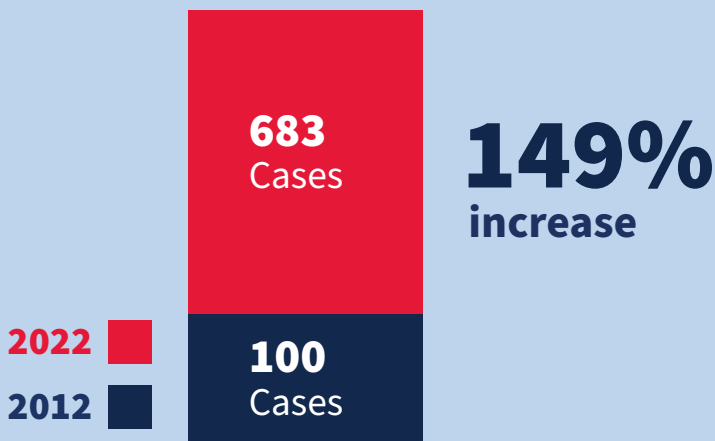


Congenital Syphilis Rates in NJ are Increasing



NJ syphilis cases among women aged 15-44 years old



NJ congenital syphilis cases



What is congenital syphilis?

Congenital syphilis occurs when syphilis is transmitted from a pregnant person to the fetus. Transmission to the fetus can occur at any stage of syphilis and at any trimester of pregnancy. Syphilis during pregnancy can lead to miscarriage, stillbirth, and infant death.

Babies born with syphilis can have:

- deformed bones
- severe anemia
- enlarged liver and spleen
- jaundice
- meningitis
- brain and nerve problems

Good news

Congenital syphilis is preventable if the pregnant person is treated at least **30 days** before giving birth.

Linking pregnant people to prenatal care is essential. Early diagnosis and treatment are key.

Repeat testing is important to ensure adequate treatment and identify reinfection. **Connecting partners to treatment is critical to prevent reinfection.**

Screening recommendations

In addition to state law requirements of testing at the first prenatal care visit and at the time of delivery, the New Jersey Department of Health (NJDOH) supports the joint [recommendation](https://phm.njlincs.net/message/GetMessageContent?messageId=111875) (https://phm.njlincs.net/message/GetMessageContent?messageId=111875) from the Centers for Disease Control and Prevention (CDC), the American College of Obstetricians and Gynecologists (ACOG) and the American Academy of Pediatrics (AAP) for **additional syphilis screening**.

This includes screening:

- Early in the third trimester (about 28 weeks gestation) for all pregnant patients.
- At the time of diagnosis of any STI.

Diagnosing

1. Order complete syphilis serology that includes both a rapid plasma regain (RPR) titer and Treponemal test. Use either a traditional or reverse Screening Cascade, such as:

- RPR with Reflex to Titer and Treponemal Confirmation or
- Treponemal Test with Reflex to RPR and Titer and second treponemal, if needed.

2. Staging infection

- Staging is based on clinical presentation, time since infection, and by comparing current and past titers.
- Access to past syphilis diagnoses, related laboratory tests, and known treatment is available through **NJDOH** at **(609) 826-4869** to help accurately diagnose and stage a syphilis infection.



Ensure complete syphilis testing with one blood draw

Most commercial labs allow providers to either order: 1) RPRs only or 2) as a panel that includes reflex to titer and/or confirmatory.

Tips

- Unless a provider has a documented syphilis history for a patient that includes a positive treponemal lab result, syphilis labs should be ordered “reflex to confirmatory.”
- Ordering an RPR-only lab can result in delays in diagnosis and treatment which can lead to serious health outcomes as well as the continued spread of infection.
- **IMPORTANT:** Providers and practices are encouraged to work with their IT team to ensure that EHR syphilis lab orders are coded properly to include “reflex to confirmatory.”





How to report to New Jersey Department of Health

- Submit an STD-11 form for all positive syphilis cases.
- Reported syphilis cases are reviewed, and those meeting criteria are assigned to a Disease Intervention Specialist (DIS) for follow-up. The DIS will conduct a patient interview, help ensure complete treatment and care, assist in locating and referring any partners for testing and treatment, and provide linkage to HIV prevention and other services.



Download the [STD-11 Form](#)

Treatment

- **Treat with penicillin.** Pregnant women should be treated with the recommended penicillin regimen for their stage of infection. Penicillin is the only acceptable treatment for syphilis during pregnancy. For those who are penicillin allergic, they will need to undergo desensitization.
- **Coordinated prenatal care and treatment are vital.** Providers should document adequate treatment according to the syphilis stage. Treatment may be a single dose or a **three-dose regimen**. It is critical that the timing of treatment be exact and be initiated at least 30 days before delivery.
- **Accessing penicillin.** If a patient is having trouble accessing Benzathine penicillin G for treatment due to availability or financial barriers, please refer the patient to the nearest health department STI clinic.

Treatment for partners

- Sexual partner(s) treatment is essential to prevent reinfection. Providers should make every effort to identify and ensure treatment for partners. If you are unable to find the person, NJDOH can provide additional support.

For questions about:

- Patient STI history
- Treating syphilis
- Test results
- Reporting STIs
- STI data
- And more



Visit the [STD Program Website](#)

Call the **STD Program main line at 609-826-4869** or email the **STD Program managers:**

- Valerie Piccarillo, Field Operations – Mid and Northern Region: valerie.piccarillo@doh.nj.gov
- Debbie Gleissner, Field Operations – Southern Region: deborah.gleissner@doh.nj.gov



For information about STI training:

Visit the [New York City STD/HIV Prevention Training Center Website](#)