



Syphilis in the US: The Current State of the Epidemic and How It Is Being Addressed

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Disclosures

None

The findings and conclusions in this presentation are those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention or the U.S. Department of Health and Human Services.

Language Disclaimer

- Race and ethnicity are social rather than biological constructs.
- Any differences due to race and ethnicity described here should not be interpreted as due to a biological cause, but rather are a result of systemic inequities and disparities linked to race and ethnicity.
- Pregnant person and birthing parent are used throughout to denote persons who are or have been pregnant.
- Where “maternal” is used as an adjective, it should be understood to denote features of the birthing parent, agnostic to gender, gender identity, parenting intention, and parenting identity.

Roadmap

- By the Numbers
- Prevention
- The Federal Response to Syphilis



WHAT IS SYPHILIS?

BACKGROUND

Syphilis is a sexually transmitted infection (STI) caused by the spirochete bacterium *Treponema pallidum*. It can lead to serious health problems without treatment.

Syphilis can be transmitted by:

Direct contact with a syphilitic lesion during vaginal, anal, or oral sex



Transplacental



Touching infectious lesions (rare)



Blood transfusion (rare)



COMPLICATIONS OF UNTREATED SYPHILIS

BACKGROUND



■ Neurosyphilis/ocular syphilis/otosyphilis

- Stroke
- Meningitis
- Blindness
- Hearing loss



■ Congenital syphilis (*transplacental transmission*)

- Stillbirth
- Neonatal sepsis



■ Increased HIV acquisition/transmission



CONGENITAL SYPHILIS CAN BE PREVENTED

BACKGROUND

Congenital syphilis can be prevented by:



**Diagnosing and
treating syphilis
prior to pregnancy**



**Diagnosing and
treating syphilis
more than 30 days
before delivery**



By The Numbers

All figures can be found in CDC's 2022 STI Surveillance Report.

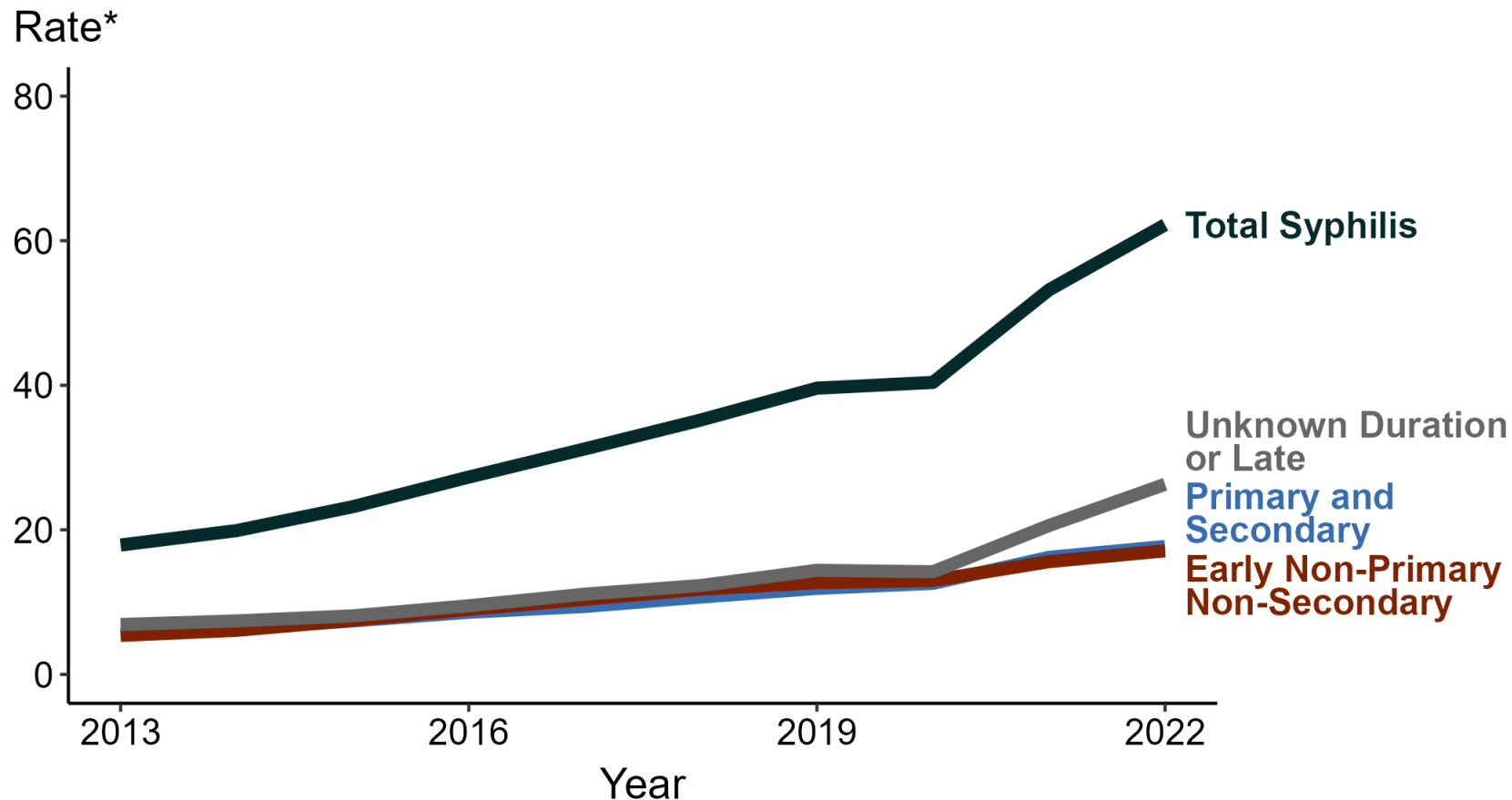


SYPHILIS TRENDS

SURVEILLANCE OVERVIEW

Syphilis rates are increasing across the United States.

In 2022, there were **207,255 total cases** of syphilis.



*Per 100,000

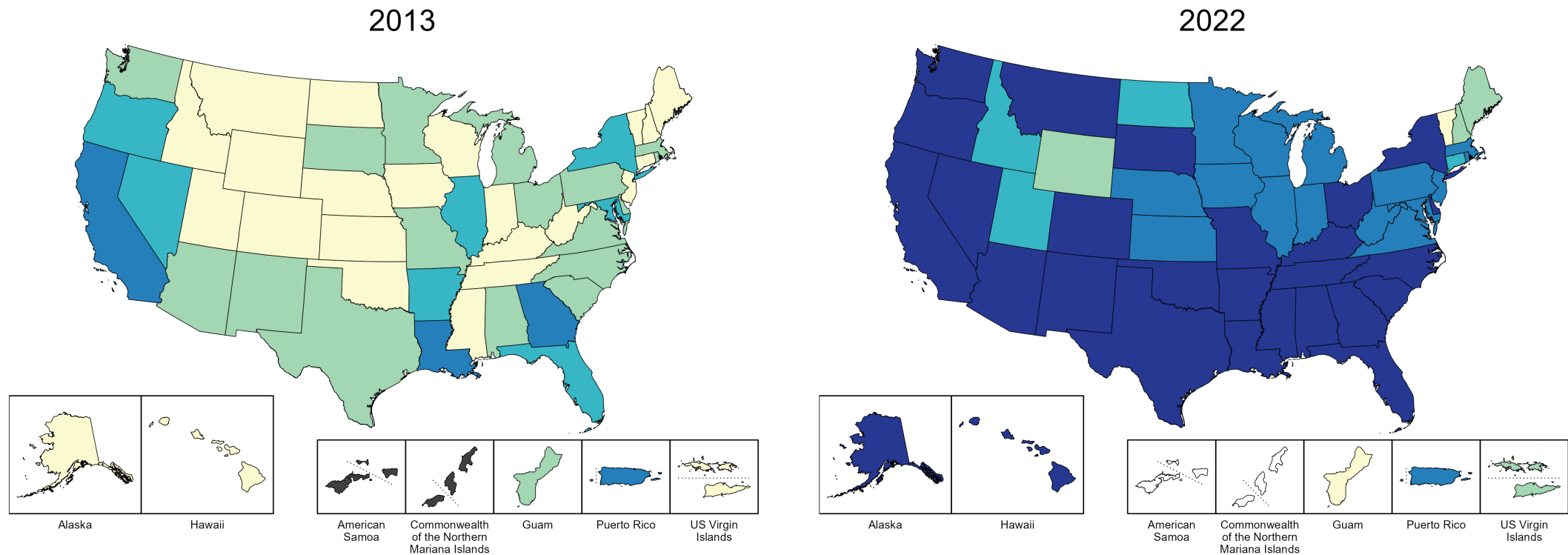
NOTE: Includes all stages of syphilis and congenital syphilis



PRIMARY AND SECONDARY SYPHILIS

SURVEILLANCE OVERVIEW

The primary and secondary syphilis rate (the most infectious stages) **increased by 222%** from 2013 to 2022.



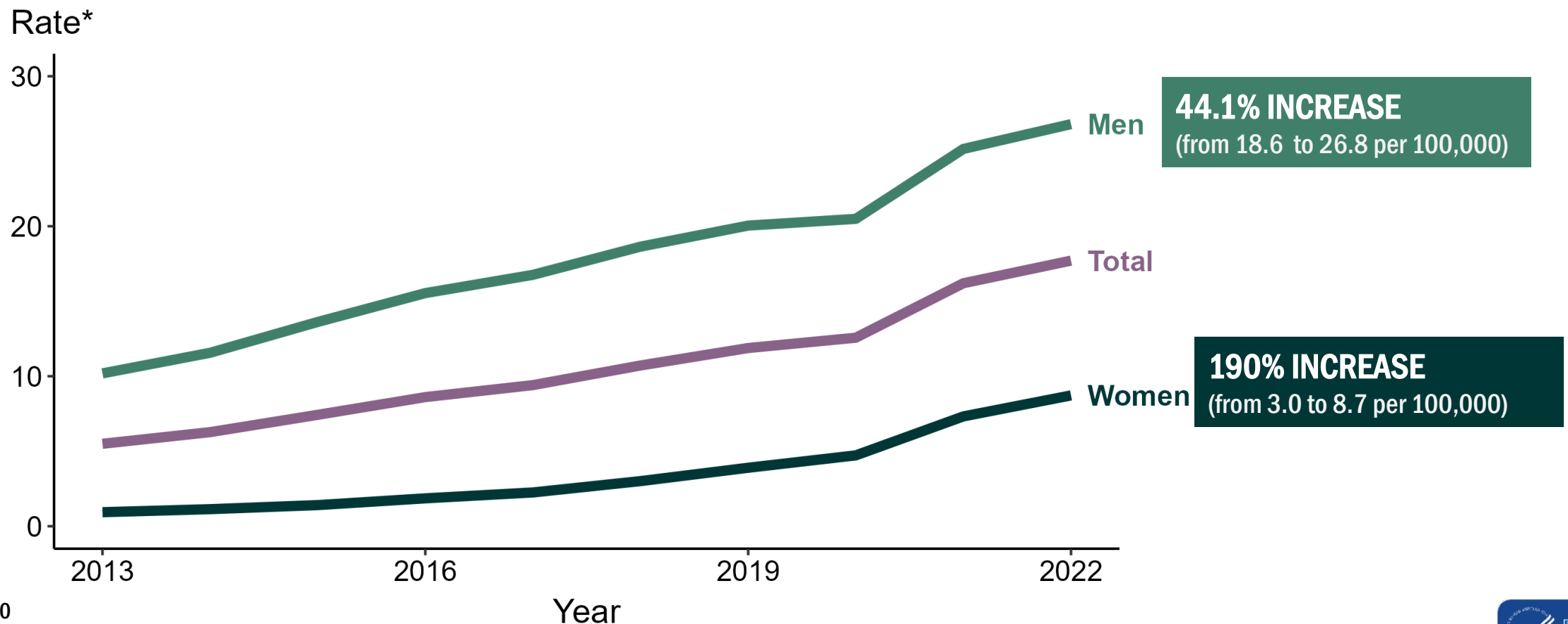
Rate* No cases reported 0.2-3.5 3.6-5.9 6.0-8.7 8.8-13.5 13.6-84.3 Unavailable

* Per 100,000

PRIMARY AND SECONDARY SYPHILIS CASES BY SEX

SURVEILLANCE OVERVIEW

From 2021-2022, the rate of reported primary and secondary syphilis among women increased 3 times more than the rate among men.



