

**Alabama Department of Public Health (ADPH)  
Alabama Medicaid Agency (AMA)  
Alabama Emergency Response Technology (ALERT)  
Health Alert Network (HAN)  
September 12, 2022**

**Joint Effort of ADPH and AMA to Stop the Rise of Congenital Syphilis in Alabama**

**Key Message**

Since 2019, Alabama continues to report record high cases of congenital syphilis. The state reported 15 cases in 2019, 23 cases in 2020, and, alarmingly, 36 cases in 2021. Of these reported cases, 79% percent of the mothers received prenatal care, but prevention opportunities, such as syphilis testing for early detection and adequate treatment, were missed. The most missed opportunities to prevent congenital syphilis among prenatal care recipients in Alabama were lack of syphilis diagnosis early in the third trimester. Forty-four percent of these pregnant women had a negative syphilis test result at the first prenatal testing but a positive test close to, or during, labor and delivery. The information, which can be accessed in the link below, shows that pregnant women in Alabama are at a higher risk of syphilis infection during late pregnancy.

<https://www.alabamapublichealth.gov/std/syphilis-prevention.html>

**Key Facts**

- Women are at the same risk for acquiring a new STD, such as syphilis, whether or not they are pregnant.
- Untreated syphilis during pregnancy can cause miscarriage, stillbirth, prematurity, low birth weight, hydrops fetalis, or infant death shortly after birth.
- Babies born with congenital syphilis may be asymptomatic. Infected infants may also present with hepatosplenomegaly, snuffles (copious nasal secretions), lymphadenopathy, mucocutaneous lesions, pneumonia, osteochondritis, periostitis, maculopapular rash, hemolytic anemia, or thrombocytopenia at birth or within the first four to eight weeks of life. Untreated infants, including those asymptomatic at birth, may develop late manifestations, which usually appear after 2 years of age. Children can have CNS abnormalities, eighth cranial nerve deafness, interstitial keratitis, and other severe manifestations of disease.
- Early detection and treatment of syphilis in pregnant women is critical for the infant and far more cost-effective than treating an infant with complications of congenital syphilis.

For more information about syphilis and congenital syphilis cases, please visit <https://www.cdc.gov/std/>.

**Recommended STD Testing in Pregnant Women**

- **First/Initial Prenatal Visit:** Screen for Chlamydia, Gonorrhea, Syphilis, HBV, HCV, and HIV infection (unless the patient is already confirmed to have HIV infection).

- **Early Third Trimester (between 28-32 weeks gestation) Regardless of Risk Factors:** Screen for Syphilis and HIV. If a person is already known to be HIV positive, the person does not need to be rescreened for HIV infection.
- **Labor and Delivery:** Test all pregnant women at the time of labor and delivery for Syphilis, HIV infection (If a person is already known to be HIV positive, the person does not need to be rescreened for HIV infection.) and HBV (if no prior HBV testing) or the patient has signs and symptoms of hepatitis.

For the **complete guide for STD screening in pregnant women**, see link below:

[https://www.alabamapublichealth.gov/std/assets/prenatal\\_testing.pdf](https://www.alabamapublichealth.gov/std/assets/prenatal_testing.pdf)

### Syphilis Treatment During Pregnancy

**Due to missed opportunities resulting in a significant number of cases of congenital syphilis in Alabama, ADPH is recommending the following treatment regimens, including re treating of women who were previously treated syphilis before pregnancy.**

All pregnant women with signs and symptoms and/or a positive syphilis test result must be treated, as detailed below, **at least 30 days before delivery** to prevent congenital syphilis:

- **Primary Syphilis, Secondary Syphilis, or Early Non-Primary and Non-Secondary Syphilis:** Benzathine penicillin 2.4 million units IM every week for two weeks at 5-7 days interval.
- **Syphilis Unknown Duration, Late Syphilis, or Previously Treated Positive before Pregnancy:** Benzathine penicillin 2.4 million units IM every week for three weeks at 5-7 days interval.

### Reimbursement

- Alabama Medicaid supports the Alabama Department of Public Health recommendations of testing pregnant women for Syphilis and HIV at the initial prenatal visit and again early in the third trimester of pregnancy due to the increase in congenital syphilis cases between 2019 and 2021.
- Alabama Medicaid covers payment for Syphilis and HIV screening/testing during pregnancy. Syphilis and HIV testing are reimbursed separately from the global maternity codes.
- If there are issues related to claims processing for these services, please contact the Provider Assistance Center at 1-800-688-7989.

**Patient Partner Referral:** For treatment to prevent reinfection of the pregnant woman.

Learn more: <https://www.alabamapublichealth.gov/std/syphilis-prevention.html>

**ADPH Support**

ADPH offers free syphilis testing and treatment for pregnant women and their partners.

For more information, visit

<https://www.alabamapublichealth.gov/std/prenatal-std-testing.html>

**Reporting**

Report syphilis and congenital syphilis cases immediately online at

<https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD> or call ADPH STD Division at 334-206-5350

**Points of Contact:**

Dr. Burnestine Taylor, ADPH Bureau of Communicable Disease Medical Officer 334-206-9380

Dr. Wes Stubblefield, ADPH District Medical Officer and Pediatrics Consultant 256-340-2113

Dr. Karen Landers, ADPH Chief Medical Officer, 334-206-5200

Dr. Agnes Oberkor, ADPH Congenital Syphilis Coordinator, 334-206-3913

Mr. Anthony Merriweather, M.S.P.H., 334-206-2765, ADPH

Alabama Medicaid Provider Assistance Center, 1-800-688-7989