Safeguarding our Future:
Battling the Syphilis and Congenital Syphilis Crisis

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Continuing Education Credits

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This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Registered Dietitians, and Social Workers.

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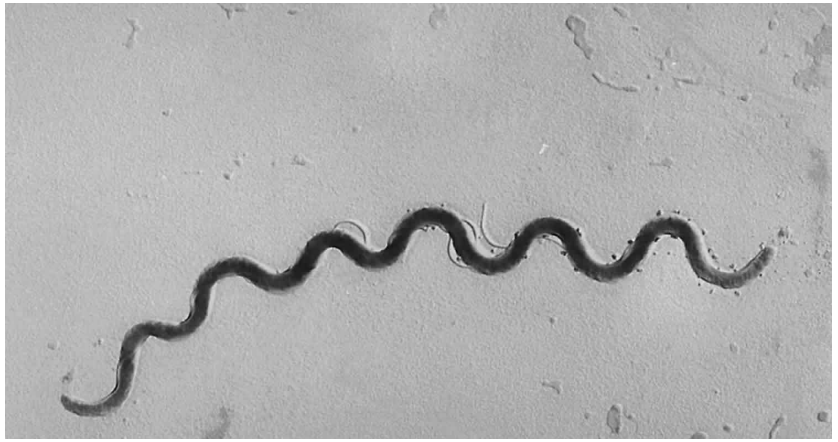
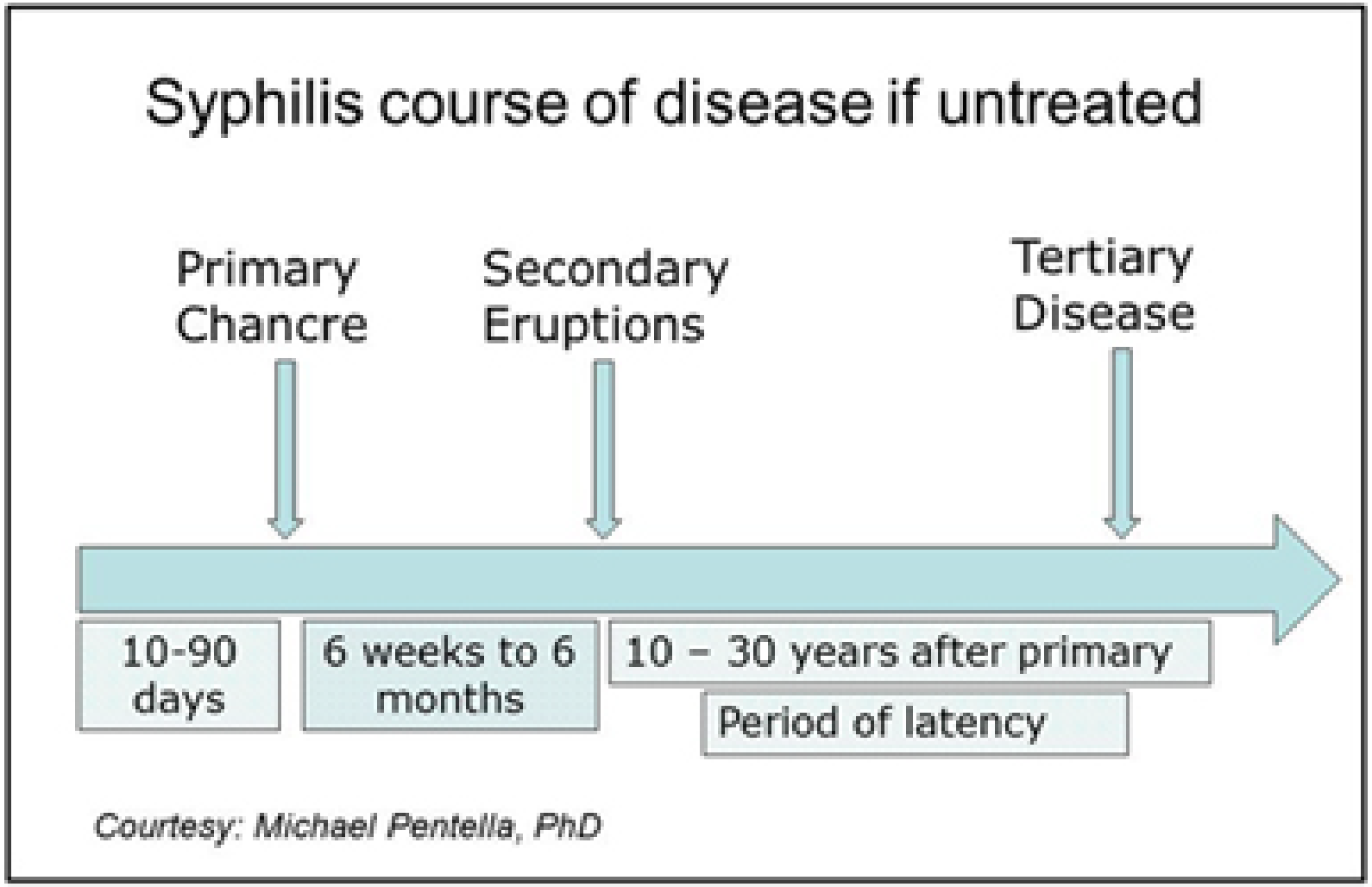
Understanding Congenital Syphilis

Overview



- Treponema pallidum
- Sexually transmitted
- Via infected blood
- Stages of infection

Stages of Infection



Quick Facts

- Can affect both mom and baby
- Can pass to a fetus during pregnancy and cause a miscarriage or birth defect
- They can cause serious illness and lifelong disabilities, such as hearing loss or learning problems
- Preventable

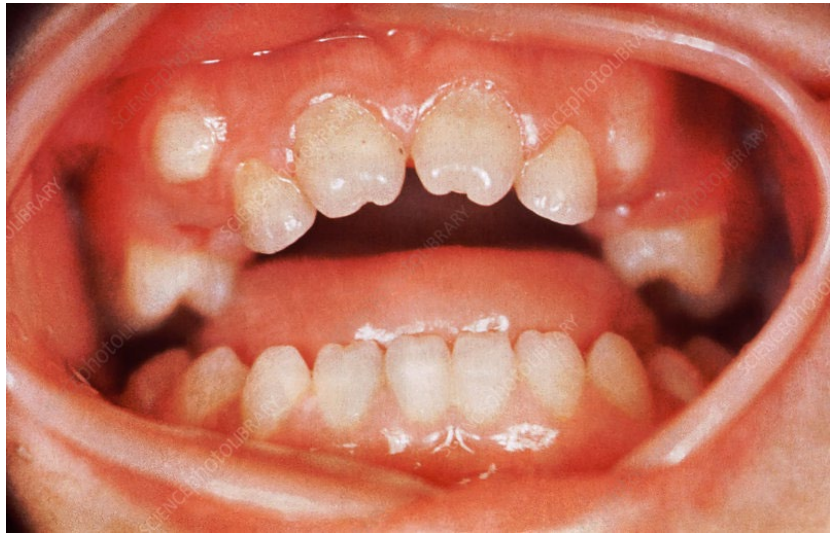
Quick Facts

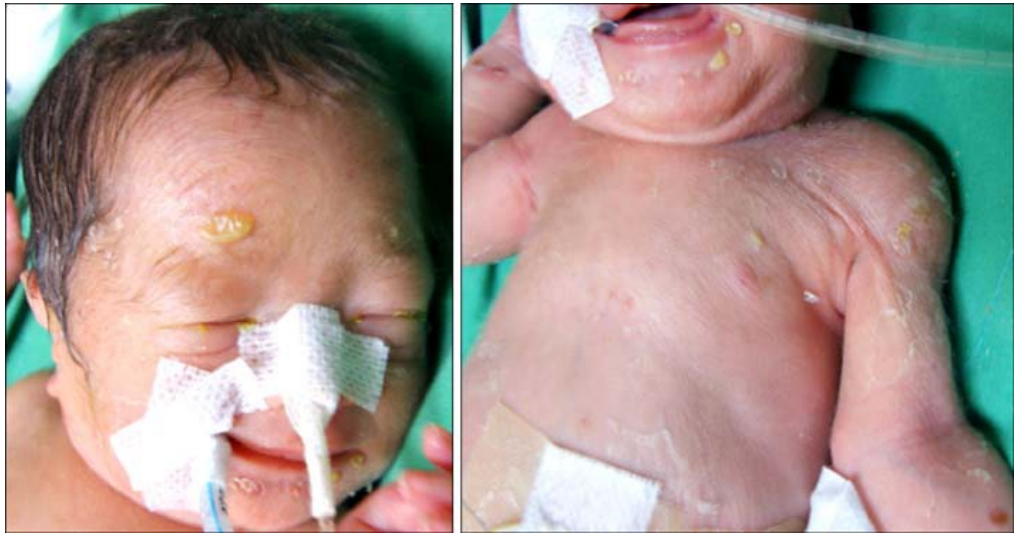
- Syphilis in pregnant women can cause miscarriage, stillbirth, or the baby's death shortly after birth.
- Defined as congenital syphilis at <2 years of age.
- Approximately 40% of babies born to women with untreated syphilis can be stillborn or die from the infection as a newborn.
- Babies born with congenital syphilis can have bone damage, severe anemia, enlarged liver and spleen, jaundice, nerve problems causing blindness or deafness, meningitis, or skin rashes.

