



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
Bureau for Public Health
Commissioner's Office

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Dear OB/GYN Colleagues:

West Virginia has continued to see a **significant increase in syphilis and congenital syphilis across the State** since 2017. Early syphilis cases increased more than 200% from 2017 to 2021, while congenital syphilis increased more than 600% in that same period. Illicit drug use is believed to be a leading cause of syphilis resurgence in West Virginia, as a large portion of infected individuals report exchanging sex for drugs and/or money, injecting drugs, and engaging in other illicit drug use activity. Of particular concern are increases among women of reproductive age, which increases the **potential for congenital syphilis** causing fetal or infant mortality or devastating lifelong sequelae for the child. Congenital syphilis is preventable with adequate and timely treatment during pregnancy, but this is often difficult to achieve for women with minimal or no prenatal care.

For pregnant patients, consider the following:

1. West Virginia is considered a high-incident state for syphilis, and therefore the Centers for Disease Control and Prevention (CDC) recommends **syphilis testing at three points during pregnancy**: during the first prenatal care visit, at 28-32 weeks gestation, and again at delivery.
 - a. Remember to order **both serological test types**: RPR/titer and TPPA/confirmatory.
 - b. Pregnant patients with a high risk of exposure (new, anonymous, or multiple sex partners; substance use; exchanging sex for money/drugs; inconsistent or no condom use; recent STI diagnosis) may be tested more often during their pregnancy per clinician's discretion.
2. Report syphilis infections and treatment to the West Virginia Department of Health and Human Resources' Bureau for Public Health (BPH), in accordance with West Virginia Reportable Disease Rule (64CSR7) requirements, within seven days of diagnosis.
 - a. Pregnant patients are the highest priority for follow-up, so **reporting new syphilis infection among pregnant patients is recommended as soon as possible**.
 - b. Various VD-91 Treatment Card reporting options are on the [STD website](#).

3. Ensure timely and adequate treatment is administered via the most updated [CDC Treatment Guidelines](#). There is currently **no recommended alternative to penicillin** for syphilis treatment.
 - a. For pregnant patients, benzathine penicillin G (also known as Bicillin) is the only outpatient therapy proven effective in preventing congenital syphilis.
 - b. These patients should be treated with 1-3 doses based on their stage of infection (see [Syphilis Staging and Treatment Algorithm](#)), and treatment should be started as soon as possible. **Treatment must be initiated at least 30 days before delivery to prevent a case of congenital syphilis.**
 - c. Treatment of late latent syphilis (or unknown duration) requires Bicillin administered as three doses of 2.4 million units IM given in seven-day intervals. If a pregnant patient is not able to return for their next injection(s) by the ninth day of their treatment schedule, the treatment series should be restarted.
 - d. **Desensitization must be performed for pregnant patients with a true penicillin allergy.** www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm.
4. Help facilitate testing and treatment of partners in collaboration with local health departments and Disease Intervention Specialist field staff.
 - a. Current and ongoing partner(s) can be presumptively treated to help prevent reinfection of the pregnant patient.
 - b. Patients should be reminded to abstain from sex for at least seven days after completing treatment to prevent re-infection among partners.

If maternal syphilis status or titer history is unknown at the time of the visit, please contact BPH's Division of STD, HIV, Hepatitis, and Tuberculosis at 304-558-2195, or send an email to wvstd@wv.gov. For more information about syphilis or other STDs, please visit BPH's [STD website](#).

Additional Resources:

- [BPH Syphilis Presentation](#)
- [BPH Congenital Syphilis Presentation](#)
- [BPH CS Evaluation and Treatment Flowchart](#)
- [STD Clinical Consultation Network](#)
- [CDC Syphilis Pocket Guide for Providers](#)
- [CDC CS Treatment Scenarios](#)

Thank you for the valuable role you play in protecting the health of pregnant patients and for your continued commitment to eliminating congenital syphilis in West Virginia.

Sincerely,



Matthew Q. Christiansen, MD, MPH
Commissioner & State Health Officer