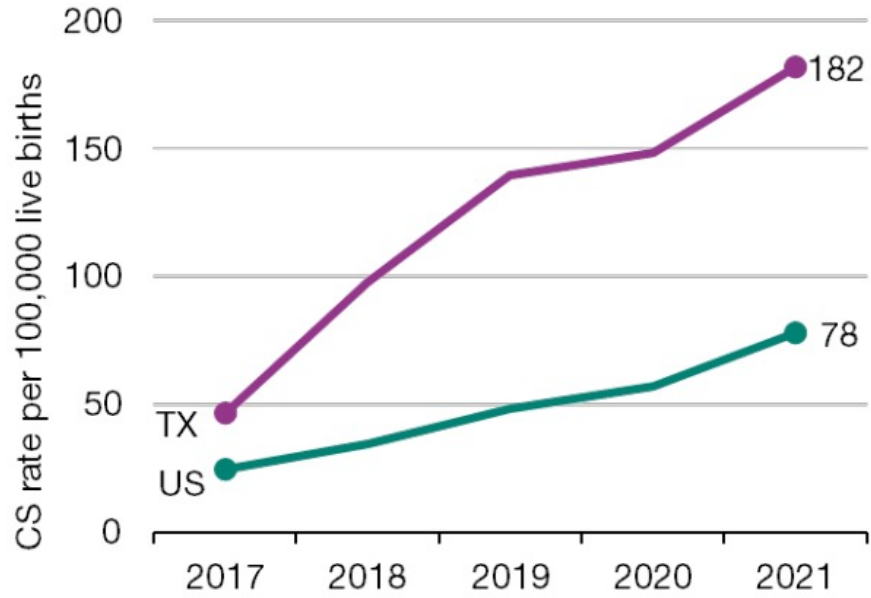
Texas has consistently had some of the highest reported cases of both syphilis and congenital syphilis in the country (~25% of the nation’s CS cases came from Texas in 2022)

<https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>





# Congenital syphilis, US and Texas, 2017-2022

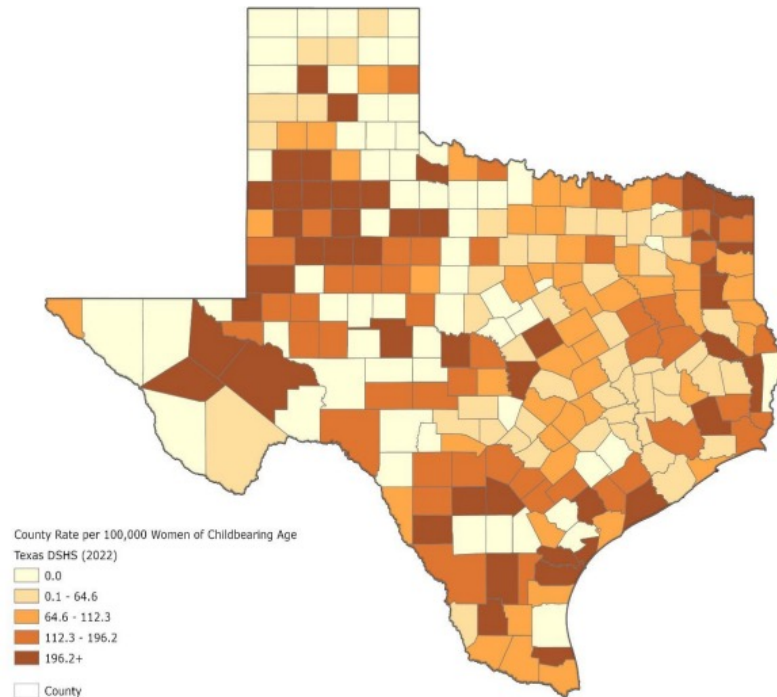


From 2017 to 2021, CS rates rose 219% in the US and rose 288% in Texas.

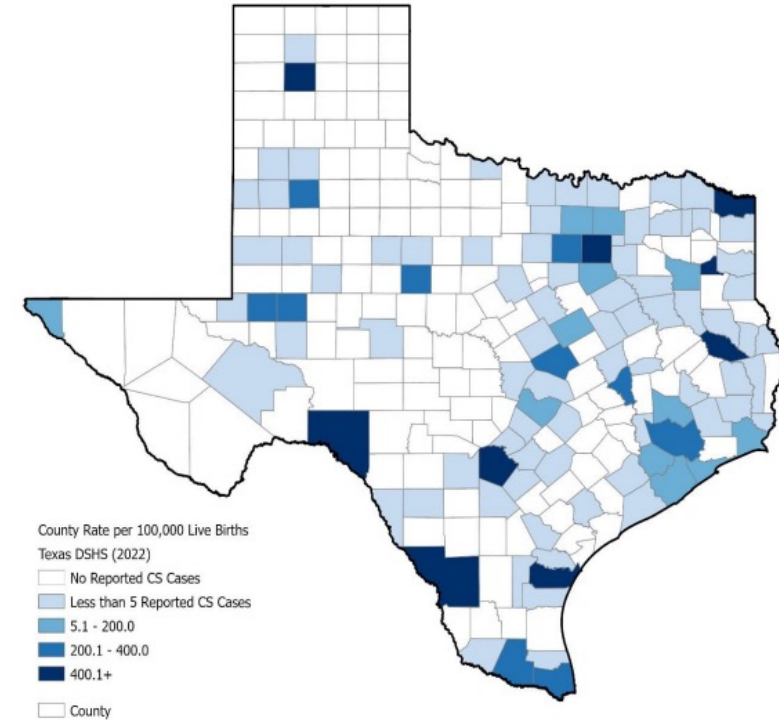
<https://www.cdc.gov/std/dstdp/sti-funding-at-work/jurisdictional-spotlights/texas.pdf>



