

**Alabama Department of Public Health (ADPH)  
Health Alert Network (HAN)  
October 18, 2024**

**Alabama Congenital Syphilis Prevention Strategies**

**Key Message**

Alabama continues to experience record numbers of congenital syphilis cases. The state reported 15 cases in 2019, 23 cases in 2020, and 36 cases in 2021, and 42 cases in both 2022 and 2023. Although 79 percent of the mothers received prenatal care, missed prevention opportunities, such as syphilis testing for early detection and adequate treatment, contributed to the increase. Untreated syphilis during pregnancy can cause miscarriage, stillbirth, prematurity, low birth weight, hydrops fetalis, or infant death after birth. All prenatal care providers are required to use the [Alabama Prenatal STD Testing guidance](https://www.alabamapublichealth.gov/std/syphilis-prevention.html) as a standard of care for congenital syphilis prevention. <https://www.alabamapublichealth.gov/std/syphilis-prevention.html>

**Key Facts**

- Congenital Syphilis is preventable by early detection and adequate treatment of syphilis in pregnant women. Syphilis is a sexually transmitted disease (STD) caused by the bacterium *Treponema pallidum*. Pregnant women with syphilis can transmit the infection to their unborn child.
- Effective prevention and detection of congenital syphilis depends on identifying syphilis among pregnant women. Routine serologic screening to diagnose syphilis in pregnant women is required at the:
  - **First/Initial Prenatal Visit**
  - **Early Third Trimester (between 28-32 weeks gestation) regardless of risk factors**
  - **Labor and Delivery**
- Providers should not discharge a newborn infant from the hospital without a documented serological status of syphilis of the mother during pregnancy and delivery.
- Consider congenital syphilis in all stillbirths after 20 weeks, and in infants of a mother with evidence of syphilis infection during pregnancy.
- Infants with an infection can be asymptomatic at birth and may have a non-reactive syphilis test. However, these infants can still develop serious symptoms in the neonatal period or later in life.
- Infants born to untreated, or inadequately treated (<30 days prior to delivery) pregnant women need an evaluation and treatment for congenital syphilis per [CDC guidelines](https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm).

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**Syphilis Treatment in Pregnant Women:**

- 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 of 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 of Unknown Duration, Late Latent Syphilis, or those with a history of adequate or inadequate treatment prior to pregnancy:**
    - Benzathine penicillin 2.4 million units IM every week for three weeks at 5-7 days interval.

**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.

### **Reporting**

Report syphilis and congenital syphilis cases online at:

<https://epiweb.adph.state.al.us/redcap/surveys/?s=H37ENP8ADD>

or call ADPH STD Division at 334-206-5350

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