my prenatal commitment

Together, We Fulfill the Promise

A Comprehensive Guide on Congenital Syphilis Testing, Treatment, and Prevention

HOUSTON HEALTH DEPARTMENT

FOLDER CONTENT:

1. **Colleague Letter from XYZ**
2. **Talking Points for Staff**
3. **The 5 P's: STI & HIV Infection Risk Assessment**
4. **Your Patient is Positive, Now What?**
5. **Treatment Guidelines**
   - Primary, Secondary, and Early Latent Syphilis
   - Late Latent, Latent, and Tertiary Syphilis
6. **Syphilis Staging & Treatment**
   - Determine the Patient's Current Congenital Syphilis Stage
   - Appropriate Treatment Options for Women During Pregnancy
7. **Syphilis Testing Scenarios**
8. **Management of Sex Partners**
9. **Houston Health Department Sexual Health Clinics Map**
10. **Trepanomatoses: Know the Facts**
    - Trepanomatoses Could Cause a Reactive Treponemal Test
    - What is Serofast?

HOUSTON HEALTH DEPARTMENT

My Prenatal Commitment:
Together, We Fulfill the Promise

Dear Colleague,

January 31, 2025

We need your help to effectively fight an ongoing syphilis outbreak in Houston and Harris County. The Houston Health Department, through its Bureau of HIV/STI and Viral Hepatitis Prevention, has noted a steady rise in early syphilis cases (primary, secondary and early latent stages) since 2020. These cases increased 128 percent among women — leading to a sharp rise in congenital syphilis. Other statistics indicate that the syphilis crisis was worsened by some health care providers relying on faulty screening procedures for their prenatal care patients.

For this reason, we're launching an awareness campaign, My Prenatal Commitment: Together, We Fulfill the Promise, urging health care providers to learn and practice accurate testing and treatment procedures with all pregnant patients. Specifically, we need you to 1) inform the pregnant women you treat about the significant rise in congenital syphilis cases in the Houston area; and 2) ensure these women take the legally required initial test and two additional tests during their pregnancies to detect and treat any sexually transmitted illnesses that may cause congenital syphilis in their infants.

We realize many health care providers who treat prenatal care patients are not experts on STI testing requirements. That's why we encourage you to call 855.264.8463 to consult with us about the most effective ways to ensure a thorough and accurate STI test-confirm-report process for the treatment of your prenatal care patients. Together, we fulfill the promise … of putting the baby first.

Sincerely,

David Persse

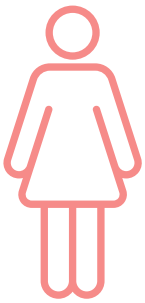
David E. Persse, M.D.
Chief Medical Officer
Houston Health Department

HOUSTON HEALTH DEPARTMENT

SYPHILIS

Talking Points for Staff:

Screening recommendations and considerations referenced in Treatment Guidelines and Original Sources



Women

Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection

Pregnant Person

- Screen asymptomatic women at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity) for syphilis infection
- All pregnant women at the first prenatal visit
- Retest at 28-32 weeks and at delivery (lives in a community with high syphilis morbidity or is at risk for syphilis acquisition during pregnancy [drug misuse, STIs during pregnancy, multiple partners, a new partner, partner with STIs])

Transgender & Gender Diverse People

Consider screening at least annually based on reported sexual behaviors and exposure

Information Continues on the Other Side ⟶

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

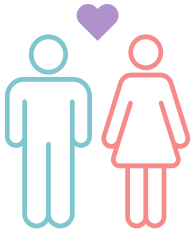
HOUSTON HEALTH DEPARTMENT

SYPHILIS

Talking Points for Staff (cont.):

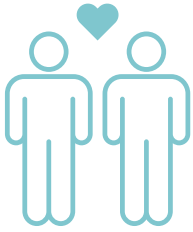
Persons with HIV

- For sexually active individuals, screen at first HIV evaluation, and at least annually thereafter
- More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology



Men Who Have Sex with Women

Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection



Men Who Have Sex with Men

- At least annually for sexually active MSM
- Every 3 to 6 months if at increased risk
- Screen asymptomatic adults at increased risk (history of incarceration or transactional sex work, geography, race/ethnicity, and being a male younger than 29 years) for syphilis infection

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

THE 5 P's

STI & HIV Infection Risk Assessment:

Partners

"Are you currently having sex of any kind?"