• Per 100,000

• NOTE: Includes all stages of syphilis and congenital syphilis

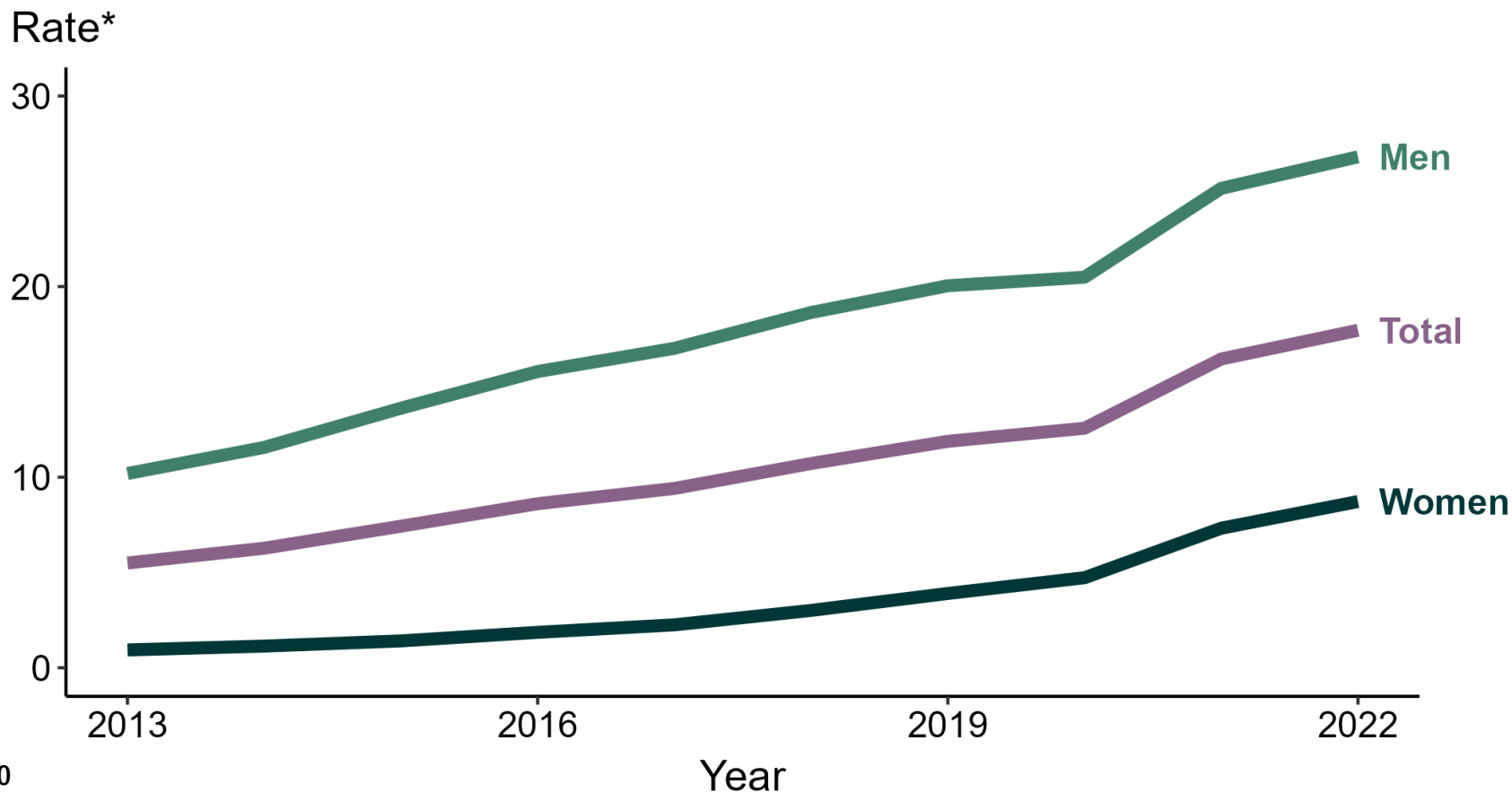
Primary and Secondary Syphilis —
Rates of Reported Cases by Sex, United States, 2013–2022



PRIMARY AND SECONDARY SYPHILIS CASES BY SEX

SURVEILLANCE OVERVIEW

From 2021-2022, the rate of reported primary and secondary syphilis **among women increased 3 times more than the rate among men.**



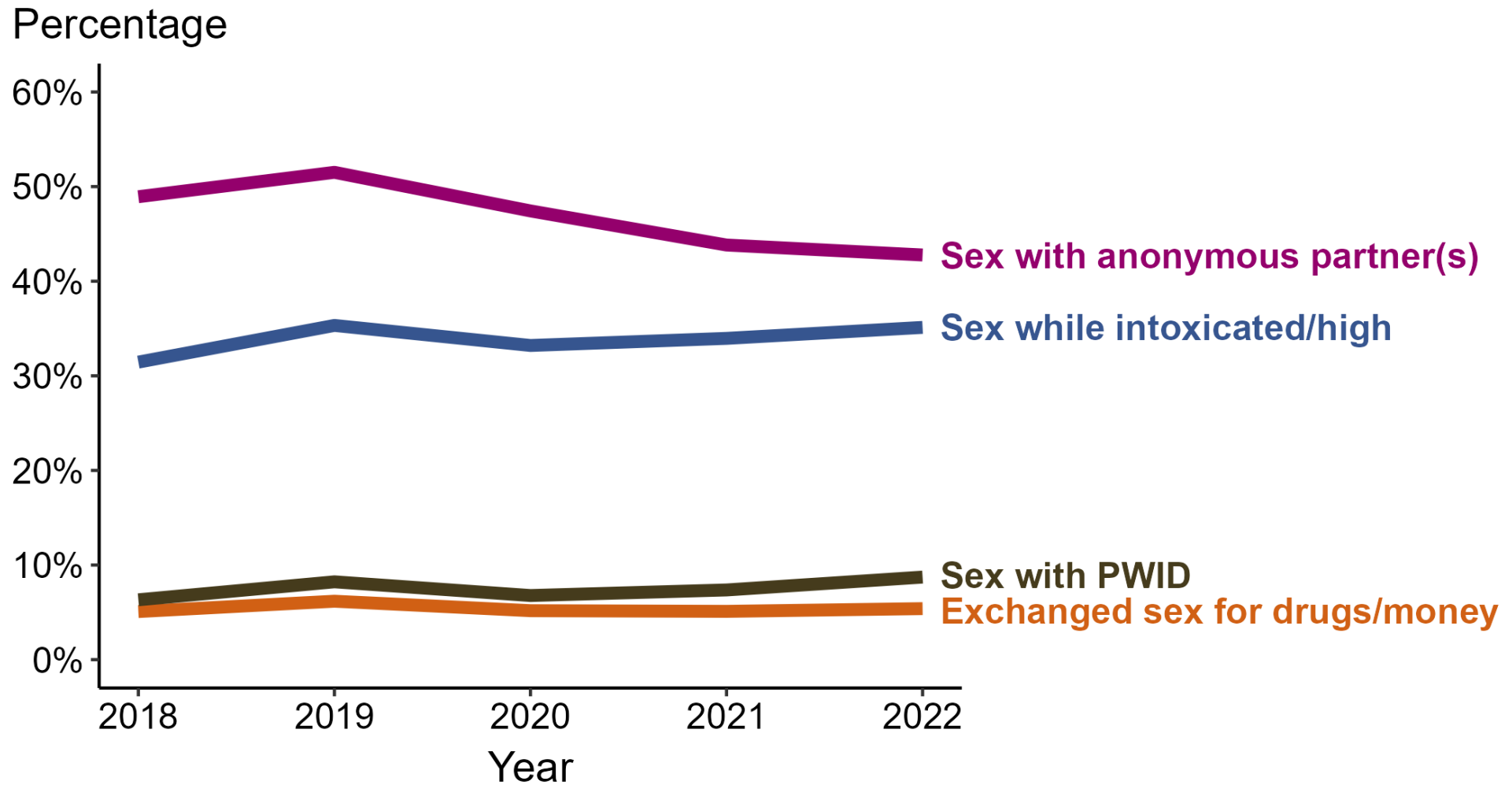
Over ten years, the P&S syphilis rate among women increased **867%**.

- Per 100,000
- NOTE: Includes all stages of syphilis and congenital syphilis



PRIMARY AND SECONDARY SYPHILIS CASES BY SEXUAL BEHAVIORS*

SURVEILLANCE OVERVIEW



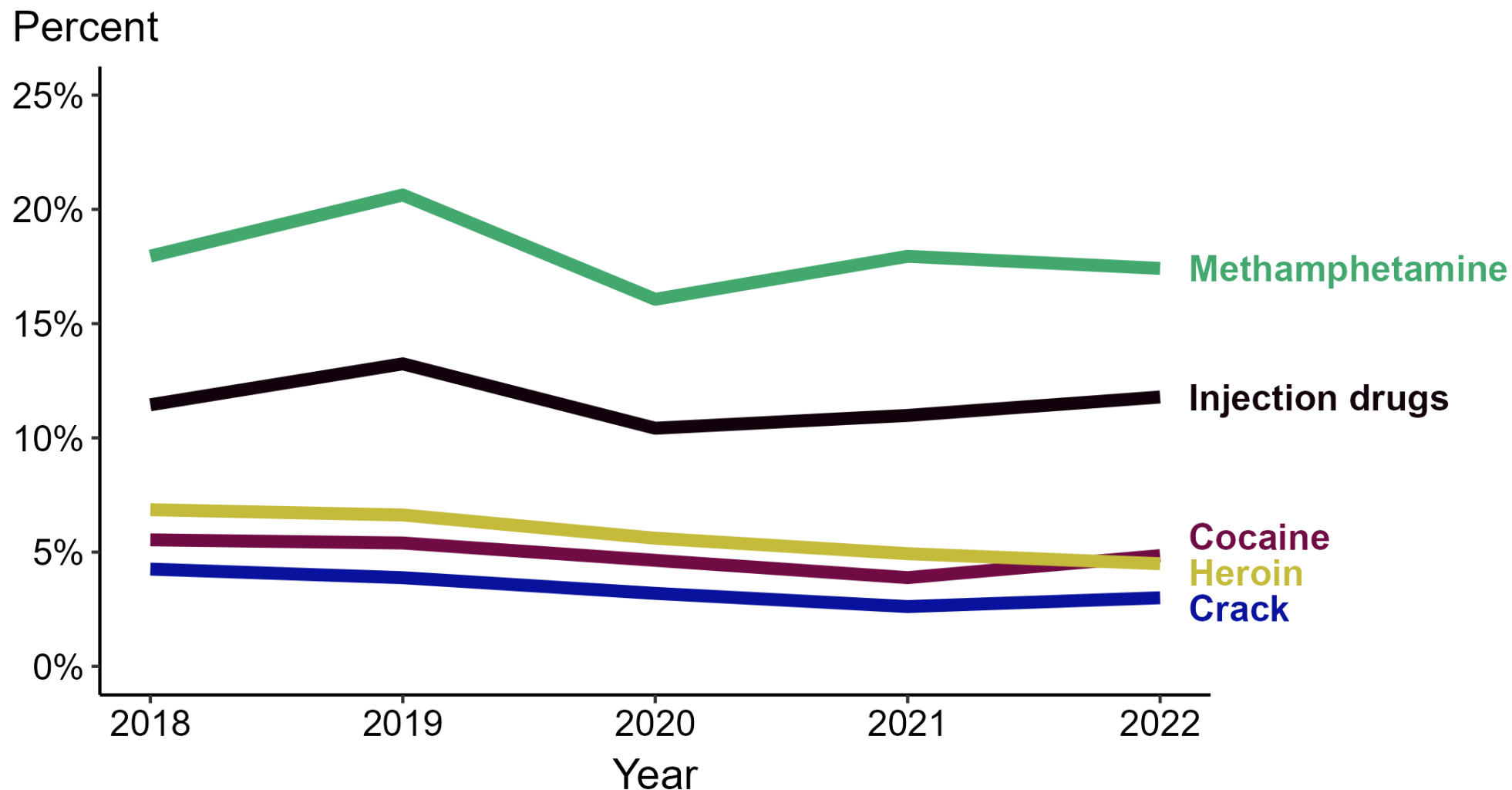
* Proportion reporting sex with PWID, sex with anonymous partners, sex while intoxicated/high on drugs, or exchanging drugs or money for sex within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

