

# Pregnancy Syphilis Screening & Treatment Guide



Cook County DEPT. of Public Health  
A division of Cook County Health



## Screen

All pregnant individuals should be screened three times during pregnancy:

- The first prenatal care visit.
- Universal rescreening during the third trimester.
- Universal rescreening at the time of delivery.

Test and give presumptive treatment for those with:

- Syphilis signs/symptoms
- Sexual contact with someone with syphilis
- Pregnant people with likely untreated syphilis who are high-risk or may not follow-up, with linkage to prenatal care.

## Stage

**Primary:** Chancre  
**Secondary:** Rash, swollen lymph nodes, etc.  
**Early non-primary non-secondary:** Evidence of new infection occurred within one year.

**Latent syphilis or unknown duration:**  
No symptoms and infection does not meet criteria for early latent.

- If any dose is administered more than 9 days after the previous one, restart the 3-doses series.
- Recommend to women and their partners to abstain from sexual contact for 7 days after treatment.
- Inform women about the JARISCH-HERXHEIMER reaction after treatment with penicillin

## Treat

following CDC guidelines:

Benzathine Penicillin G  
2.4 MU IM x 1 dose.<sup>1</sup>

Benzathine Penicillin G  
2.4 MU x 3 doses

## Report & Monitor

**Report to your local health department:**  
All confirmed, probable, stillborn congenital syphilis to CCDPH

- Use Illinois Disease Surveillance System (IDSS)
- Fax to 708-836-5450.
- Healthcare Providers Statewide phone line 800-439-4079 (Illinois Perinatal Syphilis Warmline)
- [Perinatal Syphilis/Congenital Syphilis Rapid Reporting Tool for Providers](#)

### Follow-up:

- If treated at/prior to 24 weeks gestation, wait at least 8 weeks to repeat titers unless symptoms/signs for primary/secondary stage are present or treatment failure is suspected.
- Titers should be repeated for all patients at delivery.
- A sustained (>2weeks) four-fold increase in titer after treatment completion warrants evaluation for reinfection or neurosyphilis.<sup>2</sup>

### The indicators of potential treatment failure are:

- Delivery occurred within 30 days of therapy
- Presence of clinical signs of infection at delivery.
- Maternal antibody titer at delivery being fourfold higher than pretreatment titer.

## Other Management Considerations

- All women who have syphilis should be offered testing for HIV at the time of diagnosis.
- Placental inflammation from congenital syphilis infection might increase the risk for perinatal transmission of HIV, hence the importance of syphilis screening on HIV positive women.

- Screen early, treat as soon as possible. Treatment initiated  $\geq$  30days before delivery is the most effective.
- Parenteral penicillin G is the only therapy with documented efficacy for syphilis during pregnancy.
- For women with history of penicillin allergy, they should be desensitized and treated with penicillin G

<sup>1</sup> For women who have primary, secondary, or early latent syphilis, with signs of fetal or placental syphilis (sonographic evaluation), a second dose of benzathine penicillin G 2.4 million units IM can be administered one week after the initial dose.

<sup>2</sup> Refer individuals with neurosyphilis to a neurologist or infectious disease specialist (CNS signs or symptoms +/- CSF findings on lumbar puncture).

### RESOURCES

[Free or Low-Cost Clinics in Cook County for STI Screening and Treatment](#) (Cook County Department of Public Health)

### REFERENCE LIST

Information is accurate as of 03/14/25

- [Syphilis During Pregnancy](#) (CDC)
- [Pregnancy Syphilis Screening and Treatment Guide](#) (Minnesota Department of Health)
- [Syphilis](#) (CDC)
- [Protect Your Baby. Get Tested for Syphilis](#) (CDC)
- [Screening for Syphilis in Pregnancy](#) (ACOG)
- [Let's Talk About Syphilis Infographic](#) (Public Health Agency of Canada)
- [IDPH Steps Up Data Collection to Control Sharp Rise in Congenital Syphilis Cases](#) (IDPH)

Adapted from the California Department of Public Health STD Control Branch (CDPH STD CB) and the California Prevention Training Center (CAPTC), as well as Minnesota Department of Health.