"What is the gender(s) of your partner(s)?"

Protection from STIs

"Do you and your partner(s) discuss prevention of STIs and human immunodeficiency virus (HIV)?"

"Do you and your partner(s) discuss getting tested?"

For condoms:

- "What protection methods do you use? In what situations do you use condoms?"

Past History of STIs

"Have you ever been tested for STIs and HIV?"

"Have you ever been diagnosed with an STI in the past?"

"Have any of your partners had an STI?"

Practices

"To understand any risks for sexually transmitted infections (STIs), I need to ask more specific questions about the kind of sex you have had recently."

What kind of sexual contact do you have, or have you had?

- "Do you have vaginal sex, meaning 'penis in vagina' sex?"
- "Do you have anal sex, meaning 'penis in rectum/anus' sex?"
- "Do you have oral sex, meaning 'mouth on penis/vagina'?"

Pregnancy Intentions

"Do you think you would like to have (more) children at some point?"

"When do you think that might be?"

"How important is it to you to prevent pregnancy (until then)?"

"Are you or your partner using contraception or practicing any form of birth control? Would you like to talk about ways to prevent pregnancy? Do you need any information on birth control?"

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

SYPHILIS:

Stage of syphilis. Treatment will depend on this.

If patient is diagnoised with an STI, it increases the risk to become infected with another STI.

Treat pregnant women with Penicilin G Benzathine (Bicillin). If allergic, desensitize.

Sexual abstinence until 20 days after adequate treatment completion.

Treating sexual partners is essential to avoid reinfections.

Educate the patient in condom use.

Test pregnant women at gestation.

Do not share sex toys with sexual partners.

Ask for symptoms even if you don't find them in the physical examination. Ask the onset and duration.

Test RPR and TPPA simultaneously.

Do not use FTA-ABS, gives false positives.

If patient tested positive for syphilis, test for HIV, Chlamydia, Gonorrhea, etc.

Follow up in 6 months from treatment completion. In patients with HIV follow up monthly.

Conduct thorough physical examination looking for lesions, body rash, rash on palms and soles, lymphadenopathy, alopecia, mucous patches, and other symptoms to stage properly.

Visit For More Information:

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

SYPHILIS

Treatment Guidelines:

Primary, Secondary, and Early Latent Syphilis

Recommended Regimen for Primary and Secondary Syphilis Among Adults

Benzathine penicillin G 2.4 million units IM in a single dose.

Available data demonstrate that use of additional doses of benzathine penicillin G, amoxicillin, or other antibiotics do not enhance efficacy of this recommended regimen when used to treat primary and secondary syphilis, regardless of HIV status.

Follow-Up
Clinical and serologic evaluation should be performed at 6 and 12 months after treatment.

Penicillin Allergy
Multiple therapies might be effective for nonpregnant persons with penicillin allergy who have primary, secondary or early latent syphilis.
Doxycycline (100 mg orally 2 times/day for 14 days)
or Tetracycline (500 mg orally 4 times/day for 14 days).

Late Latent, Latent and Tertiary Syphilis

Recommended Regimen for Late Latent and Tertiary Syphilis

Benzathine penicillin G 7.2 million units IM administered as 3 doses of 2.4 million units IM each at 1-week intervals (7 to 9 days).

Late Latent Syphilis:
Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals (7 to 9 days).

The only acceptable alternatives for treating late latent syphilis or syphilis of unknown duration are doxycycline (100 mg orally 2 times/day) or tetracycline (500 mg orally 4 times/day), each for 28 days.

Information Continues on the Other Side ⟶

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

SYPHILIS

Treatment Guidelines (cont.):

Latent Syphilis

Latent syphilis is defined as syphilis characterized by seroreactivity without other evidence of primary, secondary, or tertiary disease. Patients can receive a diagnosis of early latent syphilis if, during the year preceding the diagnosis, they had a documented seroconversion or a sustained (>2 weeks) fourfold or greater increase in nontreponemal test titers in a previously treated person.

