



Date: October 10, 2023

BCD 2023-06

To: Wisconsin Health Care Providers, Local Health Departments, Tribal Health Clinics,
Infection Preventionists, and Clinical Laboratories

From: Ryan Westergaard, MD, Ph.D., Chief Medical Officer and State Epidemiologist for
Communicable Disease

Rising Congenital Syphilis Cases: Test for Syphilis During Pregnancy

[Surveillance data](#) from 2022 shows a rise in congenital syphilis cases in Wisconsin. The number of congenital syphilis cases increased from 2 cases in 2019 to 29 cases 2022. Because of the increase in cases statewide, Wisconsin Department of Health Services (DHS) requests your assistance with detecting, reporting, and treating patients, especially pregnant patients, with syphilis.

Diagnosis

- Clinicians at **all** health care facilities and medical settings (including urgent care or emergency departments) are recommended to order or perform a serologic test for syphilis (STS) to screen pregnant patients.
- All pregnant patients should be screened for syphilis at least three times during pregnancy:
 - 1) During the first trimester or at the time of diagnosis of pregnancy, especially if patients are uninsured or have other barriers to health care.
 - 2) At 28 weeks of pregnancy.
 - 3) At delivery. Providers are implored to not discharge any patients who recently gave birth and their neonate until the test results are documented and any necessary treatment is provided or begun.
- Factors that may increase a pregnant persons' risk for syphilis include, and are not limited to:
 - Exposure to any sexually transmitted disease.
 - Exchanging sex for money or drugs.
 - Injection drug use.
- Neonates born to patients whose syphilis status is reactive or unknown at the time of delivery should also be tested for syphilis by using a blood draw on the infants' heel.
- All patients diagnosed with syphilis should also be tested for HIV.

Reporting

All reactive STS are required to be reported to the local health department jurisdiction of the patient's home address **within 72 hours**. Per statute, local and tribal health departments should receive two reports on each suspect case, one from the clinician (clinical information) and one from the laboratory (laboratory result). Clinicians and laboratorians should review [Wis. Stat. ch. 252](#), and [Wis. Admin. Code ch. DHS 145](#) for details. Local and tribal health departments should report congenital syphilis cases to the Wisconsin Electronic Disease Surveillance System (WEDSS).

Treatment

Pregnant women should be treated with the recommended penicillin regimen for their stage of infection. See the CDC (Centers for Disease Control and Prevention) [treatment guidelines for syphilis during pregnancy](#).

Neonates with confirmed congenital syphilis, should be treated with either:

- **Aqueous crystalline penicillin G** 100,000–150,000 units/kg body weight/day, administered as 50,000 units/kg body weight/dose by IV every 12 hours during the first 7 days of life and every 8 hours thereafter for a total of 10 days
- **Procaine penicillin G** 50,000 units/kg body weight/dose IM in a single daily dose for 10 days

See the [CDC treatment guidelines for congenital syphilis](#).

For questions or assistance, contact Syphilis Surveillance Coordinator (at 608-266-1323 or craig.berger@dhs.wisconsin.gov) or the DPH Bureau of Communicable Diseases (at 608-267-9003 or DHSDPHBCD@dhs.wisconsin.gov).