# Maternal syphilis and CS by county, Texas, 2022



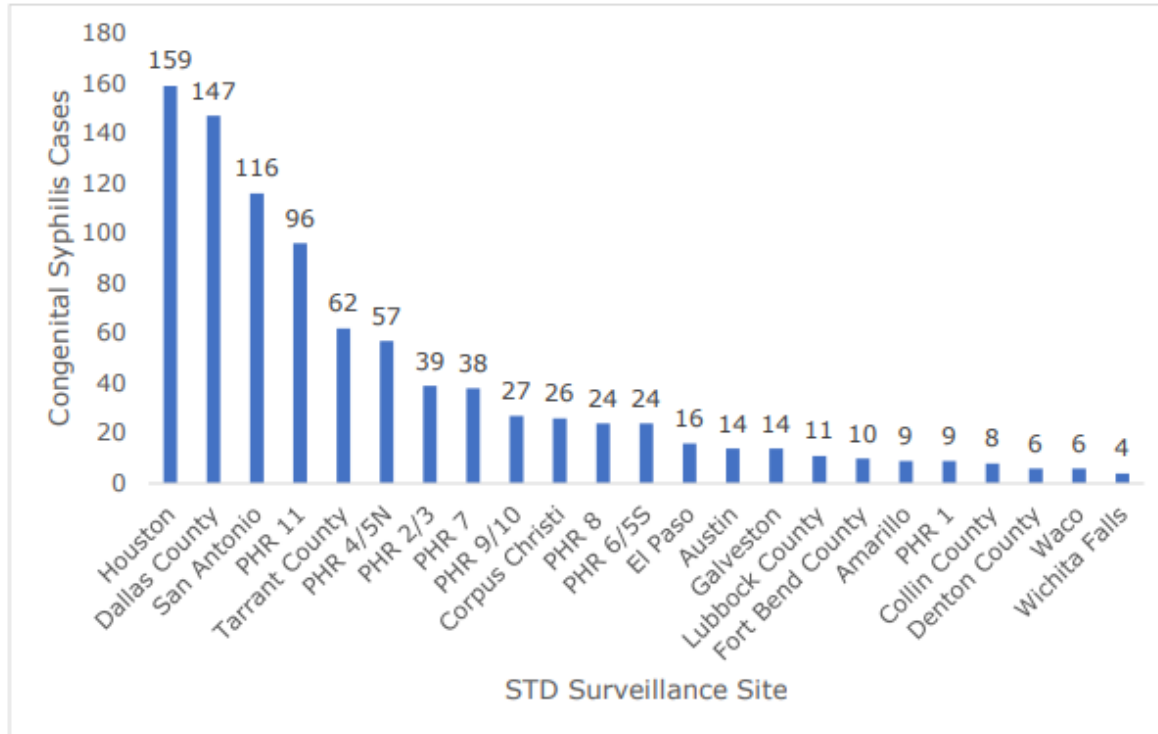
Maternal syphilis in women of childbearing age