ACRONYMS: PWID = Person who injects drugs



PRIMARY AND SECONDARY SYPHILIS CASES AMONG WOMEN BY SUBSTANCE USED*

SURVEILLANCE OVERVIEW

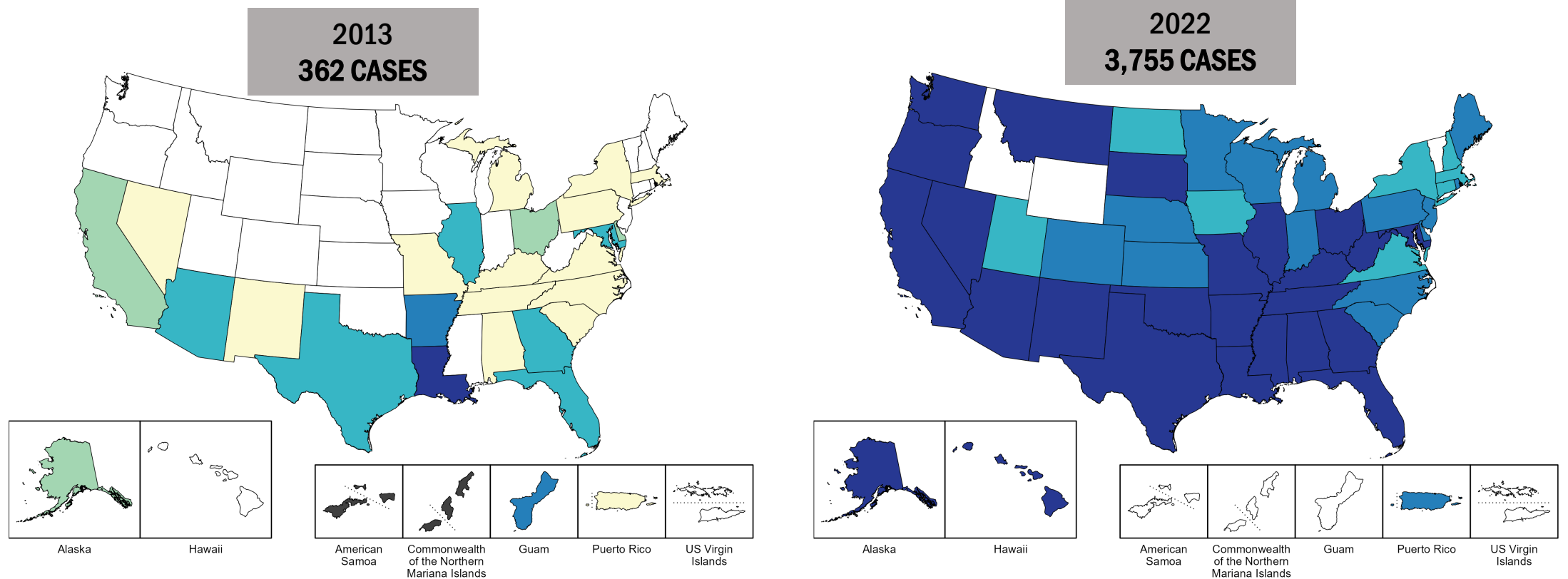


* Proportion reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

CONGENITAL SYPHILIS RATES BY JURISDICTION

SURVEILLANCE OVERVIEW

Congenital Syphilis cases **increased by 937%** from 2013 to 2022.



• Per 100,000 live births

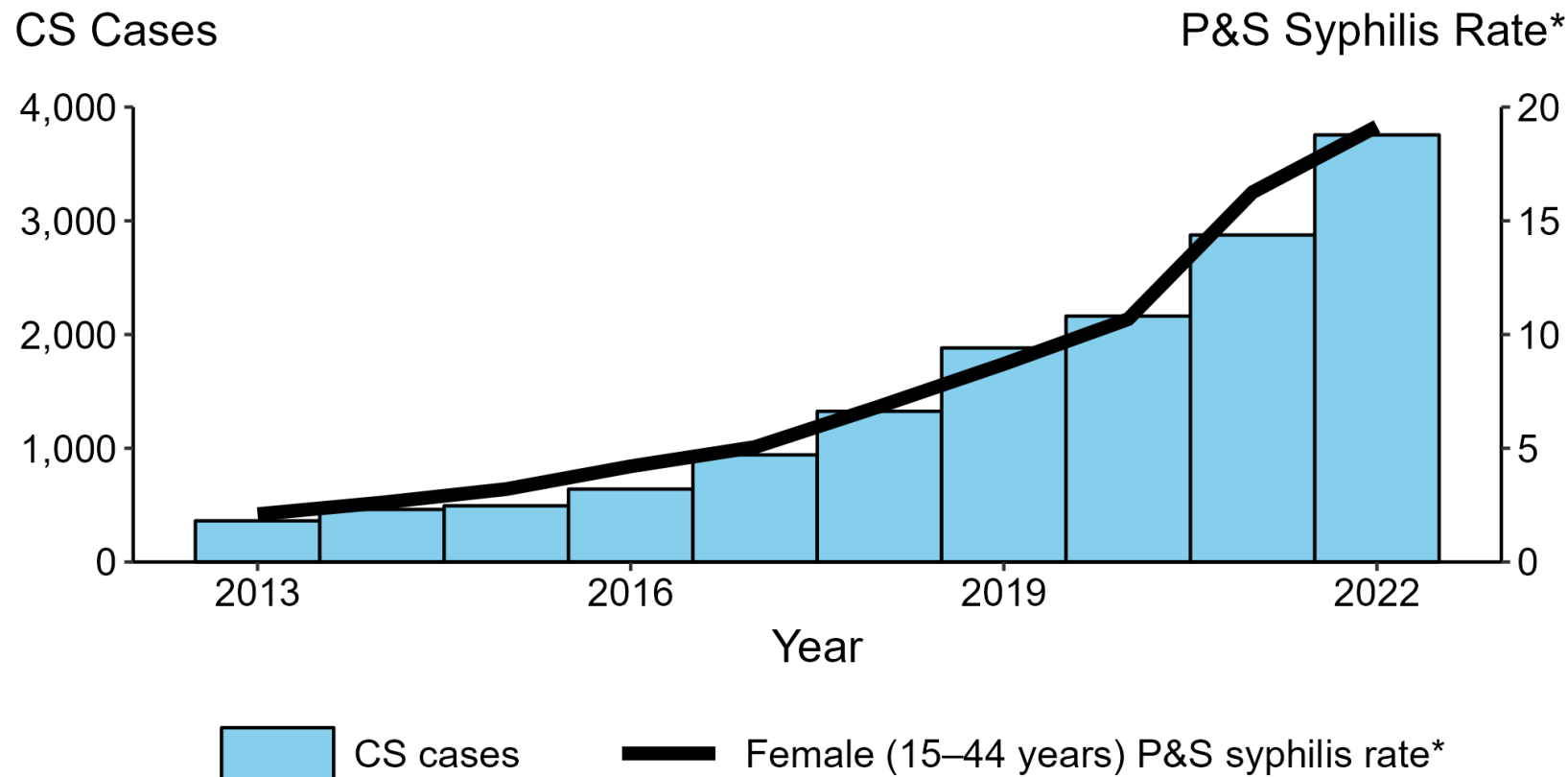
Rate* No cases reported 1–8 9–14 15–24 25–53 54–355 Unavailable



CONGENITAL SYPHILIS INCREASES WITH PRIMARY AND SECONDARY FEMALE CASES

SURVEILLANCE OVERVIEW

Congenital syphilis cases have **increased over the last decade alongside primary and secondary syphilis cases among females.**



* Per 100,000

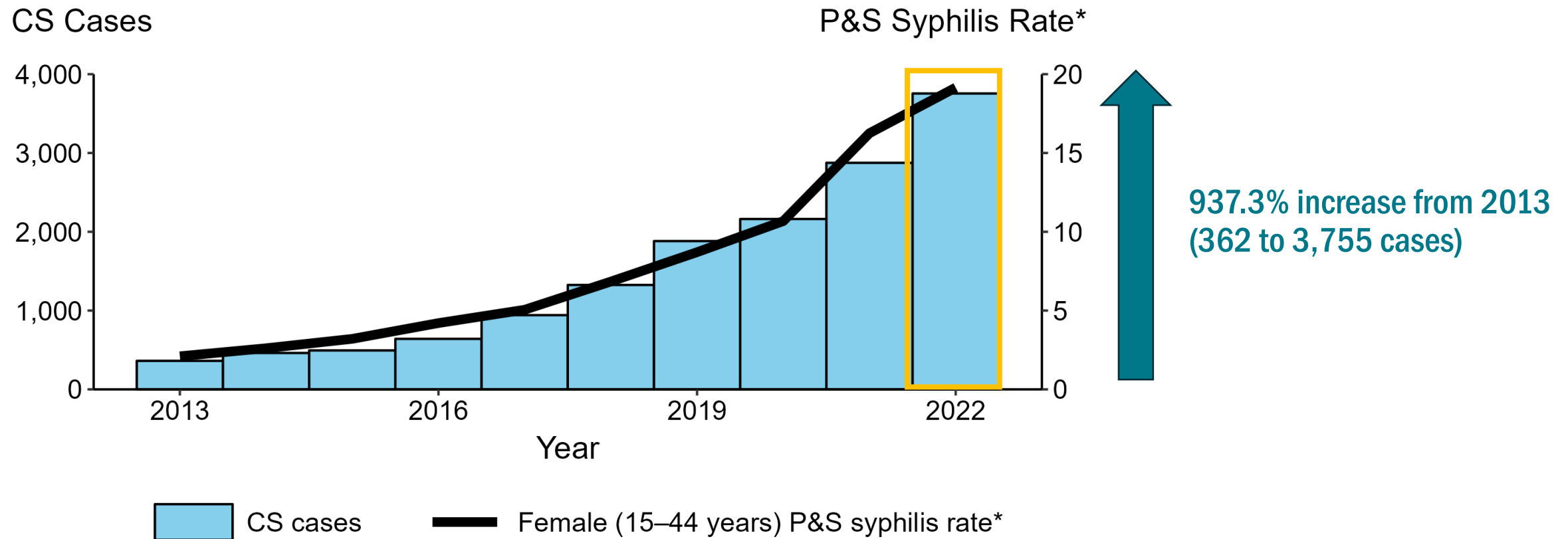
ACRONYMS: CS = Congenital syphilis; P&S Syphilis = Primary and secondary syphilis



CONGENITAL SYPHILIS TRENDS

SURVEILLANCE OVERVIEW

In 2022, there were a total of **3,755 cases** of congenital syphilis reported.



