



County of San Diego

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SYPHILIS FACT SHEET – SAN DIEGO COUNTY

What is syphilis?

- Syphilis is a sexually transmitted bacterial infection that, untreated, can lead to complications such as blindness, neurologic impairment, and heart disease. It also increases the risk of getting HIV infection. As such, the medical community is required to report cases to public health.
- Syphilis can also be transmitted from an infected mother to her unborn baby, resulting in low birth weight, stillbirth (i.e., delivery of a dead fetus), and birth defects. This is known as congenital syphilis.
- Syphilis has separate stages (primary, secondary, latent, and tertiary) in which primary and secondary (P&S) syphilis are the most infectious stages of syphilis.

How many cases occur in San Diego County? Is it increasing or decreasing?

- In 2015, a total of 490 cases of primary and secondary (P&S) syphilis were reported to the public health department. Cases of P&S syphilis have increased by **1,715% from 27 since 2000 and 77% from 277 since 2010.**
- The rate of P&S syphilis was 15.2 cases per 100,000 in the population in 2015. The rate of P&S syphilis has increased by **1,420% from 1 case per 100,000 since 2000 and 71% from 8.9 cases per 100,000 since 2010.**
- The number of congenital syphilis cases in California increased more than fourfold from 2012 to 2015, with highest rates in the San Joaquin Valley and Los Angeles County. Although such increases have not been observed in San Diego County, local disease investigators prioritize pregnant women with syphilis and, when possible, ensure that they receive timely treatment to prevent congenital syphilis.

Who does syphilis impact?

- Syphilis has a disproportionate impact on:
 - Gay, bisexual, and other men who have sex with men (MSM), who accounted for 87% of P&S syphilis cases in 2015.
 - Men of color, including Black and Hispanic men. In 2015, the P&S syphilis rate among Black men was more than twice the rate among White men (60.6 vs. 24.0 cases per 100,000).

SYPHILIS FACT SHEET – SAN DIEGO COUNTY

What role does the County play in addressing syphilis?

- The HIV, STD, and Hepatitis Branch (HSHB) of Public Health Services verifies appropriate staging and treatment of all reported syphilis cases, and HSHB disease investigators work with high-priority cases and their sexual partners to control the spread of infection. The STD Controller provides expert consultation to local providers who treat syphilis, and HSHB operates four public sexually transmitted disease (STD) clinics that provide rapid testing and treatment for people infected with or exposed to syphilis.
- HSHB disease investigators previously investigated all cases of primary, secondary, and early latent syphilis cases in order to prevent onward spread of infection. This included identifying partners who were exposed to syphilis, confidentially notifying them of exposure, and linking them to testing and preventive treatment. Funding and staffing levels for STD prevention have not increased to keep up with disease burden in San Diego County. Due to these limitations, HSHB disease investigators no longer investigate non-pregnant early latent syphilis cases, although they could potentially transmit syphilis to sexual partners.
- In 2015, 39% of P&S syphilis cases were reported from County of San Diego STD clinics. Since 2005, twelve STD clinics in California have closed, and four re-opened by 2014 (source: California Department of Public Health STD Control Branch).

Medication challenges

- In April 2016, the U.S. Food and Drug Administration declared a nationwide shortage of Bicillin® L-A, which is the most effective treatment for most stages of syphilis and the only recommended treatment for pregnant women with syphilis. This shortage, which is due to a manufacturing delay, has affected several healthcare facilities in San Diego County and is not expected to resolve until the last quarter of 2017.

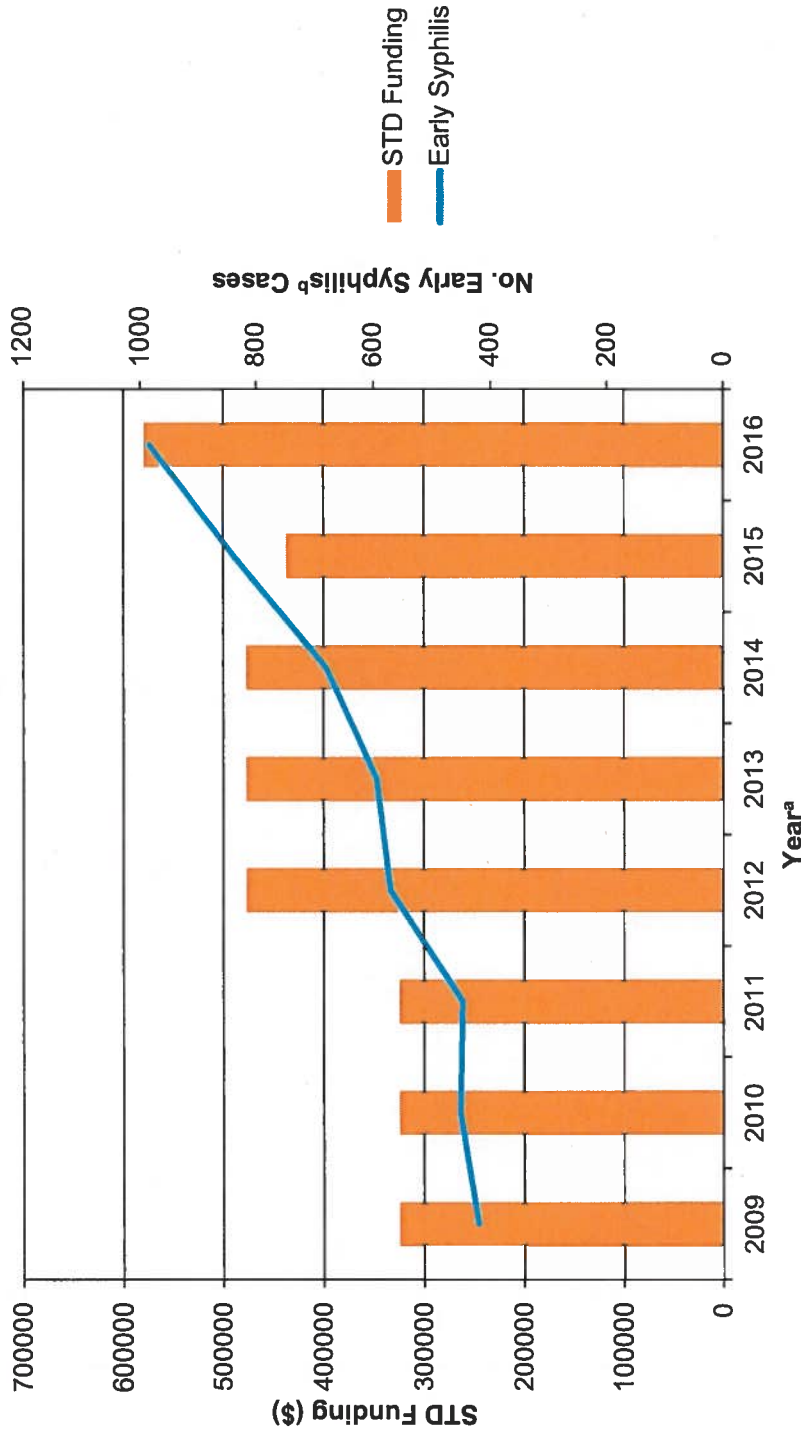
Summary

- Increasing syphilis morbidity, limited resources for STD prevention and control, and limitations in supply of the most effective syphilis treatment present major challenges to containing the epidemic in San Diego County, California, and the nation as a whole.

STD PREVENTION & CONTROL PROGRAM FUNDING FROM THE CA DEPT OF PUBLIC HEALTH



LIVE WELL
SAN DIEGO



^aSTD funding amounts are shown for the fiscal year (FY) beginning in the year indicated on the graph, and early syphilis case numbers are shown for the calendar year (CY) indicated on the graph. For example, the STD funding amount and early syphilis case number for 2009 on the graph are for FY2009-2010 and for CY2009 respectively.