Congenital syphilis

<https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>

# CS Cases by STD Surveillance Site, Texas, 2022

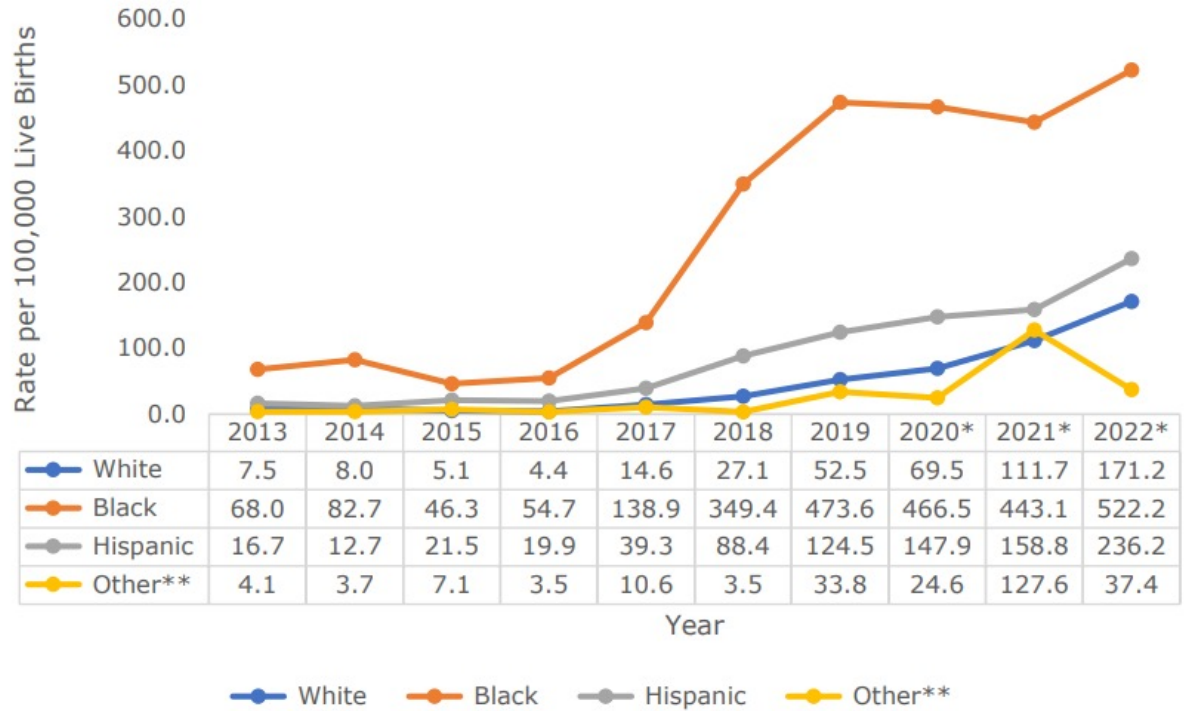
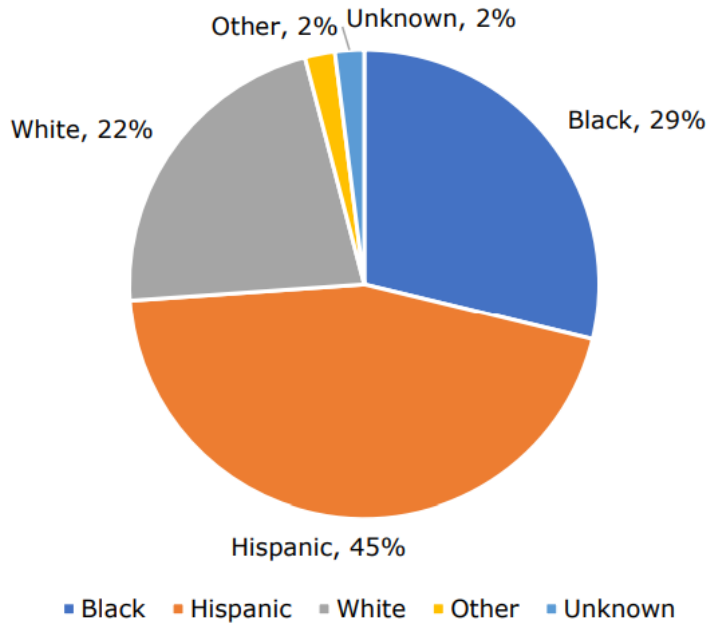


- The majority of CS and syphilis cases in women of childbearing age occurred in and around Texas' metropolitan areas.
- In 2022, the top 3 Texas jurisdictions reporting the highest number of CS cases accounted for ~63 percent of CS cases

<https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>



# CS Cases by Mother's Race/Ethnicity, Texas, 2022



<https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>



# Prevention Opportunities

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Patrick S. Ramsey, MD, MSPH  
Professor Of Obstetrics & Gynecology  
Director, Division Of Maternal-fetal Medicine  
UT Health San Antonio School Of Medicine

# Prevention of Congenital Syphilis

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Congenital syphilis is preventable through timely access to prenatal care, syphilis screening, and treatment of pregnant women diagnosed with syphilis

## Primary prevention: Screening

- ACOG recommendations
  - First prenatal visit
  - High risk patients – repeat around 28 weeks
- Texas not only recommends, but also requires by statute the testing for syphilis at:
  - First Prenatal Visit*
  - Third Trimester*
  - Labor & Delivery*

