

EMERGING EPIDEMIC ALERT

CONGENITAL SYPHILIS:

a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy

Rates of congenital syphilis are on the rise.



Over 10 times as many babies were born with congenital syphilis in 2022 than in 2012.

10X

Timely testing & treatment during pregnancy might have prevented 88% of congenital syphilis cases in 2022.



88%

TESTING

All pregnant women should be tested at the first prenatal visit

- Retest at 28 weeks gestation and at delivery if at high risk
- Many <u>Nebraska counties</u> have high rates (>4.6 per 100,000) of syphilis. Pregnant women in these counties should be tested for syphilis <u>3 times</u> during pregnancy.

Any woman who had no prenatal care before delivery should have a syphilis serologic test before she or her neonate is discharged.

TREATMENT

Syphilis symptoms will resolve regardless of treatment; however, timely treatment must be received to reduce the chance of in-utero transmission and disease progression.



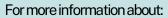
Congenital syphilis can cause:

- miscarriage
- stillbirth
- prematurity
- low birth weight
- death shortly after birth

Babies born with congenital syphilis may have:

- "snuffles" (copious nasal secretions)
- rash and peeling skin (most severe on hands and feet)
- jaundice
- pneumonia
- deformed bones
- severe anemia
- low platelets
- enlarged liver or spleen
- brain and nerve problems (e.g. blindness or deafness)
- meningitis

The NPQIC Annual Summit will feature a speaker with congenital syphilis expertise. Hold your calendars for September 27, 2024!



- Congenital Syphilis (Healthy Start, CDC clinical manifestation)
- Syphilis Rates (CDC County-Level data, CDC syphilis in babies,)
- Treatment (CDC Treatment Guidelines)