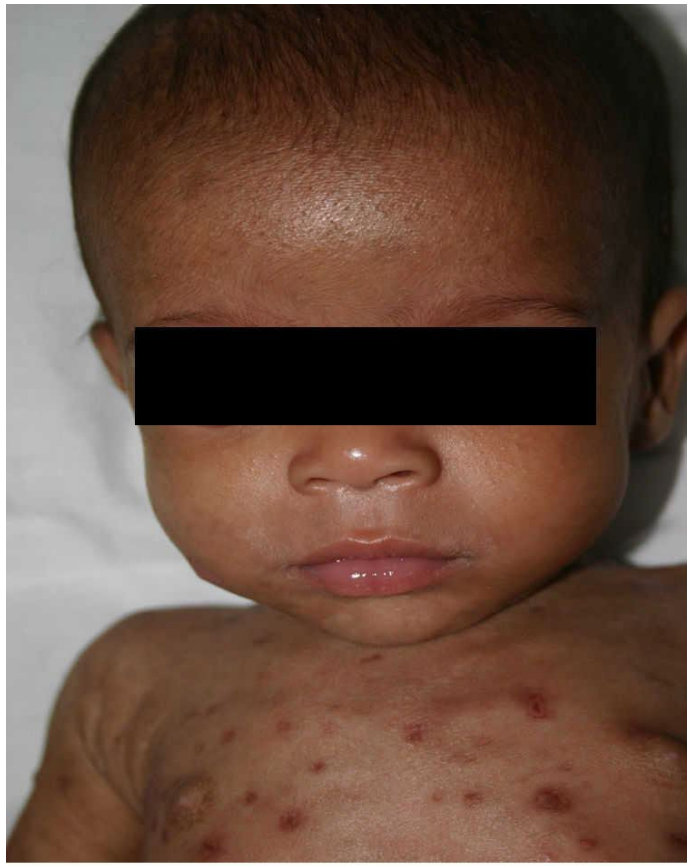
Source: CDC

Congenital Syphilis

- Vertical transmission







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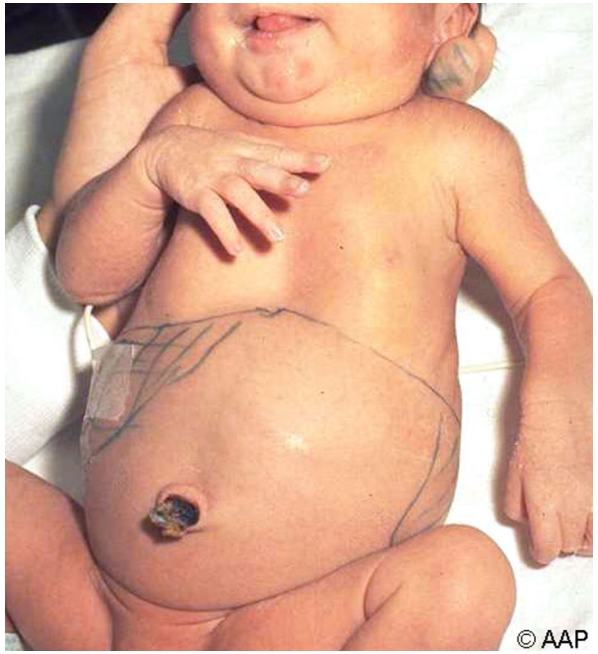
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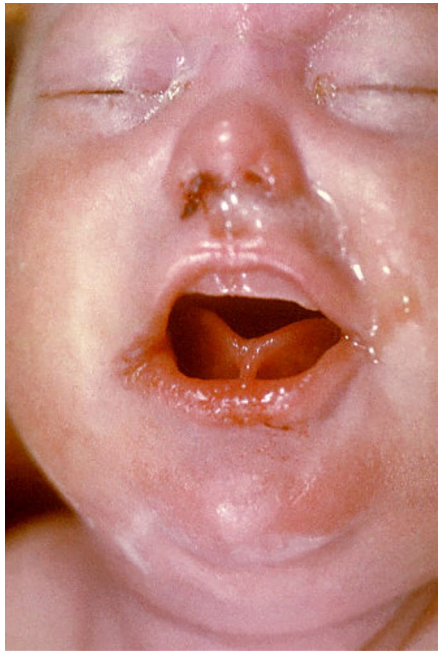

