

Healthcare Provider Memo

Rise in Syphilis and Congenital Syphilis

Rates of syphilis are on the rise provincially. In 2022, Grey Bruce Public Health reported 27 cases of syphilis (all types), up from 7 in 2021 and 12 in 2020. Public Health has also recently investigated cases of unidentified and untreated syphilis in newly postpartum individuals.

Nationally, rates of syphilis have been increasing rapidly, including in females aged 15-39. Rates of congenital syphilis have increased alongside, with 96 confirmed cases reported in Canada in 2021, up from just 7 cases in 2017. This represents an increase of 1271%¹.

Syphilis can have devastating effects in pregnancy. Syphilis (infectious or latent stage) may be contracted by baby via transplacental transmission or at the time of delivery. Infection may result in stillbirth, hydrops fetalis or preterm birth, and/or other systemic complications within the first 4-8 weeks of life². Untreated infants may develop later manifestations that appear by 2 years of age, which can include facial, dental, and skeletal malformations, dental malfunctions, neurological complications, hematologic issues, auditory issues, and ocular abnormalities³.

RISK FACTORS FOR CONGENITAL SYPHILIS

People who are inadequately housed and who use substances are disproportionately impacted by syphilis in pregnancy.

Lack of or difficulties in accessing prenatal care due to social and/or environmental factors can also impact risk of congenital syphilis.

TESTING IN PREGNANCY

The Public Health Agency of Canada's (PHAC) Guidelines on Sexually Transmitted Infections recommends⁴;

- Universal screening for all pregnant people in the first trimester or at first prenatal visit;
- Repeat screening at 28-32 weeks and again at delivery for pregnant people at ongoing risk of infection or reinfection and in areas experiencing outbreaks of syphilis;
- Screening of all people who deliver a stillborn infant after 20 weeks gestation;
- Testing of infants with signs or symptoms compatible with early congenital syphilis symptoms even if their mother was seronegative at delivery as they may have become infected near-term.

Maternal syphilis cases experience high incidence of co-infection with other STBBIs. Testing for chlamydia, gonorrhea, Hepatitis C, and HIV should be recommended alongside syphilis screening.

A healthier future for all.

TREATMENT

Penicillin is the preferred treatment of syphilis in pregnancy. For those with a penicillin allergy, PHAC advises to strongly consider penicillin desensitization followed by treatment⁵.

PHAC recommends⁵ that all neonates potentially exposed to syphilis be assessed at delivery by an infectious diseases specialist, and be treated at birth if;

- Symptomatic;
- The infant's NTT is at least four (4)-fold higher than their birthing parent at birth;
- Maternal treatment was inadequate, did not contain penicillin, is unknown, or occurred in the last month of pregnancy, or if maternal serologic response is inadequate;
- Adequate follow-up of the infant cannot be ensured.

The Canadian Paediatric Society Provides additional information on treatment and further testing and assessment for infants born to women with reactive treponemal tests during pregnancy. See article "[Congenital Syphilis: No longer just of historical interest.](#)"

Healthcare Providers are encouraged to recommend syphilis screening for anyone with risk factors. Risk factors for syphilis include:

- Unprotected sexual activity and/or anonymous sexual partnering;
- Sexual contact with a known case of syphilis;
- Sex with someone from a country/region with a high prevalence of syphilis;
- Previous syphilis, HIV infection or other STBBI;
- Born to a person diagnosed with infectious syphilis in pregnancy;
- Member of a vulnerable populations;
- Street involvement;
- Substance use.

Testing and free treatment for syphilis is available at Grey Bruce Public Health sexual health clinic locations. A list of clinics is available on our [website](#).

ADDITIONAL READING AND RESOURCES

1. [Infectious and Congenital Syphilis in Canada, 2021 – Public Health Agency of Canada](#)
2. [Syphilis Disease Specific Chapter – Ministry of Health](#)
3. [Congenital Syphilis – National Collaborating Centre for Infectious Diseases](#)
4. [Syphilis Guide: Screening and Diagnostic Testing– Public Health Agency of Canada](#)
5. [Syphilis Guide: Treatment and Follow-Up – Public Health Agency of Canada](#)
6. [Development of an algorithm to facilitate the clinical manag... : Journal of the American Association of Nurse Practitioners \(lww.com\)](#)

Sexual Health Team

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