In the absence of these conditions associated with latent syphilis, an asymptomatic person should be considered to have latent syphilis of unknown duration or late latent syphilis (>1 year's duration).

Tertiary Syphilis

Tertiary syphilis refers to gummas, cardiovascular syphilis, psychiatric manifestations (e.g., memory loss or personality changes), or late latent syphilis.

7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals (7 to 9 days) Doxycycline (100 mg orally 2 times/day for 28 days) in case of nonpregnant allergic patients.

Combinations of some penicillin preparations are not appropriate replacements for benzathine penicillin. For example, Bicillin C-R, a combination of benzathine penicillin and procaine penicillin.

Additional Notes:

Pregnant women diagnosed with primary or secondary syphilis who have an allergy to PCN should undergo desensitization. As Benzathine penicillin is the only recommended treatment for syphilis in pregnancy.

Tetracycline and Doxycycline are to be avoided in the 2nd and 3rd trimesters of pregnancy.

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

SYPHILIS STAGING & TREATMENT:

Determine the Patients Current Syphilis Stage: Signs and Symptoms You Look For

STAGE OF SYPHILIS

SIGNS & SYMPTOMS	Primary	Secondary	Early Latent	Late Latent
	 **One or more** lesion at site of exposure (mainly genital and oral areas) **Lesions (chancre) that appear are typically single painless ulcers.** Occasionally may present with multiple and/or painful chancres.	 **Rashes** that may appear on palms or soles of feet  **Rashes** that appear on trunk or other areas of the body  **Large, raised, gray or white lesions** in warm, moist areas of the body  **Patchy alopecia (hair loss)** on scalp, eyebrows, or eyelashes	 **No current visible signs or symptoms** Patient remembers sign or symptom that occurred **within the past 12 months**	 **No current visible signs or symptoms** Patient remembers sign or symptom that occurred **more than 12 months ago**

Please Note:
Lesions (chancre) and patchy alopecia (hair loss) can occur at any stage of syphilis, including neurosyphilis, ocular syphilis, and otosyphilis.

Information Continues on the Other Side ⟶

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

SYPHILIS STAGING & TREATMENT:

