

## Notification of Rapid Rise in Congenital Syphilis

In recent years, rates of primary and secondary (PS) syphilis in women have increased substantially across the United States; 21% from 2019-2020 and 147% between 2016-2020. The data suggest a shift from largely affecting men who have sex with men, to a heterosexual syphilis epidemic. **Michigan is following these trends with 21% of PS syphilis cases reported in 2021 occurring among women of childbearing age.**

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, condyloma lata, 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.

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 <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>). For treatment guidelines for infants born to untreated mothers, or mothers with inadequate treatment (including those treated), see <https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm>).

**Health care providers may contact MDHHS for additional information. For more information on congenital syphilis please contact Aleigha Phillips, Congenital Syphilis Coordinator, at [phillipsa3@michigan.gov](mailto:phillipsa3@michigan.gov). For other syphilis questions, contact Karen Lighthouse, Statewide Provider Liaison, at [lighthousek@michigan.gov](mailto:lighthousek@michigan.gov).**