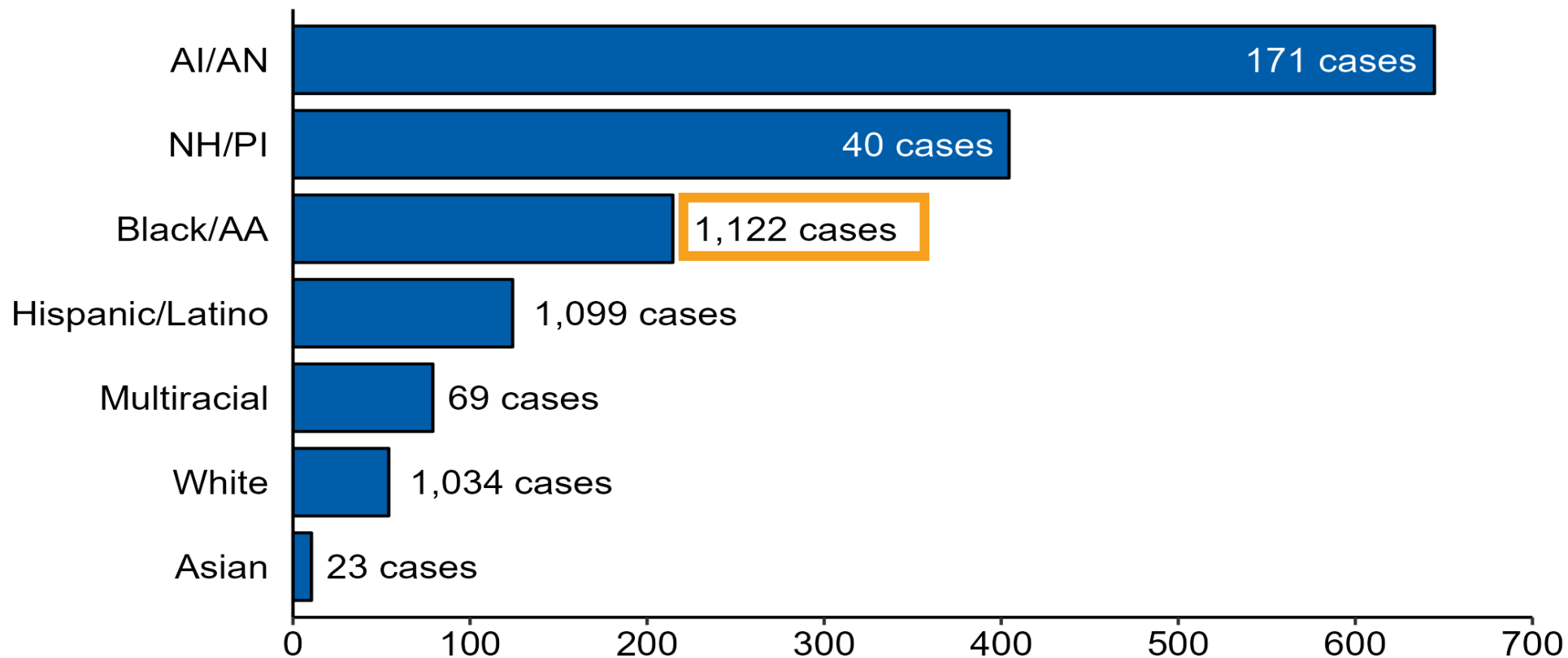
* Per 100,000

ACRONYMS: CS = Congenital syphilis; P&S Syphilis = Primary and secondary syphilis

CONGENITAL SYPHILIS TRENDS

BY THE NUMBERS: SURVEILLANCE OVERVIEW

The highest number of reported cases in 2022 was among birthing people who were non-Hispanic Black or African American.



*Per 100,000 live births

Congenital Syphilis Rate*

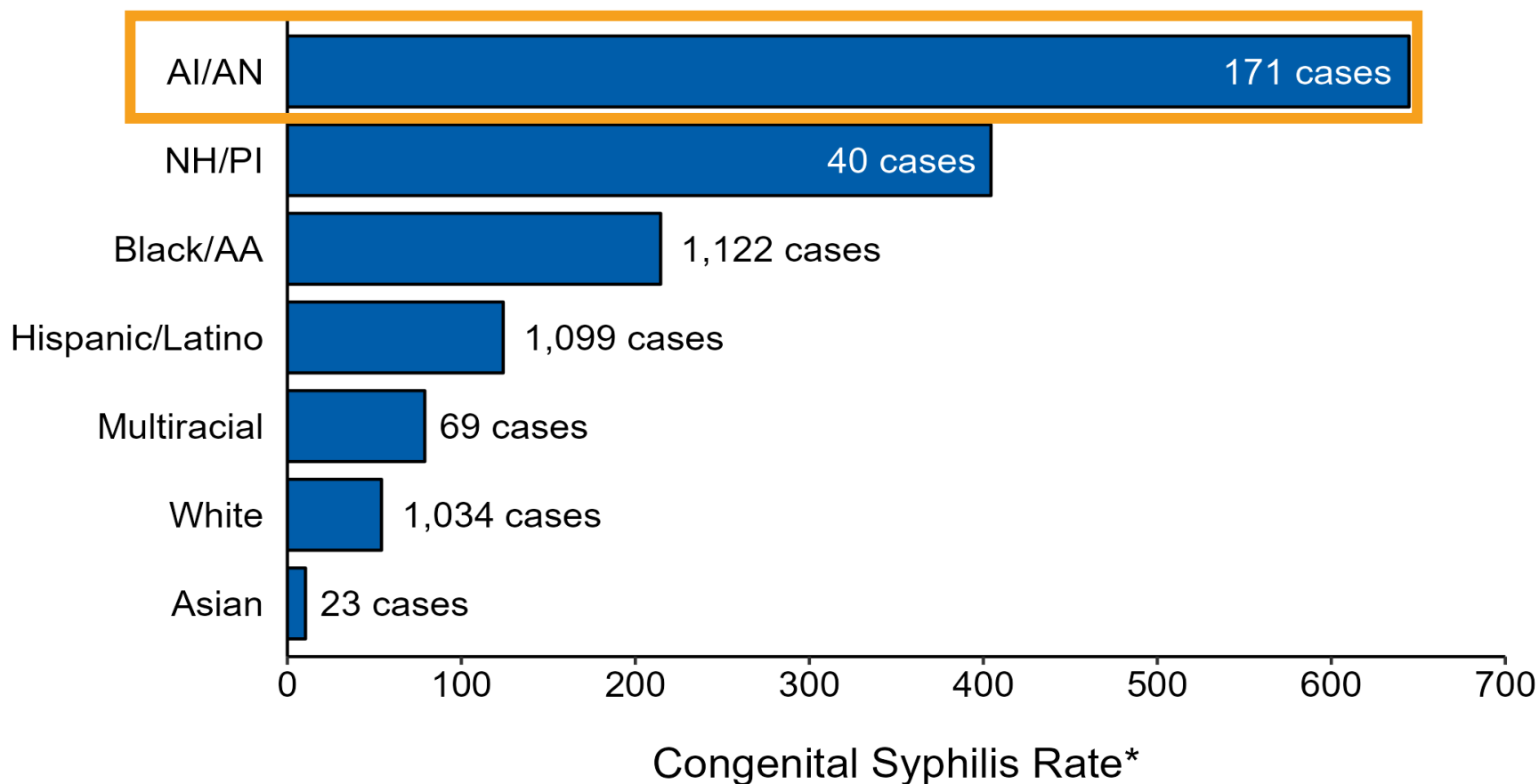
AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



CONGENITAL SYPHILIS TRENDS

BY THE NUMBERS: SURVEILLANCE OVERVIEW

The highest **rates** of congenital syphilis in 2022 were among birthing people who were **non-Hispanic American Indian or Alaska Native**.



