

## Syphilis Screening FAQs

1. Why is this guidance coming out at this time?

There have been two reported cases of congenital syphilis in 2019. These are the first reported cases since 2013. Similar increasing trends have been observed in other provinces, highlighting the need for increasing screening and surveillance in the perinatal population. Though syphilis is most commonly diagnosed among men who have sex with men (MSM), the epidemiology of syphilis in BC is such that there are significant increases in overall cases, including in young males with both male and female sexual partners, as well as in females. This has prompted a concern for 'spillover' into younger female populations, making the possibility of prenatal syphilis higher.

2. What exactly are we being asked to do?

All maternity care providers are being asked to continue with the current practice of syphilis screening at the first prenatal visit, and universally **repeat the screen at delivery** to optimize case identification and treatment. Screening at delivery refers to any births occurring after 20 weeks gestation, inclusive of preterm and stillbirths. Case finding and potential management of the newborn will be done in consultation and coordination with the BC Centre for Disease Control (BCCDC) and BC Children's Pediatric Infectious Diseases team.

3. Why specifically are we screening at delivery?

Screening specifically at delivery is being recommended for the following reasons:

- It is a reliable point of contact with the health care system
- It accounts for the window period of syphilis infection; e.g. a woman infected later in pregnancy would be missed by screening only in early pregnancy.
- As a common point of contact, it allows an additional screen to pick up late infections but still within a timeframe that allows for timely detection and treatment of both the mother and the newborn.

4. If a woman tests positive for syphilis, how does treatment and follow up occur?

The BCCDC has a centralized system of syphilis case management. For every case of syphilis identified in BC, a member of the BCCDC STI physician team will contact the care provider to provide support and recommendations for treatment, in collaboration with the BCCDC nursing team and the ordering/testing provider(s). Congenital syphilis cases may receive additional consultation and support from a BC Children's Hospital's (BCCH) Pediatric Infectious Diseases specialist.

For sites not stocking it (this includes physician offices, hospitals, clinics, etc.), the BCCDC pharmacy will courier benzathine penicillin G (Bicillin LA) free-of-charge for the treatment of syphilis.

As per their standard process of syphilis management, the BCCDC team will assist with locating and contacting all individuals with syphilis requiring treatment, as well as providing support for partner care and management. The syphilis nursing team has access to multiple clinical systems and is able to locate patients using any number of resources. For questions or support, please refer to the following two numbers:

STI physician line – 604-707-5610

Syphilis nursing team – 604-707-5607

5. How long does it take to get syphilis results back?

The results depend on where the patient lives; average time is roughly between 3 – 5 days.

6. The guidance says 'Interim'. How long will we be doing this?

The plan is to have this increased screening guidance in place for one year, during which time there will be continued evaluation and review of these recommendations.

7. Do I have to screen everyone?

The recommendation is to screen all pregnant individuals for syphilis in the first trimester (or at the first prenatal visit) and at delivery. This is because the outcomes of untreated syphilis for a mother and congenital syphilis for the newborn both have significant long-term effects.

Appropriate intervention and treatment can markedly improve outcomes for both mother and newborn.

8. Why are we not doing HIV testing at delivery as well?

At this time we are responding to, and studying, an increase in the prevalence of congenital syphilis. As we learn more about the epidemiology of this curable infection, we can shift our efforts to increase our surveillance of other blood-borne infections at delivery. This does not however, preclude any medical provider from ordering screens for additional infections at delivery based on a woman's risk.

9. Is it safe to breastfeed if a mother is positive for syphilis?

It is safe for women with perinatal syphilis to breastfeed, provided there are no open lesions to which a baby may come in contact through feeding. If there are open sores/lesions present, then recommend pumping or hand-expressing milk until the sores heal. Pumping will help maintain milk supply and prevent the breast from getting engorged and painful. Pumped milk can be given safely to the baby if the breast pump parts, the flange, and the mother's hands during expressing do not come in contact with the sore(s). If this is not possible, recommend that they discard the milk. For additional information on expressing breastmilk and alternative feeding methods please refer to the following resources:

<https://www.healthyfamiliesbc.ca/home/articles/topic/expressing-breast-milk>

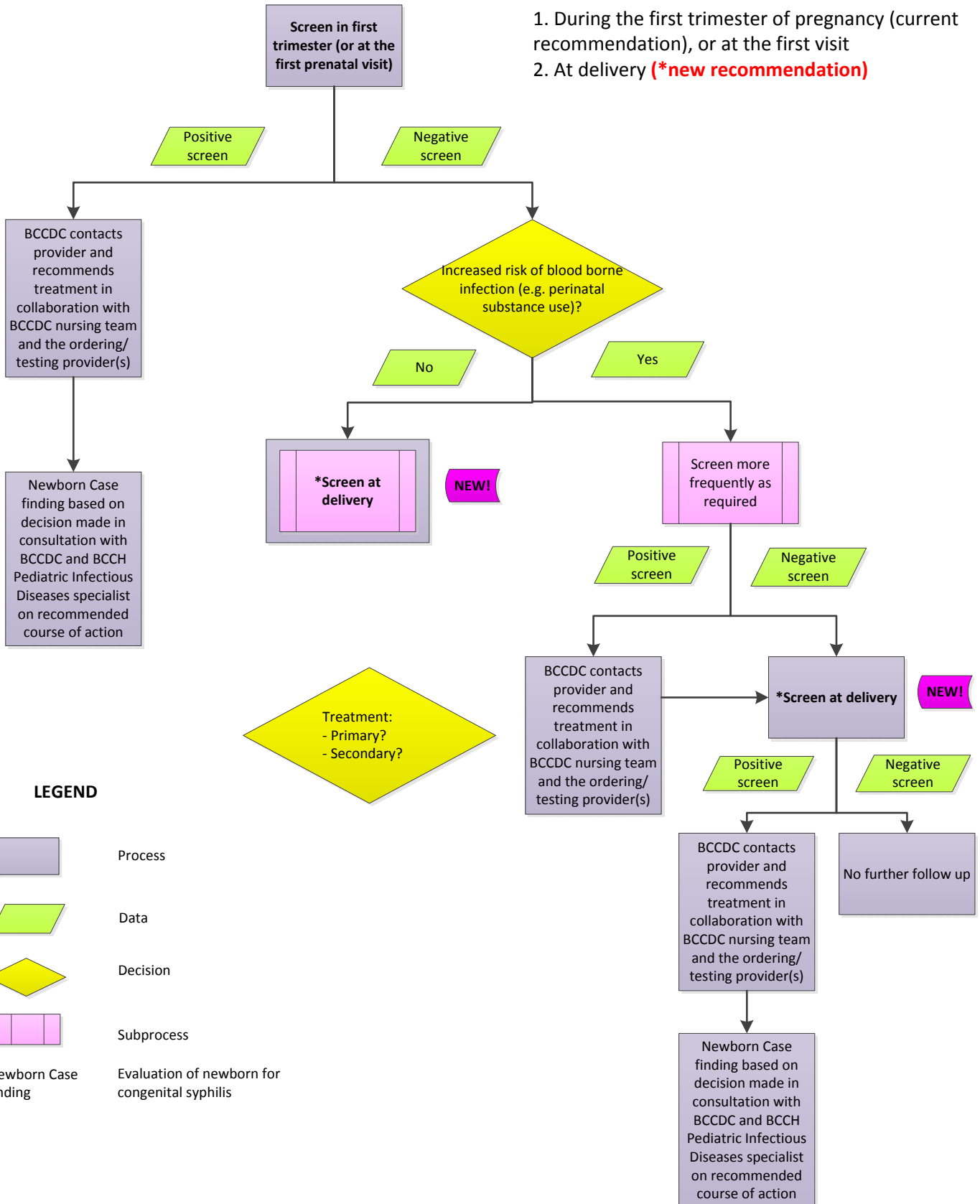
<https://www.healthyfamiliesbc.ca/home/articles/video-alternative-feeding-methods-newborns>

10. What if a woman has screened positive at the first visit and/or seems like she is at increased risk for blood-borne infections (e.g., perinatal substance use)?  
If you identify a patient as being at-risk for blood borne infections during the course of antenatal care, it is up to your clinical discretion to screen more frequently. Screening may be advised in the second trimester since there is already other screening/testing (e.g. screening for GDM) happening at that time.
  
11. In the event that I haven't received any results, who is responsible for following up?  
For all positive and equivocal screens, a member of the STI physician team will initiate contact; however, like all other tests that are ordered by a physician or midwife, the result of that test is ultimately the responsibility of the ordering care provider to follow up.





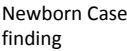
# Process Algorithm for Syphilis Screening in Pregnancy

Recommendations for syphilis screening in pregnancy:

1. During the first trimester of pregnancy (current recommendation), or at the first visit
2. At delivery (**\*new recommendation**)



**LEGEND**

-  Process
-  Data
-  Decision
-  Subprocess
-  Newborn Case finding
- Evaluation of newborn for congenital syphilis