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TO: St. Clair County Providers, Hospital ICPs, Emergency Departments, Walk-in Clinics, OB/GYN

FROM: Brooke Zwack-Tramski RN, BSN,

SCCHD PH Coordinator

P: 810- 987-5300 F: 810-987-3062

MATERNAL AND CONGENITAL SYPHILIS IN MICHIGAN:

St. Clair County Health Department (SCCHD) would like to notify providers, hospital ICP's, Emergency Departments, Walk-In Clinics, and OB/GYN offices that the number of congenital syphilis cases in Michigan has been increasing in recent years. As rates of syphilis in women continue to increase, so do reported cases of congenital syphilis (CS). Rates of CS in the US have increased every year since 2013. Michigan has seen a 320% increase since 2017. In 2021, 42 cases of congenital syphilis were reported in Michigan reaching the highest numbers since the early 1990's. A pregnant woman can transmit syphilis to her child during any stage of syphilis and any trimester of pregnancy. However, the risk of transmission is highest if the mother has been recently infected.

Syphilis symptoms can present in several stages. The primary syphilis chancre is painless and may not be noted by infected persons, as it resolves even without treatment. Most patients who seek care do so with secondary syphilis symptoms that include a rash, often on the palms and soles, condylomata, and lymphadenopathy. Left untreated, syphilis can cause cardiac system abnormalities and neurological symptoms in later stages.

To identify cases early in infection and prevent further transmission, clinicians are requested to follow these recommendations:

- **Test all women who present with other Sexually Transmitted Infections (STIs) or have risk factors for STIs.**
- **All pregnant women residing in Michigan should be screened for syphilis at their first prenatal appointment and again in the third trimester between 28-32 weeks, as required by state law.**
- **Infants should not be discharged from the hospital, unless the mother has been tested for syphilis at least once during pregnancy and preferably again at delivery.**

Congenital syphilis poses a serious threat to infants, often resulting in severe illness or even death. Treatment for infants with congenital syphilis usually requires 10 days of inpatient intravenous therapy and can cost thousands of dollars. Fortunately, congenital syphilis can be prevented by testing pregnant women. (See- [Syphilis During Pregnancy- CDC STI Treatment Guidelines](#) and [Congenital Syphilis- CDC STI Treatment Guidelines](#)).

[Public Act 538 of 2018](#) requires health care providers test for syphilis at the first prenatal visit, and again early in the third trimester.

Treatment for syphilis should be appropriate for the diagnosed stage with one to three shots of benzathine penicillin G, 2.4 million units IM. (see [CDC Treatment Guidelines - Syphilis During Pregnancy](#)). Infants born to untreated mothers, or mothers with inadequate treatment, including those treated- [CDC Treatment Guidelines - Congenital Syphilis](#)).

Call SCCHD with questions at (810) 987-5300.