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Kansas Reports Dramatic Increase in Congenital Syphilis

TOPEKA – Today, the Centers for Disease Control and Prevention released its annual STD Surveillance report for 2018 which shows that the number of babies born with syphilis has reached its highest level in over 20 years. This report also shows that Kansas ranks 15th in the nation for Congenital Syphilis cases when adjusted for population, despite ranking much lower in syphilis infections among adults.

Although sexually transmitted infections of all kinds have been increasing in Kansas since 2012, the largest increases have been seen in syphilis cases, which have nearly tripled in the past five years. Kansas numbers are included in the attached infographics. As the rates of syphilis have increased among young women, we are now seeing a significant increase in congenital syphilis cases.

“A baby that is born infected with syphilis may become developmentally delayed, have seizures, or die if the infection is not detected and treated during the mother’s pregnancy,” said Dr. Lee Norman, Secretary of the Kansas Department of Health and Environment (KDHE). “Untreated syphilis in pregnant women results in infant death in up to 40 percent of cases, so all pregnant women should be tested for syphilis at the first prenatal visit, and we recommend that the syphilis screening test should be repeated at the beginning of the third trimester (28 to 32 weeks gestation) and again at delivery.”

An infected baby born alive may not have any signs or symptoms of disease. However, if not treated immediately, the baby may develop serious problems within a few weeks. All babies born to mothers who test positive for syphilis during pregnancy should be screened for syphilis and examined thoroughly for evidence of congenital syphilis. Any woman who delivers a stillborn infant after 20 week’s gestation should also be tested for syphilis.

Syphilis symptoms in adults can include: painless lesion(s), fatigue, swollen lymph nodes, patchy hair loss, non-itchy skin rash, or a rash on the bottoms of feet and palms of hands. These symptoms may go unnoticed because the lesion(s) may be in an unseen area of the body, and the rash could be faint. Untreated syphilis can damage your brain, nerves, eyes, blood vessels, liver, bones, and joints. It can also lead to death.

KDHE encourages all healthcare providers to have an honest and nonjudgmental talk with patients about their sexual history. STI counseling should be provided to those at risk, and contraceptive counseling should be provided to those at risk of unintended pregnancy. Syphilis testing should be performed for sexually active

patients as part of an annual STI/Sexual Health panel, and more frequent STI screening should be considered if a patient reports multiple sex partners, substance use, or other risk factors.

When patients test positive for reportable STIs, providers should treat them as soon as possible with medications recommended by the CDC, and test and treat the infected patient's sex partner(s) as well to avoid reinfection. And, as with all reportable diseases, cases of chlamydia, gonorrhea, syphilis, and HIV should be reported to KDHE right away.

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