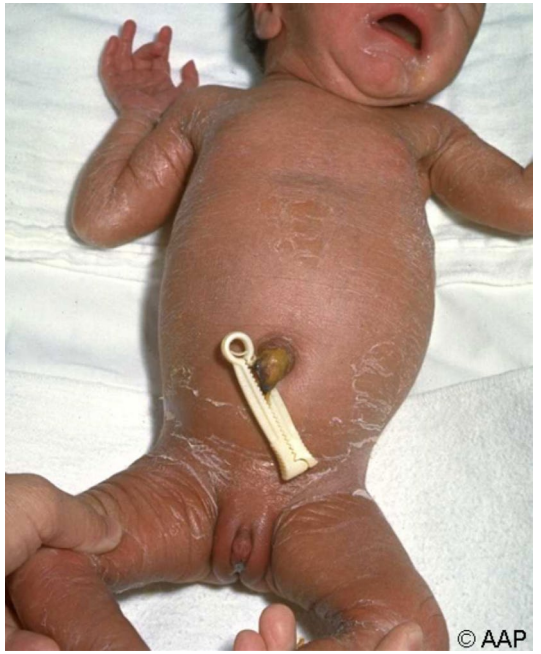
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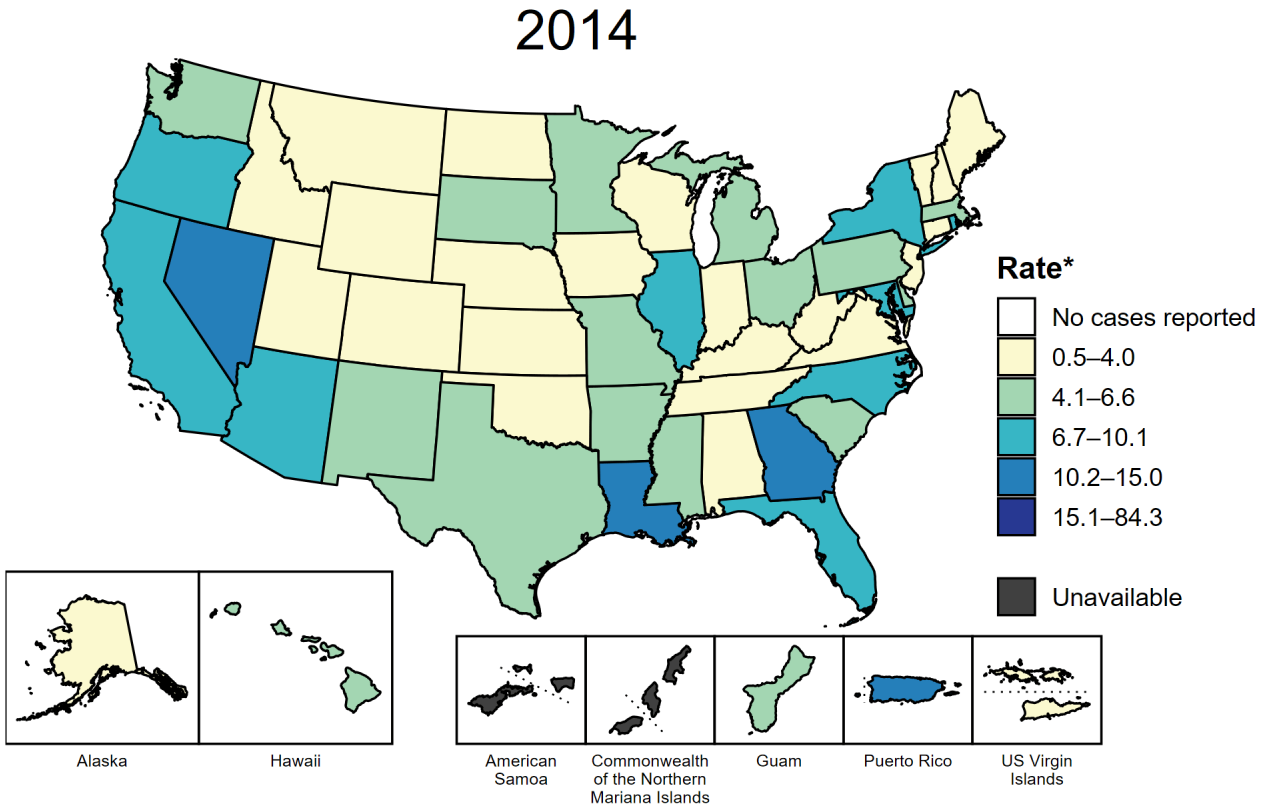
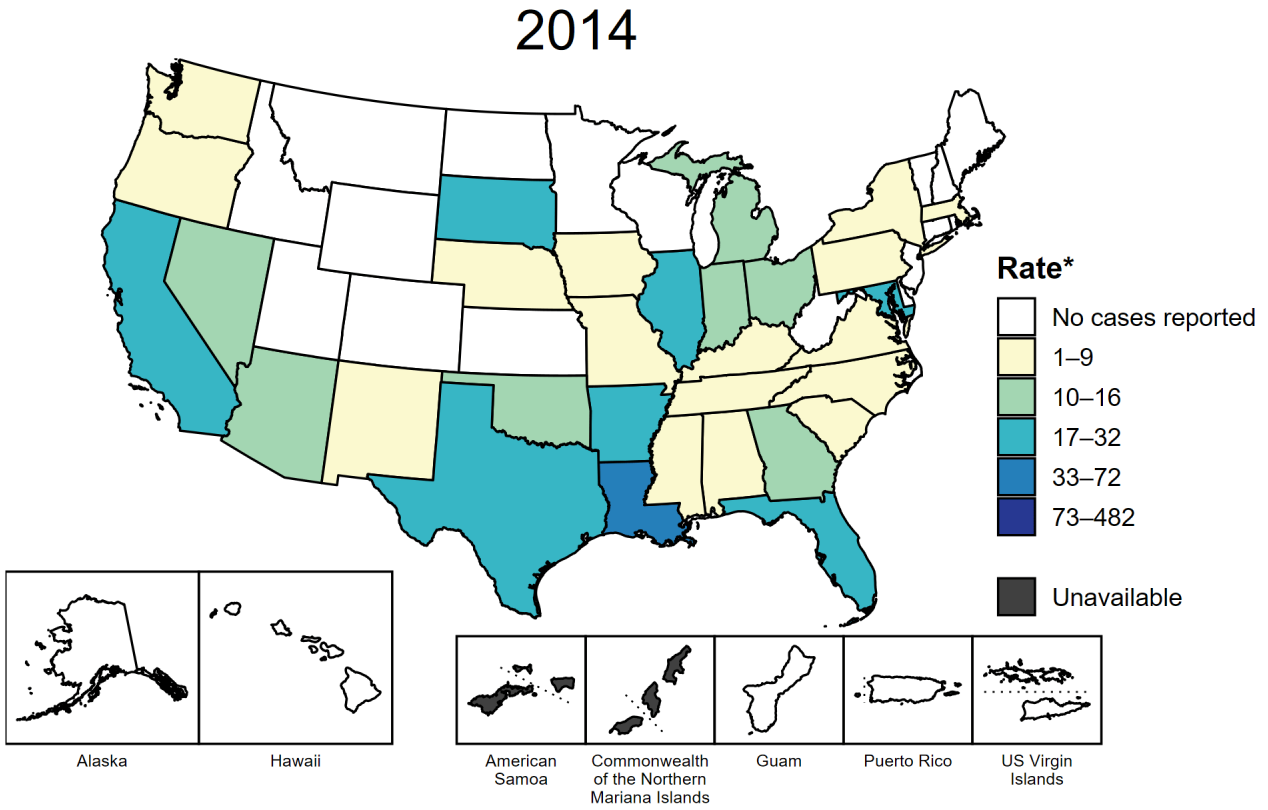
Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2014–2023



* Per 100,000

Source: CDC

Congenital Syphilis — Rates of Reported Cases by Year of Birth and Jurisdiction, United States and Territories, 2014–2023



* Per 100,000 live births

Source: CDC

A.C.A. § 20-16-507

§ 20-16-507. Testing of Pregnant Women Required.

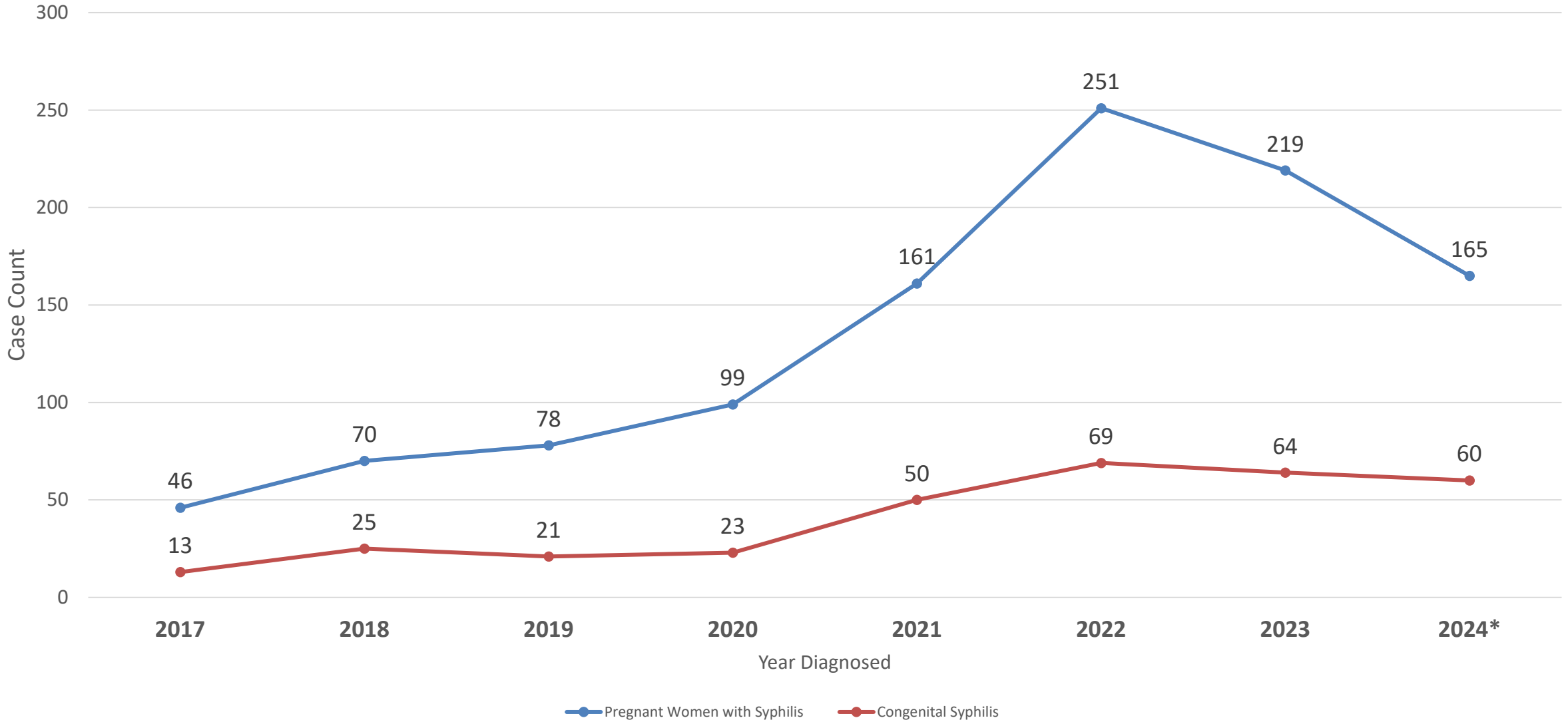
The State of Arkansas requires testing of all pregnant women at the 1st prenatal care visit and 3rd trimester (between 28-32 weeks gestation). Testing at delivery is required if not done during the pregnancy.