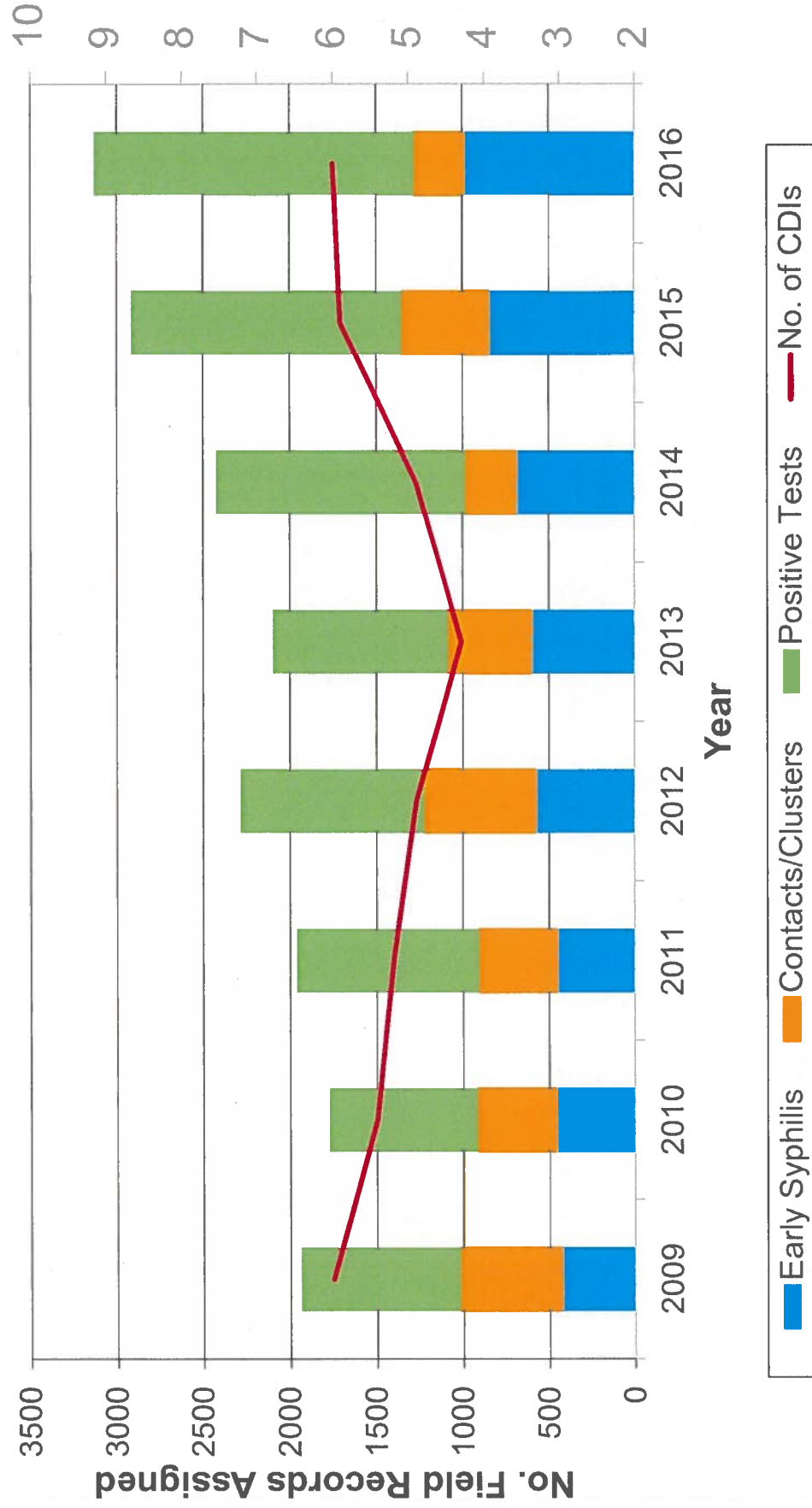
^bEarly syphilis cases include primary, secondary, and early latent syphilis cases.

Please note that the 2016-17 STD funding amount includes a third of a one-time funding increase of \$427,649 (i.e., an additional \$145,549) that may be spent over a period of three fiscal years (FY2016-2017, FY 2017-2018, and FY2018-2019). Without this one-time funding increase, the amount received would have been \$437,049 (i.e., the same as for FY2015-2016).

STD COMMUNICABLE DISEASE INVESTIGATOR (CDI) WORKLOAD

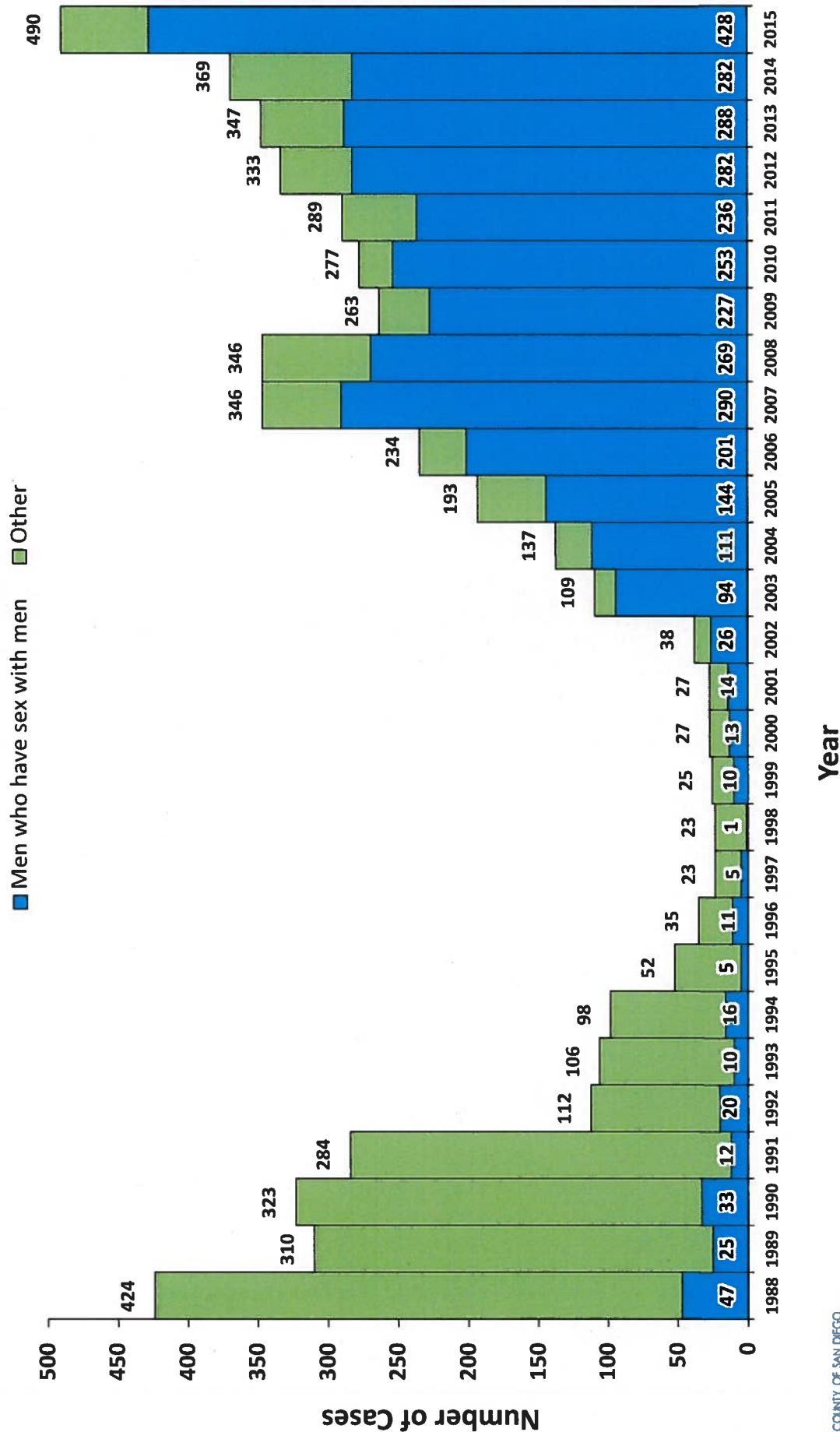


LIVE WELL
SAN DIEGO



*Early syphilis case numbers include primary, secondary, and early latent cases.

