

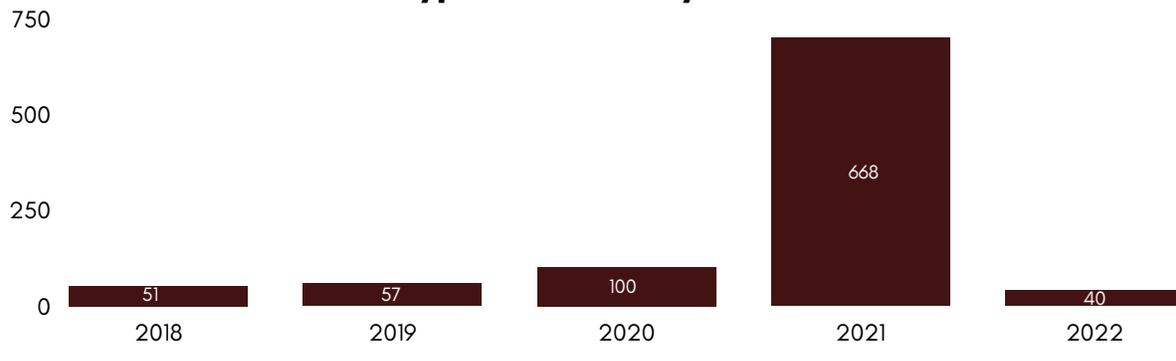
SYPHILIS

south dakota data



According to the South Dakota Department of Health, Syphilis cases have increased by **1,286%** when compared to the five-year median number of cases in South Dakota.

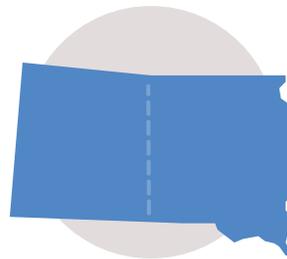
Syphilis Cases by Year



In South Dakota,



3/4 of syphilis cases are among AI/AN



Most cases are in Western South Dakota



Increase in congenital syphilis cases and deaths

Syphilis screening can help us **prevent, identify, and treat** syphilis cases among our relatives.

CDC & USPTF Syphilis Screening Recommendations

Adolescents & Adults

- All asymptomatic, nonpregnant adults and adolescents at increased risk for syphilis infection
- Anyone with symptoms
 - Anyone who may have been exposed

Pregnant People

- First prenatal visit
- At the start of the third trimester (28 weeks)
- At delivery
- Any fetal death after 20 weeks

Test **anyone** who was exposed or has symptoms such as enlarged lymph nodes near the groin, small painless sores on the skin, sores in the mouth, vagina, or anus, fever; consider preemptive treatment for those at high risk

Syphilis Outbreak Detailed Overview

- In 2021, South Dakota saw **693** cases of syphilis, a **1,286% increase** over the 5-year median of 21 cases. In 2021, the number of congenital syphilis cases increased in South Dakota, including an **increased number of fetal and infant deaths. American Indians/Alaska Natives are disproportionately infected.**
- Per CDC and USPSTF guidelines, because of the high rates of syphilis:
 - All adolescents and adults – even if asymptomatic – should be screened for syphilis.
 - Pregnant women should be screened at least three times in pregnancy (at the first prenatal visit, at the start of the third trimester, and during delivery).
 - No infant should leave the hospital without the mother’s serological status documented at delivery
- Syphilis can be cured with one to three shots of benzathine penicillin G, 2.4 million units IM depending on the stage of syphilis (see CDC treatment guidelines). Penicillin G is the only known effective antimicrobial for preventing maternal transmission to the fetus and treating fetal infection in pregnancy.
- **Consider implementing universal screening (see below) using reminder prompts in the EHR to increase screening rates at your facility.**
- Congenital syphilis can cause severe symptoms in infected infants and even death. But it is preventable.
- You can report cases to the South Dakota Department of Health here (<https://doh.sd.gov/diseases/infectious/reporting.aspx#Instructions>) or call 800-592-1861 to report anytime.
- For more detailed information on syphilis screening, testing, and treatment guidelines, see <https://www.cdc.gov/std/syphilis/syphilis-pocket-guide-final-508.pdf> or <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

CDC/USPSTF Screening Guidelines

The following people should be screened for syphilis:

- All asymptomatic adolescents and adults. People who are at the highest risk include:
 - American Indians/Alaska Natives
- All pregnant people
 - At the first prenatal visit
 - At the start of the third trimester (28 weeks)
 - At delivery
- Anyone who has a stillbirth after 20 weeks

Treatment

- Primary, Secondary, Early Latent (<1 year):
 - Benzathine penicillin G (Bicillin) 2.4million units IM x 1 dose
- Late Latent (>1 year), Unknown, Tertiary with normal CSF:
 - Benzathine penicillin G (Bicillin) 2.4million units IM x 3 doses
 - One dose weekly for three weeks