Arkansas Syphilis Crisis

Congenital Syphilis Rates Per 100,000 Live Births, Arkansas, 2012-2022

Created by Kylie Chisum, MPH, STI Epidemiologist
Data are Provisional

Syphilis Among Pregnant Women and Congenital Syphilis, 2017-2024



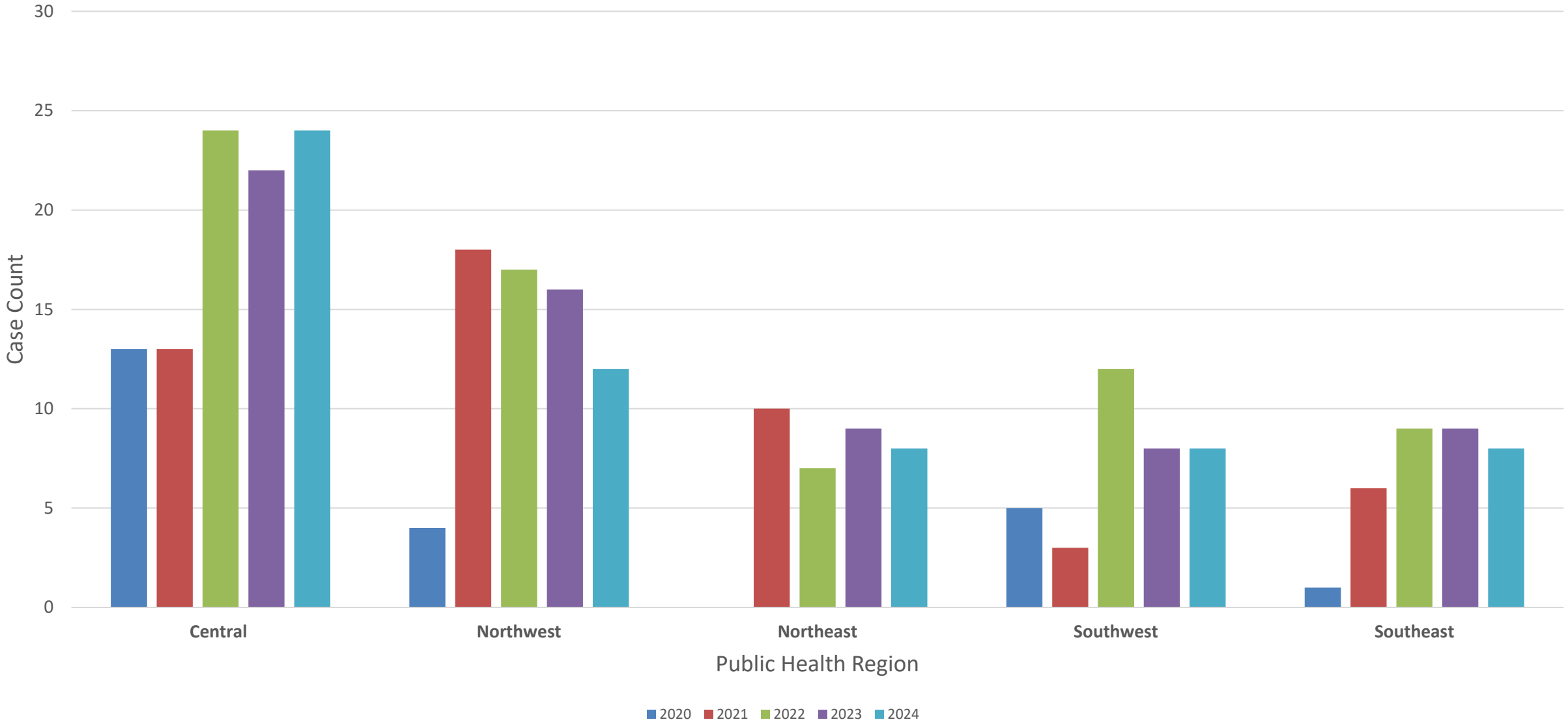
Data were pulled from the PRISM reporting system as of 6/13/2025. All data are strictly provisional.
*2024 year is strictly provisional and subject to change.

2023 Congenital Syphilis Surveillance Report, Arkansas and US

Year	Arkansas Congenital Syphilis Rate Per 100,000 Live Births	US Congenital Syphilis Rate per 100,000 Live Births	AR Rank
2017	21.3	24.4	8th
2018	67.5	34.6	6th
2019	57.4	50	9th
2020	65.2	59.7	13th
2021	139	77.9	8th
2022	191.9	102.5	9th
2023	180.4	105.8	8th

Source: CDC

Congenital Syphilis Case Counts By Public Health Region and Year



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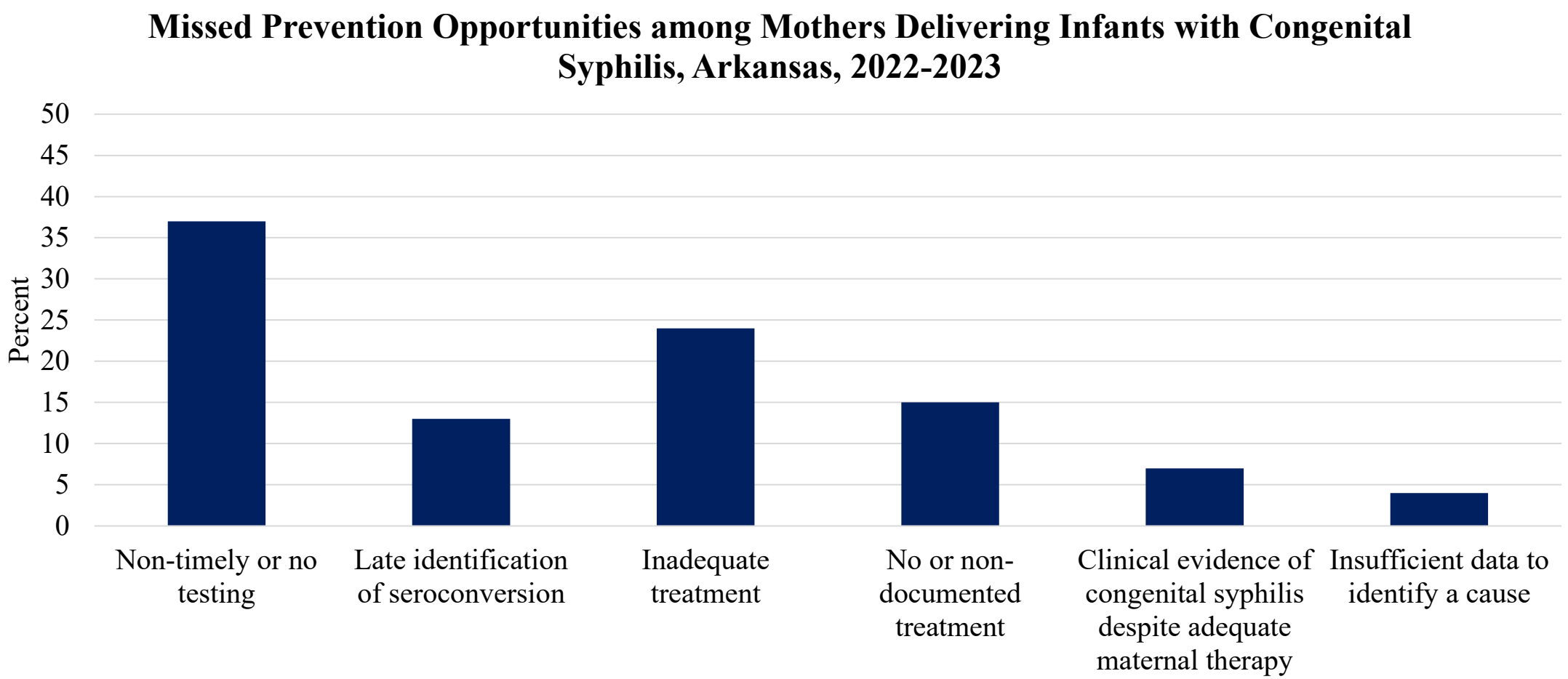
Missed Opportunities, Arkansas



- Timely testing is performed ≥30 days before delivery.
- Late identification of seroconversion is a new reactive syphilis test <30 days before delivery after a nonreactive test earlier in pregnancy.
- Adequate treatment is receipt of a penicillin-based regimen, dosed and spaced appropriately for the stage of syphilis, and commenced ≥30 days before delivery.

*Data as of November 14,2024.*Data are Provisional. Source: CDC

Arkansas Perinatal Quality Collaborative Pilot (ARPQC)

https://arpqc.org/initiatives/congenital-syphilis-prevention/

INITIATIVE GOAL:

100% of Arkansas birthing hospitals will implement universal screening of pregnant patients for syphilis during the delivery hospitalization.

