

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the Healthiest State in the Nation

March 14, 2023

ALERT: THE NEED TO SCREEN FOR SYPHILIS AND OTHER SEXUALLY TRANSMITTED INFECTIONS (STIs) DURING PREGNANCY

Dear Colleague:

Florida's congenital syphilis case reports increased 82 percent from 99 to 180 cases between 2017 and 2021. Reported cases of accompanying adult syphilis have risen dramatically as well, from 8,954 cases in 2017, to 16,438 in 2021, an 83 percent increase. This increase is especially concerning for females of childbearing age which is up 63 percent. These trends have led to more adverse impacts among infants born to untreated mothers, including 72 syphilitic stillbirths and infant deaths between 2017 and 2021.

Up to 40 percent of babies born to mothers with untreated syphilis may be stillborn or die from the infection as a newborn.¹ Infants with syphilis can have seizures, infections, deformed bones, anemia, enlarged liver and spleen, jaundice, blindness and hearing impairment in their first few weeks.

Given these concerns, the American College of Obstetrics and Gynecologists recommends providers screen all pregnant women for syphilis, HIV, gonorrhea, chlamydia, and hepatitis B at their first and third trimester visit, and at delivery. Florida Administrative Code rule 64D-3 ([www://flrules.us/fac/64d-3.042/](http://www.flrules.us/fac/64d-3.042/)) includes the following expectation for all licensed Florida health care providers:

Practitioners attending a woman for prenatal care shall cause the woman to be tested for chlamydia, gonorrhea, hepatitis B, HIV and syphilis as follows:

1. At initial examination related to her current pregnancy; and again
2. At 28 to 32 weeks gestation; and again
3. At delivery for those with no prenatal care, no history of testing during pregnancy, or no record of testing after the 27th week of gestation.
4. Women who had a reactive serologic test for syphilis during pregnancy, regardless of subsequent tests that were non-reactive shall be tested at or following delivery.

Health care providers are critical to identifying and reducing maternal STIs by offering routine screening and timely treatment for all pregnant females as necessary. Clinicians are urged to be on heightened alert and screen all patients for syphilis and other STIs if there is an indication of symptoms or high-risk behavior.

For more information on syphilis and other STIs in your area, please contact the Florida Department of Health, Sexually Transmitted Disease Section at 850-245-4303, or visit their website at: www.floridahealth.gov/diseases-and-conditions/sexually-transmitted-diseases/index.html.

Sincerely,

Joseph A. Ladapo, MD, PhD
State Surgeon General

¹ March of Dimes. Syphilis in Pregnancy. Arlington, VA: March of Dimes; 2017. <https://marchofdimes.org/find-support/topics/pregnancy/syphilis-pregnancy>.