Additional Considerations for Congenital Syphilis Investigations and Case Classifications

TEXAS Health and Human Services
Texas Department of State Health Services

Requirements for Investigations

Texas Department of State Health Services (DSHS) currently requires that Congenital Syphilis (CS) Investigations (CS field record, CS assignment, STD-126 or STD-126a, and completed CS QP) be completed on all infants born to women with a history of syphilis.

In an effort to reduce workload burden of CS investigations, the scenarios outlined below will no longer require the completion of CS QP and STD-126 or STD-126a (CS field records and CS assignments will still need to be initiated and completed):

Biological False Positives

Clients who deliver infants and have reactive non-treponemal labs and **non-reactive treponemal labs** at delivery.

A history of BFP is not enough to exclude investigation, the client must have a current non-reactive treponemal lab within 30 days of delivery. **Texas Health and Safety Code 81.090** requires syphilis testing at delivery and this should assist with identifying true biological false positives.

Case Criteria

Clients who deliver infants and have never met syphilis case criteria.

A field record for the client (mother of baby) should be initiated to confirm there was no signs or symptoms present and that the client does not have history under an alias.

Per the **syphilis reactor grid**, a field record should be initiated for a follow-up non-treponemal test to confirm that the client does not meet case criteria.

Historical Diagnosis Exceeds 10 years

Clients who were diagnosed 10 or more years ago and have shown a decrease in titers since their initial diagnosis.

To meet this exclusion criteria:

- Client must have titers between the initial diagnosis and current pregnancy that do not show evidence of reinfection, and
- Client's titer from labor and delivery must be ≤ 1:4.

Non-reactive Throughout Pregnancy

Clients who have a history of syphilis and have non-reactive non-treponemal lab results throughout the current pregnancy without evidence of re-infection.

To meet this exclusion criteria:

- Client must have at least one lab result during pregnancy in addition to the labor and delivery lab result,
- Client must have been diagnosed more than four years ago, and
- Client must have received at least one dose of 2.4 MU Bicillin L-A IM or at least 14 days of Doxycycline 100 mg BID at the time of diagnosis.

2021 CS Case Classification

DSHS will continue to align with the **CDC and CSTE Congenital Syphilis case classifications**.

Please see below for additional considerations and information regarding case classification:

Treatment Update

Treatment given in 2020 (or previously) using previous guidance regarding pregnant and non-pregnant persons diagnosed with syphilis of late or unknown duration using the 6-10-day treatment interval will be accepted **for clients who deliver in 2021**.

Beginning in 2021, all pregnant persons treated for syphilis of late or unknown duration must be adequately treated 7 days apart with treatment initiated at least 30 days prior to delivery or their infants will be considered CS cases.

Adequate treatment intervals for non-pregnant persons diagnosed with syphilis of late or unknown duration remains 6-10 days between Bicillin doses. This remains true for historical diagnoses.

Treatment documented as “Bicillin x 3” for diagnoses 740 or 745 will be accepted as adequate treatment. For diagnoses 755, clients must have individual dates of treatment entered.

DSHS remains aligned with the CDC STI treatment guidelines and does not accept Azithromycin, Minocycline, or Ceftriaxone as accepted alternate therapies for syphilis among persons of childbearing capacity.

Review Process

DSHS Central Office staff review and approve all congenital syphilis investigations and may reclassify investigations based on available information and internal review board discussions.