



**Health, Seniors and Active Living**  
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Population et santé publique  
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Dear Health Care Provider:

## **RE: Syphilis Infection in Pregnancy and Congenital Syphilis in Manitoba**

### **What is happening?**

#### **OUTBREAK:**

- There is a large outbreak of syphilis occurring in Manitoba. Case counts of infectious syphilis for 2019 were 1,879, the highest number in more than 50 years.
- In early 2020, testing rates decreased as fewer people were seeking testing, most likely due to the COVID-19 pandemic. However, positivity rates remain high. Cases diagnosed in persons of childbearing age continue to rise.
- It is likely that syphilis cases are going undetected.
- Contact tracing has continued to be prioritized during the COVID-19 pandemic for pregnant persons with newly-identified cases of sexually-transmitted and blood-borne infections.
- To date, more than 30 confirmed and probable congenital syphilis cases have been diagnosed and treated in Manitoba since 2015. Lack of prenatal care and substance use have been identified as risk factors.

### **Who to test for syphilis?**

Screen **ALL** pregnant persons for syphilis within the first trimester (in addition to testing for HIV, HBV, gonorrhea, and chlamydia; HCV testing should be done if indicated).

In addition, **ALL** pregnant persons should be tested monthly for syphilis during pregnancy and again at delivery if:

- they are newly diagnosed with syphilis infection or reinfection during the pregnancy; or
- had a previous syphilis infection, but received or is receiving treatment during the current pregnancy.

As well, both the pregnant person **and** the newborn should have syphilis serology testing at delivery and sent as STAT. This should be followed by a non-urgent consultation with Pediatric Infectious Diseases (204-787-2071) to determine whether any further investigation or treatment is required for the newborn prior to discharge.

Otherwise, ALL pregnant persons should be screened at first prenatal visit, as well as at 28 to 32 weeks gestation and again at delivery. This includes pregnant persons

previously diagnosed with syphilis infection and treated with evidence of effective treatment based on serologic response and no evidence of reinfection on initial prenatal assessment. In these circumstances, the newborn may not require syphilis serology testing, but a non-urgent consultation with Pediatric Infectious Diseases may be necessary for clarification.

**Note:** More frequent re-screening should occur during pregnancy if there are ongoing identified risks.

### **Who to treat for syphilis without test results?**

**ALL** of the following persons (pregnant or not) should receive treatment for syphilis with Benzathine penicillin G (Bicillin®) 2.4 million units IM, without awaiting syphilis serology results (i.e. test and treat at the same time):

- any person who presents with symptoms of primary or secondary syphilis (such as painless genital, anal or oral ulcer, skin rash involving palms or soles, patchy alopecia);
- any person who is a direct contact of a person with confirmed primary, secondary or early latent syphilis; and
- any asymptomatic person screened for syphilis who is considered at high risk of being infected (i.e., sex contact of a person with confirmed syphilis; person who injects drugs; person who has multiple sex partners) who is not likely to return for follow up.

In pregnancy, Benzathine penicillin G is the only recommended treatment for syphilis. Pregnant persons who report an **allergy to penicillin** should be referred to the **Pregnancy Penicillin Allergy De-labelling Clinic** at HSC Women's Prenatal Allergy Clinic, **Fax: (204)787-2876 and page Dr. Colin Barber** (HSC paging 204-787-2071), where they will be seen in an expeditious way. Assessment of allergy history, appropriateness for skin-testing and/or need for penicillin desensitization during pregnancy is arranged through this clinic.

### **Who to contact for more information?**

Any comments or questions regarding syphilis can be directed to Manitoba Health, Seniors and Active Living at [stbbi@gov.mb.ca](mailto:stbbi@gov.mb.ca)

For more clinical management information about syphilis, visit:

[https://www.gov.mb.ca/health/publichealth/factsheets/syph\\_mgmt\\_tool.pdf](https://www.gov.mb.ca/health/publichealth/factsheets/syph_mgmt_tool.pdf).

Sincerely,

*“Original Signed by”*

Richard Baydack, PhD  
Director  
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Santina Lee, MD FRCPC  
Medical Officer of Health  
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