

# Congenital syphilis is a severe condition that affects newborn babies during pregnancy or at birth.

If left untreated, it can cause serious health problems for the child, **including bone abnormalities, blindness, hearing loss, seizures and/or stroke**. **Untreated**, it can also result in a **stillbirth** or **neonatal death** (death occurring shortly after birth).

## Congenital syphilis cases are increasing.

Fortunately, it is both **treatable** and **preventable**—regular prenatal care, early testing, and timely antibiotic treatment during pregnancy can prevent serious outcomes. **Let's all do our part to keep our community and families safe.**

**Congenital syphilis**—syphilis passed from a pregnant person to their baby during pregnancy—is on the rise in Alberta. It is a serious public health issue, and yes, it affects 2S/LGBTQIA+ communities. Trans men, non-binary people, and queer women can and do get pregnant. Gay and bisexual men (gbMSM) do become parents and can face these realities just like heterosexual couples.

We can all act responsibly, creating safer and healthier communities, by increasing awareness, reducing stigma, and stopping the spread of syphilis. That means knowing how to protect ourselves and each other, getting tested regularly, and asking our healthcare providers about screening, treatment, and even post-exposure prevention options.

**Syphilis is preventable and treatable—but only if we keep informed, stay connected, and make sure our communities are part of the conversation.**



# Signs and symptoms in newborns and infants

Symptoms may appear immediately after birth or develop within a few weeks to months. Recognizing signs early is crucial:

- **Neurosyphilis:** Symptoms include irritability, seizures, developmental delays, memory loss, and personality changes.
- **Bone abnormalities:** Syphilis can affect a baby's bones, leading to pain, swelling, and restricted movement. This can make it difficult for the infant to move comfortably or to hit expected developmental milestones.
- **Swollen liver and spleen:** Syphilis bacteria can cause infection or inflammation of these organs. Enlargement of the liver or spleen can be detected through physical examination.
- **Jaundice:** Especially common in infants affected by congenital syphilis. This yellowing of the skin and eyes happens when syphilis attacks the baby's liver.
- **Anemia:** Sluggishness, irritability, and pale skin, especially lips, palms, and around eyes.
- **Persistent runny nose:** Sometimes with blood and may be accompanied by nasal congestion or post nasal drip
- **Rash:** Red or brownish rashes, often on the palms of hands or soles of feet. The appearance of rashes may vary—some may blister or peel.
- **Fever:** An unexplained fever in an infant may be one of the signs of congenital syphilis, especially if it persists or is accompanied by other symptoms.
- **Poor feeding and growth:** Babies with congenital syphilis may struggle to feed or grow properly, leading to a condition known as failure to thrive. This requires close medical attention and support.
- **Developmental delays:** Untreated congenital syphilis can impact an infant's physical or neurological development, leading to delayed growth, even permanent neurological damage.

## Early detection and monitoring

Early detection and consistent monitoring are essential for managing congenital syphilis in infants. **Babies born to parents or birthing individuals diagnosed with syphilis during pregnancy should be regularly tested and monitored by healthcare providers.** Many symptoms can be treated with early medical intervention, reducing the likelihood of long-term health problems.



## Testing and follow-up

**Testing:** Syphilis is diagnosed with a blood test. Pregnant individuals should be screened in the first trimester and again in the third trimester if at risk. For newborns, physical examinations and blood tests can detect congenital syphilis, and may require cerebrospinal fluid (CSF) testing if symptoms suggest neurosyphilis.

**Treatment Options:** Penicillin remains the most effective treatment for syphilis. Early treatment in pregnancy can prevent transmission to the baby, while babies born with congenital syphilis typically require intravenous penicillin to treat the infection. The birthing individual may receive penicillin either as an injection or in oral form, depending on the stage of the infection and clinical guidance.

**Pregnancy Protocols:** Penicillin is safe during pregnancy, with doses adjusted based on the stage of infection. For individuals allergic to penicillin, desensitization procedures allow for safe treatment.