## Treatment:

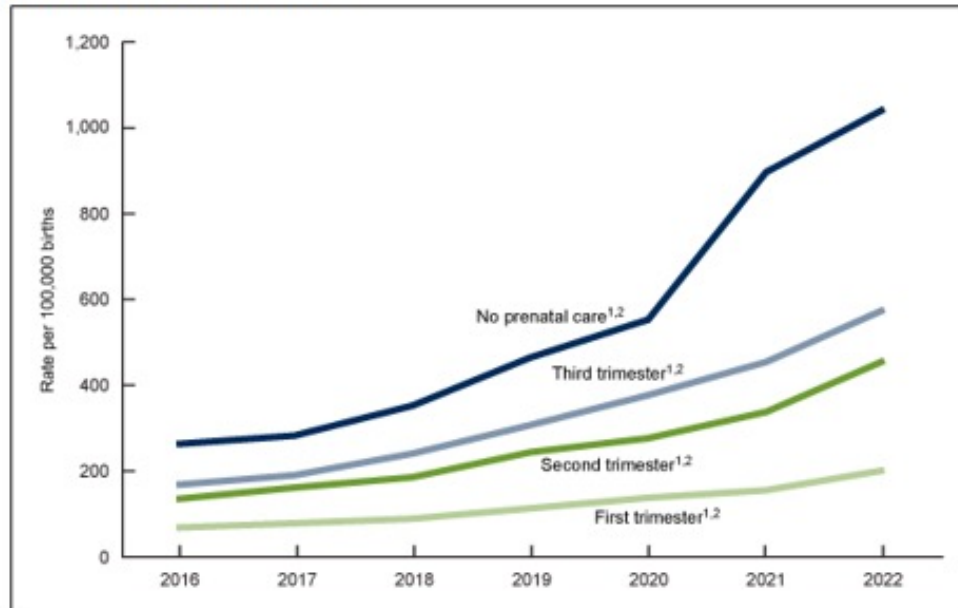
- Only Benzathine penicillin G 2.4 million units IM (weekly 1-3 weeks)
- If penicillin allergy, penicillin desensitization needed
- No effective treatment to prevent congenital syphilis aside from penicillin





# Prenatal Care and Maternal Syphilis

Figure 4. Maternal syphilis rate, by trimester prenatal care began: United States, 2016–2022



<sup>1</sup>Significant increasing trend from 2016–2022 ( $p < 0.05$ ).

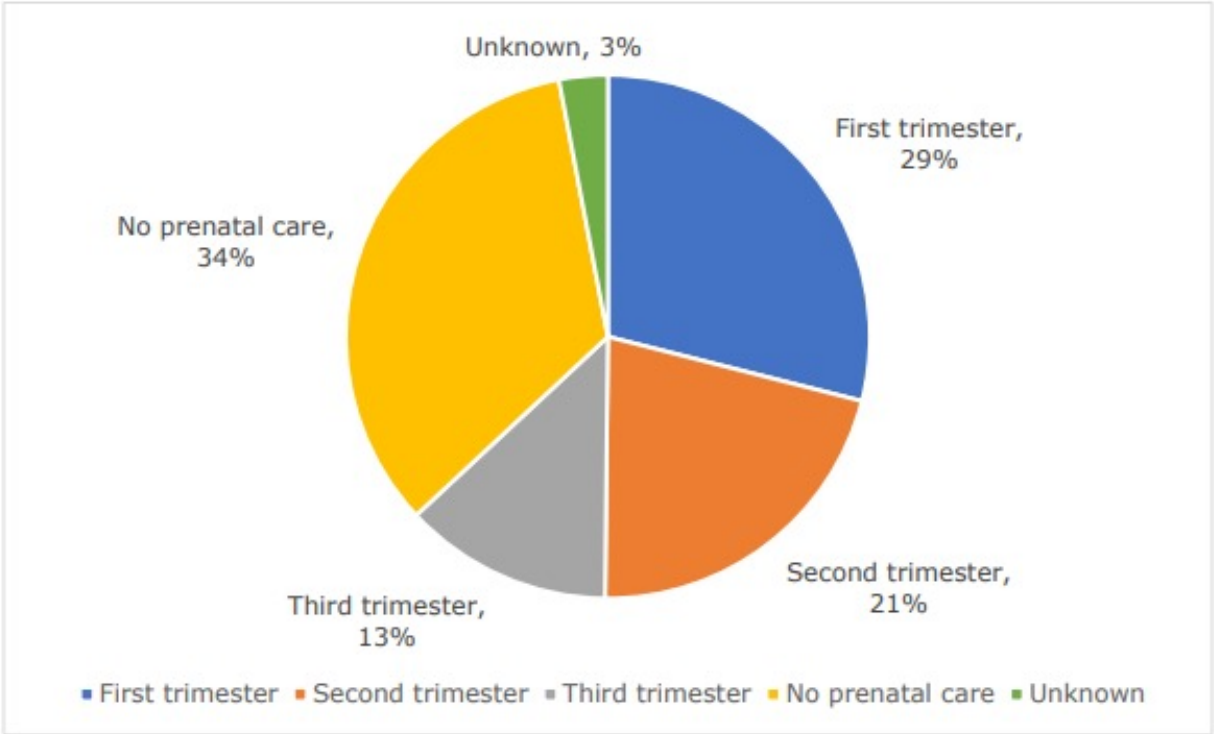
[https://www.cdc.gov/nchs/products/databriefs/db496.htm#section\\_1](https://www.cdc.gov/nchs/products/databriefs/db496.htm#section_1)

Maternal syphilis rates increased for all prenatal care categories from 2016 through 2022.

