

Q&A: Drug shortages, lack of action to blame in congenital syphilis crisis, public health expert says

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Neil Maniar, director of the Master of Public Health program and a professor of the practice in the Bouvé College of Health Sciences. Credit: Matthew MODOONO/Northeastern University

Cases of STIs—sexually transmitted infections—are at epidemic levels in the U.S., according to the [Centers for Disease Control and Prevention](#).

That fact poses a significant threat not only to the health of U.S. adults, but the health of the unborn as well, new data shows. The CDC [reported this week](#) that there were more than 3,700 cases of [congenital syphilis](#) in 2022, which is roughly 11 times higher than case counts from 2012.

Citing lack of timely testing and treatment, [health officials](#) say the situation is "dire," and are urging further action to protect mothers and newborns from potentially life-threatening complications from the infection. Additionally, a shortage in antibiotics to treat the infection—combined with [lack of interest](#) on the part of drugmakers—has turned the situation into a "crisis," experts say.

"The congenital syphilis epidemic is an unacceptable American crisis," Jonathan Mermin, director of CDC's National Center for HIV, Viral Hepatitis, STD, and TB Prevention, said. "All pregnant mothers—regardless of who they are or where they live—deserve access to care that protects them and their babies from preventable disease."

Mermin continued, "Our nation should be proactive and think beyond the OB/GYN's office and bridge prevention gaps. Every encounter a health care provider has with a patient during pregnancy is an opportunity to prevent congenital syphilis."

Northeastern Global News asked Neil Maniar, associate chair, professor of practice, and director of the master of public health program at Northeastern, to help make sense of what the CDC data means, and what else needs to be done to combat the problem. His responses have been edited for brevity and clarity.

The CDC says rates of congenital syphilis in infants

are so high that the situation is becoming 'dire.' What is going on, and what does it mean by dire?

The increase in congenital syphilis is definitely alarming. I think the overall increase in STIs nationally, and even globally, is concerning. One component of this rise can be attributed to the [COVID-19] pandemic—both to the delay in care we saw during the pandemic, and aspects of care that would follow it. But this is concerning for a number of reasons, primarily because it is totally preventable.

We have the means to treat syphilis once it is diagnosed; we have had effective campaigns to reduce transmission in the past. This is something that should be at the forefront of our public health agenda, because congenital syphilis has serious lifelong impacts on babies—everything from illness at birth, an increased risk for congenital birth defects, all the way to an increased risk of having a stillbirth, among other complications.

So we really need to work to address this and really understand where the barriers lie to make sure individuals are tested and treated as quickly as possible.

Why is the CDC sounding the alarm at this particular moment? What does the data show?

Part of the reason they are is that there has been increased attention to the fact that the overall infant mortality rate has increased in the U.S. Disparities in [infant mortality rates](#) are growing wider. And this is on top of the fact that we have been seeing an increase in STI rates over the last several years and certainly over the decades—and there's been an acceleration in that increase over the course of the last several years.

I think that part of the alarm here is, one, to cast a bright light on the problem as it is happening right now, and to really make sure that it is prioritized as public health agendas are being developed and as resources are being allocated; but also to mobilize communities to really address this issue, and to mobilize resources to address the issue.

Is the rise in congenital form of the disease correlated with that increase in STIs more broadly?

There's a direct correlation for sure. But I think there are other factors as well; this is by no means a single-factor issue. When we think about the rise in congenital syphilis, that also brings into focus existing barriers to receiving prenatal care, and the impact the pandemic had on access to care and access to health care more broadly. These are the issues that tend to arise when you have greater restrictions on access to prenatal care, whether it's due to cost, geography or other barriers.

In the end, it's really about access to care; it's about educating communities; it's about ensuring that we have rapid tests available for syphilis that make it possible to then treat someone as soon as a positive test comes back, rather than waiting for the result and hoping that the patient comes back in for treatment.

We have the tools in place to bring these rates down; but we really have to ensure then that we are addressing the different factors leading to increase in congenital syphilis—and having access to prenatal and perinatal care is absolutely vital when it comes to reducing rates of this preventable illness.

How is congenital syphilis different in the way it affects infants from the infection's impacts on adults who have contracted it?

With congenital syphilis, we're talking about how the transmission of syphilis from the mother to the fetus and to the newborn will impact that health of the newborn. It's really about making sure that you treat syphilis as early as possible during the pregnancy so that you reduce the risk of birth complications.

This is where having adequate prenatal and timely prenatal care—so bringing individuals into prenatal care during the first trimester and ensuring that they are receiving prenatal care throughout their pregnancy—is vital. When we talk about treating congenital syphilis it's about reducing the risk of pregnancy complications, and complications for the infant once they are born.

Now if an infant is born with syphilis, you can treat it there and reduce the risk that it will lead to further complications; but the ideal scenario is that you treat during pregnancy so that you reduce the risk of those complications developing.

At the level of public policy, what more can be done?

There definitely needs to be more awareness, which is why the CDC is sounding the alarm. When we think about the resources needed to address the rising rates of congenital syphilis and the rising rates of STIs, and particularly where we see disparities in rates of STIs, we want to make sure we are really thinking about what we need to do to achieve health equity across all communities.

How do we have the right types of educational campaigns so that we can provide the information individuals need to make the best decisions? How do we ensure that there are adequate resources for timely testing; that there are—really importantly—adequate resources so that individuals can receive prenatal care; that they understand the

importance of receiving adequate [prenatal care](#)?

Additionally, there are shortages of the antibiotics needed to treat syphilis, so how do we make sure that we are directing those resources to the communities that need it most—the communities where we are seeing the highest rates and the greatest disparities?

This is another manifestation of the significant disparities that we see across the country—and the world—in terms of access to care. That is certainly something that is a policy priority, but it needs to continue to be a policy priority. We need to make sure, additionally, that we are implementing evidence-based initiatives and funding those initiatives so that they are sustainable. That way we can bring these numbers down—and ensure they stay down.

Provided by Northeastern University

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