



NEWS RELEASE

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CONTACT:

Michael.Claffey@illinois.gov

James.Leach@illinois.gov

IDPH Steps Up Data Collection to Control Sharp Rise In Congenital Syphilis Cases

*Health Department Urges Providers to Take Advantage of New “Perinatal
Warmline,” Resource that Provides Clinical Guidance for Complex Cases*

CHICAGO – The Illinois Department of Public Health (IDPH) announced today that it has launched a new data collection process to help gather more clinical information about a troubling increase in congenital syphilis cases. A new online form will make it easier to collect comprehensive data by alerting public health officials if a person who tests positive for syphilis is pregnant.

Last fall, IDPH launched the [Perinatal Syphilis Warmline](#) (at 1-800-439-4079), a new phone service created to provide expert clinical guidance for prenatal healthcare providers. These steps come in response to a more than tripling in the number of congenital syphilis cases in Illinois since 2020. There were 29 cases in the state in 2020, 50 cases in 2021, 84 cases in 2022, and according to provisional data, 103 cases in 2023.

“Every child born in Illinois can and should be protected from acquiring congenital syphilis,” said IDPH Director Dr. Sameer Vohra. “IDPH is determined to collaborate closely with health care providers to reverse the alarming increase in cases we have seen in recent years. Our new data collection process is designed to alert us faster to the pregnancy status of those with positive syphilis tests and lead to timelier treatment. Syphilis during pregnancy can cause tragic outcomes. Please remember that the best way to protect our Illinois babies is for pregnant persons to get tested and treated for sexually transmitted infections before birth.”

The new [online reporting form](#) is for providers outside Chicago; those in Chicago report cases to the Chicago Department of Public Health. The new form replaces a slower process for mandatory reporting and takes about three minutes to complete. It will provide important clinical information about pregnant people and newborns to improve the required investigation by the local health department, as they assist clinicians in providing appropriate treatment, follow-up testing and partner testing and treatment.

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This data improvement will help the state's efforts to turnaround the rise of congenital syphilis cases by flagging new cases and enabling those who test positive in pregnancy to receive timely and adequate treatment in pregnancy and the newborn period to prevent the long-term consequences of untreated syphilis in pregnancy.

Syphilis is an infection caused by the bacteria *Treponema pallidum* and is spread through sexual contact. Congenital syphilis occurs when a pregnant person with untreated syphilis passes the infection to their infant during pregnancy. It can cause permanent damage or death to an infant. Before birth, syphilis can cause a miscarriage, premature delivery, or low birth weight. Up to 40% of babies with congenital syphilis may be stillborn or die from the infection. A baby with a syphilis infection may not have signs or symptoms of the infection at the time of birth. But if untreated, the baby may develop serious complications such as seizures or, developmental delay and, it could also lead to death in infancy or childhood.

IDPH is encouraging medical providers to increase syphilis testing of all individuals - especially pregnant people - in any medical setting, including urgent care, emergency departments, and all prenatal care settings. Prenatal health care providers are required by Illinois law to screen all who are pregnant for syphilis infection at the first prenatal visit and early in the third trimester, to ensure that treatment starts 30 days before delivery, the timing required to prevent congenital syphilis. Additional testing at the time of delivery is also recommended in high-risk settings.

The expansion of the Illinois Perinatal HIV Hotline to include the Perinatal Syphilis Warmline has provided clinical consultation for health care providers for syphilis in pregnancy and the newborn period, coordination of public health record searches to obtain prior syphilis testing and treatment information, and assistance with mandatory reporting. The warmline is available Monday- Friday with messages returned in one business day.

Reducing syphilis cases (especially congenital syphilis) has the additional challenge of the current Bicillin shortage, the only medication that treats syphilis in pregnancy and children. Until this shortage is alleviated, it is critical that providers prioritize Bicillin inventory for treatment of those for whom there are no other treatment options: infants and those who are pregnant. Providers should consult the CDC treatment guidelines to ensure adequate care. Those who are pregnant should talk to your health care provider about testing and any needed treatment as you prepare for your baby's arrival.

[Click HERE](#) for more information about congenital syphilis.

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