Primary & Secondary Syphilis Cases by Year San Diego County, 1988 - 2015

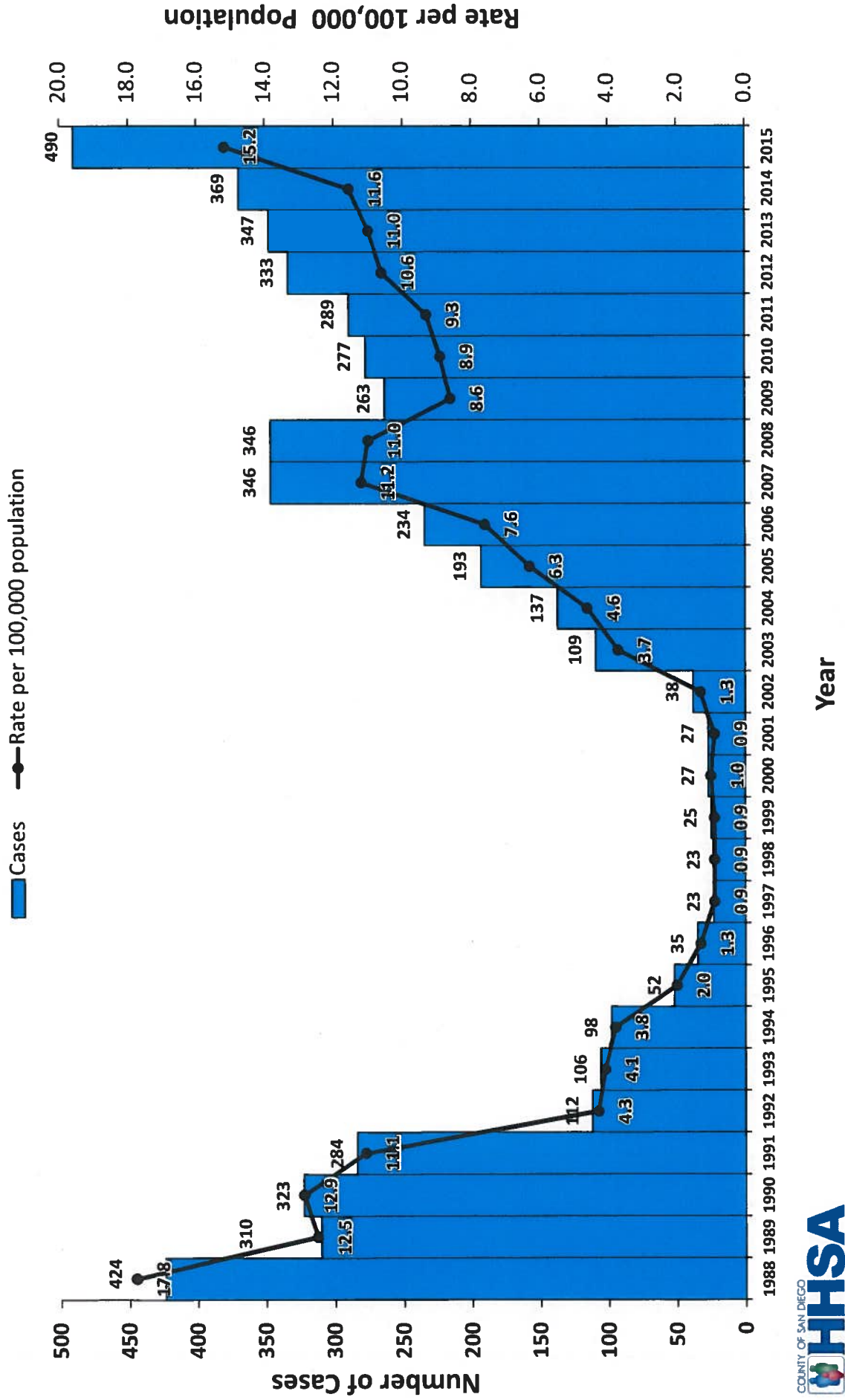


Note: The white-shaded numbers within the blue bars represent the number of cases in men who have sex with men per year. The numbers above the columns represents the total number of primary and secondary syphilis cases per year.

Year



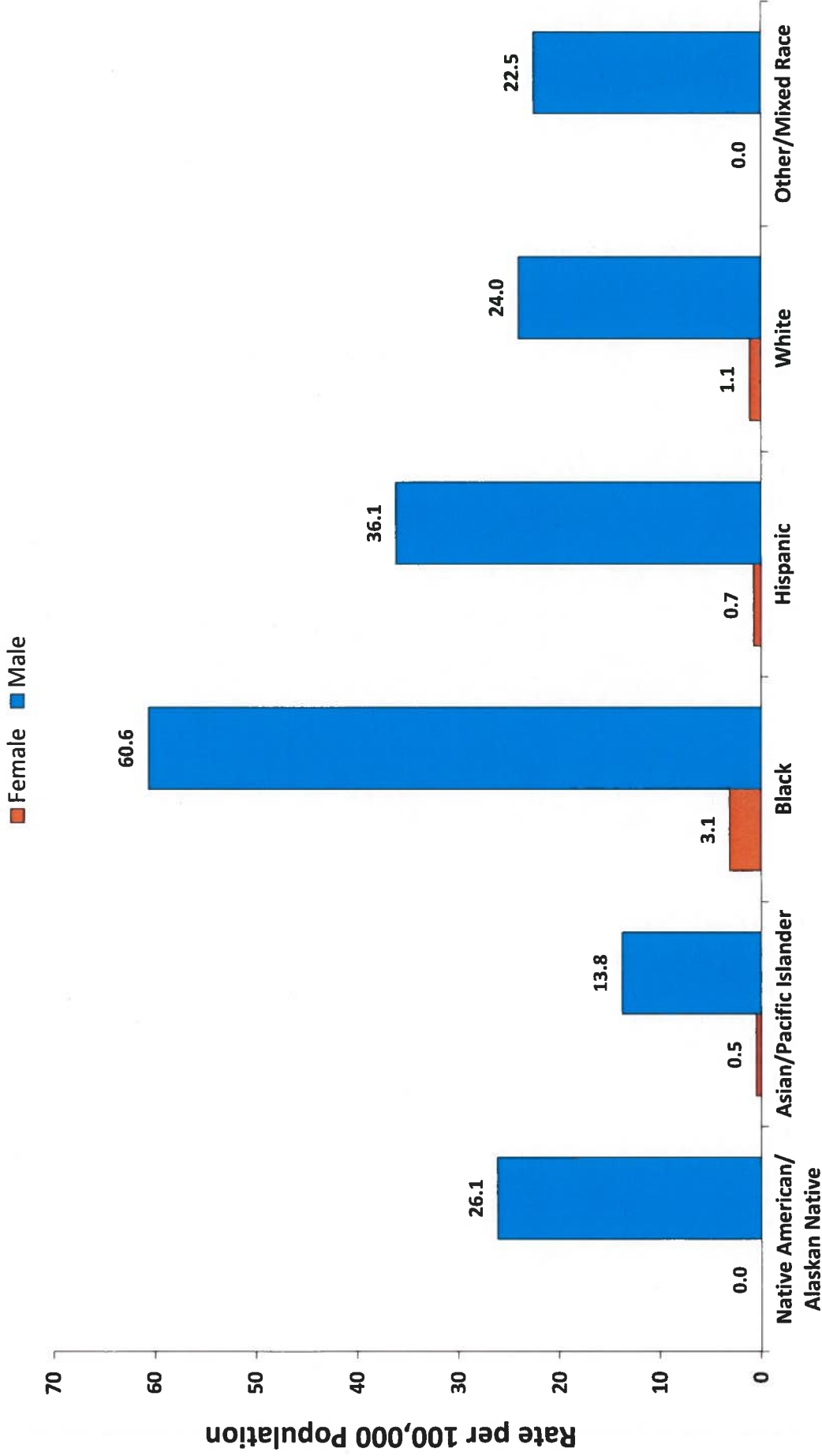
Primary & Secondary Syphilis Cases and Rates by Year San Diego County, 1988 - 2015



Primary & Secondary Syphilis Rates by Gender and Race/Ethnicity San Diego County, 2015



