

# Rise of congenital syphilis in the US the result of a decades-long deterioration in public health

Jesus Ugarte, Benjamin Mateus  
17 February 2023

There has been a disturbing trend in the rise of congenital syphilis (CS)—the transmission of the bacteria that causes the disease from mother to fetus—over the last decade. A disease that was on its way to eradication is once again reemerging along with other sexually transmitted infections (STIs), affecting the most vulnerable members of society.

The number of babies being treated for CS has jumped by more than 900 percent over five years in Mississippi, home to the nation’s worst infant mortality rate. In 2021, 102 newborns in the US state were treated for CS, up from 10 in 2016, according to an analysis of hospital billing data shared by Dr. Thomas Dobbs, the medical director for the Mississippi State Department of Health’s Crossroads Clinic in Jackson, which focuses on sexually transmitted infections.

Dobbs, the state’s former health officer, told NBC News that he has spoken with health care providers who “are absolutely horrified” that babies are being born with the disease and in rare instances dying from it. That such diseases are readily treatable, easily identifiable and therefore completely preventable, that CS is once more taking hold, particularly among the poorest and most marginalized, fundamentally underscores the all too evident fact that public health in the US is being abandoned.

The resurgence of such diseases is also a symptom of the abandonment of the social contract between government and elected officials and their constituents at the behest of the financial handlers who deem any spending on meaningful programs that make life better for the working class wasteful and unprofitable. The lack of investment in public health, particularly in impoverished areas, has contributed to the growing

spread of CS.

Syphilis is a chronic infection caused by *Treponema pallidum* (*T. pallidum*), which belongs to the family of spiral-shaped bacteria, the Spirochaetaceae, commonly referred to as spirochetes. Fritz Schaudinn and Erich Hoffman identified *T. pallidum* as the cause of syphilis in 1905. Humans are the only host for the bacteria. Although it has been present in human society for thousands of years, the first well-documented outbreak of syphilis occurred in Italy in 1494. Since then, syphilis has been a socially stigmatized disease. Initially called “the French disease” by the Neapolitans, it was variously referred to by other xenophobic names, such as “the Polish disease,” “the German disease” or “the Christian disease” during the nascent development of capitalism and nation-state systems, which would quickly lay blame on their neighbors when such epidemics took hold.

In 1943, 15 years after the introduction of penicillin in 1928, clinical trials demonstrated the antibiotic to be highly effective against the spirochete. This is also the case with CS, which occurs when *T. pallidum* is transmitted from an infected mother to her baby. Timely treatment of the expecting mother with penicillin exhibits a 98 percent efficacy against CS. But this requires that pregnant women have access to necessary obstetric care, which should begin with valuable education before conception. Such care should include prenatal vitamins, testing for STIs, and thorough evaluation to ensure the mother’s health and that of her unborn child remain optimal throughout the pregnancy.

An important distinction between adult syphilis and the congenital variation is in the way *T. pallidum* enters

the body. In the former, the bacterium enters through the skin, causing a local infection. But in CS, the bacterium is released directly into the bloodstream of the fetus. This leads to a systemic infection affecting many organs and resulting in widespread inflammation, tissue destruction, and other harmful, likely permanent effects throughout the child's body. The bones, kidneys, spleen, liver and heart can be affected, hence the importance of early diagnosis and treatment.

CS is estimated to affect about 1 million pregnancies annually worldwide. It is one of the major contributors of infant mortality, responsible for 305,000 perinatal deaths globally each year. In the US, CS reached its highest point in 1991, with 100 cases per 100,000 live births. It then declined rapidly as efforts to treat the disease were taken up in earnest, reaching its lowest level by 2012 when case rates dropped to 8.4 cases per 100,000 live births. By 2007, the World Health Organization (WHO) launched a global campaign to eliminate CS, with the goal of keeping cases below 50 per 100,000 live births.

Since then, however, CS has been on the rise in the US, with preliminary 2021 data indicating a rate of 74.1 cases per 100,000 live births, triple the rate seen in 2017 and eight times the rate in 2012. Indeed, the US stands alone among developed countries with a rate above the WHO threshold.

The rise in CS in the US closely tracks the rise in adult syphilis, which has seen a meteoric rise in the last decade. Preliminary 2021 figures indicate a rate of 51.5 cases per 100,000 adults. In fact, the US has the highest rates among industrialized nations not only of syphilis, but of all sexually transmitted diseases. Still, despite the available data and clinical knowledge, the US does not have a national program to mandate screening all pregnant women for CS. In fact, there are still six states where there is no screening requirement and only a third of states require a third trimester screening.

The rise in syphilis and congenital syphilis is an expression of the growing social antagonism between the ruling elite and the working class, an essential characteristic of capitalism. The monomaniacal pursuit of profit, the quintessential class interest of the ruling class, is fundamentally at odds with the provision of health care to the working class. The financial oligarchs are opposed to any investment, including the sorely needed funding of public health institutions, not

returning an immediate profit.

Unsurprisingly, the most affected are the poorer sections of the population. Decades of erosion of public spending have left in place a decrepit public health system. The predictable capitalist response of solving the problem through private enterprise has created an increasingly inaccessible health care system, available only to the wealthier sections of the population.

The importance of public health cannot be understated. It is the essential infrastructure that provides an enduring value throughout a person's life—the recognition that one's health and welfare are protected and that, when afflicted, measures are in place to return them to health, while protecting the community from a similar calamity. Prevention of disease is the primary principle of such a contract.

Indeed, the study of public health in the early decades of the Soviet Union after the Russian Revolution saw life expectancy climb, seeing it rapidly catch up with the USSR's European and US counterparts despite lacking similar resources and material goods. These advances were brought about by investing in training physicians, nurses and researchers to study critical medical questions. Hospitals, clinics and sanitariums came into existence to tend to health concerns at no cost to the population.

Combating the surge in CS diagnoses is of the utmost political urgency. Even though the mechanisms to eradicate this curable disease are relatively straightforward, they are nonetheless being abandoned by the ruling class. This brings to the foreground the inextricable link between access to health care and the class struggle.

The universal availability of health care, including prenatal care and treatment, is an undeniable human right that is diametrically opposed to the subordination of human well-being to the profit-first agenda of capitalism. Only the working class is capable of wresting control of the health care system from its capitalist owners to address the public health needs of the population, whose labor has enriched Wall Street.



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