

Syphilis Rising in Newborns, Pregnant Moms: USPSTF Reaffirms Need for Screening



By Ruth Kava — February 8, 2018



Credit:Wikimedia [1]

Syphilis (1) was nearly eradicated in the United States 10 years ago, according to the [CDC](#) [2], but recently there has been an upsurge in cases. It is particularly concerning that the increase has been seen among the most vulnerable — newborn babies. In 2014 there were 461 cases of congenital syphilis, increasing to 492 in 2015 and to 628 in 2016. On a population basis, this represents a 28 percent increase in just one year — from 12 to 16 per 100,000 live births. Not unexpectedly, the rate among women has also increased — from 1 to 2 per 100,000 in the same period. The highest rates among women are in those aged 20-29 years — prime reproductive years.

Such data led the United States Preventive Services Task Force (USPSTF) to [reaffirm their earlier recommendation](#) [3] that testing of pregnant women for syphilis be utilized at their first prenatal visit so that they can be treated and hopefully prevent the devastating consequences for their babies and themselves. Currently most, but not all states do mandate such screening.

The USPSTF is, in part funded by the Agency for Healthcare Research and Quality but is not a federal agency. It is an independent panel made up of volunteer physicians and prevention experts. Its function is:

The U.S. Preventive Services Task Force (USPSTF) is mandated by Congress to conduct rigorous reviews of scientific evidence to create evidence-based recommendations for preventive services that may be provided in the primary care

setting.

They reiterated a suggestion by the CDC that women deemed to be at higher risk of the infection be tested later during pregnancy as well. The report also includes follow-up from a Chinese observational study to evaluate the effectiveness of pregnancy screening. That study included data on 2 million women and found an 11-fold decrease in the incidence of congenital syphilis over the course of 10 years.

This reaffirmation of earlier recommendations by the USPSTF is not final. The group is allowing four weeks (until March 5) for public comment, which can be sent via [this link](#) [4].

Syphilis [5] is caused by the bacterium *Treponema pallidum*, which is commonly spread by sexual contact. There are three stages. The first sign is a small painless sore or chancre at the point where the bacteria enter the body. The sore heals in a few weeks.

The second stage is typically a non-itchy rash that can cover the whole body; there might also be hair loss, muscle aches, fever, and swollen lymph nodes. These signs can disappear and then come and go.

If the disease isn't treated, it can go "underground" — the latent stage, which can last for years. During this period there are no symptoms. The disease may progress to the tertiary or third stage.

In this third stage, there may be many complications of the disease, affecting brain, nerves, eyes, heart, blood vessels, bones and more.

Congenital syphilis can be caused by the bacteria passing through the placenta during pregnancy or during passage through the birth canal. An infant who is infected can suffer a variety of ills, including deafness, deformed teeth, and nose. Or the baby may be stillborn or die during the neonatal period.

Syphilis can be effectively treated with penicillin, and treatment is most effective when the disease is caught in the first two stages.

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Links

[1] <http://www.commonswikimedia.com>

[2] <https://www.cdc.gov/std/stats16/default.htm>

[3] <https://www.uspreventiveservicestaskforce.org/Page/Document/draft-evidence-review/syph>

[4] <http://https://www.uspreventiveservicestaskforce.org/Page/Name/us-preventive-services-task-force-opportunities-for-public-comment>.

[5] <https://www.mayoclinic.org/search/search-results?q=syphilis>