LIVE WELL
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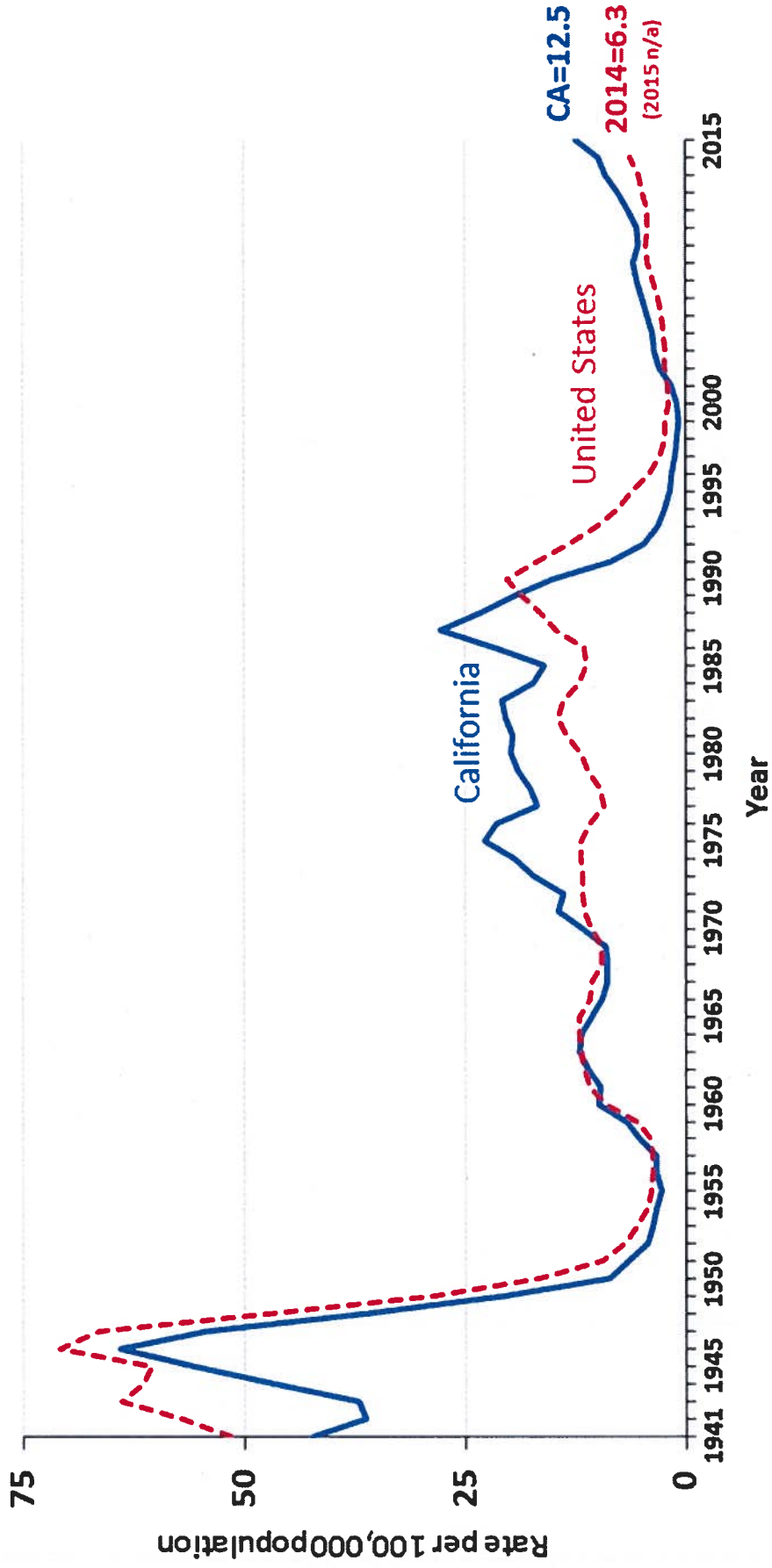


Race/Ethnicity

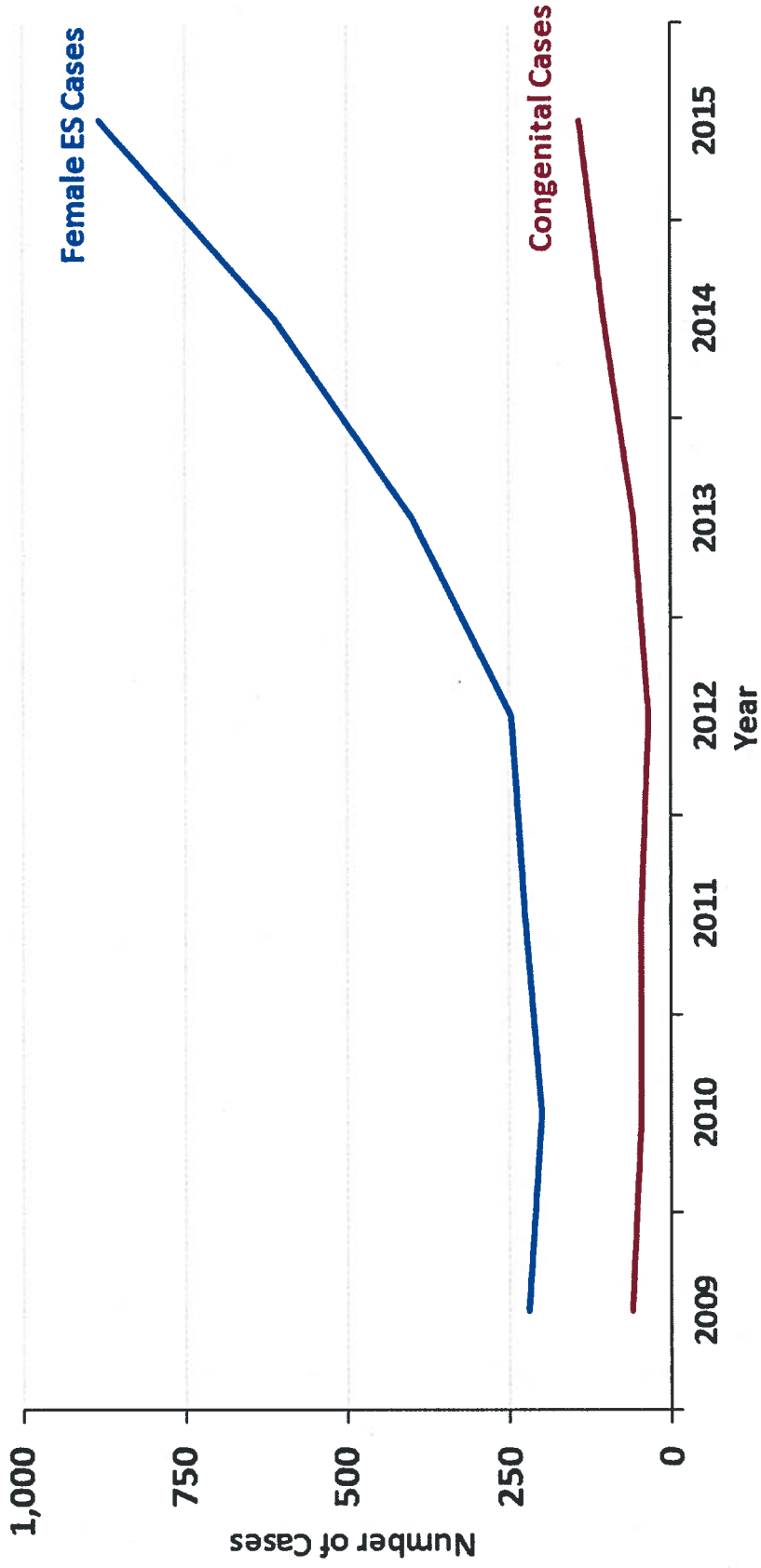
Note: Rates exclude 15 cases missing race/ethnicity information