Activities & Support

By participating in the ARPQC's Congenital Syphilis Prevention Initiative, birthing hospitals commit to implementing screening 100% of pregnant patients for syphilis during their delivery hospitalization in accordance with ACOG guidelines.

Over six months starting in January 2025, obstetrical units from participating hospitals will work on implementing this practice and other recommended practice changes included in the initiative bundle modeled after the Alliance for Innovation in Maternal Health's 5 "R's" framework. Hospitals also participate in monthly calls to share their progress and learn from experts. Through quarterly reporting by hospitals, the ARPQC monitors progress across the state.

ARPQC Schedule and Prevention Bundle

ARPQC Schedule Changes

Meeting Dates	Type	Meeting/Call Topic
Tuesday, Nov 12, 10 am	**LS6**	**Fall POWER Workshop (Congenital Syphilis Prevention)**
Tuesday, Dec 10, 10 am	--	OPTIONAL Office Hours - Congenital Syphilis initiative
		2025
Tuesday, Jan 14, 10 am	**LS1**	• Role of ADH in Syphilis Treatment and Prevention • Point-of-Care Testing
Tuesday, Feb 11, 10 am	MC	Group A presents
Tuesday, Mar 11, 10 am	MC	Group B presents
Apr, TBD	**LS2**	**Spring POWER Meeting** • QI Sustainability Planning • Success Stories from Arkansas Hospitals
Tuesday, May 13, 10 am	MC	Group A presents
Tuesday, Jun 10, 10 am	MC	Group B presents
		July 2025 - Next Initiative Planning

"R" Category	Practice or Policy Recommendation
Readiness	• **Train all health care team members** on the resurgence of syphilis, protocols for prevention of congenital syphilis, and recognition of clinical presentation of syphilis.
Recognition and Prevention	• **Implement standardized processes to screen all pregnant patients** for syphilis through serologic testing by their OB provider at their first prenatal care visit, during the third trimester, **and at delivery**. • **Incorporate automatic reflex testing** into the E-HR for initial reactive results. • **Facilitate screening** of pregnant patients **at healthcare encounters outside of routine prenatal and delivery care**, including visits to the emergency department and labor & delivery triage.
Response	• Implement a **standardized, evidence-based process for** the **management** of pregnant and postpartum patients diagnosed with syphilis in the inpatient setting. • Ensure **timely reporting** to the Arkansas Department of Health **for every positive case**.
Reporting and Systems Learning	• **Monitor unit adherence to standard policies and processes** for prevention of congenital syphilis. • Conduct **multidisciplinary reviews of unit and system response to cases** of maternal syphilis and congenital syphilis to identify systems issues and opportunities to improve care.
Respectful, Supportive, and Equitable Care	• Engage in **respectful and culturally sensitive communication** regarding syphilis testing and results. • Review unit data to **identify disproportionately impacted groups** and coordinate with community resources.

There are 22 hospitals participating. Callaghan-Koru said the program is working to increase testing in outpatient settings and emergency rooms where a high-risk patient who may not be seeking “routine prenatal care but getting care from an emergency department” would also be getting tested for syphilis.

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Arkansas launches initiative to combat rising congenital syphilis cases in state hospitals
© Provided by KATV Little Rock/Pine Bluff

The University of Arkansas for Medical Sciences (UAMS) and Arkansas Department of Health (ADH) have partnered to launch the Arkansas Perinatal Quality Collaborative (ARPQC), a new initiative designed to combat congenital

ARKANSAS TIMES

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ARKANSAS BLOG NEWS

Initiative aims to reduce steep uptick of congenital syphilis cases in Arkansas

by Lara Farrar
February 25, 2025 6:08 pm

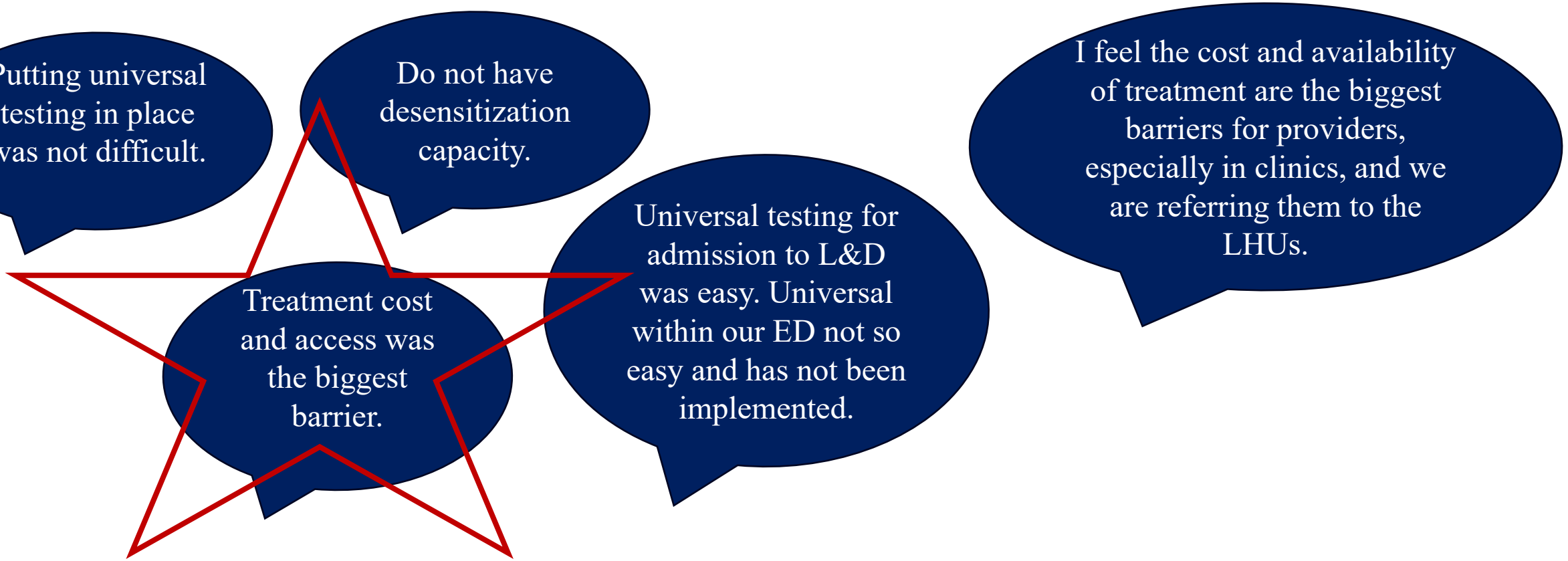
Leah Wooldridge, the obstetrics director at Great River Medical Center in Blytheville says the initiative is benefitting their patients.

“Because we initiated the syphilis screening on admission, we were able to catch a positive case that was initially negative in that first trimester,” Wooldridge said. “By screening every patient at admission, we were able to get that baby to a tertiary care center for treatment."

Reflection with Hospitals-Informal Meeting

"What were the biggest barriers to this pilot?"

"How was implementation of testing during the Pilot as well as treatment if mom was positive?"



The Role of Dentists and Congenital Syphilis in Arkansas

Early Detection Opportunity

- Oral manifestations can be early signs of syphilis

Bridge to Prenatal Care

- Dentists may encounter pregnant women who lack routine medical care
- Referrals can connect at-risk individuals to testing and treatment

Trusted Health Professionals

- They can play a role in **health education and stigma reduction**

Public Health Impact

- Early recognition and referral by dentists can help reduce **missed opportunities for diagnosis**, protecting mothers and babies

Thank you

Mallory Jayroe, MS, CHES, DrPH (c)

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501-280-4830

Questions??

Dashboard QR Code

2025 Oral Health Summit
Oral Manifestations of Syphilis, Rubeola, HPV

K. Mark Anderson DDS, MS

Lyon College School of Dental Medicine

Syphilis

- In patients with syphilis, the infection undergoes a characteristic evolution that classically proceeds through three stages, each features distinct to that particular stage.
- Due to the rarity of oral lesions and the nonspecific microscopic pattern, appropriate histopathologic diagnosis easily can be missed by pathologists inexperienced with the pathosis.

