

PROVIDERS WE NEED YOUR HELP.

It is crucial that all pregnant persons are tested in the first trimester, third trimester and at delivery with a nontreponemal (RPR/USR/VDRL) and treponemal test (TPPA/MIA/EIA/FTA/IgG). After delivery, **every** person who gave birth should be tested for syphilis **before** they leave the hospital, even if testing was done during the pregnancy.

ALL PARTNERS of people who test positive for syphilis, should either be offered testing or referred to their local health department for syphilis testing.

WHAT IF THE TEST IS POSITIVE?

If you have a patient who tests positive for syphilis, please report it to MDHHS within 24 hours via fax at 313-456-1580. For additional information, consult with a Michigan Department of Health and Human Services (MDHHS) Infectious Disease Specialist or the Congenital Syphilis Coordinator by calling 313-456-1586.

Scan the QR code for Michigan syphilis resources.



Michigan.gov/StopSyph

RESOURCES

Sexually Transmitted Infection (STI)

Resources



Michigan.gov/mdhhs/keep-mi-healthy/chronicdiseases/hivsti/resources/sexually-transmitted-infections

Centers for Disease Control (CDC) Syphilis and Pregnancy

Cdc.gov/syphilis/about/about-congenital-syphilis.html

CDC Syphilis Guidelines

Cdc.gov/std/treatment-guidelines/syphilis.htm

CDC STI Clinical Guidance

Cdc.gov/sti/hcp/clinical-guidance/index.html



Referral Options for Testing and Treatment

Scan the QR code for the State of Michigan Local Health Department Directory.



Michigan.gov/LHDMAP

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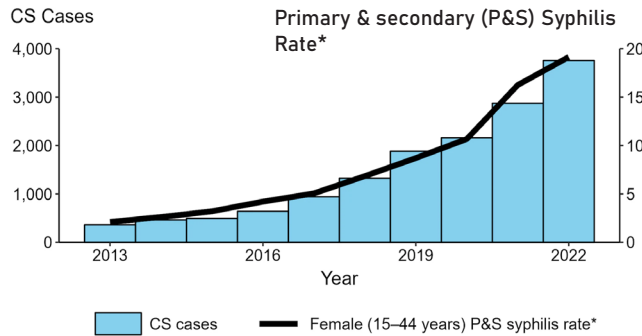
MDHHS-Pub-2060 (12-24)

PREVENTING CONGENITAL SYPHILIS:

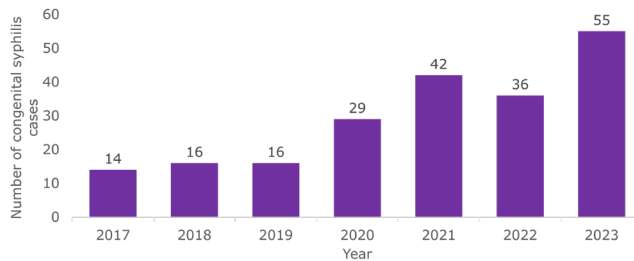
WHAT HEALTH CARE PROVIDERS NEED TO KNOW



CONGENITAL SYPHILIS (CS) CASES NATIONALLY



CS CASES IN MICHIGAN



We can get to zero reported cases with your help.

Scan the QR code for more information on CDC CS guidelines.



[Cdc.gov/std/treatment-guidelines/congenital-syphilis.htm](https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm)

IS THERE TREATMENT FOR SYPHILIS?

YES. Syphilis can be treated and cured with the proper antibiotics. If a pregnant person tests positive for syphilis, be sure to begin treatment right away. Treatment is based on the stage of the disease. Penicillin is the only treatment option for pregnant persons.

Once treatment is completed correctly, a doctor should conduct follow-up testing for at least one year to assure the patient has responded adequately to treatment.

IS THERE A WAY TO TREAT INFANTS WHO HAVE BEEN AFFECTED?

YES. There is treatment for CS. Infants who have CS need proper medication immediately or they can develop serious health problems. Infants should be thoroughly examined for signs of CS (e.g., nonimmune hydrops, jaundice, enlarged liver/spleen, rhinitis, skin rash and pseudo paralysis of a limb).

Depending on the results of the medical evaluation, the infant may need to be hospitalized for 10 days and placed on antibiotics. In certain cases, only one injection of antibiotic is needed. It is also important that infants treated for CS get follow-up testing for at least one year to assure they responded adequately to treatment.

CDC TREATMENT RECOMMENDATIONS

For Pregnant Persons:

No proven alternatives to penicillin are available for treatment of syphilis during pregnancy.

Stage of Disease:	Intramuscular (IM) Dosage:	Medication:
Primary and Secondary	Single dose.	Benzathine penicillin G, 2.4 million units.
Early Latent	Single dose.	Benzathine penicillin G, 2.4 million units.
Late Latent or Unknown Time	Three doses, each exactly one week apart.	Benzathine penicillin G, 2.4 million units. *If more than one day is missed, restart entire course.

Pregnant persons who have a history of penicillin allergy should be desensitized and treated with penicillin G.

For Infants:

All infants born to birthing persons with reactive nontreponemal and treponemal test results should be evaluated using a quantitative nontreponemal serologic test (e.g., RPR, USR, VDRL). Depending on infant findings you should treat with the following:

Medication:	Administration Method:	Medication:
Aqueous Crystalline Penicillin G	Intravenous (IV)	100,000-150,000 units per kg per day, given as 50,000 units per kg dose every 12 hours for the first seven days, then every eight hours thereafter, for a total of 10 days.
Procaine Penicillin G	IM	50,000 units per kg, given as a single daily dose for 10 days.
Benzathine Penicillin G	IM	50,000 units per kg, up to 2.4 million units (total dose of 150,000 units per kg, up to a total of 7.2 million units).