Appropriate Treatment Options for Women During Pregnancy

BENZATHINE PENCILLIN G

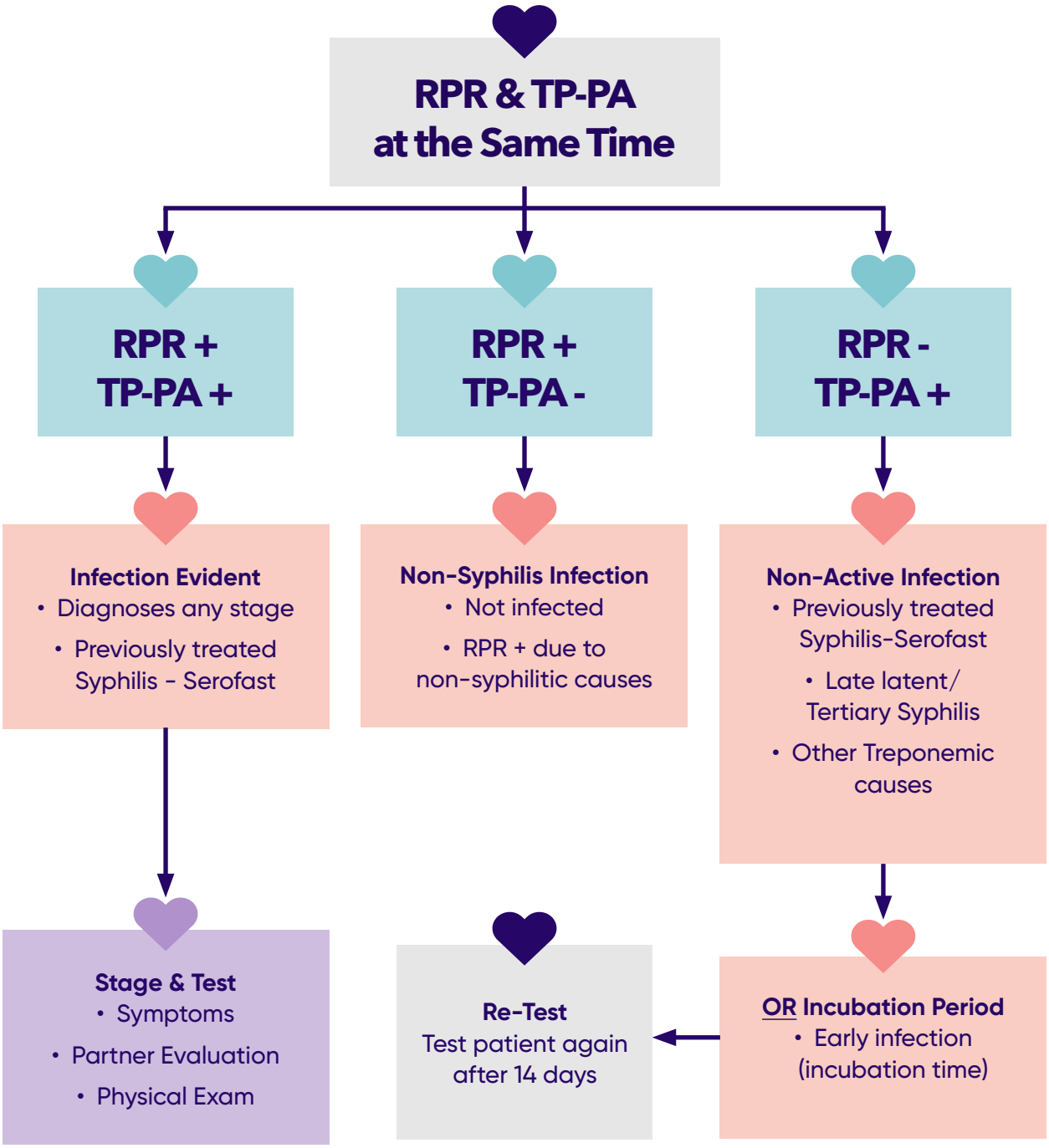
STAGE OF SYPHILIS	**2.4 million** units IM in **a single dose**	**7.2 million** units IM in **3 doses at 1 week intervals**
Primary	✓	
Secondary	✓	
Early Latent	✓	
Late Latent		✓

NOTE: IM = Intramuscular;
Please review the CDC's 2015 Treatment Guidelines for patients who have an allergy to penicillin: https://www.cdc.gov/std/tg2015/default.htm

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

SYPHILIS TESTING SCENARIOS:



Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

MANAGEMENT OF SEX PARTNERS:

