



Nevada State Health Division Technical Bulletin



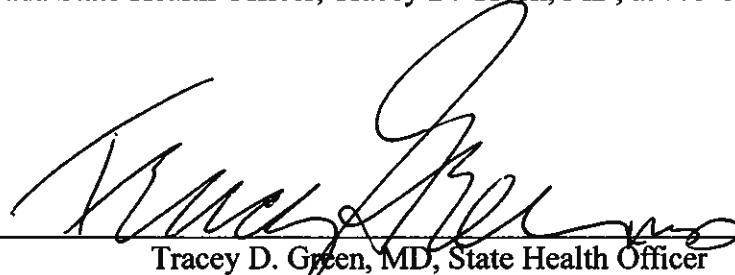
Topic: Update to Prenatal Syphilis Screening - SB 304 (2009) New Requirements
Section/Program: Health Statistics and Surveillance/STD Prevention and Control Program
Bulletin Number: 2

TO: Nevada Prenatal Care Providers, Pediatricians and Hospitals Providing Prenatal Care and Delivery Services

The intent of this technical bulletin is to clarify the technical bulletin distributed by the Nevada State Health Division (NSHD) STD Prevention and Control Program on July 1, 2009 regarding Senate Bill 304 and the increased requirements for syphilis screening of pregnant women (attached).

The Nevada State Legislature passed SB 304 during the 2009 Legislative Session based on public comments received during hearings on the bill. The mandate to increase syphilis screenings to include the first, as well as the third, trimester is statewide, and there is no ability to exclude counties or specific sites based on local morbidity. This law became effective July 1, 2009. Unless changed during the next or subsequent legislative sessions, all women receiving prenatal services in Nevada are required to be tested during both trimesters. Though SB 304 mentions specifically testing in the first and third trimesters, should a woman not receive prenatal care until her second trimester, it is recommended that she be screened at her first prenatal care visit.

For information on congenital syphilis and other sexually transmitted diseases (STDs) in Nevada, please visit the Nevada State Health Division STD Prevention and Control Program website at: http://health.nv.gov/CD_HIV_STDProgram.htm. For technical questions, please contact the Nevada State Health Officer, Tracey D. Green, MD, at 775-684-4200.

Approved by: 
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Richard Whitley, MS, Administrator, Nevada State Health Division



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Topic: Prenatal Syphilis Screening. SB 304 (2009) New Requirements
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In 2006, Nevada had the highest rate of congenital syphilis in the nation. Despite vigorous public health control efforts, cases of congenital syphilis continue to occur in Nevada presenting an ongoing challenge for the medical and public health community. One response to this challenge was the passage of Senate Bill 304, supported by clinicians and public health authorities, during the 75th (2009) Legislative Session. Senate Bill (SB) 304 became effective on July 1, 2009. SB 304 changes the requirements for syphilis screening of pregnant women from a one-time screening during the third trimester to two screenings, one in the first trimester and one in the third trimester. This change is consistent with the recommendations of the Centers for Disease Control and Prevention (CDC) to screen pregnant women for syphilis in both their first and third trimesters in *areas with a high number of cases of congenital syphilis*. Although the numbers and rate of congenital syphilis have decreased since 2006, Nevada remains a state with relatively high number of cases.

A woman can become infected with syphilis at any time during her pregnancy, and the stage of pregnancy during which she becomes infected is important in the severity of infection that can be passed to her fetus. The severity of congenital syphilis varies and can result in severe and life-threatening physical deformities to the child, as well as stillbirth. By increasing screening among pregnant women to include a first trimester syphilis test, women with syphilis would be found and treated earlier in their pregnancy. This may reduce or eliminate infection spreading to the fetus and reduce or avoid the related complications.



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Additional Resources:

Nevada STD data, 2005-2008:

<http://health.nv.gov/PDFs/AidsTF/Resources/CY08EpiAnalysisSTD.pdf>

Southern Nevada Health District report on congenital syphilis:

<http://www.southernnevadahealthdistrict.org/download/congenital-syphilis-outbreak.pdf>

Centers for Disease Control and Prevention congenital syphilis case rates, 2007:

<http://www.cdc.gov/std/stats07/figures/f.htm>

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