Syphilis During Pregnancy Toolkit

When to Test[1]

Syphilis Testing Required During Pregnancy (NYS Public Health Law)

Test 3 Times

- 1st trimester (or first visit)
- 3rd trimester (28-32 weeks; ideally at 28 weeks)
- Delivery
  a. If pregnant patient has a positive syphilis test, infant testing is required
  b. Do not use cord blood (associated with false positive and false negative tests)

In addition, it is best practice to test with symptoms of syphilis, exposure to syphilis or in setting of diagnosis of another STI

Types of Tests[2]

Test Type	Treponemal	Non-Treponemal
Detects	Syphilis specific antibodies	Non specific lipoidal antibodies that increase in syphilis
Examples	TPPA, Syphilis EIA, ELISA, CMIA, FTA-ABS	RPR, VDRL
Reported As	Reactive / non-reactive (NR)	Reactive with quantitative titer* or NR
Changes Over Time	Remains reactive for life for most persons (with or without treatment)	Declines over time and with effective treatment* of syphilis

*RPR results are used to monitor response to therapy. A change in titer is considered meaningful when the titer changes by 2 dilutions or four fold (e.g. 1:16 to 1:4).

Interpreting the Results[3]

Treponemal Test (e.g. TP-EIA)	Non-Treponemal Test (.e.g. RPR)	Possible Interpretation	
Reactive	Reactive	Syphilis; treated or untreated	
Non-Reactive	Non-Reactive	Not consistent with syphilis*	
Non-Reactive	Reactive	False positive RPR*	
Reactive	Non-Reactive	Perform different treponemal test to assess further	
		2nd Treponemal Test Reactive • Prior syphilis, treated or untreated • Very early infection	**2nd Treponemal Test Non-Reactive** • False positive treponemal test • Very early infection*

***If concern for primary syphilis (chancre), consider empiric treatment or repeat testing in 2 weeks.**

For Clinical Questions: CEI Line **1-866-637-2342**

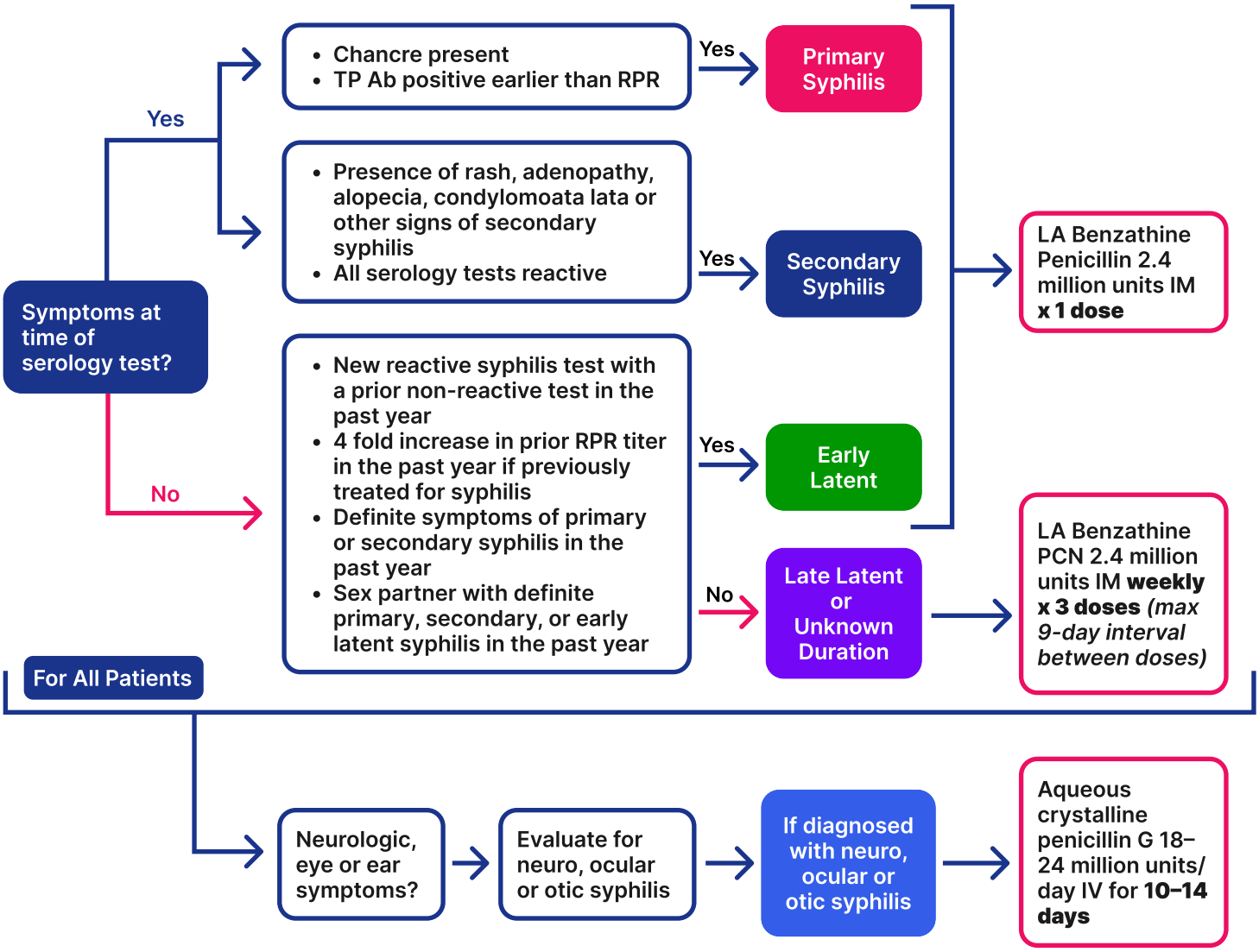
CEI Training/Materials: ceitraining.org

1. https://www.health.ny.gov/publications/21452.pdf
2. https://www.cdc.gov/mmwr/volumes/73/rr/rr7301a1.htm
3. https://npin.cdc.gov/publication/diagnosis-management-and-prevention-syphilis
4. https://www.cdc.gov/std/treatment-guidelines/syphilis.htm
5. https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm
6. https://www.health.ny.gov/diseases/communicable/std/partner_services/accessing_partner_services.htm
7. https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm

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Staging and Treatment Recommendations for a New Syphilis Diagnosis[4]



Treatment During Pregnancy[5]

- Penicillin is the only recommended treatment for syphilis during pregnancy
- Consult an expert when there is an allergy or other contraindication to penicillin
- Treatment must begin 30 days or more prior to delivery to be effective therapy for the neonate
- Report a new diagnosis of syphilis to the **local health department**[6]

Follow-up After Treatment[7]

- Follow-up testing is used to monitor response to treatment and assess for re-infection
- Titers may remain stable or decline but should not increase by 2 dilutions
- **WARNING:** An increase in RPR titer by 2 dilutions which persists over 2 weeks suggests reinfection or treatment failure. The patient needs further evaluation and may require additional treatment

