DC HEALTH
GOVERNMENT OF THE DISTRICT OF COLUMBIA

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MURIEL BOWSER, MAYOR

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Health Awareness Notice for District of Columbia Healthcare Providers

Syphilis Testing During Pregnancy

SUMMARY

Rates of congenital syphilis have increased 81% nationally over the past 5 years, with 3,941 cases of congenital syphilis in 2024[1]. This increase has also been observed in the District of Columbia. As of October 2025, 9 births representing possible congenital syphilis cases have been reported in the District of Columbia with an expected 10-12 reports by the end of 2025. Additionally, early syphilis diagnoses among women 15-44 have increased by 35% from 2020 to 2024. Current DC Municipal Regulations[2] **require syphilis testing at two specific times during pregnancy**: at the first prenatal visit **and** in the third trimester. The DC Department of Health (DC Health) also recommends testing at delivery, especially for high-risk patients, those without a documented test, or those with no prenatal care. Given the increase in syphilis among women of childbearing age, DC Health recommends pregnancy testing for all women of reproductive age diagnosed with syphilis. Regardless of syphilis status, all pregnant females should be linked to prenatal care.

BACKGROUND

Treponema pallidum causes syphilis and can present in several stages. The chancre of primary syphilis is painless, and individuals may not notice it as it resolves even without treatment. Most patients who seek care do so with secondary syphilis when symptoms include a rash that may involve the palms and soles, condyloma lata, and lymphadenopathy. Left untreated, syphilis can progress and cause cardiac system abnormalities and neurological symptoms.

A pregnant woman can transmit syphilis to her child during any stage of syphilis and any trimester of pregnancy. However, the risk of transmission is highest in recent infections. Syphilis infection during pregnancy increases the risk of adverse pregnancy outcomes including preterm birth and stillbirth. Up to 40% of babies born to mothers with untreated syphilis (if infected within four years prior to delivery) will be stillborn or die in infancy. Congenital syphilis can also lead to newborn and childhood illnesses including hydrops fetalis, hepatosplenomegaly, rashes, fevers, failure to thrive, deformity of the face (including teeth and bones), blindness, and deafness.

Inadequate treatment, defined as treatment occurring less than 30 days before delivery or treatment not appropriate for the stage of syphilis accounts for many cases of congenital syphilis. Risk factors for syphilis among women include multiple sex partners, active substance uses disorders, unstable housing, a history of incarceration, exchanging sex for drugs or money, mental health issues, and having a sex partner with a history of incarceration. Among pregnant women with syphilis, late or no prenatal care is significantly associated with delivering an infant with congenital syphilis.[4]

RECOMMENDATIONS FOR HEALTHCARE PROVIDERS

Screening

All pregnant women residing in the District of Columbia **are required to be screened for syphilis *twice* – first as early as possible in pregnancy, and then again in the third trimester.**

- A third test at delivery is recommended at the discretion of the provider.
- Testing at delivery *SHOULD* occur for the following patients:
    - High-risk patients;
    - Patients without a documented test; and
    - Patients without known prenatal care.

Women who experience a stillbirth after 20 weeks of pregnancy should be tested for syphilis.

- Laboratory criteria for the diagnosis of congenital syphilis must demonstrate Treponema pallidum by one of the following methods:
    - Darkfield microscopy of lesions, body fluids, or neonatal nasal discharge;
    - Polymerase chain reaction (PCR) or other equivalent direct molecular methods of lesions, neonatal nasal discharge, placenta, umbilical cord, or autopsy material; or
    - Immunohistochemistry (IHC), or special stains (e.g., silver staining) of specimens from lesions, placenta, umbilical cord, or autopsy material. The fetus should also be tested.

Pregnancy status should be determined for all women of reproductive age diagnosed with any stage of syphilis.

- Pregnant females should be linked to prenatal care.

Diagnosis of syphilis requires at least two tests:

1. a non-treponemal assay (i.e., Venereal Disease Research Laboratory [VDRL] or Rapid Plasma Reagin [RPR]); and
2. a confirmatory treponemal test (i.e., fluorescent treponemal antibody absorbed [FTA-ABS] tests, the pallidum passive particle agglutination [TP-PA] assay, etc). False positive non-treponemal tests can occur in pregnancy so confirmatory testing with a treponemal test is necessary to diagnose syphilis.

Treatment and Care

Adequate treatment of syphilis in pregnant women as soon as possible during pregnancy dramatically decreases the rate of congenital syphilis. Syphilis known to be acquired within the prior 12 months (primary, secondary, or early non- primary non-secondary) should be treated with **2.4 million units of IM Benzathine penicillin G**. Syphilis acquired >12 months prior (late syphilis) or of unknown duration should be treated with **Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals**. If doses are further apart than 10 days or missed, the treatment schedule must restart from the beginning. Pregnant patients with documented penicillin allergies should be desensitized and treated with penicillin as it is the only known effective antimicrobial for preventing maternal transmission to the fetus and treating fetal infection.

Partners should, at a minimum, be presumptively treated (2.4 million units of IM Benzathine penicillin G) to prevent reinfection during pregnancy. Ideally, the provider should evaluate the partner for syphilis, determine the syphilis stage, and treat appropriately.

REPORTING REQUIREMENTS

Report all cases of syphilis to DC Health within 48 hours, if possible with DC Health's online case report form at https://dccovid.my.site.com/provider/s/login/.

ADDITIONAL RESOURCES

Providers are encouraged to reference the CDC STD Treatment guidelines regarding treatment for syphilis available on the CDC website at https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm. Providers may contact the DC Health and Wellness Center for information regarding historical test results or treatment history at 202-741-7692. Treatment can also be provided at no cost at the DC Health and Wellness Center regardless of address of record. Additional information regarding reporting syphilis can be obtained from the HIV/AIDS, Hepatitis, STD and TB Administration at 202-671-4900. I am available for both education and information regarding syphilis for healthcare providers at the below contact information.

Jason Beverley, MS, RN, FNP-BC
STD and TB Control Division Chief
HIV/AIDS, Hepatitis, STD, and TB Administration – DC Health
Jason.beverely@dc.gov
202-698-4046

REFERENCES

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2. District of Columbia Municipal Regulations 22-B-205; https://dcregs.dc.gov/Common/DCMR/RuleDetail.aspx?RuleId=R0020703 retrieved October 20, 2025 s://www.dcregs.dc.gov/Common/DCMR/SectionList.asp?SectionNumber=22
3. STI Statistics: County-level Syphilis data https://www.cdc.gov/sti-statistics/county-level-syphilis-data/index.html#cdc_research_or_data_summary_themes_conclu-county-level-map-of-primary-and-secondary-syphilis-rates-among-women-aged-15-44-2023 retrieved October 20, 2025
4. CDC Public Health Grand Rounds, Bowen V, Surveillance for Emerging Threats to Pregnant Women and Infants: Data for Action, 2018

Please contact the DC Health Division of Epidemiology-Disease Surveillance and Investigation at:
Phone: 844-493-2652 | Fax: (202) 442-8060 | Email: doh.epi@dc.gov