Clinical Features - Primary Syphilis

- Relatively painless ulceration- chancre
- 2-3 weeks after exposure
- Most are genital; 5% are oral
- Resolves in 3-8 weeks

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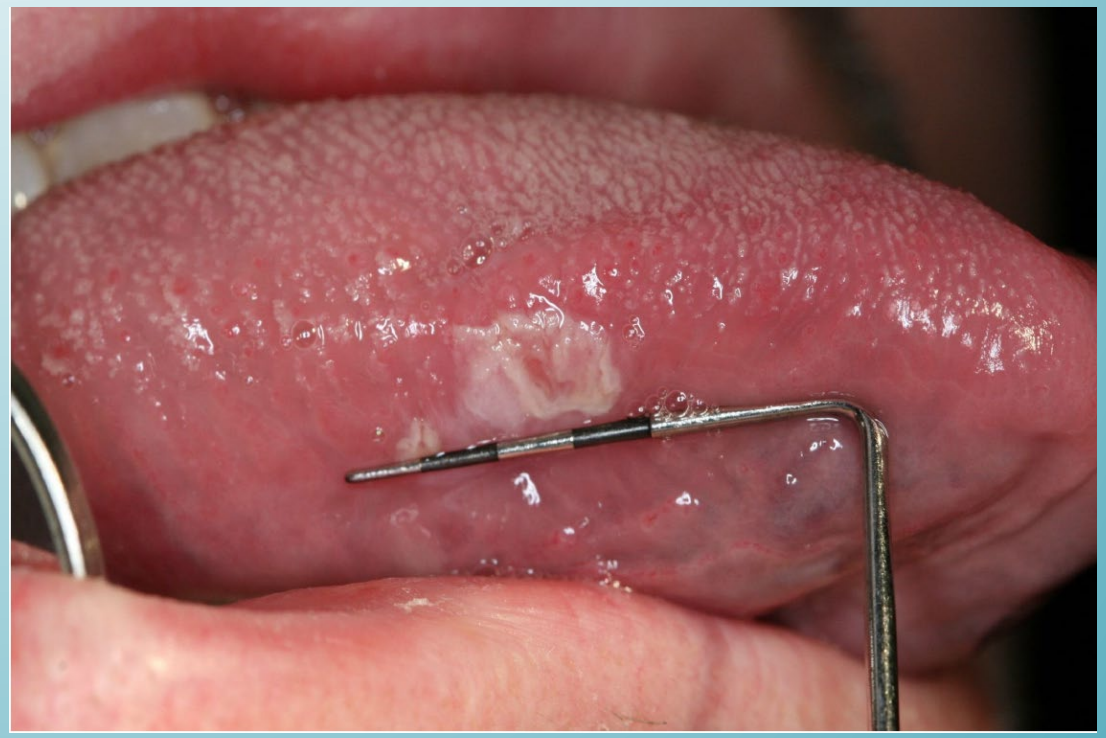

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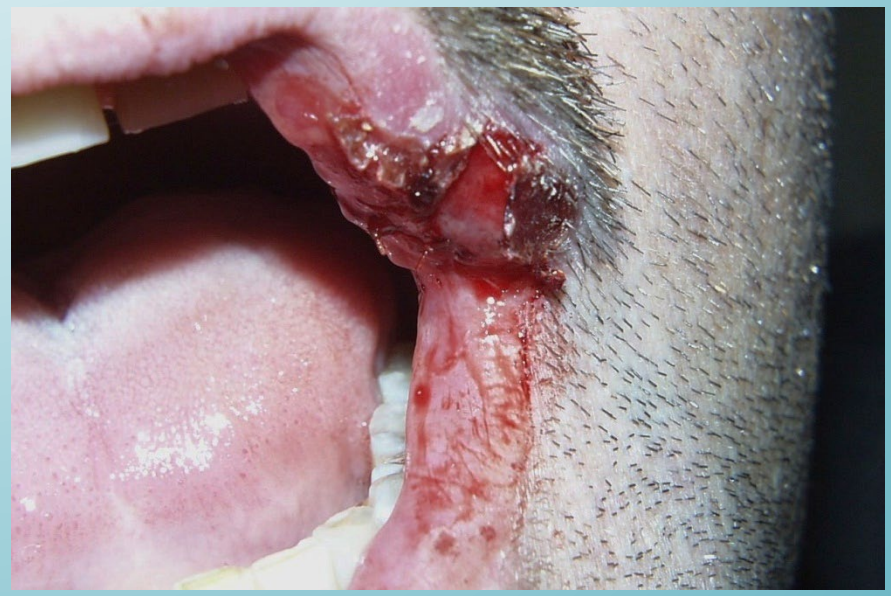

Clinical Features – Secondary Syphilis

- Erythematous maculopapular cutaneous eruption
- Mucous patches of oral mucosa
- Fever, malaise, headache, musculoskeletal pain

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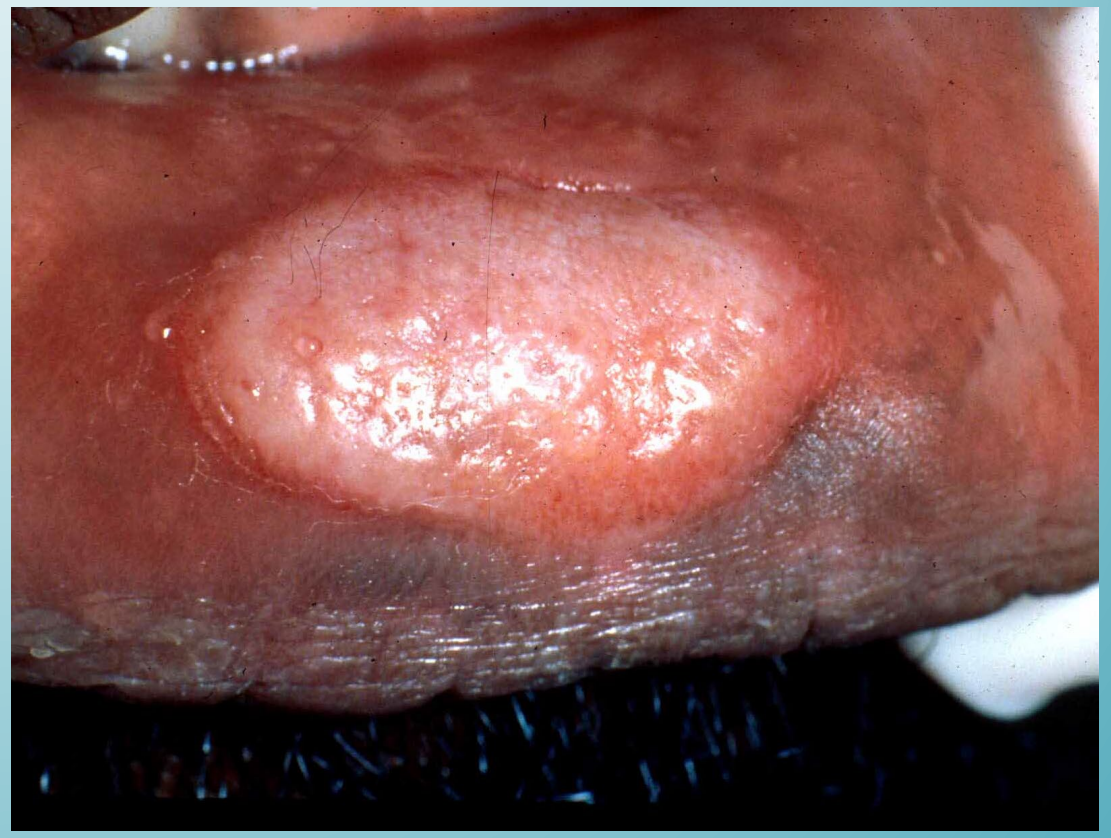

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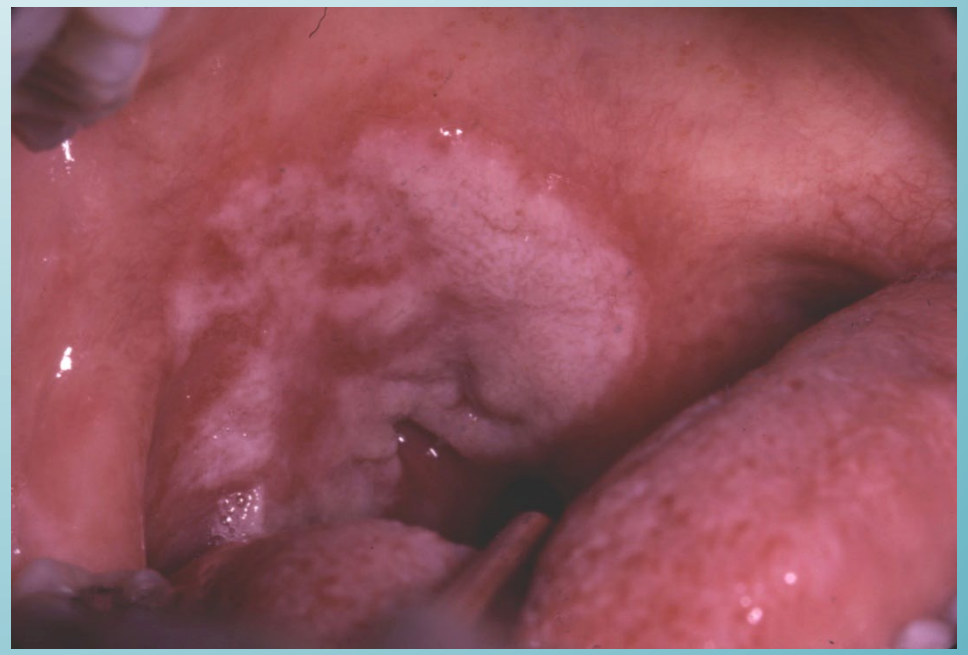