**Follow-Up Care for Newborns:** Babies treated for congenital syphilis need regular check-ups to monitor their health and development. Potential complications, such as hearing or vision issues, may require specialized follow-up to ensure long-term well-being. Consistent developmental assessments are crucial for identifying and addressing any delays in milestones like speech or mobility. Telehealth consultations are often available, making it easier for families to connect with neonatal specialists and healthcare providers when needed. With ongoing support, most infants can fully recover and achieve healthy outcomes.

## Prevention and community-specific concerns

**Importance of Prenatal Testing:** Detecting syphilis early in pregnancy allows for effective treatment that protects the baby, especially for those with a history of syphilis. Those at higher risk may require follow-up testing later in pregnancy. Pregnant individuals are encouraged to openly share their sexual history with healthcare providers to ensure they receive appropriate testing and care. In Canada, syphilis is a notifiable infection, meaning all positive results are reported to provincial public health authorities to support follow-up steps such as partner notification and treatment—crucial for preventing reinfection and reducing transmission in communities.

**Reducing Transmission Risks:** Practices like using condoms or dental dams and regular STI testing can reduce the chances of syphilis transmission. Partner testing and education on safer sex practices play a key role, especially in 2S/LGBTQIA+ communities where higher syphilis rates are reported. Promoting awareness and open conversations about sexual health can empower individuals to make informed decisions and further reduce the spread.

**Addressing Stigma in Healthcare:** Stigma and discrimination can hinder access to care. Choosing providers who practice trauma-informed and 2S/LGBTQIA+-affirming care promotes respectful, nonjudgmental healthcare experiences, reducing barriers to necessary testing and treatment. Providers should prioritize respecting chosen names and pronouns to create safer environments for care.

**Impact on 2S/LGBTQIA+ Parents and Diverse Families:** Congenital syphilis can affect any family structure. For queer and trans parents, it may be challenging to find healthcare providers who are fully inclusive and understanding. Partner inclusion and involvement can also be complicated in 2S/LGBTQIA+ families, underscoring the importance of finding inclusive, affirming healthcare services that support all family structures and identities. Healthcare systems can strengthen support by investing in provider training, updating policies, and adopting inclusive communication practices to better serve diverse families.



## Get Support

Open and supportive discussions about our sexual health helps reduce stigma and encourage testing, especially in 2S/LGBTQIA+ communities. Visit [www.cbrc.net/albertasyphilis](http://www.cbrc.net/albertasyphilis) for a list of available clinical and community-based supports. With the right tools and support you can keep yourself and those you love safer and healthier.





# Frequently asked questions



## **Q How common is congenital syphilis?**

**A** Congenital syphilis is rare in Canada but has been rising in recent years, particularly in the Prairie provinces.

## **Q What are the symptoms of congenital syphilis in newborns?**

**A** Newborns may have no symptoms at birth or may show signs like rash, fever, nasal discharge (“snuffles”), swollen liver or spleen, jaundice, or anemia.

## **Q Can congenital syphilis be prevented?**

**A** Yes. Early testing and treatment during pregnancy can prevent transmission to the baby.

## **Q How frequent should congenital syphilis testing be done?**

**A** To ensure early detection, all pregnant individuals should be tested at their first prenatal visit. Those at higher risk may need additional testing later in pregnancy and at delivery.

## **Q What are the long-term effects of congenital syphilis?**

**A** Untreated or late-treated syphilis can cause hearing loss, vision impairment, developmental delays, and other concerning health impacts. With early treatment, most babies recover fully with no further health complications.

## **Q Can syphilis be spread to my baby during birth if I was treated?**

**A** No. If you’ve been successfully treated, the infection won’t be passed during delivery.

## **Q If I’m HIV-positive, does syphilis pose extra risks during pregnancy?**

**A** Yes, syphilis can progress faster in people with untreated HIV, and co-infection increases the risk of transmission to the baby. Early testing/treatment for both is critical.

## **Q Can I get syphilis again after treatment?**

**A** Yes. Reinfection can happen if exposed again. Using condoms, regular testing, and safer sex practices reduces this risk.

## **Q How can I find a 2S/LGBTQIA+-friendly healthcare provider and/or clinics that respect my identity?**

**A** Local 2S/LGBTQIA+ community centres and directories often list affirming providers and clinics. Talking to community members or connecting with 2S/LGBTQIA+ organizations can also help you find trusted referrals and support.