

Let's Get Started Today!

ALABAMA PUBLIC HEALTH



Everything You Need to Know

- · Discuss detailed sexual history and STD testing with ALL pregnant patients.
- Know key signs and symptoms to look for:

Stage	Onset	Characteristics		
Primary	2-3 weeks after infection	Painless chancre (lesion or sore)		
Secondary	4-10 weeks after chancre	 Diffuse body or palmar- plantar skin rash Flat mucous patches Elevated condylomata lata (warty plaques) 		
Early Latent	<1 year after infection	Serological proof BUT asymptomatic (early, non-primary, non- secondary)		
Late Latent	>1 year after infection	Serological proof BUT asymptomatic (late or unknown duration)		
Tertiary 2-50 years after infection		Tumor-like gumma (necrotic granuloma)Cardio, neuro, and ocular complications		

- Alabama continues to experience Untreated syphilis can affect record high increase in syphilis and congenital syphilis cases.
- Syphilis is a sexually transmitted disease (STD) caused by the bacterium Treponema pallidum. Syphilis spreads from person-to-person by direct contact with a syphilitic sore, known as a chancre. Chancres can occur in, on, or around the penis, vagina, anus, rectum, and lips or mouth. Syphilis can spread during vaginal, anal, or oral sex. Pregnant women with syphilis also can transmit the infection to their unborn child.
- Increase syphilis rate among men has a direct impact on the number of women and infants diagnosed with syphilis.
- Women are at the same risk of acquiring a new STD, such as syphilis, whether or not they are pregnant.

- multiple organ systems (brain, nerves, eyes, heart, blood vessels, liver, bones, muscles, and joints).
- Untreated syphilis during pregnancy can cause miscarriage, stillbirth, prematurity, low birth weight, hydrops fetalis, or infant death shortly after birth.
- Congenital Syphilis is easy and inexpensive to prevent.
- · Many signs and symptoms can go unnoticed, so regular STD screening before and during pregnancy is helpful for early diagnosis and treatment at least 30 days before delivery.
- · Alabama Medicaid reimburses prenatal care providers for all STD Screening in Pregnant Women.

For more information, visit alabamapublichealth.gov/std/prenatal-std-testing.html.

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ALABAMA PRENATAL STD TESTING



Test (All test must be FDA approved)	Initial Prenatal Visit	Third Trimester	Labor and Delivery (L&D)
Syphilis	All pregnant persons.	All pregnant persons at 28-32 weeks gestation.	All pregnant persons.
HIV	All pregnant persons not previously confirmed as HIV infected.	All pregnant persons at 28-32 weeks gestation, regardless of risk factors unless previously confirmed as HIV infected.	All pregnant persons unless already confirmed as HIV infected.
Chlamydia	All pregnant persons.	All pregnant persons at 36 weeks gestation if: • The initial test was positive, • Signs or symptoms present, or • At high risk of infections	Only if no prenatal care.
Gonorrhea	All pregnant persons.	All pregnant persons at 36 weeks gestation if: • The initial test was positive, • Signs or symptoms present, or • At high risk of infections	Only if no prenatal care.
HBV	All pregnant persons.		All pregnant persons.
нсу	All pregnant persons.		Only if no prenatal care.

No Prenatal Care -Patient Presents at Delivery

Test	Labor and Delivery	
Syphilis	All pregnant persons.	
HIV	All pregnant persons unless already confirmed to be infected with HIV infection.	
Chlamydia	All pregnant persons.	
Gonorrhea	All pregnant persons.	
HBV	All pregnant persons.	
HCV	All pregnant persons.	



Because of missed opportunities resulting in a significant number of cases of congenital syphilis in Alabama, ADPH is recommending the following treatment regimens, including retreatment among women who were previously treated for 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-day interval.
- Syphilis Unknown Duration, Late Syphilis, or Previously Treated for Syphilis before Pregnancy: Benzathine penicillin 2.4 million units IM every week for three weeks at 5-7 days interval.

Patient Partner Referral: Partners need treatment to prevent reinfection in the pregnant woman.

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



TREATMENT OF CHLAMYDIA, GONORRHEA, & TRICHOMONIASIS IN PREGNANT WOMEN

Disease	Recommended Regimen	Alternative Regimen
Chlamydia	Azithromycin 1 g PO in a single dose	Amoxicillin 500 mg PO TID x 7 days
Gonorrhea	Person < 300 lb. Ceftriaxone 500 mg lM in a single dose Person ≥ 300 lb. Ceftriaxone 1 g lM in a single dose PLUS Azithromycin 1 g orally in a single dose If Chlamydia Test Result Positive or Unknown	
Trichomoniasis	Metronidazole 500 mg PO BID X 7 Days	Tinidazole 2 g PO in a single dose

TREATMENT OF SEX PARTNERS OF PREGNANT WOMEN WITH CHLAMYDIA, GONORRHEA, OR TRICHOMONIASIS

- Treat all sex partners promptly to prevent reinfection of the pregnant woman.
- Patient Partner Referral: ADPH offers free testing and treatment of sex partners to prevent reinfection, especially, of the pregnant woman.
- Expedited Partner Therapy (EPT) is an option for treating sex partners.
 - o To ensure compliance, providers should use only single dose regimens for EPT.
 - o Azithromycin 1 gm PO in a single dose for chlamydia, Cefixime 800 mg PO in a single dose for gonorrhea, and Metronidazole 2 g or Tinidazole 2 g PO in a single dose for trichomoniasis.
 - o Do not offer EPT to sex partners of a patient diagnosed with syphilis or co-infected with HIV.
 - o Do not offer EPT to patients less than 12 years old as there may be potential sexual abuse cases requiring investigation.
 - Do not offer EPT to a patient who shows that he/ she cannot deliver the prescription or medication to the partner.
 - o Do not offer EPT to partners of patients treated presumptively with no positive laboratory results.



Contact ADPH for questions and the closest county health department near your client: 334-206-5350 or email: std.info@adph.state.al.us

ALABAMA PUBLIC HEALTH

ACCESSING RECORDS & REPORTING IN ALABAMA FOR CONGENITAL SYPHILIS

ACCESSING PATIENT HISTORY

 To access a patient's Syphilis history (including previous titers and treatments), you may call the Alabama Department of Public Health's Bureau of Communicable Diseases at 334-206-5350.

WHAT YOU NEED FOR ACCESS

- You will need the following information when calling about a patient's history:
 - Patient name
 - Date of Birth
 - SSN (if able)
 - Partner's name (if applicable)

REPORTING SYPHILIS

- All physicians, nurses, medical examiners, hospital administrators, and lab directors are responsible for reporting Notifiable Diseases in Alabama.
 Syphilis is a Notifiable Disease.
- Report all cases of Syphilis (congenital or noncongenital) through the ADPH Website using the REPORT CARD for Reportable Diseases/Condition.
- Report cases of Syphilis within 3 days of diagnosis.

WHAT YOU NEED FOR REPORTING

You will need the following information when reporting:

- Patient Name
- Address
- Phone Number
- DOB
- Gender
- Race
- Ethnicity
- Marital Status
- SSN
- · Patient's Payor Source
- Date of onset
- Date of diagnosis
- Date of exam
- Date of lab results
- Performing Lab
- Lab Accession number
- Specimen test site
- Qualitative results
- Quantitative results
- Treatment
- Date of treatment





Scan the QR code for quick access to the ADPH REPORT Card for Reportable Diseases/Condition.