- From 2016 through 2022, the rate of maternal syphilis rose for all mothers regardless of timing or lack of prenatal care
- Largest increases occurred for mothers with no prenatal care (298%, from 262.5 to 1,044.0 per 100,000 births), followed by mothers who began care in the third trimester (244%, from 167.4 to 576.1), and mothers who began care in the second trimester (240%, from 134.3 to 456.9).
- Syphilis rate also increased for mothers who began care in the first trimester (197%, from 67.9 to 201.8).
- Throughout the period, syphilis rate was highest for those not receiving prenatal care and decreased with earlier prenatal care initiation.

# Prenatal Care in Mothers who Delivered an Infant with CS, Texas, 2022

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<https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>



# Facility of Maternal Syphilis Diagnosis, Texas, 2022

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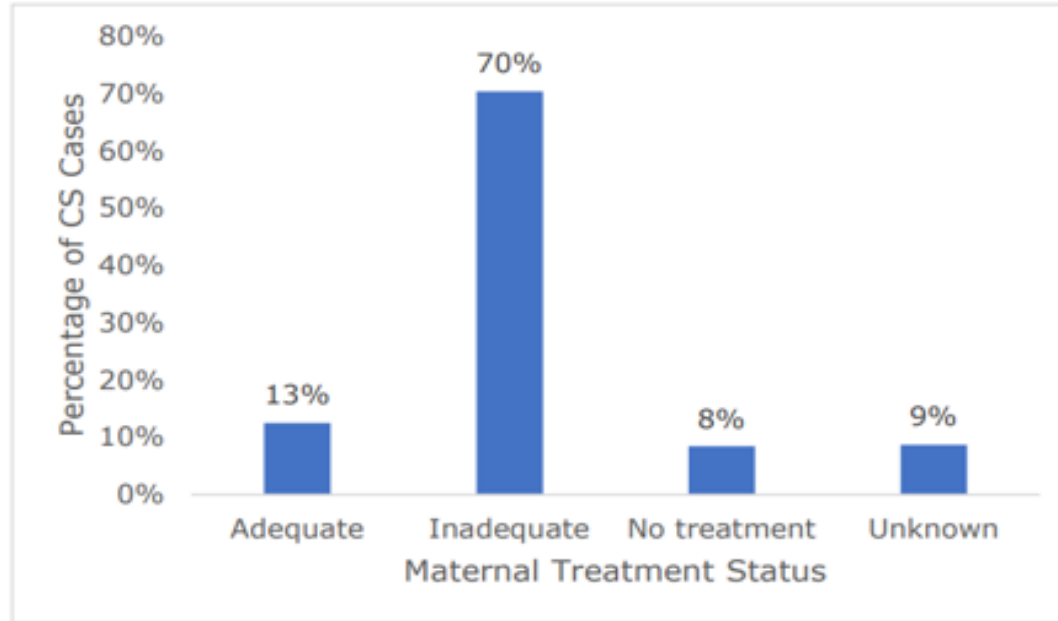
Facility Type	Percentage
Hospital Inpatient	40%
Private Physician Office/Primary Care Clinic	18%
Obstetrics and Gynecology/Prenatal Clinic	15%
Specialty Clinic/Hospital Clinic	6%
STD Clinic	3%
Laboratory	3%
Community Health Center	2%
Emergency Room/Urgent Care	2%
Inpatient/Labor and Delivery	2%
Correctional Facility	2%
Family Planning Clinic	2%
Other	2%
Unknown	1%
Blood Bank, Plasma Center	1%
Health Department	1%

Most (~70%) women delivering an infant with CS received their syphilis diagnosis at an inpatient hospital, private physician's office, or obstetrics and gynecology/prenatal clinic.



# Maternal Syphilis Treatment Adequacy, Texas, 2022

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Maternal syphilis treatment for women diagnosed at least 45 days before delivery, Texas, 2022

