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| Congenital syphilis |
| Information for health professionals |
| Key messages* Congenital syphilis has re-emerged in Victoria and remains a public health priority.
* It can be prevented through appropriate testing and treatment of syphilis during pregnancy.
* **All pregnant people should be tested for syphilis at least 3 times: at the first antenatal visit, at 26-28 weeks and at 36 weeks or birth (whichever is earlier).**
* Any pregnant people presenting with signs and symptoms suggestive of a sexually transmissible infection, regardless of gestation, should be tested for syphilis.
* If syphilis is detected in a pregnant person, testing for other sexually transmissible infections is also recommended, and prompt treatment should be initiated, with advice from an Infectious Diseases Physician.
* Notify all syphilis cases to the Department of Health.
* Babies born to mothers with syphilis need to be tested and followed up with advice from a Paediatrician.
* Congenital syphilis, caused by transplacental transmission, or from mother to baby at birth can have serious adverse consequences for the baby in utero or after birth.
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# Prevention

Pregnant people infected with syphilis who remain untreated may go through the clinical stages of primary, secondary, early and late latent syphilis, and rarely tertiary syphilis. They can remain infectious until the end of the early latent period, typically up to two years after infection if untreated. The most important preventive measure against congenital syphilis is the detection, appropriate treatment and follow up of any pregnant person with syphilis.

# Antenatal screening

All pregnant people should be tested for syphilis at least 3 times during pregnancy: at the first antenatal visit, at 26-28 weeks and at 36 weeks or birth (whichever is earlier).

Syphilis testing should be repeated in all pregnant people presenting with signs or symptoms of a sexually transmissible infection (STI).

Indicate pregnancy status on the requesting pathology slip clinical notes.

# Management of pregnant people with syphilis

## Treatment

These patients should have prompt and appropriate treatment undertaken in association with a clinician with suitable expertise, such as an Infectious Diseases Physician.

Treatment should be with long acting (benzathine) penicillin and not with short acting forms such as benzyl penicillin. Appropriate antibiotic choice (such as in penicillin allergic patients), dosage and duration of treatment is essential to ensure transmission to the baby is averted. If a pregnant person with syphilis is adequately treated four weeks or greater before the birth of the child, the risk of congenital syphilis is decreased, but still present. Advice on management can be obtained from Infectious Diseases Physicians or the Melbourne Sexual Health Centre by ringing the doctors’ information line on 1800 009 903.

## Notification

As with all notifiable infectious diseases, all diagnoses of syphilis should be notified to the Department of Health. This can be done by phone 1300 651 160, fax 1300 651 170, or online at [Notifiable infectious diseases, conditions and micro-organisms](https://www.health.vic.gov.au/infectious-diseases/notifiable-infectious-diseases-conditions-and-micro-organisms) <https://www.health.vic.gov.au/infectious-diseases/notifiable-infectious-diseases-conditions-and-micro-organisms>

## Partner notification

All sexual contacts of a pregnant person with syphilis should be offered testing and treated without waiting for the results of the tests. This is to ensure they are not lost to follow up and, also reduces the risk of re-infection of the woman during pregnancy. Advice and assistance with partner notification can be obtained from the Local Public Health Units or the department’s Partner Notification Officers who can be reached on 9096 3367 or email contact.tracers@dhhs.vic.gov.au

## Babies born to mothers with syphilis

Evaluation of a baby born to a mother with reactive syphilis serology should be directed by a Paediatric Infectious Diseases physician, and advice should be sought prior to birth. Evaluation usually involves full clinical examination, serology and histological examination of the placenta and syphilis PCR. Further testing, treatment and follow up should be undertaken in association with a specialist Paediatric clinic such as those at the Royal Children’s Hospital or Monash Children’s Hospital. Close liaison between GPs, specialists and laboratories is essential in these cases to ensure that the baby is appropriately monitored and not lost to follow up.

Neonates must not be discharged without confirming that the mother’s syphilis status has been documented at least once during pregnancy. If in doubt, maternal syphilis serology should be ordered at birth.

## Clinical features of congenital syphilis

Congenital syphilis may result in miscarriage, stillbirth, prematurity, low birth weight or neonatal death. Sometimes the baby with congenital syphilis may appear normal at birth. The clinical features of the condition may appear in the first two years of life (early congenital syphilis) or may appear later in life (late congenital syphilis).

## Early congenital syphilis

Clinical features may include:

* General manifestations such as anaemia and failure to thrive.
* Rhinitis, skin and mucocutaneous lesions
* Bone involvement – osteochondritis, periostitis.
* Hepatosplenomegaly, jaundice, lymphadenopathy.
* Central nervous system involvement with cerebrospinal fluid changes.

## Late congenital syphilis

The child may have had the early manifestations of syphilis, or the late manifestations appear as the first evidence of the infection. Clinical features may include:

* Eye lesions – interstitial keratitis, optic atrophy.
* Deafness due to 8th cranial nerve involvement.
* Tooth deformities.
* Bone and joint lesions – periostitis, arthritis, saddle nose.
* Central nervous system involvement – cranial nerve palsies, developmental abnormalities, seizures.
* Other – cirrhosis, splenomegaly.

# More information

[Department of Health - Syphilis (infectious disease information)](https://www.health.vic.gov.au/infectious-diseases/syphilis) <https://www.health.vic.gov.au/infectious-diseases/syphilis>

[Syphilis in neonates](https://www.bettersafercare.vic.gov.au/resources/clinical-guidance/maternity-and-newborn-clinical-network/syphilis-in-neonates) <https://www.safercare.vic.gov.au/best-practice-improvement/clinical-guidance/neonatal/syphilis-in-neonates>

[Syphilis decision making tool](https://www.ashm.org.au/resources/syphilis-decision-making-tool) <https://ashm.org.au/resources/syphilis-decision-making-tool/>

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