

Syphilis outbreak in BC: Changes to syphilis screening in pregnancy

In the first half of 2019, there were two cases of congenital syphilis diagnosed in British Columbia; the first cases since 2013. In the context of 919 cases of infectious syphilis reported in BC in 2018—representing the highest number of cases in 30 years—and other concerning epidemiologic trends (for example, increased cases in females of child-bearing age), BC's provincial health officer declared a syphilis outbreak in July 2019. Following consultation between members of the BCCDC, Perinatal Services BC, and reproductive and pediatric infectious diseases experts from BC Women's Hospital and Health Centre, the decision was made to institute interim provincial guidelines for enhanced syphilis screening in pregnancy. These took effect in September 2019.

The existing standard recommendations for syphilis screening in pregnancy remain the same: for testing to be done in the first trimester or at the first prenatal visit; additional screening done only in cases where there is clinical suspicion for ongoing risk during pregnancy. Additionally, a pregnancy test is recommended for any individual diagnosed with syphilis who is able to become pregnant. The revised guidelines recommend the addition of a syphilis screening test at delivery (or any time after week 35 for those planning home births). The overarching

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goal of these interim guidelines is to maximize detection and prevention of maternal and congenital syphilis while maintaining a responsible approach to screening. More specifically, the objectives of the guidelines are the following:

1. To determine the epidemiology of maternal and congenital syphilis in BC. Ultimately, the goal is to determine how many cases of maternal and/or congenital syphilis are being missed with BC's current screening approach. Given the high rates of syphilis-associated spontaneous abortion,¹ the elevated transplacental transmission rate, particularly in early syphilis,^{2,3} and the long window period,⁴ it is plausible that

cases are, in fact, being missed in BC. The addition of screening at delivery over a time-limited period will provide valuable information and ensure a comprehensive picture of syphilis epidemiology in BC is obtained.

2. To ensure timely identification and treatment of maternal and congenital syphilis. Syphilis in pregnancy is associated with adverse health outcomes that can significantly impact the health of both mother and fetus.⁵ As a majority of infants born with congenital syphilis are asymptomatic at birth,⁴ most of those untreated will develop symptoms within months.⁶ In the vast majority of cases, maternal treatment is curative for fetal infection, and early treatment of the newborn will prevent most symptoms,^{7,8} making early detection a priority.

Implementing these revised, interim syphilis screening guidelines in pregnancy are one part of a larger effort led by the BCCDC and its

partners in addressing the syphilis outbreak. Near-future efforts will focus on revising BCCDC's Syphilis Action Plan,⁹ and emphasis will be placed on addressing the outbreak in gay, bisexual, and other men who have sex with men, who remain the population most impacted by syphilis. ■

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