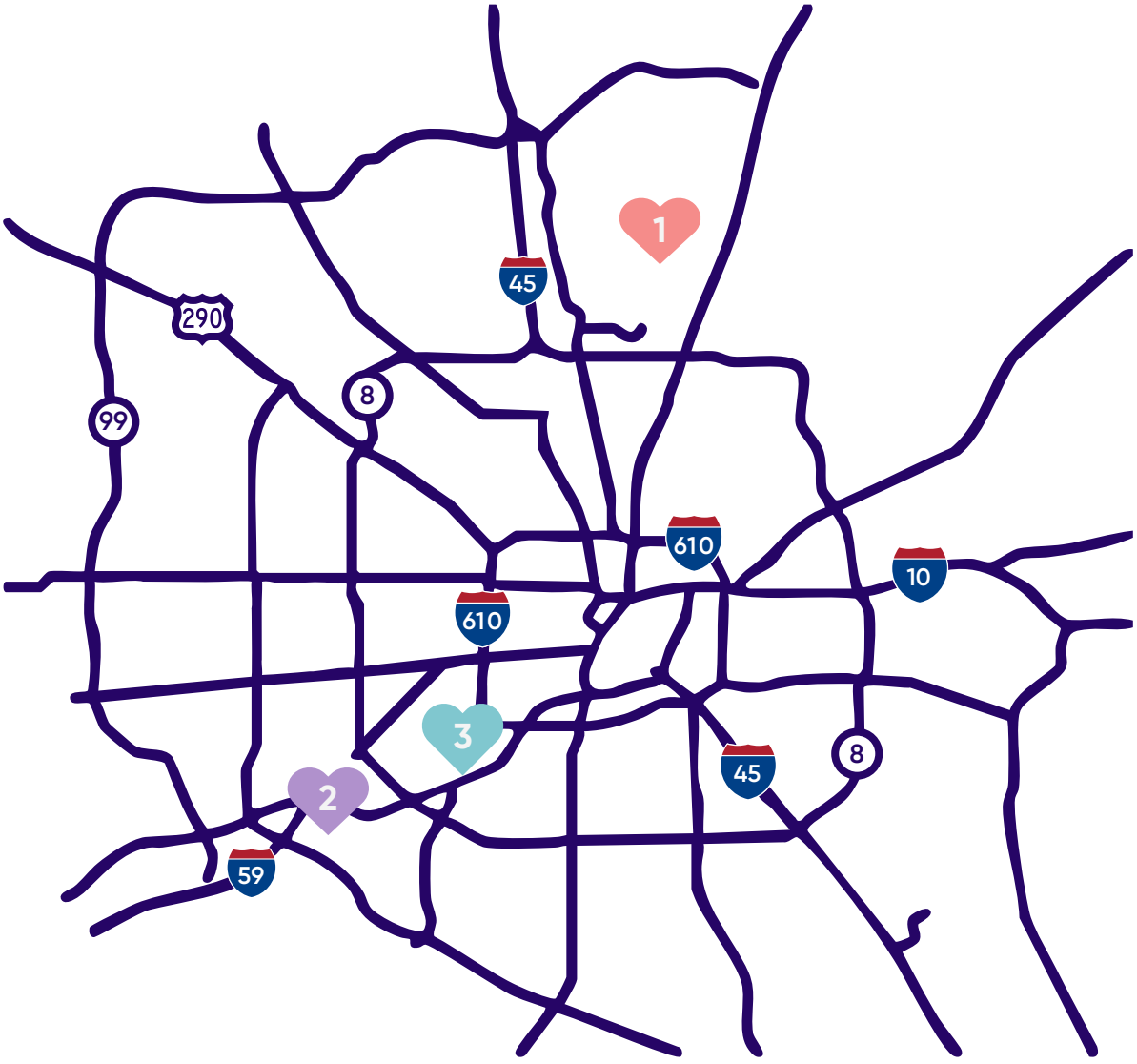
Sexual transmission of T. pallidum is thought to occur only when mucocutaneous syphilitic lesions are present. Such manifestations are uncommon after the first year of infection. **Persons exposed through sexual contact with a person who has primary, secondary, or early latent syphilis should be evaluated clinically and serologically and treated according to the following recommendations:**

- Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis <90 days before the diagnosis should be treated presumptively for early syphilis, even if serologic test results are negative.
- Persons who have had sexual contact with a person who receives a diagnosis of primary, secondary, or early latent syphilis >90 days before the diagnosis should be treated presumptively for early syphilis if serologic test results are not immediately available and the opportunity for follow-up is uncertain. If serologic tests are negative, no treatment is needed. If serologic tests are positive, treatment should be based on clinical and serologic evaluation and syphilis stage.
- In certain areas or among populations with high syphilis infection rates, health departments recommend notification and presumptive treatment of sex partners of persons with syphilis of unknown duration who have high nontreponemal serologic test titers, high titers might be indicative of early syphilis. These partners should be managed as if the index patient had early syphilis.
- Long-term sex partners of persons who have late latent syphilis should be evaluated clinically and serologically for syphilis and treated based on the evaluation's findings.
- The following sex partners of persons with syphilis are considered at risk for infection and should be confidentially notified of the exposure and need for evaluation: partners who have had sexual contact within 3 months plus the duration of symptoms for persons who receive a diagnosis of primary syphilis, within 6 months plus duration of symptoms for those with secondary syphilis, and within 1 year for persons with early latent syphilis.

