

College of Midwives Advisory for midwives

The increasing incidence of Syphilis in New Zealand – Advice for midwives

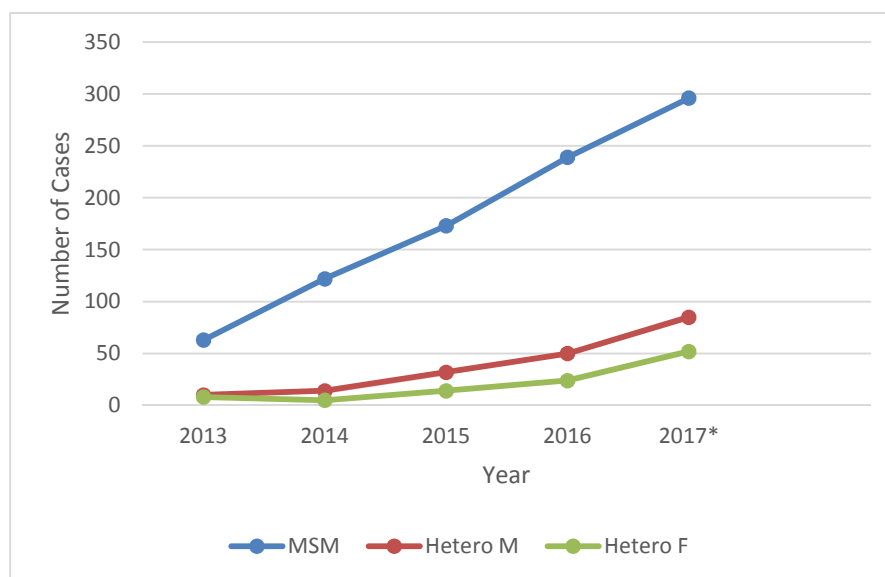
Background

Syphilis is a sexually transmitted infection (STI) that is easily treated with antibiotics, but if undetected and untreated syphilis can cause serious health complications. Untreated syphilis is particularly serious during pregnancy, and results in stillbirth or congenital abnormality. The risk of congenital syphilis can be decreased through antenatal screening and appropriate management of cases of syphilis.

Syphilis outbreak

Since 2012, syphilis incidence has been on the rise in New Zealand with the number of syphilis cases reported in 2017 (449 cases) doubled when compared to 2015 (figure 1). ¹The group most affected are men who have sex with men (MSM) but over recent years there has also been a steady increase in cases amongst heterosexual men and women. Women most at risk are those in the reproductive age groups (between 20-39 years of age) which increase the chances of congenital syphilis.

Infectious syphilis cases by sexual behaviour, 2013-2017*



Data source: Enhanced surveillance of infectious syphilis, ESR

*Data for 2017 provisional

¹ In January 2017 syphilis became a notifiable disease under the Health (Protection) Amendment Act 2016, although current data has relied on sentinel surveillance from sexual health and family planning services.

Congenital syphilis

Transmission of syphilis to the baby is through the placenta and can occur at any time during pregnancy, although the risk of transmission depends on the stage of the maternal infection. If a woman has an ulcer (chancre) or a rash the chances of a stillbirth are 25% and of neonatal death 14%, a further 41% of women will give birth to a live but infected baby ². If a baby is affected it may have cerebral palsy, hydrocephalus, hearing loss and/or musculoskeletal deformity.

Congenital syphilis has been rare in New Zealand with two cases between 2011 and 2016 both of which resulted in stillbirth. Since 2017 there have been four cases of confirmed congenital syphilis and one probable case reported, of which two were stillbirths and three live births.

Routine Antenatal Syphilis Screening

All women in New Zealand are offered routine screening for syphilis as part of the first antenatal blood screening in the first trimester of pregnancy when they register with a Lead Maternity Carer.

Women who register later or present in labour (without having engaged with any antenatal care) may not have received syphilis screening.

Practice advice for midwives:

- ❖ Continue the offer of routine antenatal syphilis screening at pregnancy registration for all women
- ❖ Continue to follow up blood results for women who have received early routine screening elsewhere (from GPs)
- ❖ Refer any woman with positive results as per the Guidelines for Consultation with Obstetric and related Medical Services (referral guidelines) this may be to the relevant local sexual health service for treatment and contact tracing and/or the obstetric services
- ❖ Recommend testing or retesting for syphilis at any gestation if symptoms are present:
 - Symptoms of a primary infection include maternal ulcerative skin lesions (most common sites are vulva, vagina, anus, occasionally lips/mouth).
 - Secondary stage symptoms include skin rashes on hands, soles of feet or other parts of the body and/or flu like symptoms
- ❖ Offer re-screening between 28-32 weeks (or at any time at the woman's request) for women with risk factors. Although there is currently a lack of certainty in relation to the risk factors, in the following situations retesting may need to be discussed with the woman:
 - Women who have a new sexual partner since pregnancy registration
 - Women with more than one sexual partner during pregnancy
 - Women with an STI diagnosed during pregnancy or whose partner is diagnosed with an STI

The College has been working with the MOH Syphilis Working Group and has provided feedback to a national Syphilis draft action plan for New Zealand. The College is also developing on line education about syphilis for midwives which will be available early in 2019.

² Arnold, S., & Ford-Jones, L. (2000). Congenital syphilis A guide to diagnosis and management. *Paediatric Child Health*, 5(8), 463-469.