Primary & Secondary Syphilis

California versus United States Incidence Rates, 1941-2015

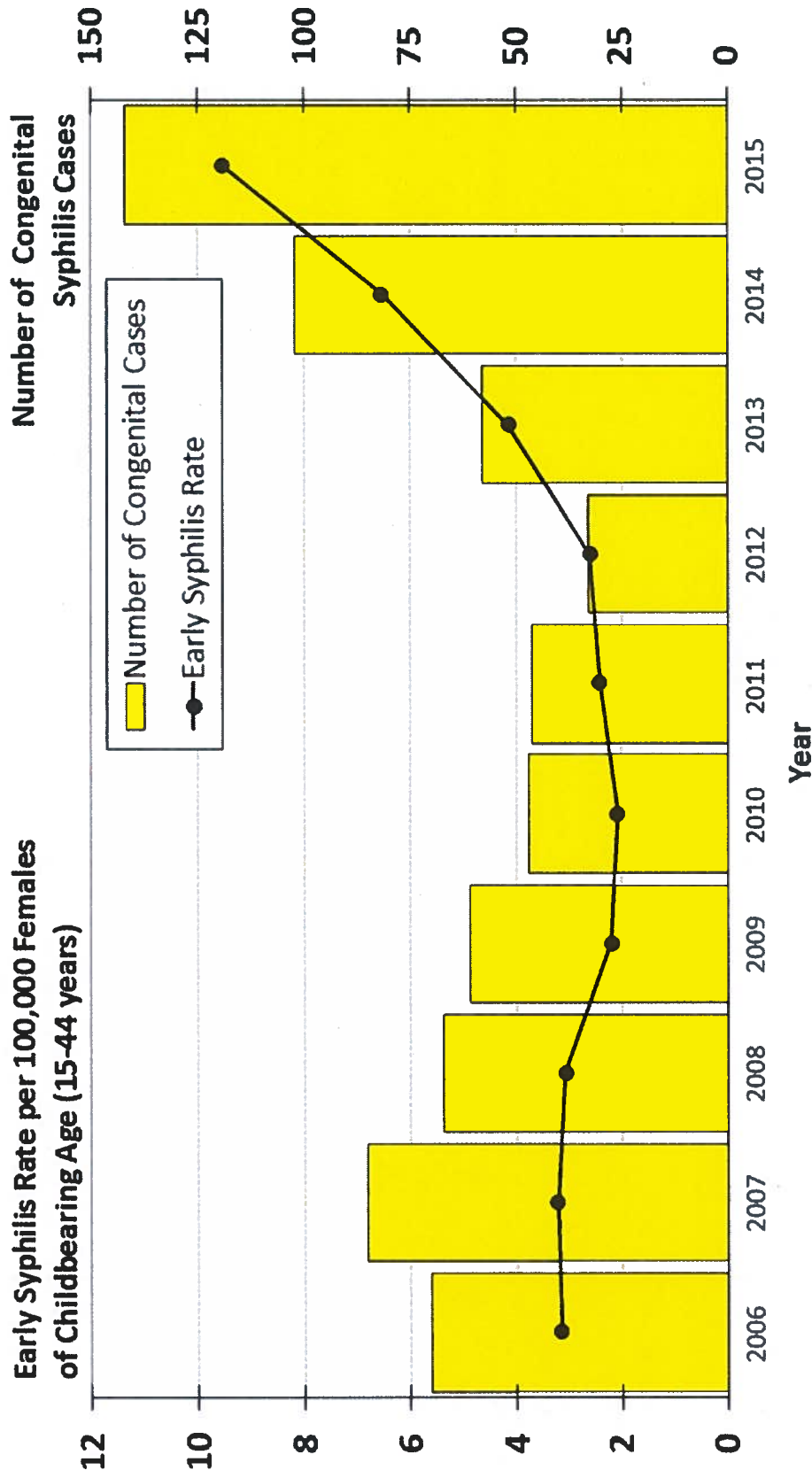


Female Early Syphilis* and Congenital Syphilis Cases California, 2009–2015



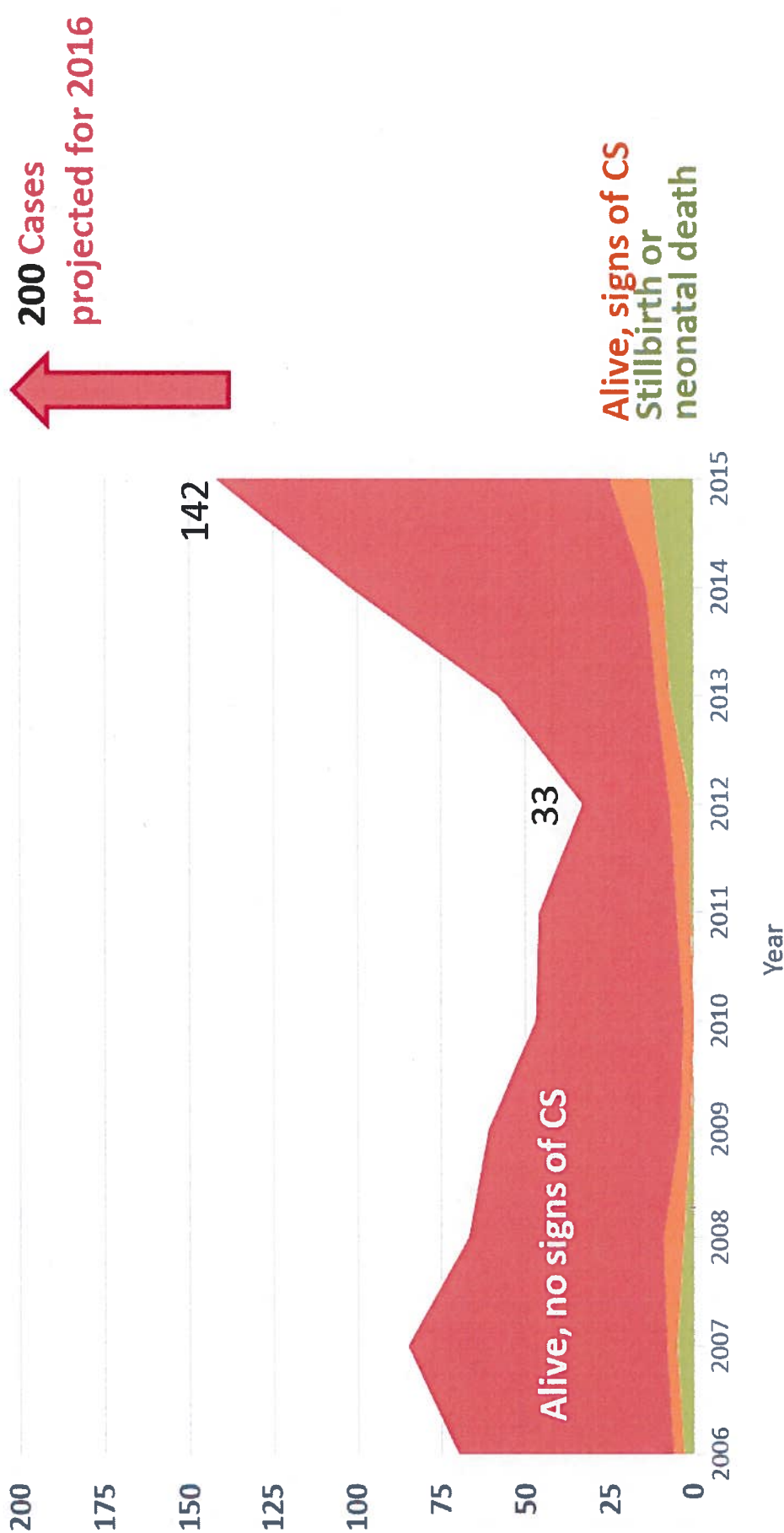
* Includes primary, secondary, and early latent syphilis.

Congenital Syphilis Cases versus Female Early Syphilis* Incidence Rates, California, 2006–2015



* Includes primary, secondary, and early latent syphilis.