<https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>

# Reasons for Inadequate Maternal Syphilis Treatment, Texas, 2022

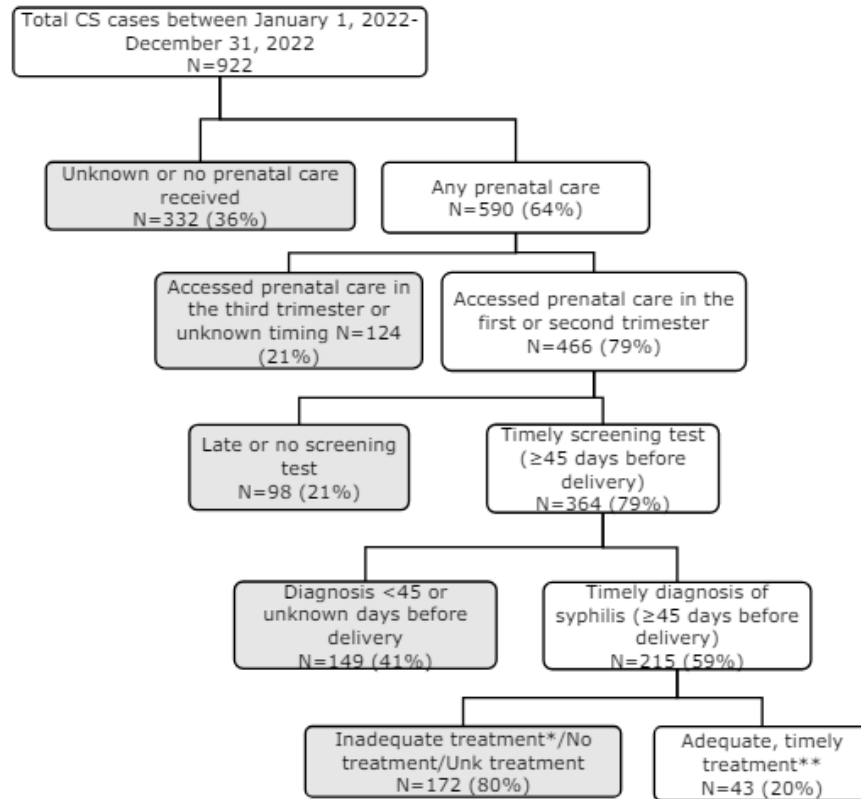
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Reasons for Inadequate Treatment	No. of CS Cases	Percent
Treated after delivery	3	2%
Incorrect medication and/or dosage	29	17%
Incorrect treatment intervals	40	23%
Treated less than 30 days prior to delivery	11	6%
Did not receive full treatment for stage of syphilis	37	21%
Treated after delivery	6	3%
No treatment	46	27%
Unknown	1	1%
<b>Total</b>	<b>173</b>	<b>100%</b>

Reasons for treatment inadequacy among mothers who received timely prenatal care, testing, and diagnosis of syphilis, Texas, 2022



# CS Cascade in Texas, 2022



This cascade is a tool that can be used to help identify missed opportunities for prevention, which may contribute to CS, and areas for improvement

Based on the CS cascade, 215 (59%) mothers received timely prenatal care, testing, and diagnosis

However, of those receiving timely diagnosis, 80% received inadequate treatment, no treatment, or had unknown treatment

\*Treatment initiated <30 days prior to delivery or incorrect dosage based on the CDC STD Treatment Guidelines, 2021 is inadequate.

\*\*Persons in this group include cases with infants who meet the CS case definition based on infant criteria.

Source: Congenital Syphilis in Texas in 2022. Texas Department of State Health Services. <https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>



# Gaps in CS Prevention

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Studies have identified barriers at each step (prenatal care, syphilis screening, and treatment)

- *Limited prenatal care access*
- *Scheduling appointments, transportation barriers, time limitations*
- *Social vulnerabilities (e.g., poverty, homelessness, language barriers)*
- *Substance use*
- *Limited prenatal substance use disorder facilities*
- *Intimate partner/domestic violence*
- *Gaps in partner notification*
- *Stigma*
- *Distrust in medical system*
- *Limited cultural competence among providers*
- *Implicit, negative attitudes towards patients using substances, experiencing homelessness, or engaging in sex work*
- *Inadequate provider training on context-specific management strategies*



Park E et al. Gaps in the congenital syphilis prevention cascade: qualitative findings from Kern County, California. BMC Infect Dis. 2022 Feb 5;22(1):129.

Wagman JA et al. Understanding perinatal patient's health preferences and patient-provider relationships to prevent congenital syphilis in California and Louisiana. BMC Pregnancy Childbirth. 2022 Jul 11;22(1):555.

# Public Health Approaches to Decrease CS

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- Optimize Medicaid eligibility, services, and alternative provider types to support pregnant people and their partners at risk for contracting syphilis
- Increase universal syphilis screening in pregnant persons
- Incentivize providers to comply with universal syphilis screening requirements
- Remove barriers, address stigma, and address provider bias
- Establish cross-agency collaboration and governance structures
- Establish an implementation plan for the quality strategy



*ASTHO's Congenital Syphilis Technical Package*

<https://www.astho.org/communications/blog/effective-public-health-approaches-to-reducing-congenital-syphilis/>

# Initial DSHS Public Health Approaches to Decrease CS

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- Increased trainings for local and regional field staff, to provide necessary tools and information to obtain pregnancy status and verify adequate and timely treatment
- Enhanced medical provider education to increase early diagnosis of syphilis and efforts to raise awareness of the need for testing pregnant women
- Increased pregnancy ascertainment for women exposed to and diagnosed with syphilis to inform treatment decisions as well as expedite referrals for reproductive health care, prenatal care, and other supportive services as needed
- Implemented a new follow-up initiative to increase treatment adequacy for women of childbearing age with a history of inadequately treated syphilis
- Podcasts as an innovative way to reach wider audiences, including medical providers and the community, to increase awareness of CS
- Support for Fetal Infant Mortality Review committee activities in high morbidity areas (Houston, San Antonio, Dallas-Fort Worth)



