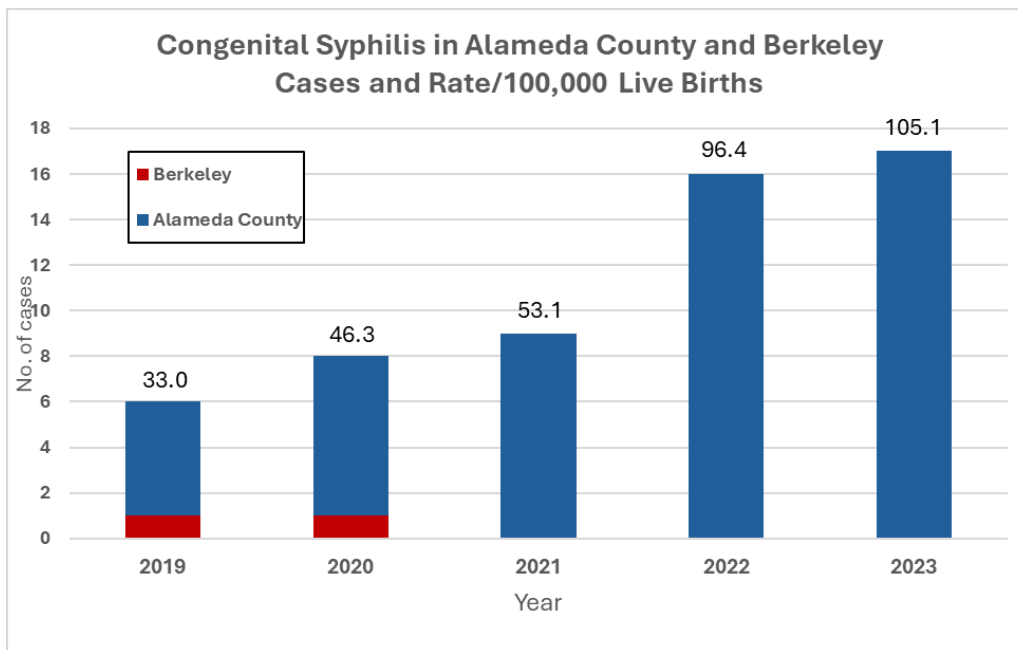


# Congenital Syphilis Fact Sheet

## Alameda County, 2019-2023

### Background

Congenital syphilis occurs when *T. pallidum* is transmitted across the placenta from a pregnant person to their fetus during pregnancy or at birth. Congenital syphilis can result in miscarriage, stillbirth, premature delivery, low birth weight, and medical complications in the newborn, sometimes leading to death. Infants born with congenital syphilis can have significant medical problems, including skeletal abnormalities, anemia, enlarged liver and spleen, jaundice, and brain and nerve problems. Congenital syphilis is preventable with routine screening and timely treatment of pregnant persons.



### Case Counts and Rates

During 2019-2023, we identified 54 cases of syphilis in pregnancy resulting in 57 infants with congenital syphilis. The rate of congenital syphilis in Alameda County increased **by 218%** from 33.0/100,000 to 105.1/100,000 live births. In California, syphilis screening is recommended for pregnant persons during the first and third trimesters, and at delivery.

Figure 1. Case Rates and Counts in Alameda County, 2019-2023

### Case Demographics

Median age for birthing persons was 28.5 years. Race/ethnicity was unknown for 30% of cases. Among birthing persons with known race/ethnicity 38% were Black and 25% were Hispanic. The majority of cases (56%) were on a MediCAL Managed Care Plan. Among the 57 infants born with congenital syphilis, 23% were premature births.

Table 1. Characteristics of Birthing Persons in Alameda County, 2019—2023

		Birthing persons n=54 (%)
<b>Sex of Baby<sup>1</sup></b>	Male	28 (49.0)
	Female	29 (51.0)
<b>Maternal Race/Ethnicity</b>	African American/Black	15 (27.8)
	American Indian/Alaska Native	1 (1.9)
	Asian	3 (5.6)
	Hispanic/Latino/a/x/e	10 (18.5)
	Pacific Islander	2 (3.7)
	Unknown	14 (25.9)
<b>Insurance</b>	White	9 (16.7)
<b>Premature Birth</b>	MediCAL Managed Care Plan	30 (55.6)
	Yes	13 (22.8)
	No	44 (77.2)

<sup>1</sup>54 birthing persons gave birth to 57 infants with congenital syphilis.

## Social Vulnerabilities

Social vulnerabilities are intricately tied to social determinants of health which impact access to healthcare and treatment. Among persons who gave birth to an infant with congenital syphilis, substance use was reported in 34% of birthing parents. Additional social vulnerabilities noted among birthing parents include experiencing homelessness or housing instability (20%) and a history of incarceration (13%).



Figure 2. The Five Social Determinants of Health. Source: CDC.

Table 2. Missed Opportunities for Prevention of Congenital Syphilis Among Birthing Persons

	N=53 <sup>1</sup> (%)
Testing done, but not timely (no first trimester syphilis test)	30 (56.6)
Inadequate prenatal care	24 (45.3)
Inadequate treatment for stage of syphilis infection	23 (43.4)
No treatment or non-documented treatment for syphilis	21 (39.6)
No documented syphilis test during pregnancy	15 (28.3)
Lack of prenatal care	13 (24.5)
Testing done, but not timely (no syphilis test at least > 30 days before delivery)	12 (23.6)
Incident infection or reinfection after previous syphilis screening test in pregnancy	8 (15.1)
Clinical evidence of CS (despite adequate treatment and documentation)	5 (9.4)

<sup>1</sup>n=3 birthing persons excluded due to insufficient data to identify missed opportunities for prevention

## Missed Opportunities for Prevention

We reviewed congenital syphilis cases from 2019-2023 to identify missed opportunities for prevention. The most common missed opportunity for prevention was a lack of timely testing in the first trimester (57%), which is directly tied to inadequate (45%), or lack of any, prenatal care (25%) in birthing persons. Other missed opportunities for prevention include no documented syphilis testing during pregnancy (28%), non-timely testing in the third trimester (at least 30 days before delivery) (24%), and inadequate treatment for the stage of syphilis infection (44%). For unknown duration or late latent syphilis, optimal treatment in pregnancy is 3 doses of benzathine penicillin G with an interval of 7 days between doses. Inadequate treatment can occur when the proper dosing schedule is not followed.

## Actions Requested of Clinicians

Providers should screen pregnant persons for syphilis. Emergency departments should empirically treat for syphilis if indicated. Treatment regimens should be specific for the stage of syphilis indicated and providers should educate pregnant patients on the importance of completing the treatment regimen. Clinicians should fax a completed Confidential Morbidity Report to ACPHD for all cases of syphilis.

## Summary

Congenital syphilis rates increased 218% during 2019-2023 in Alameda County and can be prevented with proper screening and treatment. ACPHD efforts to reduce CS include addressing missed opportunities for prevention and enhanced collaboration with community partners.