

Congenital Syphilis Protocol

Background Information:

The World Health Organization (WHO) is committed to eliminating congenital syphilis globally.¹ The WHO has set an overall goal in relation to elimination of congenital syphilis as 'reduction of incidence to 0.5 cases or less per 1000 live births.'² The specific clinical management targets necessary to achieve this goal are: 95% of pregnant women to be screened for syphilis; and $\geq 95\%$ of syphilis-seropositive pregnant women to receive appropriate treatment.

Syphilis is a notifiable infectious disease in New Zealand. New Zealand surveillance data show increasing notification rates for syphilis.³ Over 95% of notified cases are of males; however there have been notifications of women in the child-bearing age group.³ It has been noted that increasing rates of infectious syphilis in Northern Australia have correlated with increased notifications of congenital syphilis in the same area.⁴ Thus, in New Zealand, we are currently in the ideal position to collect baseline incidence data, and identify any early increase in the congenital syphilis cases, should they occur.

A diagnosis of syphilis requires a seropositive treponemal specific test (e.g. Treponema pallidum immunoassays) AND direct demonstration of Treponema pallidum in body specimens. It is expected that any child born to a woman who is seropositive on a treponemal specific test (with or without direct demonstration of Treponema pallidum in body specimens) will be referred for paediatric review, to identify or exclude a diagnosis of congenital syphilis.

Case Definition and Reporting Instructions:

Any child born to a mother with positive syphilis serology and also any child aged < 12 years with a 'confirmed' or 'probable' diagnosis of congenital syphilis

Please report any patients who you have seen in the last month and that you have not previously reported to NZPSU

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REFERENCES

1. The World Health Organization (2012). Investment case for eliminating mother-to-child transmission of syphilis: promoting better maternal and child health and stronger health systems; 2012. Available at <http://www.who.int/reproductivehealth/publications/rtis/9789241504348/en/index.html> Access date: 5 Dec 2017.
2. The World Health Organization. Methods for surveillance and monitoring of Congenital syphilis elimination within existing systems. Available at: http://apps.who.int/iris/bitstream/10665/44790/1/9789241503020_eng.pdf Access date: 5 Dec 2017.
3. The Institute of Environmental Science and Research Ltd (2015). Surveillance Report: Sexually Transmitted Infections in New Zealand 2014. ESR, Wellington. Available at: https://surv.esr.cri.nz/PDF_surveillance/STISurvRpt/2014/FINAL2014AnnualSTIReport.pdf?m=1473890362. Access date: 5 Dec 2017

4. Bright A, Dups J, (2016), Infectious and congenital syphilis notifications associated with an ongoing outbreak in Northern Australia. Communicable Disease Intelligence. 2016;40(1):E7-E10.

THANK YOU FOR YOUR HELP AND SUPPORT

THE RESULTS OF THIS SURVEILLANCE WILL BE INCLUDED IN THE ANNUAL REPORT OF THE NZPSU WHICH WILL BE DISTRIBUTED AT THE PAEDIATRIC SOCIETY'S ANNUAL SCIENTIFIC MEETING (OR CAN BE REQUESTED DIRECTLY FROM NZPSU)