<https://www.dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>

# 10 Myths on Congenital Syphilis



**Myth:** Congenital syphilis was eradicated.

**Fact:** Congenital syphilis has been on the rise for the past several years, and as of July 29, 2021, 2,022 infants born in 2020 had been identified and reported to the Centers for Disease Control and Prevention (CDC) as cases of congenital syphilis. This number represents 108.1% of all cases reported for 2019 (n=1,870), and prior reporting trends indicate the total number of cases reported through October 2021 (end of the reporting period) may be as high as 2,100.<sup>1</sup>

In 2019, Texas was the state with the highest case count (528 cases)\* and case rate (132.9 cases per 100,00 live births)\* of congenital syphilis. In 2020, the Texas case count increased again, with 561\* congenital syphilis cases reported.

**Myth:** Syphilis is rare in reproductive-aged women.

**Fact:** In 2019, half of all counties in the U.S. reported syphilis among women of reproductive age – a doubling over the past decade.<sup>1</sup> Similarly, in 2020, over half of all Texas counties reported syphilis in women of reproductive age.\*

**Myth:** Most infants with congenital syphilis are identified at birth.

**Fact:** Congenital syphilis can be diagnosed at up to 2 years of age, but many cases are identified at birth. Therefore, cases are sent to CDC when they are reported to local public health officials and are assigned as morbidity based upon the infant's year of birth. Babies who do not get treatment for congenital syphilis and develop symptoms later on can die from the infection. They also may be developmentally delayed or have seizures. The current and historical congenital syphilis case definitions can be found on CDC's National Notifiable Diseases Surveillance System case definition website.<sup>2,3</sup>

**Myth:** We can't improve detection rates in women who don't receive prenatal care.

**Fact:** Syphilis testing in emergency departments, obstetrics triage units, and primary care offices can expand syphilis treatment to women who don't have access to timely prenatal care. Many women will present to emergency settings over the course of their pregnancy, even if they do not have the ability to receive consistent prenatal care. HIV, syphilis, and other sexually transmitted infection testing is important in these settings so that prompt treatment can occur.

**Myth:** If a woman tests positive for syphilis with a treponemal-specific test in the reverse sequence algorithm, no further testing is needed.

**Fact:** In the reverse algorithm, a positive treponemal test should trigger a rapid plasma reagin (RPR) (nontreponemal) test. If the RPR is positive, the woman has evidence of past or present syphilis, and a clinical exam and history are needed to determine whether she needs treatment. If the RPR is negative, the testing is indeterminate, and a second treponemal test should be performed.<sup>4</sup>

**Myth:** An RPR titer of <1:8 is always diagnostic of serofast syphilis.

**Fact:** The stage of syphilis, including serofast status, cannot be determined by the level of the RPR titer. Concurrent physical exam and treatment history are needed to confirm the stage. Serofast syphilis exists when a patient has previously appropriately been treated for syphilis with a documented four-fold decline in titers and no evidence of reinfection or clinical symptoms of primary, secondary, or tertiary syphilis or neurosyphilis.



More Myths/Facts on back page.

**Myth:** Most women with syphilis will have symptoms that lead to diagnosis.

**Fact:** Latent syphilis, either early, late, or unknown duration, is the most common diagnosis, and patients will not have clinical symptoms. Latent syphilis can still lead to congenital syphilis and should be treated with benzathine penicillin G, 2.4 million units intramuscularly. Syphilis in the late latent or unknown duration stages should be treated with three doses of benzathine penicillin G, 2.4 million units intramuscularly, one week apart.<sup>4</sup>

**Myth:** There are no sonographic findings with fetal syphilis.

**Fact:** Antenatal sonographic findings can be seen with fetal syphilis. The most common findings include hepatomegaly and placentomegaly, and also elevated peak systolic velocity in the middle cerebral artery (indicative of fetal anemia), ascites, and hydrops fetalis. Pregnancies with ultrasound abnormalities are at higher risk of compromise during syphilotherapy as well as fetal treatment failure.<sup>5</sup>

**Myth:** Fetal infection can occur only when the pregnant patient has syphilitic lesions present.

**Fact:** Syphilis can infect the fetus in all stages of the disease regardless of trimester and can sometimes be detected with ultrasound at >20 weeks. In order to improve early diagnosis of syphilis among people who are pregnant and prevent transmission to the fetus, Texas law requires that testing for syphilis occur at the first prenatal visit, in the third trimester (no sooner than 28 weeks), and again at delivery.

**Myth:** All CDC-recommended treatments for syphilis can be used for treatment in pregnancy.

**Fact:** Only benzathine penicillin G is effective to eradicate syphilis from the fetus and fetal compartment. In patients with penicillin allergies, intravenous or oral penicillin desensitization is needed, followed by treatment with penicillin.

\*Preliminary data from the Texas Department of State Health Services as of March 2022, subject to change.

