

# PREVENTION

## COMPLETE A SEXUAL HISTORY FOR ALL PATIENTS

- Have an open and honest conversation about sexual history, being inclusive of LGBTQ+ patients
- Allow patients to take the sexual history questionnaires independently to reduce social pressure

## DISCUSS PARTNER SERVICES

Partner services guide and support patients diagnosed with an STI in informing their partners about potential exposure

- **EDUCATE** the importance of notifying sexual partners to prevent reinfection
- **NOTIFY** partners of exposure and direct them to testing and treatment
- **CONNECT** patients to confidential partner notification services (see additional information)
- **FOLLOW-UP** with the diagnosed individual and their partners to ensure treatment was completed



**YOUR CARE  
MAKES A  
DIFFERENCE!**



## ADDITIONAL INFORMATION

CDC SYPHILIS  
DURING PREGNANCY



NEW MEXICO  
DEPARTMENT OF HEALTH

COLORADO DEPARTMENT  
OF PUBLIC HEALTH AND  
ENVIRONMENT



TEXAS DEPARTMENT OF  
STATE HEALTH SERVICES



## REFERENCES

- <sup>1</sup> New Mexico Department of Health Patient Reporting Investigating Surveillance Manager (PRISM), 2023.
- <sup>2</sup> Mendez AD, et al. Health Care Provider Discussions Regarding HIV/Sexually Transmitted Infection: Risk Factors and Associations with HIV/Sexually Transmitted Infection Screening Among Men. *Arch Sex Behav.* 2023;52(5):2111-2121



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PROTECT THE NEXT  
GENERATION  
AGAINST

# CONGENITAL SYPHILIS

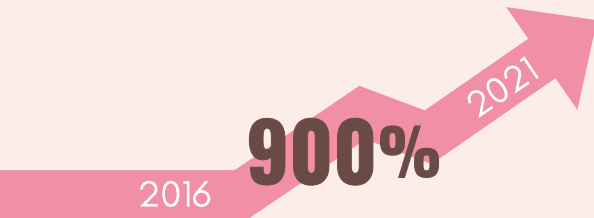
EMPOWER YOUR PRACTICE  
TO PREVENT, TEST & TREAT  
THE RISING CASES OF  
CONGENITAL SYPHILIS



[www.aastec.net](http://www.aastec.net)

# THE ISSUE

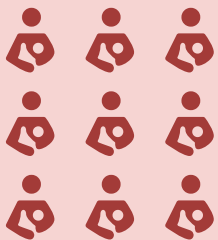
Syphilis can be passed from pregnant people to infants during pregnancy or delivery and can result in miscarriages, stillbirths or other lifethreatening complications if left untreated



Congenital syphilis cases are on a rise nationwide. However there has been a 900% increase among Non-Hispanic American Indians/Alaska Native (AI/AN) from 2016 to 2021.<sup>1</sup>

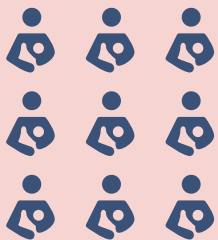
CONGENITAL SYPHILIS AMONG INFANTS WITH A NON-HISPANIC AI/AN MOTHER, NEW MEXICO<sup>1</sup>

**2021**



**9 INFANTS HAD CONGENITAL SYPHILIS IN 2021**

**2000-2018**



**THAT IS THE SAME NUMBER OF CASES FROM 2000 TO 2018**

# TESTING

Provider recommendations are associated with higher odds of STI testing<sup>2</sup>

## WHEN TO TEST

TEST PREGNANT PEOPLE AT:

1. First prenatal visit
2. Start at the third trimester (28 weeks)
3. Delivery



It is also recommended to test anyone who has a stillbirth after 20 weeks in their pregnancy

## TYPES OF TESTS

Presumptive diagnosis of syphilis involves two tests:

- nontreponemal test (e.g. RPR)
- treponemal test (e.g. TP-PA)

IF TESTING FOR SYPHILIS, IT IS RECOMMENDED TO TEST FOR ALL STI'S, HIV AND VIRAL HEPATITIS DUE TO INCREASED RISK FOR ACQUISITION

# TREATMENT

Penicillin G benzathine is the **only** recommended treatment for pregnant people and infants



Due to supply shortages in 2023, Penicillin G benzathine is prioritized for pregnant people and infants

## PRESUMPTIVE TREATMENT

Start treatment for anyone having signs, symptoms or exposure to syphilis