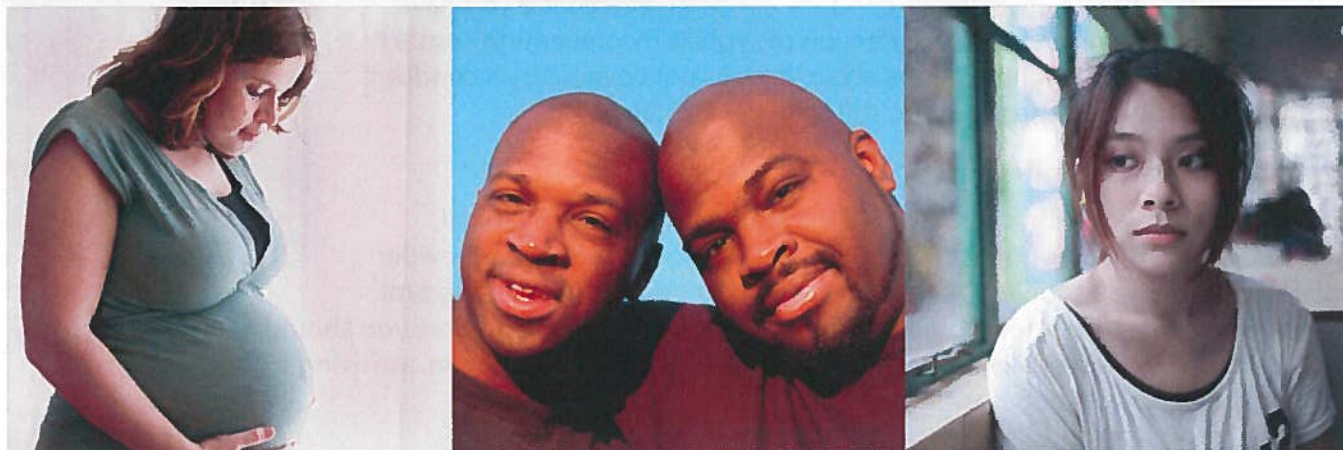
Congenital Syphilis Cases by Vital Status and Presence of Signs, California, 2006–2015



Note: Alive, no signs includes alive with missing documentation on signs/symptoms. Of 142 total cases in 2015, 117 alive w no signs, 12 alive with signs of CS, 13 stillbirth or neonatal death.



Syphilis – CDC Fact Sheet



Syphilis is a sexually transmitted disease (STD) that can have very serious complications when left untreated, but it is simple to cure with the right treatment.

What is syphilis?

Syphilis is a sexually transmitted infection that can cause serious health problems if it is not treated. Syphilis is divided into stages (primary, secondary, latent, and tertiary), and there are different signs and symptoms associated with each stage.

How is syphilis spread?

You can get syphilis by direct contact with a syphilis sore during vaginal, anal, or oral sex. Sores can be found on or around the penis, vagina, or anus, or in the rectum, on the lips, or in the mouth. Syphilis can also be spread from an infected mother to her unborn baby.

What does syphilis look like?

Syphilis is divided into stages (primary, secondary, latent, and tertiary), and there are different signs and symptoms associated with each stage. A person with **primary syphilis** generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of **secondary syphilis** include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the **latent stage**, there are no signs or symptoms. **Tertiary syphilis** is associated with severe medical problems and is usually diagnosed by a doctor with the help of multiple tests. It can affect the heart, brain, and other organs of the body.

How can I reduce my risk of getting syphilis?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting syphilis:

- Being in a long-term mutually monogamous relationship with a partner who has been tested for syphilis and does not have syphilis;

- Using latex condoms, the right way, (<https://www.cdc.gov/condomeffectiveness/male-condom-use.html>) every time you have sex. Condoms prevent transmission of syphilis by preventing contact with a sore. Sometimes sores occur in areas not covered by a condom. Contact with these sores can still transmit syphilis.



Example of a primary syphilis sore.

Am I at risk for syphilis?

Any sexually active person can get syphilis through unprotected vaginal, anal, or oral sex. Have an honest and open talk with your health care provider and ask whether you should be tested for syphilis or other STDs. All pregnant women should be tested for syphilis at their first prenatal visit. In addition, you should get tested regularly for syphilis if you are sexually active and are a man who has sex with men, are living with HIV, or have partner(s) who have tested positive for syphilis.

I'm pregnant. How does syphilis affect my baby?

If you are pregnant and have syphilis, you can give the infection to your unborn baby. Having syphilis can lead to a low birth weight baby. It can also make it more likely you will deliver your baby too early or stillborn (a baby born dead). To protect your baby, **you should be tested for syphilis at least once during your pregnancy and receive immediate treatment if you test positive.**

An infected baby may be born without signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. Untreated babies can have health problems such as cataracts, deafness, or seizures, and can die.

What are the signs and symptoms of syphilis?



Secondary rash from syphilis on palms of hands.

Symptoms of syphilis in adults vary by stage:

Primary Stage

During the first (primary) stage of syphilis, you may notice a single sore or multiple sores. The sore is the location where syphilis entered your body. Sores are usually (but not always) firm, round, and painless. Because the sore is painless, it can easily go unnoticed. The sore usually lasts 3 to 6 weeks and heals regardless of whether or not you receive treatment. Even though the sore goes away, you must still receive treatment so your infection does not move to the secondary stage.

Secondary Stage

During the secondary stage, you may have skin rashes and/or sores in your mouth, vagina, or anus (also called mucous membrane lesions). This stage usually starts with a rash on one or more areas of your body. The rash can show up when your primary sore is healing or several weeks after the sore has healed. The rash can look like rough, red, or reddish brown spots on the palms of your hands and/or the bottoms of your feet. The rash usually won't itch and it is sometimes so faint that you won't notice it. Other symptoms you may have can include fever, swollen lymph glands, sore throat, patchy hair loss, headaches, weight loss, muscle aches, and fatigue (feeling very tired). The symptoms from this stage will go away whether or not you receive treatment. Without the right treatment, your infection will move to the latent and possibly tertiary stages of syphilis.



Secondary rash from syphilis on torso.

Latent Stage

The latent stage of syphilis is a period of time when there are no visible signs or symptoms of syphilis. If you do not receive treatment, you can continue to have syphilis in your body for years without any signs or symptoms.

Tertiary Stage

Most people with untreated syphilis do not develop tertiary syphilis. However, when it does happen it can affect many different organ systems, including the heart and blood vessels, and the brain and nervous system. Tertiary syphilis is very serious and would occur 10–30 years after your infection began. In tertiary syphilis, the disease damages your internal organs and can result in death.

Neurosyphilis and Ocular Syphilis

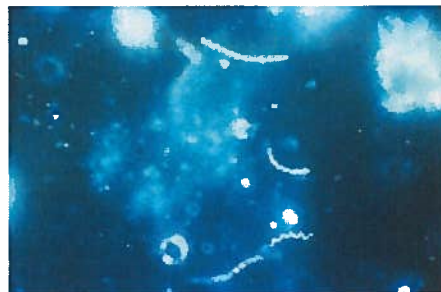
Without treatment, syphilis can spread to the brain and nervous system (neurosyphilis) or to the eye (ocular syphilis). This can happen during any of the stages described above. Symptoms of neurosyphilis include severe headache, difficulty coordinating muscle movements, paralysis (not able to move certain parts of your body), numbness, and dementia (mental disorder). Symptoms of ocular syphilis include changes in your vision and even blindness.

How will I or my doctor know if I have syphilis?

Most of the time, a blood test can be used to test for syphilis. Some health care providers will diagnose syphilis by testing fluid from a syphilis sore.

Can syphilis be cured?

Yes, syphilis can be cured with the right antibiotics from your health care provider. However, treatment might not undo any damage that the infection has already done.



Darkfield micrograph of *Treponema pallidum*.

I've been treated. Can I get syphilis again?

Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be re-infected. Only laboratory tests can confirm whether you have syphilis. Follow-up testing by your health care provider is recommended to make sure that your treatment was successful.

Because syphilis sores can be hidden in the vagina, anus, under the foreskin of the penis, or in the mouth, it may not be obvious that a sex partner has syphilis. Unless you know that your sex partner(s) has been tested and treated, you may be at risk of getting syphilis again from an infected sex partner.

Where can I get more information?

Syphilis and MSM - Fact Sheet

<https://www.cdc.gov/std/syphilis/stdfact-msm-syphilis.htm>

Congenital Syphilis - Fact Sheet

<https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

STDs during Pregnancy - Fact Sheet

<https://www.cdc.gov/std/pregnancy/stdfact-pregnancy.htm>

STD information and referrals to STD Clinics

CDC-INFO Contact Center

1-800-CDC-INFO (1-800-232-4636)

TTY: (888) 232-6348

Contact CDC-INFO

<https://www.cdc.gov/dcs/ContactUs/Form>

Syphilis & MSM (Men Who Have Sex With Men) - CDC Fact Sheet



Once nearly eliminated in the U.S., syphilis is increasing, especially among gay, bisexual, and other men who have sex with men (MSM).