1. Centers for Disease Control and Prevention. Congenital Syphilis Preliminary 2020 Data. Atlanta: U.S. Department of Health and Human Services; 2021.
2. CDC. [Congenital Syphilis: Preliminary 2020 Data](#). Accessed Jan. 24, 2022
3. CDC. National Notifiable Diseases Surveillance System. [Congenital Syphilis \(\*Treponema pallidum\*\)](#).
4. Workowski KA, Bachmann LH, Chan PA, et al. [Sexually Transmitted Infections Treatment Guidelines, 2021](#). *MMWR Recomm Rep* 2021;70(4):1-187.
5. Rac MW, Revell PA, Eppes CS. [Syphilis during pregnancy: a preventable threat to maternal-fetal health](#). *Am J Obstet Gynecol*. 2017 Apr;216(4):352-363. Epub 2016 Dec 9.

# Additional Resources

More information on the DSHS Fetal Infant Morbidity Reviews for CS and how to register to attend: <https://www.dshs.texas.gov/hivstd/info/cs/fimr>

Congenital Syphilis Provider Resources Website for DSHS:  
<https://www.dshs.texas.gov/hivstd/info/cs/provider>

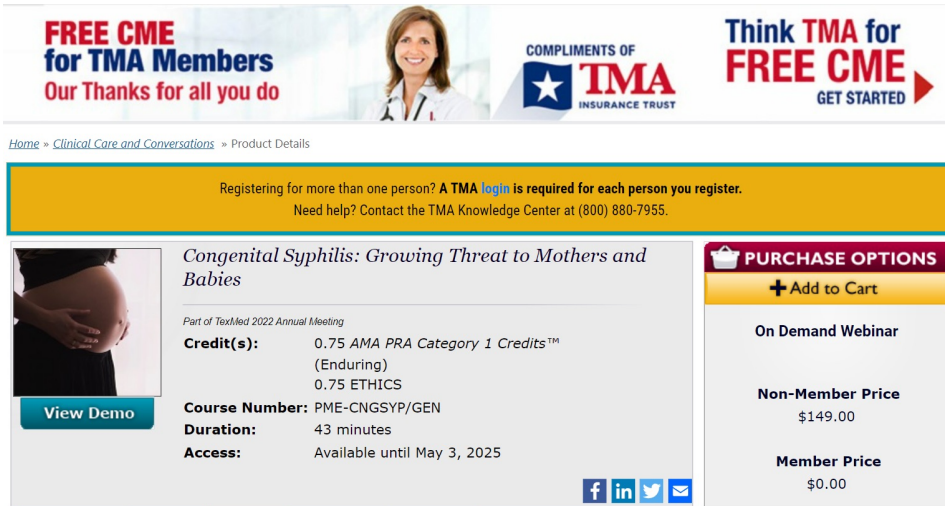
DSHS has organized a training for Community Health Workers on CS Prevention. The training is virtual, free, and will be provided in English and Spanish. Registration links:

**Spanish- May 15<sup>th</sup>, 2024:**

<https://attendee.gotowebinar.com/register/8651623130658645337>

**English - May 16<sup>th</sup>, 2024:**

<https://attendee.gotowebinar.com/register/1625791108168337755?source=FB>



The screenshot shows a webpage for a CME course. At the top, there are banners for 'FREE CME for TMA Members' and 'Think TMA for FREE CME'. Below these is a navigation bar with 'Home » Clinical Care and Conversations » Product Details'. A yellow banner states: 'Registering for more than one person? A TMA login is required for each person you register. Need help? Contact the TMA Knowledge Center at (800) 880-7955.' The main content area features a 'View Demo' button, a 'PURCHASE OPTIONS' section with an 'Add to Cart' button, and a list of purchase options: 'On Demand Webinar' (Non-Member Price: \$149.00, Member Price: \$0.00). The course details include: 'Congenital Syphilis: Growing Threat to Mothers and Babies', 'Part of TextMed 2022 Annual Meeting', 'Credit(s): 0.75 AMA PRA Category 1 Credits™ (Enduring), 0.75 ETHICS', 'Course Number: PME-CNGSY/GEN', 'Duration: 43 minutes', and 'Access: Available until May 3, 2025'. Social media icons for Facebook, LinkedIn, Twitter, and Email are at the bottom right.

# Key Takeaways

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Congenital syphilis is increasing in the US and in Texas

Texas has consistently had some of the highest reported cases of both syphilis and congenital syphilis in the country (~25% of the nation's cases were from Texas in 2022)

Congenital syphilis can have major health impacts on a baby

Congenital syphilis is preventable

- *In Texas, a large proportion of mothers do not get timely screening, diagnosis and treatment*
- *Even among mothers who receive timely services, almost half do not receive adequate treatment*

<https://sph.uth.edu/research/centers/dell/legislative-initiatives/docs/Congenital%20Syphilis022724%20update.pdf>





# QUESTIONS?

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