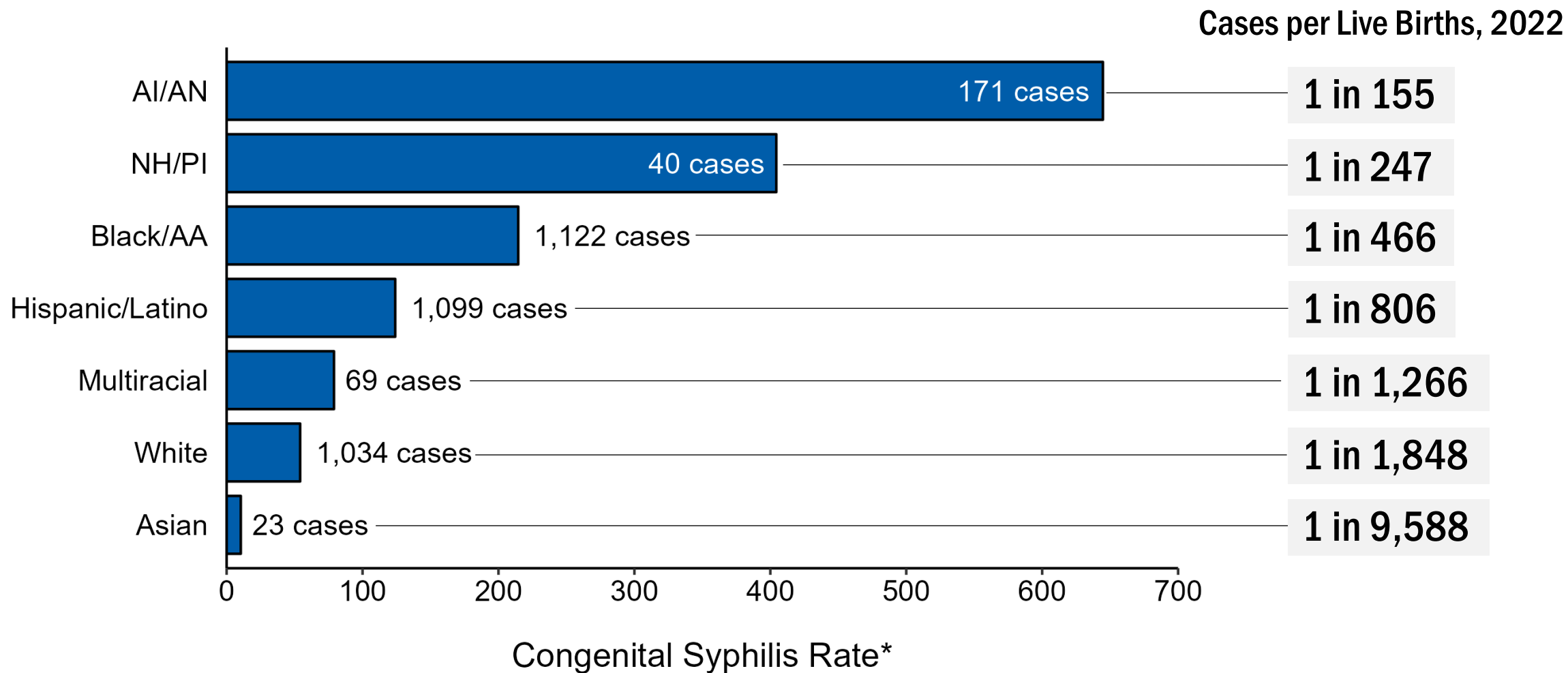
*Per 100,000 live births

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CONGENITAL SYPHILIS TRENDS

BY THE NUMBERS: SURVEILLANCE OVERVIEW



*Per 100,000 live births

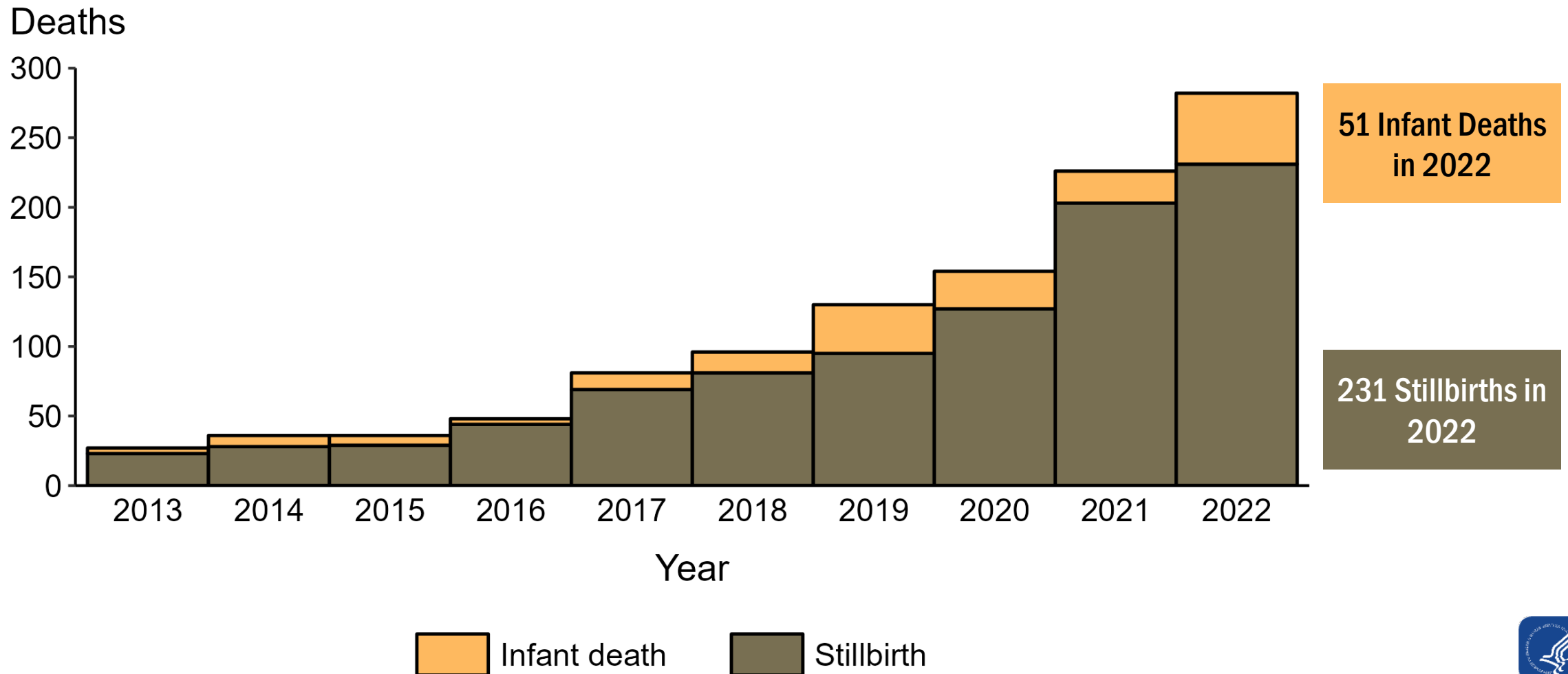
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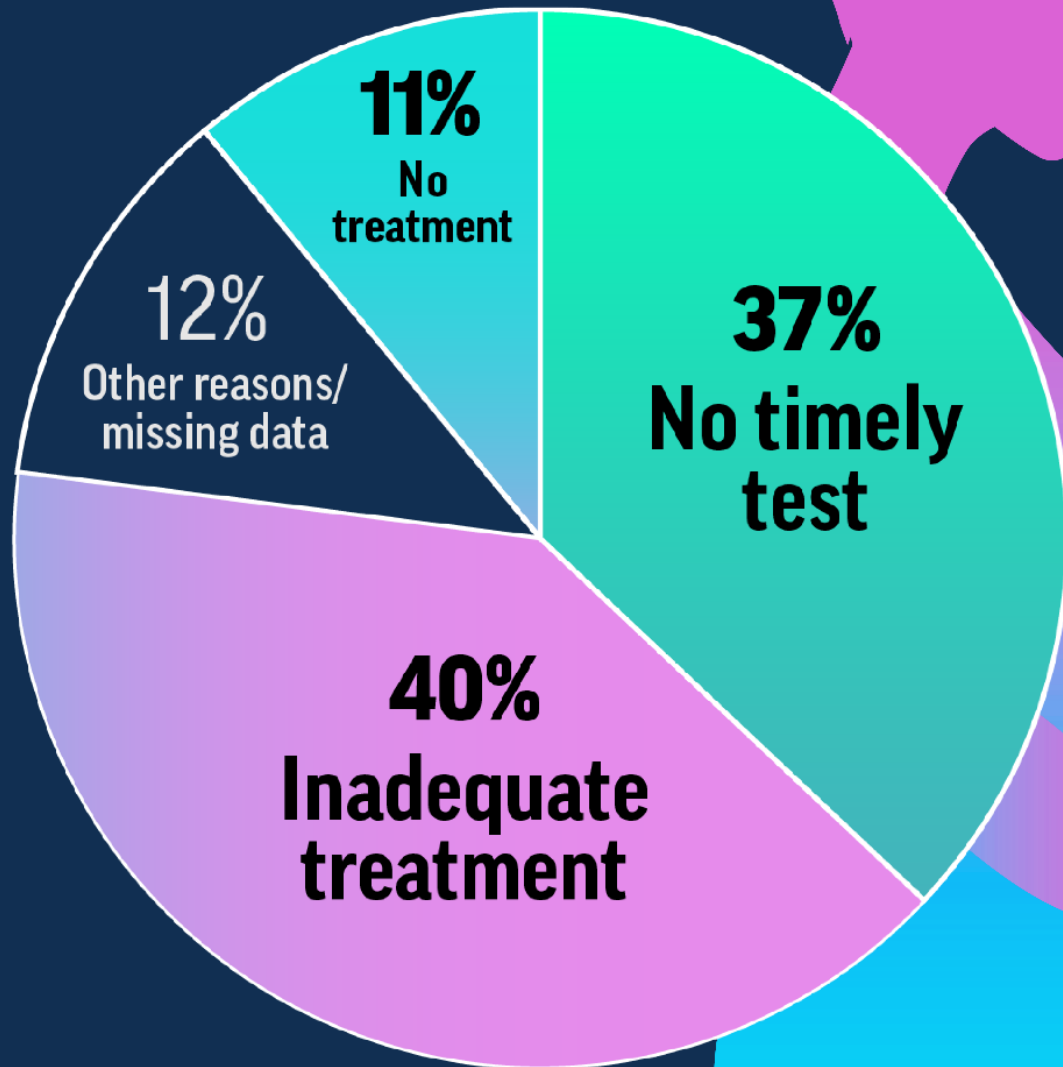


CONGENITAL SYPHILIS REPORTED STILLBIRTHS AND INFANT DEATHS, 2013 - 2022

SURVEILLANCE OVERVIEW

In 2022, there were **282 congenital syphilis-related losses**, a 24.8% increase from 2021.



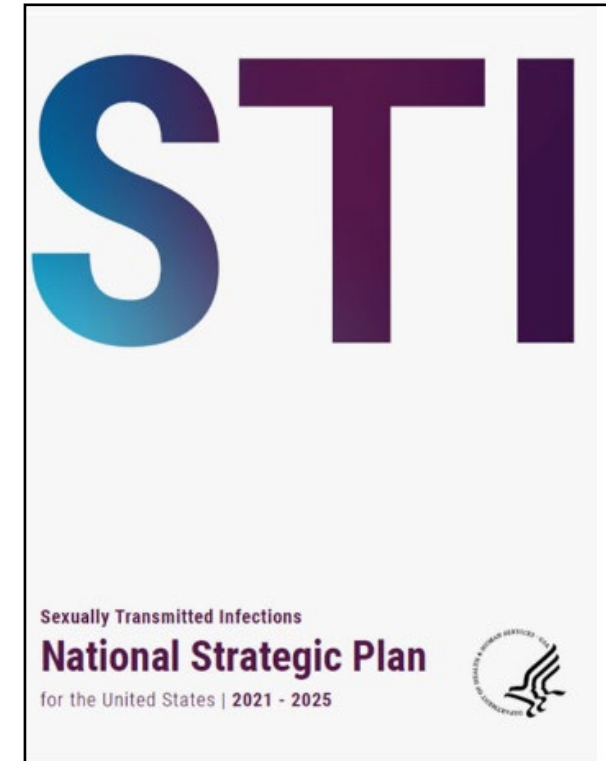
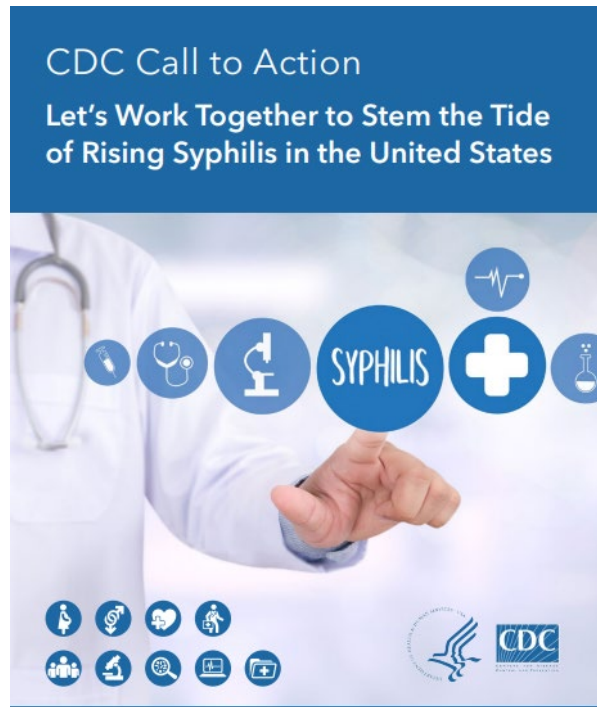


Timely syphilis testing and treatment during pregnancy could have prevented almost 90% of congenital syphilis cases.

The background of the slide is a teal-colored microscopic image. It features several white, corkscrew-shaped spirochetes, which are the causative agents of syphilis, scattered across the field of view. The spirochetes are shown in various orientations and positions, some appearing to move or interact with the surrounding environment. The overall texture is slightly grainy, typical of a scanning electron micrograph.

The Federal Response to Syphilis

Calls to Action



HEALTH AFFAIRS FOREFRONT

RELATED TOPICS:

DISEASES | ACCESS TO CARE | PUBLIC HEALTH | MATERNAL HEALTH | CLINICS | SYSTEMS OF CARE

Babies With Syphilis: A Catastrophic Failure Of The US Health Care System

[eandro Mena](#)

SEPTEMBER 16, 2021

10.1377/forefront.20210915.798



PROPUBLICA



Health Care
Babies Are Dying of Syphilis. It's 100% Preventable.

by Caroline Chen, photography by Talia Herman, special to ProPublica
Nov. 1, 2021, 5 a.m. EDT

National Syphilis and Congenital Syphilis Syndemic (NSCSS) Federal Task Force

Goal: Reduce rates of primary and secondary syphilis and congenital syphilis and reduce syphilis health disparities in the United States. Specifically, **avert five percent** of congenital syphilis cases **by September 2024.**

NSCSS Federal Task Force Members

Chaired by ADM Rachel Levine, MD,
Assistant Secretary For Health, HHS

10 HHS agencies

Department of Justice
(Federal Bureau of
Prisons)

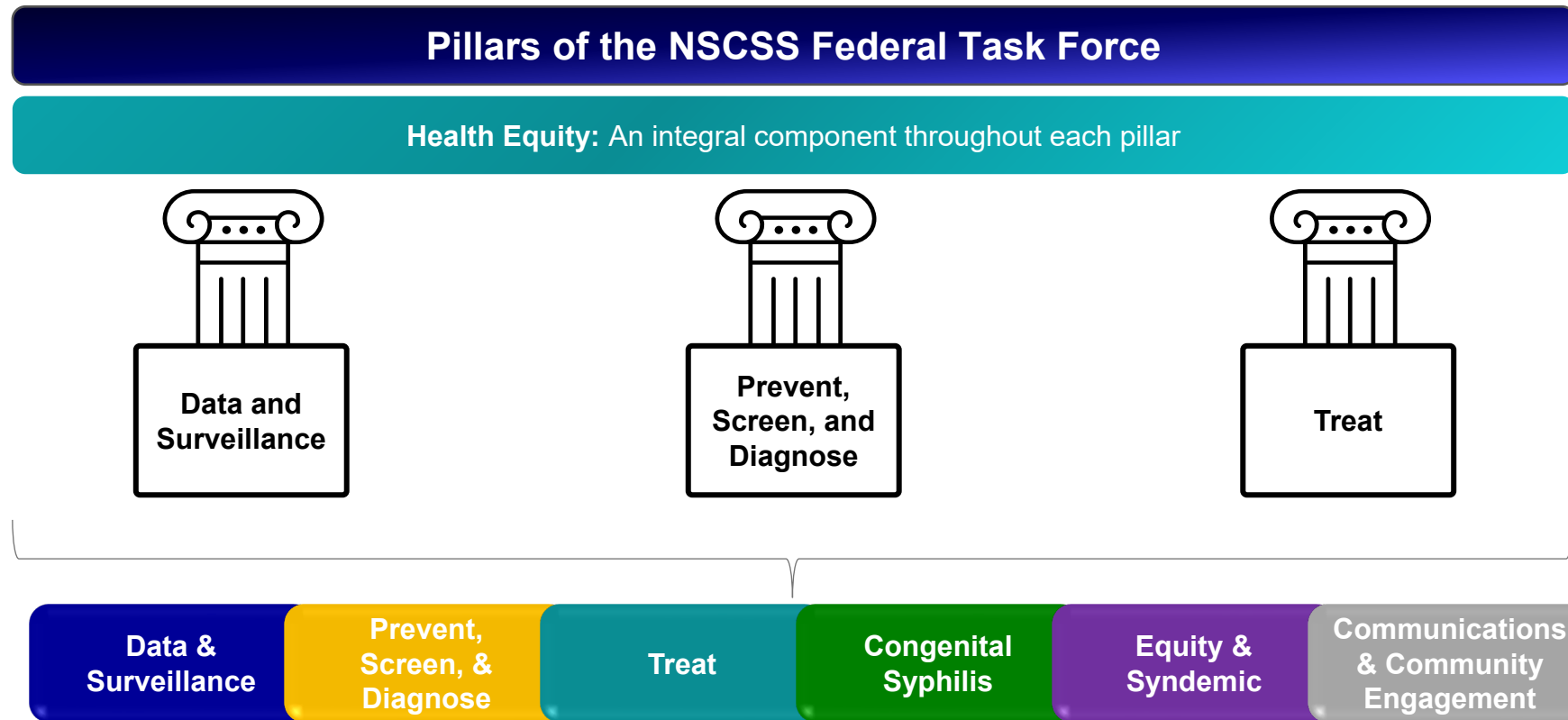
United States
Department of
Agriculture (USDA)