HOUSTON HEALTH DEPARTMENT

HOUSTON HEALTH DEPARTMENT

Sexual Health Clinics



1

Northside Health Center
8504 Schuller Rd,
Houston, TX 77093
832-395-9100

2

Sharpstown Health Center
6201 Bonhomme Rd Suite 300,
Houston, TX 77036
832-395-9800

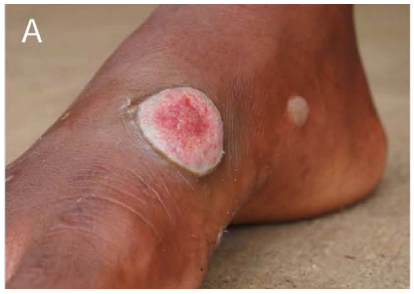
3

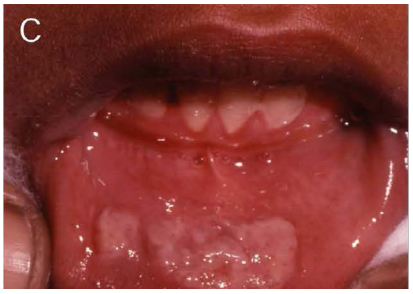
Sunnyside Health Center
4410 Reed Rd,
Houston, TX 77051
832-395-0069

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

TREPANOMATOSES: KNOW THE FACTS





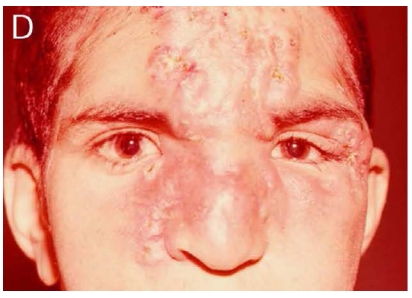
Trepanomatoses Could Cause a Reactive Treponemal Test

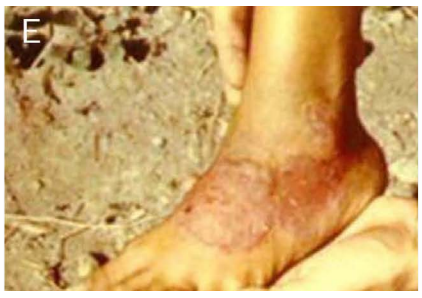
Infection with other T. pallidum subspecies (i.e., *T. pallidum subsp. pertenue, T. pallidum subsp. endemicum, and T. carateum*) is acquired through contact with infected skin. These may result in a simple rash but may progress and cause disfiguring skin lesions. Unlike syphilis, these infections are not considered sexually transmitted.

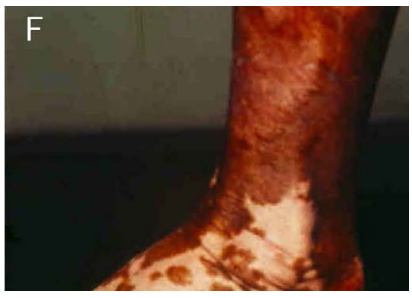
Infection with any of these subspecies can also cause seroreactivity for treponemal and nontreponemal tests used for diagnosis of syphilis; therefore, it is important to obtain history of sexual and nonsexual exposures and consider T. pallidum subspecies in patients from areas where these infections are endemic.

Treponema species typically associated with nonvenereal disease are transmitted among populations living in tropical, subtropical, or warm arid climates.

Reactive non-treponemal test with non-reactive treponemal test might suggest immune conditions. **Always order the non-treponemal (RPR) test with the treponemal test (TPPA-Treponema Pallidum Particle Agglutination) to confirm syphilis diagnosis.**







Information Continues on the Other Side ⟶

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054

HOUSTON HEALTH DEPARTMENT

SYPHILIS: KNOW THE FACTS (cont.)

What is Serofast?

When RPR titers decreases or seroconvert it is called serofast. It happens not only when patients are adequately treated but also when body's natural immunity is fighting against the infection.

Healthcare providers should never assume a patient is serofast if not having the evidence to support that the patient was adequately treated. For patients coming from outside of the country, it is necessary to consider getting the patient to re-start the treatment if they do not provide written documentation of treatment.

After appropriate treatment, evaluating clinical and serologic response to treatment is necessary. However, even following successful treatment, reinfection can occur. For this reason, it is important to also test and treat all sexual partners for the patient.

Houston Health Department
8000 North Stadium Drive, Houston, TX 77054