What is syphilis?

Syphilis is a sexually transmitted infection that can cause serious health problems if it is not treated. Syphilis is divided into stages (primary, secondary, latent, and tertiary), and there are different signs and symptoms associated with each stage.

Should I be concerned about syphilis?

Most cases of syphilis in the United States are among gay, bisexual, and other men who have sex with men (MSM), and syphilis has been increasing among MSM for more than a decade. If syphilis is not treated, it can cause serious health problems, including neurologic (brain and nerve) problems, eye problems, and even blindness. In addition, syphilis is linked to an increased risk of transmission of HIV infection.

How could I get syphilis?

Any sexually active person can get syphilis. Syphilis can be transmitted during anal sex and oral sex, as well as vaginal sex. Syphilis is passed from person to person through direct contact with a syphilis sore. In men, sores can occur on or around the penis, around the anus or in the rectum, or in or around the mouth. These sores can be painless, so it is possible to have them and not notice them. Correct use of condoms can reduce the risk of syphilis if the condom covers the sores. However, sometimes sores occur in areas not covered by a condom. It is still possible to get syphilis from contact with these sores. You cannot get syphilis through casual contact with objects such as toilet seats, doorknobs, swimming pools, hot tubs, bathtubs, shared clothing, or eating utensils.

What does syphilis look like?

Syphilis is divided into stages (primary, secondary, latent, and tertiary), and there are different signs and symptoms associated with each stage. A person with primary syphilis generally has a sore or sores at the original site of infection. These sores usually occur on or around the genitals, around the anus or in the rectum, or in or around the mouth. These sores are usually (but not always) firm, round, and painless. Symptoms of secondary syphilis include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild, and they might not be noticed. During the latent stage, there are no signs or symptoms. Tertiary syphilis is associated with severe medical problems and is usually diagnosed by a doctor with the help of multiple tests. It can affect the heart, brain, and other organs of the body.

A detailed description of each stage of syphilis can be found on CDC's syphilis fact sheet <http://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>.

How common is syphilis among MSM?

Between 2014 and 2015, the number of reported primary and secondary (P&S) cases in the United States increased by 19%, and there were 23,872 P&S syphilis cases reported in 2015. Most (60%) of these cases were among MSM.

How can I reduce my risk of getting syphilis?

The only way to avoid getting syphilis or other STDs is to not have anal, oral, or vaginal sex.

If you are sexually active, doing the following things will lower your chances of getting syphilis:

- Being in a long-term mutually monogamous relationship with a partner who has been tested for syphilis and does not have syphilis.
- Using latex condoms the right way every time you have sex. Condoms prevent the spread of syphilis by preventing contact with a sore. Sometimes sores can occur in areas not covered by a condom. Contact with these sores can still transmit syphilis.

How do I know if I have syphilis?

The only way to know is by getting tested. Many men who get syphilis do not have any symptoms for years, yet they remain at risk for health problems if they are not treated. Additionally, the painless sores that show up during the early stages of syphilis often go unrecognized by the person who has them. Individuals who are unaware of their infection can spread it to their sex partners.

How will my doctor know if I have syphilis?

Have an honest and open talk with your healthcare provider about your sexual history and ask whether you should be tested for syphilis or other STDs. Your doctor can do a blood test to determine if you have syphilis. Sometimes, healthcare providers will diagnose syphilis by testing fluid from a syphilis sore. If you are a sexually active man who has sex with men, who is living with HIV, and/or who has partner(s) who have tested positive for HIV or syphilis, you should get tested regularly for syphilis.

What is the link between syphilis and HIV?

In the United States, approximately half of MSM with primary and secondary (P&S) syphilis were also living with HIV. In addition, MSM who are HIV-negative and diagnosed with P&S syphilis are more likely to be infected with HIV in the future. Having a sore or break in the skin from an STD such as syphilis may allow HIV to more easily enter your body. You may also be more likely to get HIV because the same behaviors and circumstances that put you at risk for getting other STDs can also put you at greater risk for getting HIV.

Can syphilis be cured?

Yes, syphilis can be cured with the right medicine from your healthcare provider. However, treatment might not undo damage that the infection has already done.

I've been treated. Can I get syphilis again?

Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be reinfected. Only laboratory tests can confirm whether you have syphilis. Follow-up testing by your healthcare provider is recommended to make sure that your treatment was successful.

Because syphilis sores can be painless and hidden in the vagina, anus, under the foreskin of the penis, or in the mouth, it may not be obvious that a sex partner has syphilis. Unless you know that all of your sex partner(s) have been tested and treated, you may be at risk of getting syphilis again from an infected partner.

Where can I get more information?

Sexually Transmitted Diseases
Home Page

<https://www.cdc.gov/STD>

Syphilis Topic Page

<https://www.cdc.gov/std/syphilis/default.htm>

Syphilis Fact Sheet

<https://www.cdc.gov/std/syphilis/stdfact-syphilis.htm>

CDC-INFO

1-800-CDC-INFO

(1-800-232-4636)

TTY: (888) 232-6348

In English, en Español

Resources:

CDC National Prevention
Information Network (NPIN)

<https://npin.cdc.gov/disease/stds>

P.O. Box 6003

Rockville, MD 20849-6003

E-mail: npin-info@cdc.gov

American Sexual Health
Association (ASHA)

[www.ashasexualhealth.org/
stdsstis/](http://www.ashasexualhealth.org/stdsstis/)

P. O. Box 13827

Research Triangle Park, NC

27709-3827

1-800-783-9877

STDs during Pregnancy - CDC Fact Sheet



If you are pregnant, you can become infected with the same sexually transmitted diseases (STDs) as women who are not pregnant. Pregnant women should ask their doctors about getting tested for STDs, since some doctors do not routinely perform these tests).

A critical component of appropriate prenatal care is ensuring that pregnant patients are tested for STDs. Test your pregnant patients for STDs starting early in their pregnancy and repeat close to delivery, as needed. To ensure that the correct tests are being performed, we encourage you to have open, honest conversations with your pregnant patients and, when possible, their sex partners about symptoms they have experienced or are currently experiencing and any high-risk sexual behaviors in which they engage.

The following sections provide details on the effects of specific STDs during a woman's pregnancy with links to web pages with additional information

I'm pregnant. Can I get an STD?

Yes, you can. Women who are pregnant can become infected with the same STDs as women who are not pregnant. Pregnancy does not provide women or their babies any additional protection against STDs. Many STDs are 'silent,' or have no symptoms, so you may not know if you are infected. If you are pregnant, you should be tested for STDs, including HIV (the virus that causes AIDS), as a part of your medical care during pregnancy. The results of an STD can be more serious, even life-threatening, for you and your baby if you become infected while pregnant. It is important that you are aware of the harmful effects of STDs and how to protect yourself and your unborn baby against infection. If you are diagnosed with an STD while pregnant, your sex partner(s) should also be tested and treated.

How can STDs affect me and my unborn baby?

STDs can complicate your pregnancy and may have serious effects on both you and your developing baby. Some of these problems may be seen at birth; others may not be discovered until months or years later. In addition, it is well known that infection with an STD can make it easier for a person to get infected with HIV. Most of these problems can be prevented if you receive regular medical care during pregnancy. This includes tests for STDs starting early in pregnancy and repeated close to delivery, as needed.

Should I be tested for STDs during my pregnancy?

Yes. Testing and treating pregnant women for STDs is a vital way to prevent serious health complications to both mother and baby that may otherwise happen with infection. The sooner you begin receiving medical care during pregnancy, the better the health outcomes will be for you and your unborn baby. The Centers for Disease Control and Prevention's 2015 STD Treatment

Guidelines recommend screening pregnant women for STDs. The CDC screening recommendations that your health care provider should follow are incorporated into the table on the STDs during Pregnancy – Detailed CDC Fact Sheet <http://www.cdc.gov/std/pregnancy/stdfact-pregnancy-detailed.htm>.