Department of
Veterans Affairs

The White House
(Office of National
AIDS Policy (**Vacant**);
Office of National Drug
Control Policy)

Over 200 members
across the federal government

NSCSS Federal Task Force Framework



6 subcommittees that drive the work of the three pillars

NSCSS Federal Task Force Subcommittees

Data and Surveillance

Co-Chairs: CDC and IHS

Prevent, Screen, and Diagnose

Co-Chairs: CDC and HRSA

Treat

Co-Chairs: CDC and FDA

Congenital Syphilis

Co-Chairs: CDC and OASH (OWH)

Equity and Syndemic

Co-Chairs: IHS and OASH (OIDP)

Communications and Community

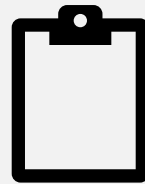
Engagement

Co-Chairs: ASPA and OASH

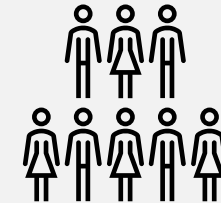
NSCSS Federal Task Force Key Priorities



**Identify priority areas
of focus**



**Recommend
programmatic, policy,
and procedural actions
for federal agencies**



**Increase community
engagement and public
awareness**

NSCSS Federal Task Force Operational Functions

- **Convene regular meetings to support information sharing to align strategies, share best practices, and coordinate resources**
- **Assess opportunities to leverage existing resources to address syphilis and congenital syphilis in identified priority communities**
- **Identify additional agencies that have a role to play in addressing the syndemic of syphilis and congenital syphilis**
- **Share progress and updates of NSCSS at least on a quarterly basis**

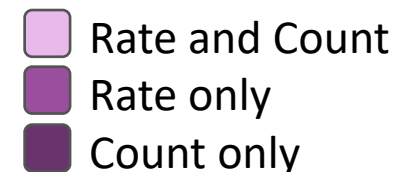
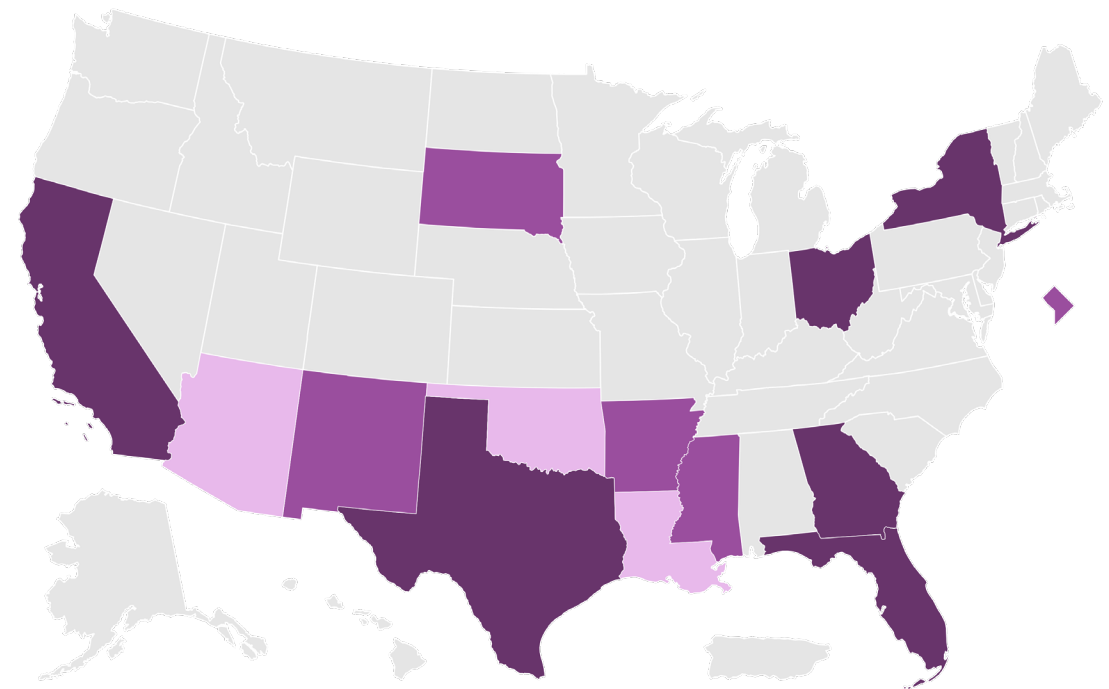
NSCSS 14 Priority Jurisdictions

Areas were identified according to their rank of reported case counts or reported case rates.

Nationwide, these jurisdictions account for **57.1%** of P&S syphilis cases, and **73.7%** of CS cases.

These priority jurisdictions represent:

- **Over 65%** of P&S syphilis cases and **over 70%** of CS cases among **Non-Hispanic American Indian/Alaska Natives individuals**
- **Over 50%** of P&S syphilis cases and **over 65%** of CS cases among **Non-Hispanic Black or African American individuals**
- **Over 70%** of P&S syphilis cases and **over 85%** of CS cases among **Hispanic or Latino individuals (any race)**



**National
Syphilis &
Congenital
Syphilis
Syndemic Task
Force**

Priority Populations

Gay, bisexual, and other men who have sex with men

Populations of transgender and other gender minorities

Pregnant persons and partners of pregnant persons

People living with HIV

Justice-involved people

People who use substances

Racial and ethnic minority populations

Organizations that provide direct services to priority populations

Tackling the Syphilis Epidemic: Actions Taken (July 2023 – December 2023)

Timeline	Actions
Jul 2023	✓ HRSA and IHS issued letters to grantees and providers with informational resources
Oct 2023	✓ CDC published draft guidelines for doxycycline use among certain groups ✓ IHS announced a new national clinical strategic initiative and released STI Treatment Guidance
Dec 2023	✓ HHS generated heatmaps for priority jurisdictions overlaying syphilis cases with available resources

Recent and Future Actions to Combat Syphilis Epidemic (January 2024 Onwards)

Timeline	Actions
Jan 2024	<ul style="list-style-type: none"> ✓ FDA announced the availability of Extencilline® to address Bicillin L-A® shortages ✓ HHS held two Equity workshops focused on American Indian and Alaska Native tribes and the other focused on national efforts to improve syphilis outcomes
Feb 2024	<ul style="list-style-type: none"> ✓ NIH will host a workshop on the expansion of syphilis treatment with NIH researchers ✓ Additional workshops will be held on syphilis prevention, treatment, and other related issues ✓ HHS and CDC will co-host a provider roundtable on Congenital Syphilis Prevention
Mar 2024 onwards	<ul style="list-style-type: none"> ✓ Ongoing plans include meetings with priority areas, collaboration with medical societies, and leveraging funding flexibilities ✓ Strategically plan to leverage funding flexibilities for grant programs to enhance use of grant funds, including staff time, for STI counseling, testing, and treatment services

Strategic Action Plan for Syphilis Intervention

Thematic Area	Actions
Provider Education and Training	<ul style="list-style-type: none">• Raise provider awareness and provide training on diagnostic and treatment guidelines for primary and secondary syphilis and congenital syphilis• Address treatment shortages and explore solutions to ensure adequate availability• Tackle challenges associated with the cost of Extencilline
Public Awareness	<ul style="list-style-type: none">• Enhance public awareness initiatives to address the gaps identified
Information Sharing of Best Practices	<ul style="list-style-type: none">• Implement best practices shared by jurisdictions, including leveraging existing funding mechanisms for STI workforce expansion• Utilize funds for STI-related initiatives to effectively address the identified issues

Major Successes to Date

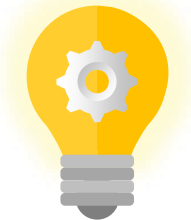
Conduct briefings with external partners for collaboration opportunities



Support a temporary import of Extencilline to address Bicillin® L-A shortage



Convene workshops to address disparities and focus on research strategies



Work with agencies to issue funding flexibility letters to grantees for syphilis care



Next Steps



Continue to raise awareness about syphilis and improve training among the healthcare workforce



Issue point of care considerations




Develop a healthcare provider campaign



Continue to strengthen external partnerships to address CS

Expected Summer 2024: Doxycycline as PEP for syphilis guidance

The background is a solid teal color. It features several 3D rendered elements: a large, textured anatomical part resembling a testis on the left; a large, textured anatomical part resembling a penis on the right; and several white, corkscrew-shaped syphilis bacteria scattered throughout the scene. The text is centered in the middle of the image.

Stopping Syphilis and Preventing Congenital Syphilis

CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS COLLECTIVELY

Congenital syphilis has significant public health implications.

Babies are dying and facing lifelong impacts.

01

The cost of managing CS is more than screening and treating someone during pregnancy.

02

It is a reflection of inadequate health care services across the country and health inequities.

03

CURRENT STRATEGIES AND RECOMMENDATIONS

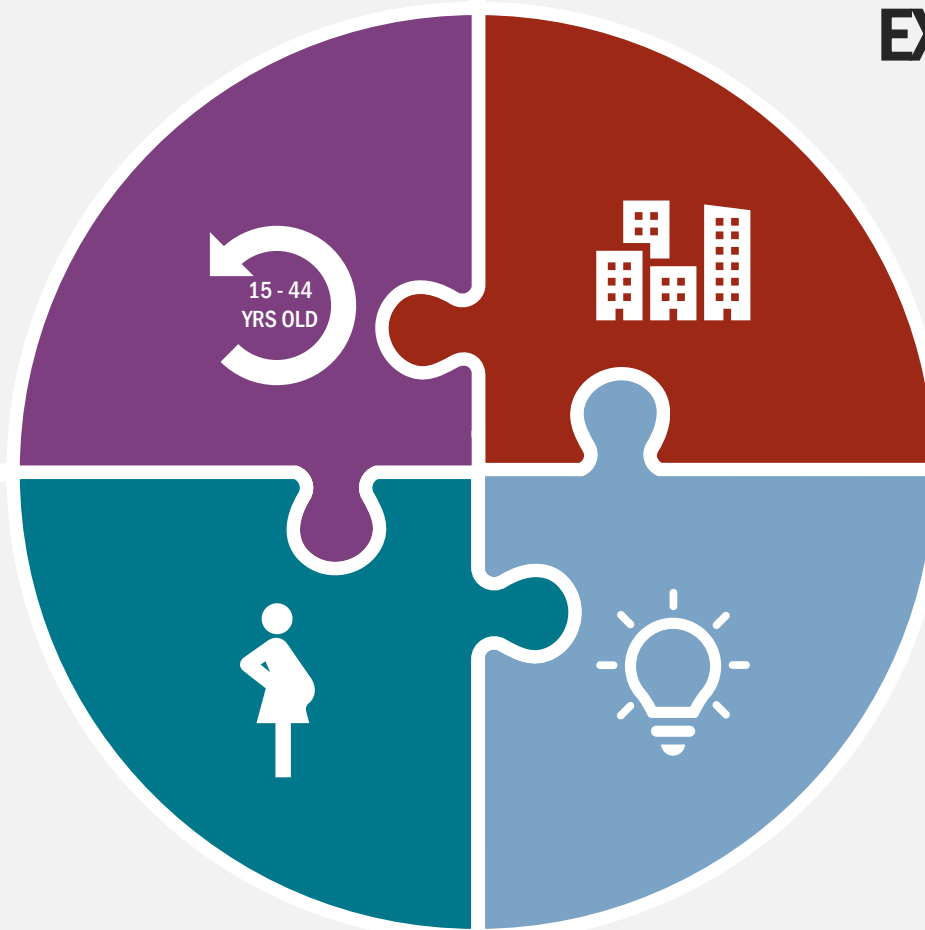
ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS

**SCREENING AND
TREATING SEXUALLY
ACTIVE PEOPLE**

01

**SCREENING AND
TREATING PEOPLE
WHO ARE PREGNANT**

02



**EXPANDING SCREENING
IN NON-TRADITIONAL
VENUES**

03

**EDUCATION,
TRAINING, AND
SURVEILLANCE**

04

CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS

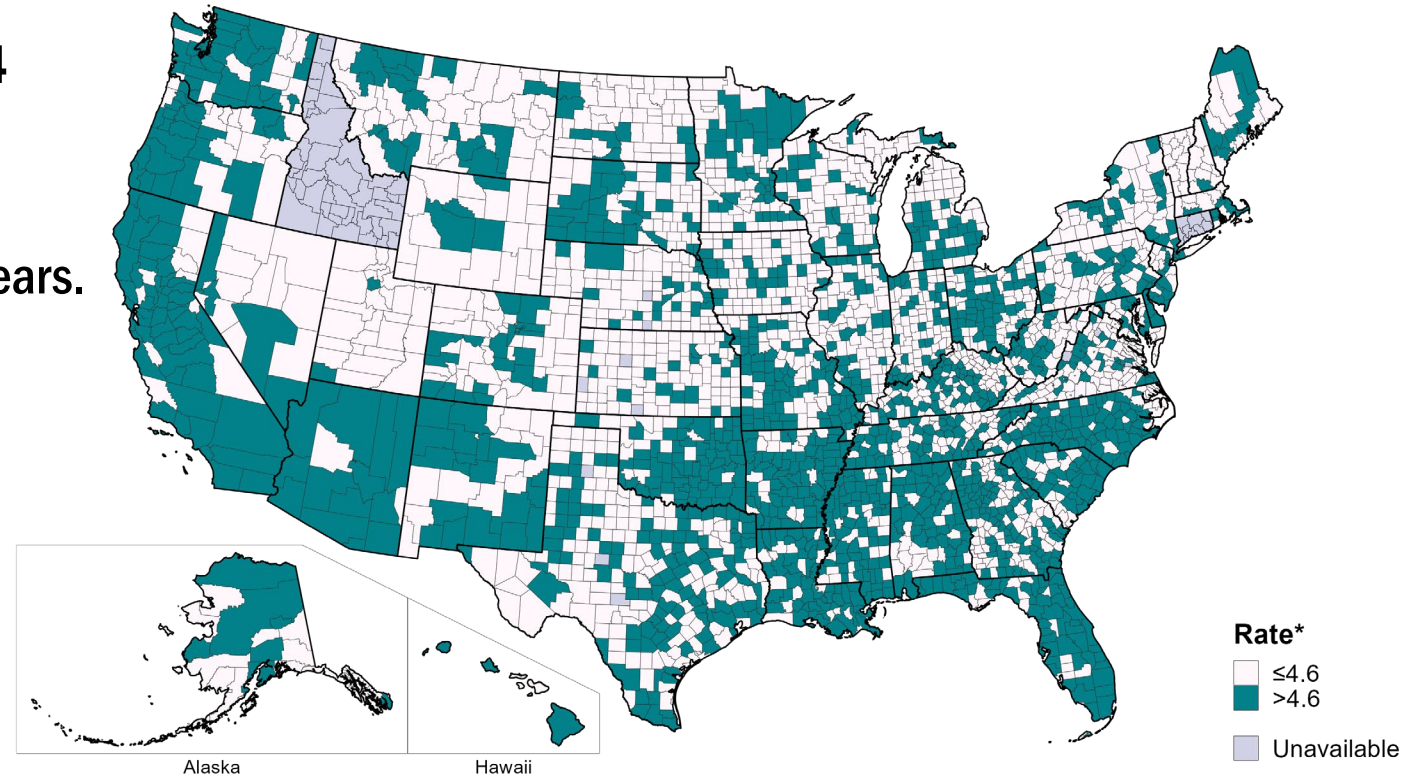
SCREENING AND TREATING OF SEXUALLY ACTIVE PEOPLE

If the person is sexually active, they should get tested for syphilis.

1. **Screen all sexually active people ages 15-44** for syphilis in counties where **primary and secondary syphilis rate is above 4.6/100,000** among females aged 15-44 years.

This includes 76% of the U.S. population.

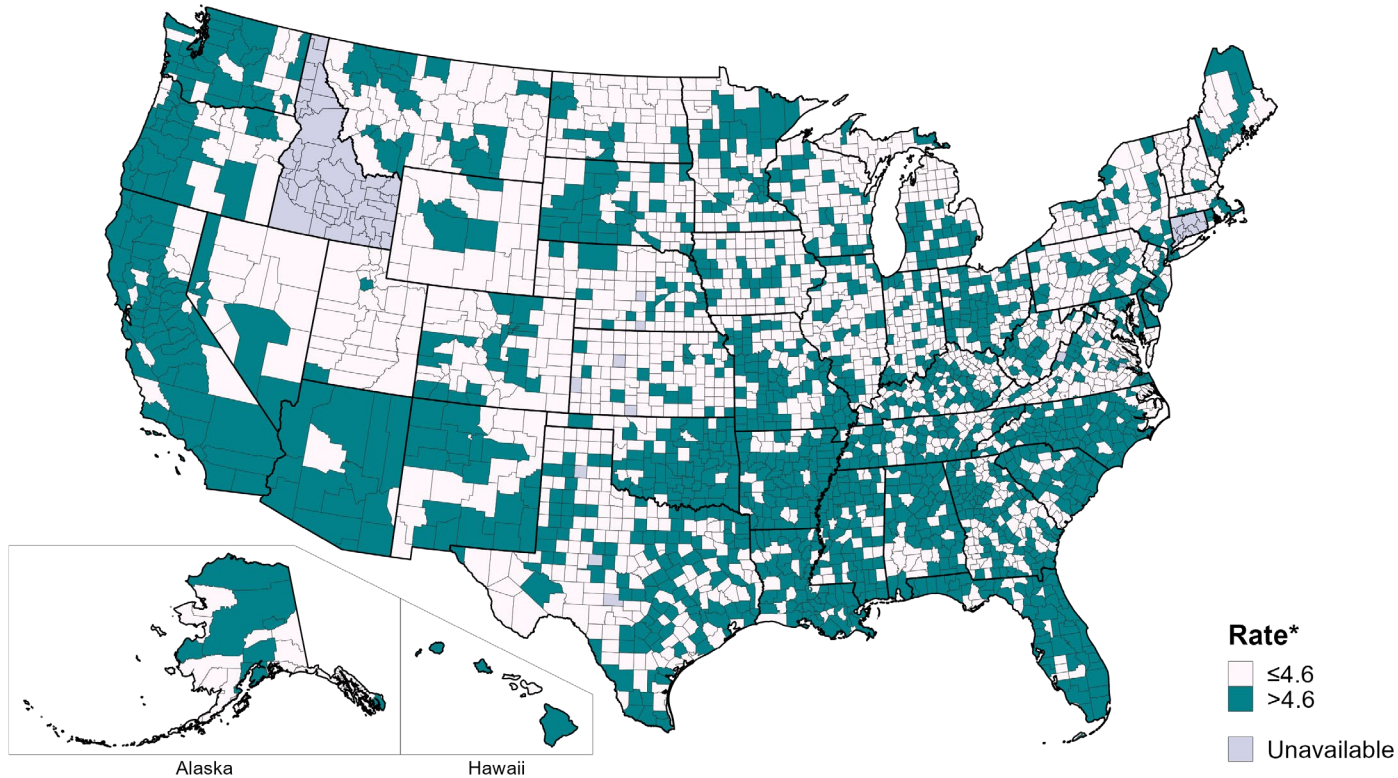
2. **Screen people with increased risk of syphilis exposure.**
3. **Take comprehensive social and sexual health histories.** For information on how to do this: check out [NCSA's Webinar](#).



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS

WHAT'S YOUR COUNTY RATE?



Scan the QR Code Below to find out your county rate

- Per 100,000
- NOTE: The Healthy People 2030 target for the rate of primary and secondary syphilis in women aged 15–44 years is 4.6 per 100,000.



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS

SCREENING AND TREATING PEOPLE WHO ARE PREGNANT

All pregnant people should be tested for syphilis early in pregnancy.


1. **First prenatal visit** – Consider screening and treatment at the time of pregnancy confirmation if follow-up is difficult.
2. **28 weeks and at delivery** for people with increased risk of syphilis exposure, partners with increased risk of exposure, or who live in a high morbidity area per the prior metric.
 - Prior STIs
 - Recent incarceration
 - Substance use
 - Housing instability
 - Transactional sex
3. All people **delivering a stillborn infant**.
4. **Prioritize treating people who are pregnant** with benzathine penicillin G as needed.
5. **Test and treat the partners** of people who are pregnant.



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS

Check for local changes in screening guidelines



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Indian Health Service
Rockville MD 20857


JULY 19, 2023

Dear Tribal Leader and Urban Indian Organization Leader:

I am writing to provide you with information regarding the syphilis epidemic affecting American Indian and Alaska Native (AI/AN) communities. American Indian and Alaska Native people have the highest rates of syphilis and congenital syphilis of any group in the country. Some congenital syphilis cases have resulted in stillbirths or death shortly after birth. The Indian Health Service (IHS) is committed to reducing the prevalence of syphilis in AI/AN communities and I ask for your assistance in helping us achieve this goal.

To address the syphilis epidemic, IHS Chief Medical Officer, Dr. Loretta Christensen recommended the following guidelines and resources for all IHS, Tribal, and Urban Indian Organizations:

1. **Annual syphilis testing** for persons aged 13 to 64 to eliminate syphilis through early case recognition.
2. **Turn on the annual Electronic Health Record reminder** at all sites to ensure testing for two years or until incidence rates decrease locally to baseline.
3. **Three-point syphilis testing for all pregnant people** at the first prenatal visit, of the third trimester, and delivery.
4. Adoption of a **sexually transmitted infection (STI)/human immunodeficiency virus (HIV)/viral hepatitis testing bundle** at all sites to screen broadly:
 - Syphilis screening test with reflex rapid plasma reagin (RPR) and treponemal particle agglutination (TPPA).
 - HIV serology (with documentation of consent if required in the local jurisdiction).
 - Screening for gonorrhea and chlamydia at three sites: Urine, Pharynx, and Rectum.
 - Screening for hepatitis B and C.
 - Pregnancy test.
5. Adoption of **"Express STI Testing."** Express STI services refer to triage testing without needing a full clinical exam.
 - Research shows that express STI services increase clinic capacity and reduce time to treatment.
 - Find the Express Testing Guide and Toolkit on the Indian Country Health website: [Sample Toolkit for Express STI Resources - Indian Country Health](#)



MICHELLE LUJAN GRISHAM
Governor

PATRICK M. ALLEN
Cabinet Secretary

NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT

Recommendation for Expanded Syphilis Screening to Reduce Rising Rates of Congenital Syphilis

October 16, 2023

UPDATED SYPHILIS GUIDELINES



COMMONWEALTH of VIRGINIA

Department of Health
P O BOX 2448
RICHMOND, VA 23218

Karen Shelton, MD
State Health Commissioner

TTY 7-1-1 OR
1-800-828-1120

Updated Syphilis Guidelines

November 28, 2023



BICILLIN SHORTAGE

ADDRESSING CONGENITAL SYPHILIS

Bicillin L-A® Shortage impacts care for persons with syphilis.

Pfizer alerts doctors to impending shortage of antibiotic, prioritize drug for patients

The New York Times

Antibiotic Shortage Could Worsen Syphilis Epidemic

The primary drug used to treat the sexually transmitted infection is set to run out of the U.S. supply by the end of the year, Pfizer warns.