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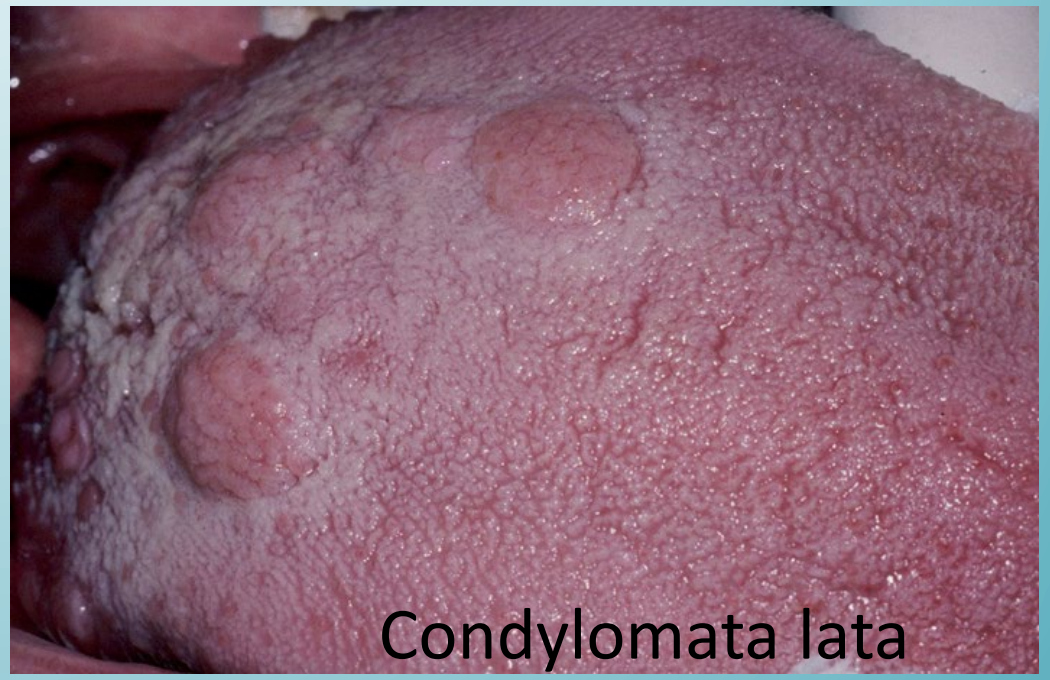

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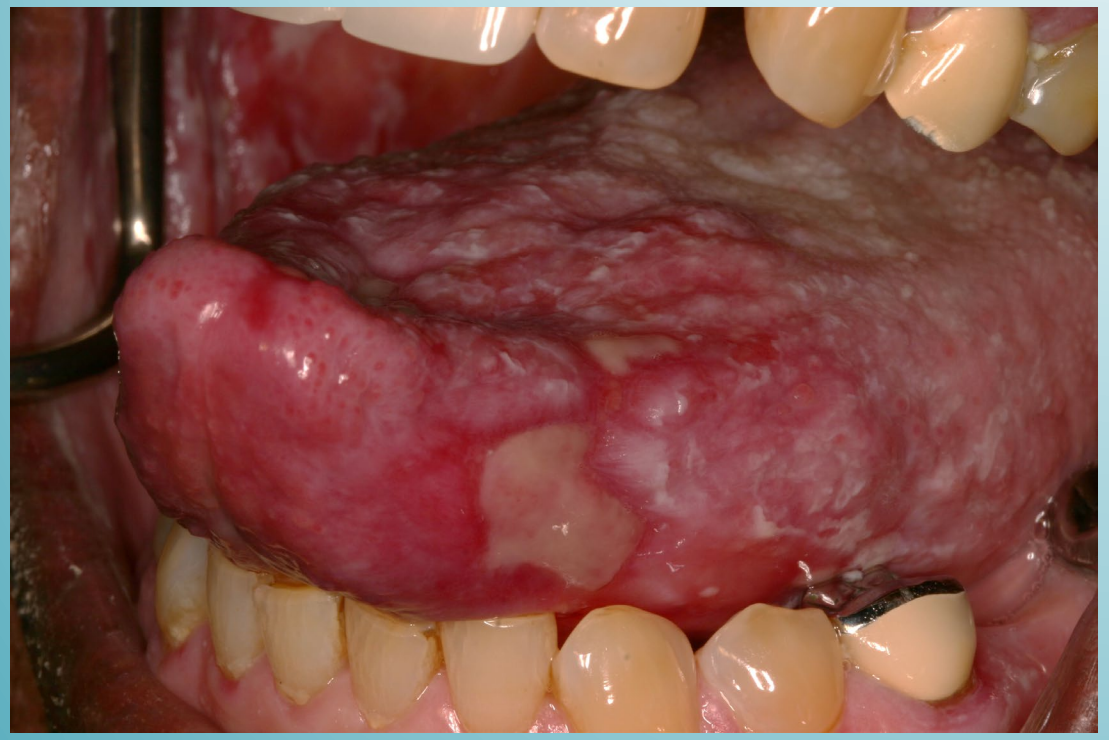
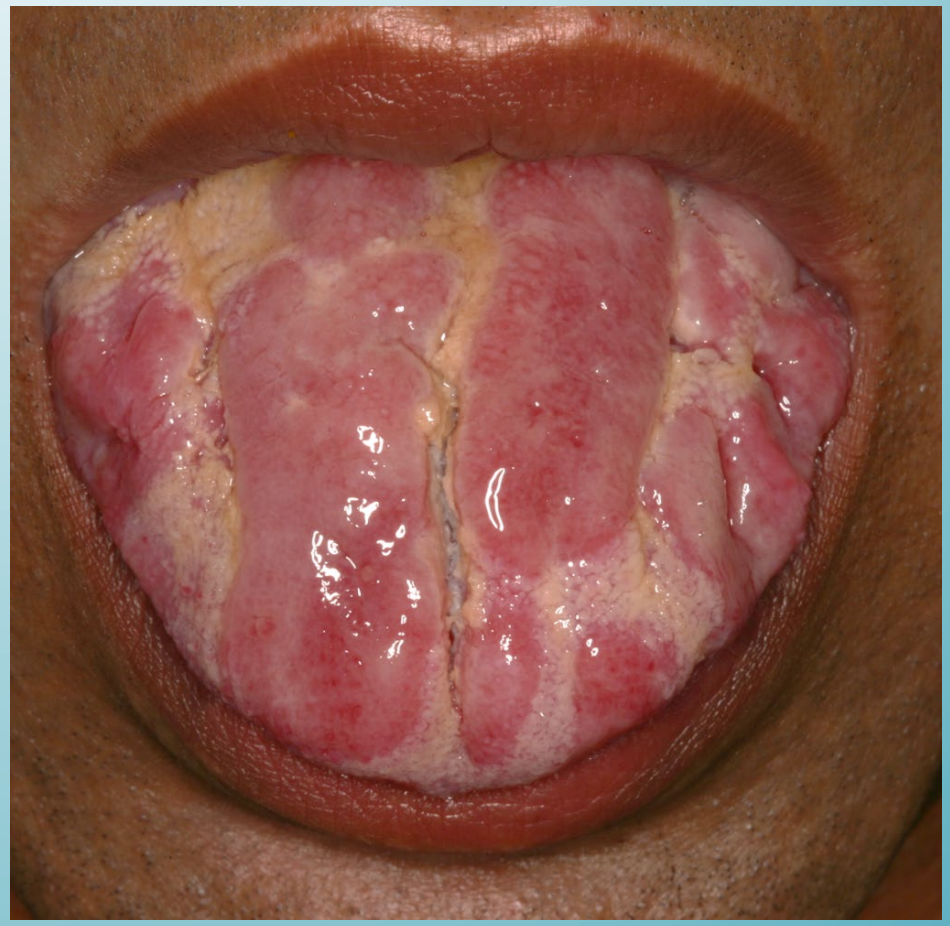
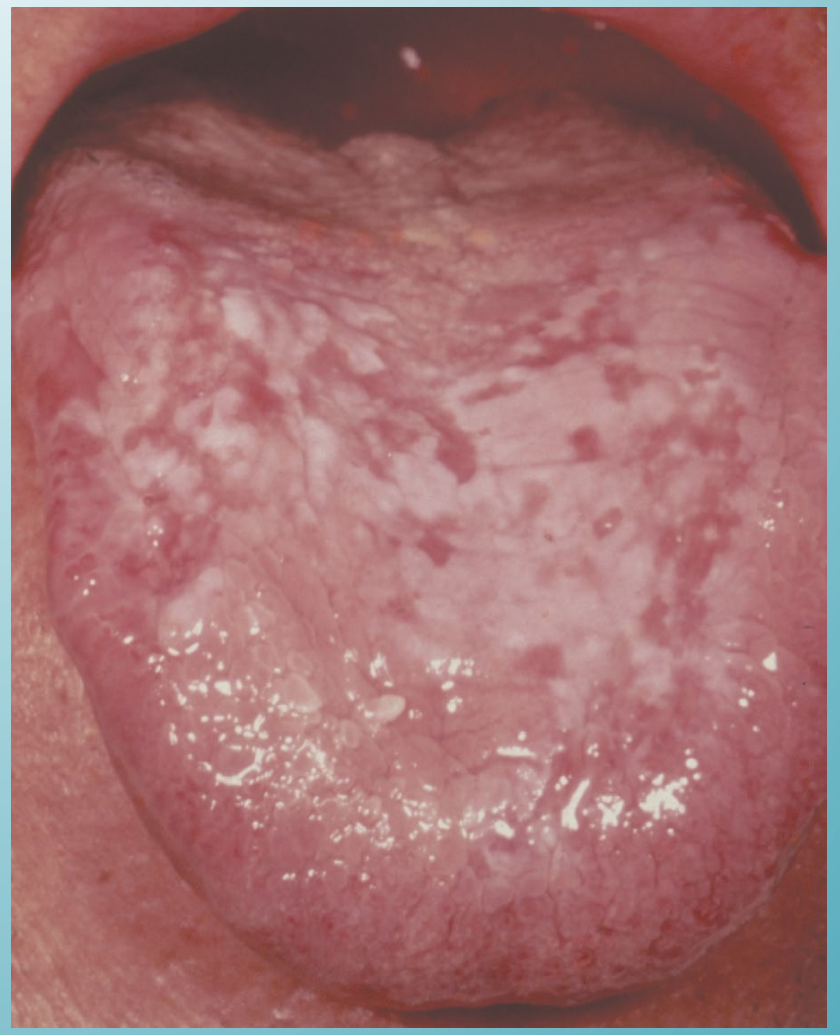