Be sure to ask your doctor about getting tested for STDs. It is also important that you have an open, honest conversation with your provider and discuss any symptoms you are experiencing and any high-risk sexual behavior that you engage in, since some doctors do not routinely perform these tests. Even if you have been tested in the past, you should be tested again when you become pregnant.

Can I get treated for an STD while I'm pregnant?

It depends. STDs, such as chlamydia, gonorrhea, syphilis, trichomoniasis and BV can all be treated and cured with antibiotics that are safe to take during pregnancy. STDs that are caused by viruses, like genital herpes, hepatitis B, or HIV cannot be cured. However, in some cases these infections can be treated with antiviral medications or other preventive measures to reduce the risk of passing the infection to your baby. If you are pregnant or considering pregnancy, you should be tested so you can take steps to protect yourself and your baby.

How can I reduce my risk of getting an STD while pregnant?

The only way to avoid STDs is to not have vaginal, anal, or oral sex.

If you are sexually active, you can do the following things to lower your chances of getting chlamydia:

- Being in a long-term mutually monogamous relationship with a partner who has been tested and has negative STD test results;
- Using latex condoms the right way every time you have sex.

Related Content

Congenital Syphilis Fact Sheet
<http://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

Pregnancy and HIV, Viral Hepatitis, and STD Prevention
<http://www.cdc.gov/nchhstp/pregnancy/default.htm>

Sexually Transmitted Diseases - Information from CDC
<http://www.cdc.gov/std/>

Congenital Syphilis - CDC Fact Sheet



Recently, there has been a sharp increase in the number of babies born with syphilis in the United States. Protect your baby from congenital syphilis by getting tested for syphilis during your pregnancy.

What is congenital syphilis (CS)?

Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy. Learn more about syphilis (www.cdc.gov/std/syphilis/stdfact-syphilis.htm).

How can CS affect my baby?

CS can have major health impacts on your baby. How CS affects your baby's health depends on how long you had syphilis and if — or when — you got treatment for the infection.

CS can cause:

- Miscarriage (losing the baby during pregnancy),
- Stillbirth (a baby born dead), or
- Prematurity (a baby born early),
- Low birth weight, or
- Death shortly after birth.

Up to 40% of babies born to women with untreated syphilis may be stillborn, or die from the infection as a newborn.

For babies born with CS, CS can cause:

- Deformed bones,
- Severe anemia (low blood count),
- Enlarged liver and spleen,
- Jaundice (yellowing of the skin or eyes),
- Brain and nerve problems, like blindness or deafness,
- Meningitis, and
- Skin rashes.

Do all babies born with CS have signs or symptoms?

No. It is possible that a baby with CS won't have any symptoms at birth. But without treatment, the baby may develop serious problems. Usually, these health problems develop in the first few weeks after birth, but they can also happen years later.

Babies who do not get treatment for CS and develop symptoms later on can die from the infection. They may also be developmentally delayed or have seizures.

How common is CS?

After a steady decline from 2008–2012, data show a sharp increase in CS rates. In 2015, the number of CS cases was the highest it's been since 2001.

Public health professionals across the country are very concerned about the growing number of congenital syphilis cases in the United States. It is important to make sure you get tested for syphilis during your pregnancy..

I'm pregnant. Do I need to get tested for syphilis?

Yes. All pregnant women should be tested for syphilis at the first prenatal visit (the first time you see your doctor for health care during pregnancy). If you don't get tested at your first visit, make sure to ask your doctor about getting tested during a future checkup. Some women should be tested more than once during pregnancy. Talk with your doctor about the number of syphilis cases in your area and your risk for syphilis to determine if you should be tested again at the beginning of the third trimester, and again when your baby is born.

Keep in mind that you can have syphilis and not know it. Many people with syphilis do not have any symptoms. Also, syphilis symptoms may be very mild, or be similar to signs of other health problems. The only way to know for sure if you have syphilis is to get tested.

Is there treatment for syphilis?

Yes. Syphilis can be treated and cured with antibiotics. If you test positive for syphilis during pregnancy, be sure to get treatment right away.

If you are diagnosed with and treated for syphilis, your doctor should do follow-up testing for at least one year to make sure that your treatment is working.

How will my doctor know if my baby has CS?

Your doctor must consider several factors to determine if your baby has CS. These factors will include the results of your syphilis blood test and, if you were diagnosed with syphilis, whether you received treatment for syphilis during your pregnancy. Your doctor may also want to test your baby's blood, perform a physical exam of your baby, or do other tests, such as a spinal tap or an x-ray, to determine if your baby has CS.

CDC has specific recommendations for your healthcare provider (www.cdc.gov/std/tg2015/congenital.htm) on how to evaluate babies born to women who have positive syphilis tests during pregnancy.

My baby was born with CS. Is there a way to treat the infection?

Yes. There is treatment for CS. Babies who have CS need to be treated right away – or they can develop serious health problems. Depending on the results of your baby's medical evaluation, he/she may need antibiotics in a hospital for 10 days. In some cases, only one injection of antibiotic is needed.

It's also important that babies treated for CS get follow-up care to make sure that the treatment worked.

How can I reduce the risk of my baby getting CS or having health problems associated with CS?

Your baby will not get CS if you do not have syphilis. There are two important things you can do to protect your baby from getting CS and the health problems associated with the infection:

- Get a syphilis test at your first prenatal visit.
- Reduce your risk of getting syphilis before and during your pregnancy.

Talk with your doctor about your risk for syphilis. Have an open and honest conversation about your sexual history and STD testing. Your doctor can give you the best advice on any testing and treatment that you may need.

Get a syphilis test at your first prenatal visit

If you are pregnant and have syphilis you can still reduce the risk of CS in your baby. Getting tested and treated for syphilis can prevent serious health complications in both you and your baby.

Prenatal care is essential to the overall health and wellness of you and your unborn child. The sooner you begin receiving medical care during pregnancy, the better the health outcomes will be for you and your unborn baby.

At your first prenatal visit, ask your doctor about getting tested for syphilis. It is important that you have an open and honest conversation with your doctor at this time. Discuss any new or unusual physical symptoms you may be experiencing, as well as any drugs/medicines you are using, and whether you have new or multiple sex partners. This information will allow your doctor to make the appropriate testing recommendations. Even if you have been tested for syphilis in the past, you should be tested again when you become pregnant.

If you test positive for syphilis, you will need to be treated **right away**. Do not wait for your next prenatal visit. It is also important that your sex partner(s) receive treatment. Having syphilis once does not protect you from getting it again. Even after you've been successfully treated, you can still be reinfected. For this reason you must continue to take actions that will reduce your risk of getting a new infection.

Reduce your risk of getting syphilis before and during your pregnancy

Preventing syphilis in women and their sex partners is the best way to prevent CS.

If you are sexually active, the following things can lower your chances of getting syphilis

- Being in a long-term mutually monogamous relationship with a partner who has been tested for syphilis and does not have syphilis.
- Using latex condoms the right way every time you have sex. Although condoms can prevent transmission of syphilis by preventing contact with a sore, you should know that sometimes syphilis sores occur in areas not covered by a condom, and contact with these sores can still transmit syphilis.

Also, talk with your doctor about your risk for syphilis. Have an open and honest conversation with your doctor about your sexual history and about STD testing. Your doctor can give you the best advice on any testing and treatment that you may need.

Remember that it's possible to get syphilis and not know it, because sometimes the infection causes no symptoms, only very mild symptoms, or symptoms that mimic other illnesses.

Where can I get more information?

STD information and referrals to STD Clinics

CDC-INFO

1-800-CDC-INFO

(1-800-232-4636)

TTY: 1-888-232-6348

In English, en Español

Email CDC-INFO

<https://wwwn.cdc.gov/dcs/>

Resources:

CDC National Prevention

Information Network (NPIN)

<https://npin.cdc.gov/disease/stds>

P.O. Box 6003

Rockville, MD 20849-6003

E-mail: npin-info@cdc.gov

American Sexual Health Association (ASHA)

www.ashasexualhealth.org/stdsstis/

P. O. Box 13827

Research Triangle Park, NC

27709-3827

1-800-783-9877