

Syphilis in women ALERT

Information for primary health care practitioners, antenatal services, and sexual health services

Key points:

1. Screen all pregnant women for syphilis early in gestation.
2. Screen pregnant women considered at increased risk of an STI again at 24-28 weeks.
3. Treat all pregnant women with syphilis urgently.
4. Contact your local sexual health clinic or public health unit for advice and assistance.

Syphilis during pregnancy

- Syphilis is primarily transmitted via sexual contact, but also from mother to baby.
- Congenital syphilis can cause stillbirth, neonatal death, preterm delivery or low birth weight, and severe congenital abnormalities.

Increase in syphilis notifications in women and infants

- There was a 60% increase in infectious syphilis notifications in women under the age of 46 years in NSW in 2018 compared to 2017 and notifications in 2019 remain elevated.
- From January 2018 to August 2019, there were two confirmed cases of congenital syphilis in non-Indigenous infants in NSW. In both cases, the first antenatal visit occurred late in pregnancy and treatment was delayed.
- The syphilis outbreak among Aboriginal and Torres Strait Islander people in the Northern Territory, Queensland, South Australia and Western Australia is ongoing and may spread to NSW.

Offer syphilis serology to all women:

- When there are any signs and symptoms of infectious syphilis (presence of an ulcer/chancere or rash).
- When managing any other STIs, including women presenting as a contact of a person with an STI.
- As part of STI screens, during MBS item 715 health checks for Aboriginal women, and opportunistically.

Managing the risk of syphilis in pregnancy

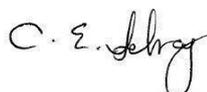
- Ascertain the pregnancy status of all women tested for syphilis or any other sexually transmissible infection.
- Test for syphilis at the first antenatal visit.
- Test again at 24-28 weeks in those at increased risk. This includes all pregnant Aboriginal women and women whose baby will be identified as Aboriginal, women with an STI diagnosis during the current pregnancy or in the previous 12 months, women who have sex with bisexual men, have multiple sexual partners, use drugs, or engage in sex work.
- Urgently recall all women with reactive syphilis serology to assess the need for treatment. Treatment needs to be administered as soon as possible
- **Seek early assistance from your local sexual health clinic or public health unit for:**
 - Patient recall;
 - Interpretation of test results, disease staging, and risk assessment for congenital syphilis;
 - Treatment administration or access problems;
 - Contact tracing.

Treatment of syphilis in pregnancy

- For infectious syphilis: Benzathine penicillin 2.4 million units (equivalent to 1.8 g-usually two full vials) IMI stat.
- For late latent syphilis and syphilis of unknown duration: Benzathine penicillin 2.4 million units (equivalent to 1.8 g-usually two full vials), weekly for 3 weeks.
- If the recommended penicillin-containing regimen is not completed at least 30 days prior to delivery, treatment is considered inadequate for the purpose of assessing the risk to the neonate.
- Consider ordering benzathine benzylpenicillin (Bicillin L-A) in advance through the Emergency Drug Supply Schedule (Prescribers Bag; listed 1 September 2019).

More information and help

- In NSW, calling **1300 066 055** will direct you to your local Public Health Unit.
- The NSW Sexual Health Info Link can be reached at **1800 451 624** or www.shil.nsw.gov.au.
- The Australian STI Management Guidelines are available at www.sti.guidelines.org.au.



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