Clinical Features – Tertiary Syphilis

- Gumma formation
- Leutic glossitis
- May affect any tissue
- Palatal perforation



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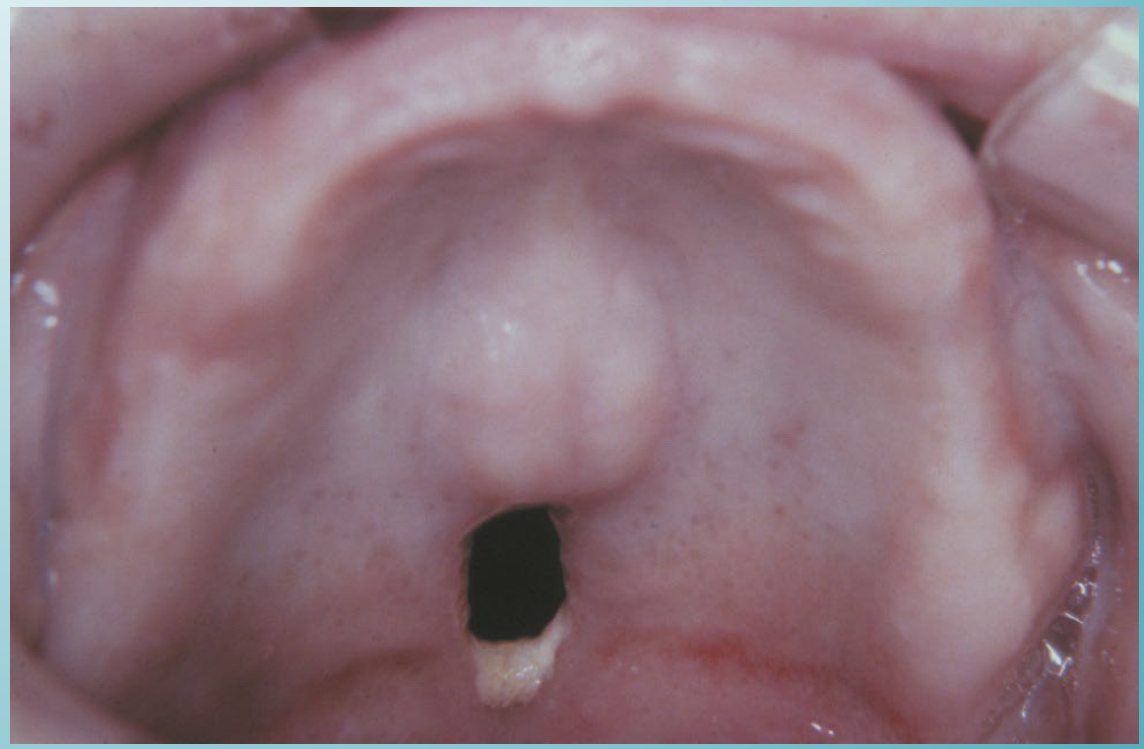
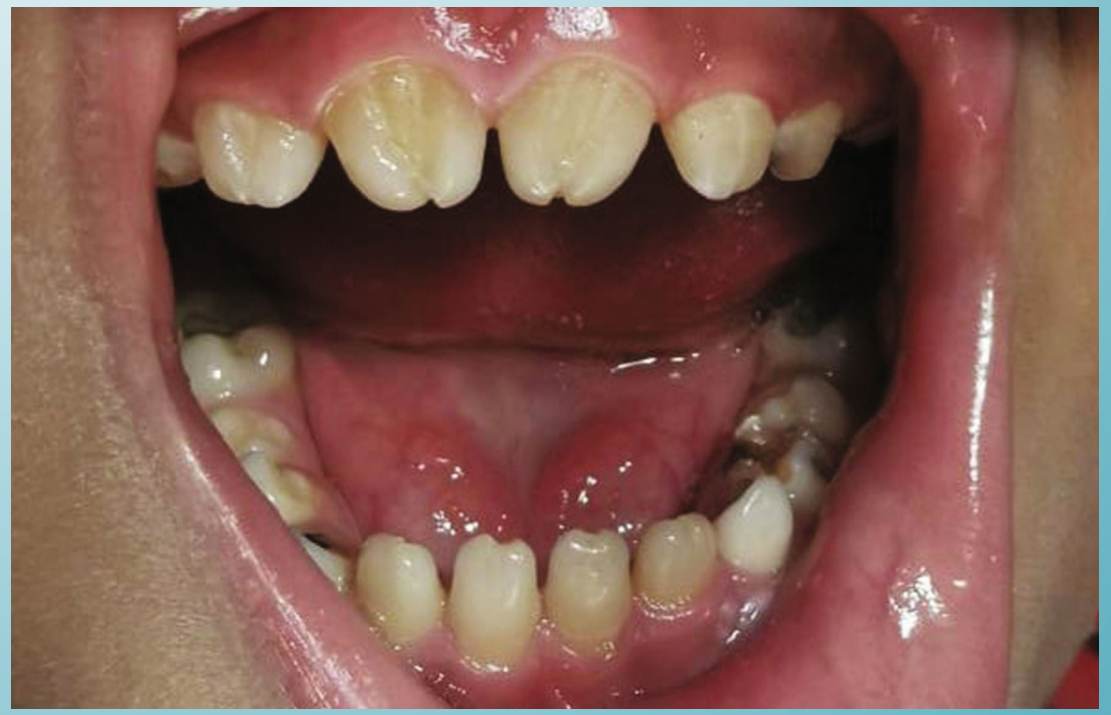


Clinical Features – Congenital Syphilis

- Hutchinson's triad
  - Incisors and molars malformed
  - Interstitial keratitis
  - Eighth nerve deafness



Questions?