

October 20, 2020

Dear Health Care Provider:

RE: Clarification of the treatment of syphilis in pregnancy greater than 20 weeks gestation

We continue to see large numbers of individuals diagnosed with syphilis during pregnancy. Prompt treatment, without delay is essential to the prevention of congenital syphilis. In pregnancy, benzathine penicillin G (Bicillin ®) is the only recommended treatment for syphilis. Pregnant persons who report an **allergy to penicillin** should be referred to the Pregnancy Penicillin Allergy De-labelling Clinic at HSC Women's Prenatal Allergy Clinic, Fax: (204)787-2876 and page Dr. Colin Barber (HSC paging 204-787-2071), where they will be seen in an expeditious way.

Less than 20 weeks gestation:

For pregnant persons who are less than 20 weeks gestation, current recommendations encourage prompt treatment on an outpatient basis with instructions to seek medical attention if fever, decreased fetal movement, or regular contractions are experienced within 24 hours of treatment.

Greater than 20 weeks gestation:

Obstetrical consultation is not required in every case and **treatment with penicillin should not be delayed**. Provide treatment as an outpatient with instructions to seek medical attention if fever, decreased fetal movement, or regular contractions are experienced following treatment. In section 8 of the syphilis protocol under Syphilis in Pregnancy <https://www.gov.mb.ca/health/publichealth/cdc/protocol/syphilis.pdf> for pregnant persons who are greater than 20 weeks gestation, the protocol implies that treatment of syphilis should only occur in consultation with an obstetrician, which can lead to significant delays in the administration of penicillin. Treatment **should not** be delayed.

Based on Manitoba's experience over the past years, Jarish-Herxheimer reactions are rare, and monitoring for two hours post-treatment is not necessary. Patients should be advised that if they develop signs/symptoms of Jarisch-Herxheimer reaction (fever, uterine contractions, dizziness, headache, flushing, exacerbation of skin lesions (if present)) to return to care. If these patients live in rural or remote locations with limited access to care, they should be instructed to stay near a tertiary care center for 48-72 hours post treatment if they are preterm.

An urgent fetal ultrasound should also be requested. Sonographic signs of fetal syphilis (e.g. hepatomegaly, ascites and hydrops) indicate a greater risk for fetal treatment failure; **such cases should be referred to an obstetrician for further consultation**.

However, timing and/or availability of fetal ultrasound should not delay the pregnant person's treatment.

Any comments or questions regarding syphilis can be directed to Manitoba Health, Seniors and Active Living at stbbi@gov.mb.ca.

For more clinical management information about syphilis go to https://www.gov.mb.ca/health/publichealth/factsheets/syph_mgmt_tool.pdf.

Sincerely,

"Original Signed By"

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Director
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"Original Signed By"

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