

CONGENITAL SYPHILIS

A PROVIDER QUICK REFERENCE

■ RECOMMENDED SCREENING

Testing must be performed at the **first and third trimester** (per NRS 442.010), or at their first prenatal visit if no documentation of test.

Testing in third trimester should be as early as possible (**28-32 weeks**) to allow for adequate treatment if necessary. Confirmation testing consists of IGG, TPPA, or FTA. Screening test is an RPR (routinely with reflex to titer and confirmation).

Delivery: Women at high risk (history of Syphilis, incarceration, drug use, those who live in high rates of prevalence, and/or multiple partners, no previous testing)

■ STAGING/SYMPTOMS

(all stages require positive confirmation and screening testing)

Primary: Presence of a single painless sore or chancre at the site of infection. Typically found in the genital, anal, or oral regions. Edges of the sore are indurated.

Secondary: Presence of a flat macular rash. May present red or brown in color depending on client's complexion. Typically found on the palms of the hands and soles of the feet, but can be generalized across the whole body.

- Condylomata lata, or fleshy wart-like growths on the genital/rectal region. ►

- Mucous patches in the mouth.
- Patchy alopecia. May not be limited to the head. Can also be present in body hair, pubic hair, or eyebrows.

Early Latent: No current signs or symptoms. May report historical signs or symptoms or have negative syphilis testing within the last 12 months.

Late Latent: No current or historical signs or symptoms in the last 12 months. No negative testing in the last 12 months.

■ TREATMENT

Primary, Secondary, Early Latent Syphilis: Benzathine Penicillin G 2.4 MU x 1 IM

Late Latent Syphilis: Benzathine Penicillin G 2.4 MU x3 IM (injections given every 7 days until a total of 3 injections are completed)

Benzathine penicillin G is the **ONLY** known effective treatment for preventing maternal transmission to the fetus. Pregnant women who have a history of penicillin allergy should be desensitized and treated with penicillin. Pregnant women should be treated with the penicillin regimen appropriate for their stage of infection. For women who have primary, secondary, or early latent syphilis, a second dose of benzathine penicillin 2.4 million units IM can be administered one week after initial dose. Missed doses are not acceptable for pregnant women receiving treatment for late latent syphilis. Pregnant women who miss any dose of therapy must repeat the full course of therapy.