Congenital Syphilis in North Carolina
Reported Syphilis Case Data, 2017

Syphilis and congenital syphilis is increasing in North Carolina

- Early syphilis (primary, secondary, and early latent) cases among women increased from 2012 to 2016, and congenital syphilis has also been increasing.
- There were 23 probable congenital syphilis cases (19.0 cases per 100,000 live births) reported in 2017. This is a 229% increase from 2014.
- Nationwide, there were 64 still births in 2017, up from 41 in 2016.

Syphilis and congenital syphilis is also increasing in the US

- Nationally, congenital syphilis rates have been increasing since 2012. The national rate was 23.3 cases per 100,000 live births in 2017.
- Increases in congenital syphilis parallel increases in primary and secondary syphilis among women during 2012–2017 (see figure on left). *

*CDC. 2017 STD Surveillance Report

Congenital syphilis is preventable!

Among women with syphilis who gave birth to an infant with congenital syphilis in North Carolina in 2017:

- Although most mothers accessed some prenatal care, none of the mothers had full screening for syphilis, as indicated by North Carolina testing requirements.
- 60% of mothers were infected during pregnancy, emphasizing the importance of full syphilis screening during pregnancy.
- Mothers AND their partners must be treated to prevent reinfection.
What is North Carolina doing to decrease babies born with congenital syphilis?

• Program alerts are sent out to medical providers as new information is available.
• State and local health departments are collaborating to increase awareness among the community and clinical providers.
• More information about testing for syphilis among pregnant women and newborns born to women infected with syphilis can be accessed at: North Carolina testing requirements

What CLINICIANS can do

• Ensure that ALL pregnant women receive full syphilis screening (first prenatal visit, between 28-30 weeks gestation, and at delivery).
  ◦ Perform a thorough sexual health and risk assessment at every prenatal visit.
  ◦ Testing for syphilis during first and third trimesters allows the mother to be treated prior to birth and can prevent congenital syphilis.
  ◦ Testing at delivery ensures that all potential congenital syphilis infections are identified and treated appropriately.
  ◦ Newborns should not be discharged from the hospital until the serologic status of the mother is known.
  ◦ Treat all sexual partners of pregnant women diagnosed with syphilis to prevent re-infection.

• For clinical questions, refer to the STD Clinical Consultation line: https://www.stdccn.org/
• For provider training resources, refer to the National Network of STD Clinical Prevention Training Centers: http://nnptc.org/

What YOU can do

• If you are sexually active make sure your care provider is offering you regular screening for all STDs.
• If you are diagnosed with syphilis, notify your sexual partners of the need to seek testing and treatment.