

**Subject/Title:** Maternal Syphilis Program

**Purpose:** To provide clear guidelines for Hospitals and Emergency Departments to ensure timely testing, diagnosis, and treatment of maternal syphilis, ultimately reducing the prevalence of congenital syphilis in the state.

## Background

Hospitals and Emergency Departments are crucial in the effort to prevent and combat maternal syphilis. They serve as a key point of intervention for testing pregnant individuals for syphilis, offering timely diagnosis and treatment to prevent adverse outcomes for both the mother and the baby. Recognizing this, Arizona Health Care Cost Containment System (AHCCCS) published a **CYE 26 DAP PUBLIC NOTICE** including Maternal Syphilis Program (MSP) protocols to ensure that all pregnant individuals receive necessary testing and interventions to promote the health and well-being of both mother and child.

## Policy

### 1. Patient Testing and Identification Procedures

All individuals of childbearing capacity (females ages 15-44, regardless of known pregnancy status) presenting at the Hospital or Emergency Department will undergo syphilis testing.

Syphilis testing will be conducted, regardless of known risk factors, to ensure early identification and prevention of maternal syphilis. By implementing universal testing protocols, healthcare providers can effectively assess and address the risk of syphilis infection in all pregnant individuals, ultimately promoting the health and well-being of both mother and baby. **Consider adopting an "opt-out" approach.**

Testing procedures must utilize an evidence-based, validated testing method to identify active syphilis infection. Confirmatory testing should follow any positive result. Testing and follow-up protocols should align with current ADHS/Public Health guidelines.

### 2. Syphilis Testing and Diagnosis and Treatment

Upon identifying an individual of childbearing capacity (females ages 15-44, regardless of known pregnancy status), implementation of a [Point of Care](#) (POC) test, is acceptable in most cases, to facilitate rapid diagnosis and treatment, provided all persons with positive tests receive laboratory-based serologic confirmatory testing with a quantitative nontreponemal test and a second treponemal test. The reverse testing algorithm can also be used. In the event of a

positive test in a pregnant individual, results should be communicated to the individual promptly, and the first dose of treatment must be administered before discharge to prevent transmission to the fetus in accordance with CDC guidelines. Same-day notification to the public health department is required to ensure timely follow-up and linkage to care for additional treatment or monitoring needed. This requires a trained staff member to perform venipuncture (i.e., blood draw) and have the sample analyzed at a traditional laboratory.

For those individuals with prior episodes of syphilis/syphilis treatment, POC testing is not preferred, and laboratory-based serologic testing is the first line.

Ideally, all patients with a positive POC test should be evaluated by a clinician to assess for:

- a. Signs and symptoms of primary and secondary syphilis;
- b. Sexual history to determine if this infection was acquired within the last 12 months;
- c. Neurologic assessment to ensure the patient does not have evidence of complicated syphilis infection (also known as ocular, neuro, or otic syphilis);
- d. Counseling that a positive result may reflect a false positive result and further testing is recommended; and
- e. Referral to the local health department for additional follow-up.

Penicillin G is the only known effective antimicrobial for treating maternal infection and preventing congenital syphilis. Pregnant individuals should be treated with the recommended penicillin regimen for their stage of infection. The recommended regimen for primary and secondary syphilis\* Among Adults: Benzathine penicillin G IM in a single dose. Refer to [CDC STI Treatment Guidelines](#)

### **Follow-Up**

Coordinated prenatal care and treatment are vital because healthcare providers should document that individuals are adequately treated for the syphilis stage they are in, and also ensure that the clinical and antibody responses are appropriate for the patient's disease stage. If syphilis is diagnosed and treated at or before 24 weeks gestation, serologic titers should not be repeated before 8 weeks after treatment (e.g., at 32 weeks gestation) but should be repeated at delivery. Titers should be repeated sooner if reinfection or treatment failure is suspected. For syphilis diagnosed and treated after 24 weeks gestation, serologic titers should be repeated at delivery.

### **3. Staff Education**

All clinical and non-clinical Hospital/ED staff shall use language that promotes respectful

treatment of patients undergoing syphilis testing and treatment.

Staff authorized to conduct syphilis testing must be trained in the following:

- a. Identifying syphilis risk factors in pregnant individuals.
- b. Understanding the importance of syphilis testing for maternal and fetal health.
- c. The proper methods for performing syphilis testing, including collecting appropriate samples and following up on positive results.
- d. Communicating results and offering patient education on syphilis prevention treatment.
- e. Referral to appropriate care and follow-up services for those with syphilis.
- f. Training should be mandatory for any staff involved in maternal healthcare.

#### **4. MSS Program Manager Requirements**

Hospitals/EDs shall have a designated MSP Program Manager. The MSP Program Manager shall oversee the implementation of the Maternal Syphilis Program including:

- a. Developing and maintaining protocols for syphilis testing.
- b. Tracking and logging all syphilis testing, including results, treatment provided, and follow-up care.
- c. Coordinating with the pharmacy department to ensure adequate supplies of medications for syphilis treatment.
- d. Maintaining documentation standards for patient records, including testing results, patient education, and follow-up care.
- e. Ensuring compliance with state and federal regulations related to maternal syphilis program and reporting.

#### **5. Additional Resources**

Public Health Services: Arizona provides various support services, including education and outreach programs, to improve syphilis awareness and prevention in pregnant individuals.

- a. [ADHS](#)
- b. [ACOG Syphilis Screening Algorithm](#)
- c. [ACOG Practice Advisory](#)
- d. [CDC Treatment guidelines for syphilis](#)
- e. [Screening for Syphilis Infection in Pregnant Women US Preventive Services Task Force](#)