FDA to Import Penicillin From France to Address Syphilis Drug Shortage

January 16, 2024

To address the ongoing U.S. shortages of Bicillin L-A, a temporarily approved French manufacturer Laboratoire Extencilline, (benzathine benzylpenicillin) a drug not ap

US syphilis cases are rising, and STD clinics warn they're struggling to find crucial antibiotic

Temporary Importation: Extencilline

EXP MFG LOT

EXTENCILLINE®

2,400,000 Units

Benzathine benzylpenicillin

Powder and diluent for reconstitution
for injection IM

Intramuscular injection only

- Agitate carefully before use
- Reconstitute with 5 mL of water for injections or 5 mL of injectable solution of lidocaine 0.5%.
Excipients with known effects: sodium, soybean oil.
- Use immediately after reconstitution
- Single use

JD
LABORATOIRES
DELBERT

51750443

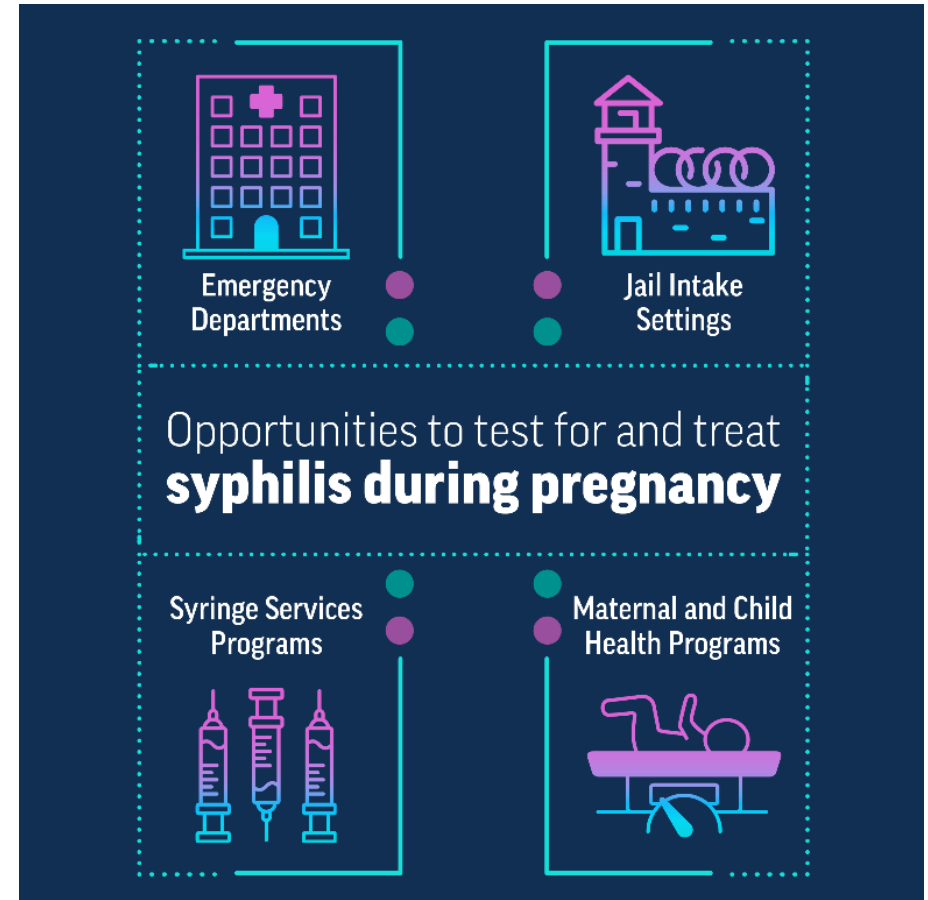
CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS

EXPANDING SCREENING IN NON-TRADITIONAL VENUES

Any healthcare encounter during pregnancy is an opportunity to prevent congenital syphilis!

1. Implement **routine screening** wherever people seek and receive care services
 - Jail Intake
 - Emergency Departments and Urgent Care Centers
 - Syringe Services Programs
 - Homeless Shelters
 - MCH Programs/Birthing Centers/Midwifery Services/Doula Care Services
2. Implement **rapid syphilis tests** when **lost to follow-up** is a concern



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS

EDUCATION, TRAINING, AND SURVEILLANCE

Talk about Syphilis! Talk about healthy sex and healthy pregnancies!

1. **Active syphilis and congenital syphilis surveillance in all 59 jurisdictions to identify trends and missed opportunities**
2. **Educate and train clinicians to screen, diagnose, and treat persons with syphilis**
3. **Educate people who are pregnant about the risk to their pregnancy and baby if syphilis is left untreated**
4. **Educate the general public about the rise in syphilis and the importance of getting tested and treated**



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS COLLECTIVELY

Embed syphilis education and awareness into your pre-existing programs and best practices!

- **Educate and equip local community health workers and doulas** with syphilis information so they can share with community members and advocate for testing and treatment.
- **Integrate** syphilis screening and treatment services **into health programs**.
- **Leverage social media platforms** to promote syphilis awareness and prompt people to get tested.
- Conduct **outreach and set-up mobile clinics** to offer onsite testing and treatment to those who can't access routine health services.
- Include syphilis materials in **toolkits** geared towards clinicians and the public.

The background is a solid teal color. It features several 3D-rendered rocks of various sizes and shapes, some with shadows. Interspersed among the rocks are several white, wavy, ribbon-like lines that resemble water ripples or stylized waves. The overall aesthetic is clean and modern.

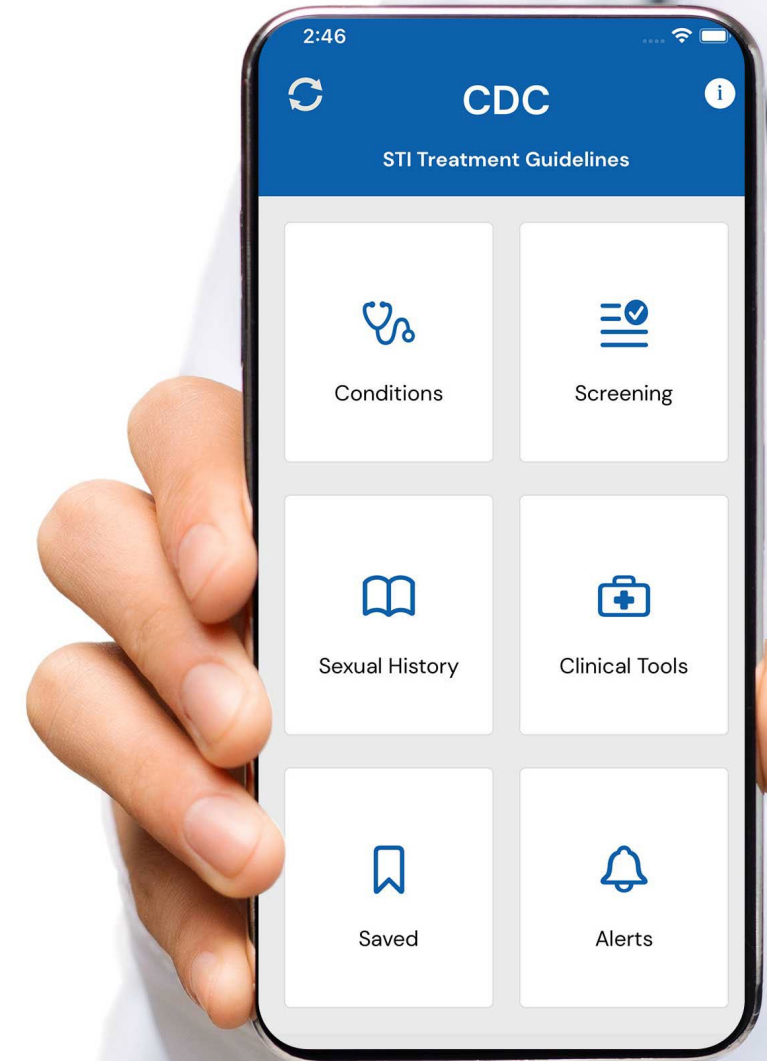
Resources

The Updated 2021 STI Treatment Guidelines App Is Now Available

Get treatment regimens *FAST*

Download CDC's free app for iPhone and Android devices

www.cdc.gov/std



National Network of STD Clinical Prevention Training Centers



National Network of
STD Clinical Prevention
Training Centers

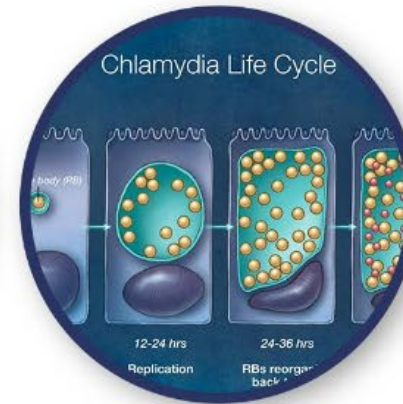


National STD Curriculum

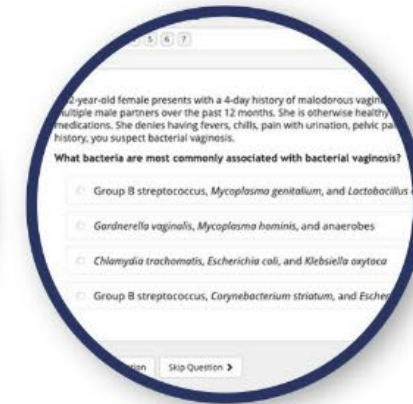
THE MOST RECENT CDC STD
TREATMENT GUIDELINES INTEGRATED
INTO A FREE, UP-TO-DATE,
EDUCATIONAL WEBSITE. **FREE CE.**



SELF
STUDY



QUICK
REFERENCE



QUESTION
BANK

EXPLORE THE CURRICULUM ▶

CLINICIANS, Got a Tough STD Question?

GET FREE EXPERT STD CLINICAL
CONSULTATION AT YOUR FINGERTIPS



Ask your question



National STD experts review



Response within 1-5 business
days, depending on urgency

GO ▶

*THIS SERVICE IS FOR CLINICAL PROVIDERS, INQUIRIES FROM THE GENERAL PUBLIC WILL NOT BE ANSWERED

www.stdccn.org



National Network of
STD Clinical Prevention
Training Centers

Thank you!

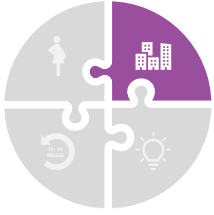
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CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS CONGENITAL SYPHILIS COLLECTIVELY



COLORADO

- **Field delivered medication to patients and their partners at their home**

SAN FRANCISCO

- **Team Lily offers wrap around services for people who are pregnant and experiencing homelessness, substance use disorders, intimate partner violence, incarceration, and/or mental illness.**

FLORIDA AND CALIFORNIA

- **Expanded routine opt-out syphilis testing in emergency departments**

CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS COLLECTIVELY



NORTH CAROLINA

- NC DHHS is focusing on implementing rapid syphilis testing among reproductive aged women in Family Planning/Maternal and Child Health Clinics, Community Health Centers, and Syringe Exchange Sites across the state.

BALTIMORE

- Baltimore City Health Department's Family Planning Program is offering onsite Family Planning Services and STD services at a substance abuse treatment program.

PHILADELPHIA

- The STD Program collaborates with community partners, including the syringe service harm reduction program "Prevention Point" and medical clinics serving vulnerable populations. Disease Intervention Specialists visit Prevention Point's syringe exchange program bi-monthly during "Women's Night Out" to provide STI and HIV screening, educational resources, test results, condoms, and partner services.

CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING SYPHILIS AND CONGENITAL SYPHILIS COLLECTIVELY

HRSA

Health Resources & Services Administration
Maternal and Child Health Bureau
5600 Fishers Lane
Rockville, MD 20857



January 2024

RE: Using Title V Flexibilities to Support Congenital Syphilis Prevention

Dear Title V Maternal and Child Health Colleagues:

I am writing with an important update about rising cases of congenital syphilis and HRSA's efforts to partner with you to address this trend.

As you may know, syphilis during pregnancy can cause adverse maternal and neonatal outcomes, including stillbirth, miscarriage, infant death, and congenital anomalies. A recent [Vital Signs](#) report from the Centers for Disease Control and Prevention (CDC) noted that congenital syphilis cases in the United States have increased more than 10-fold since 2012. **Roughly 90% of these cases are preventable with timely testing and treatment.** In almost 40% of cases, mothers received no prenatal care during pregnancy.

We recognize the response to this public health challenge requires innovative ideas and new collaborations. We want to be very clear that states have the flexibility to expend Title V Maternal and Child Health (MCH) Service Block Grant funds to support efforts to help assist families regarding testing, diagnosis and treatment of syphilis for pregnant women in your jurisdiction.

Title V MCH Services Block Grant programs do not need to seek prior approval to use Title V funds for these efforts if expenditures are otherwise in accordance with state/jurisdiction fiscal policies and the MCH block grant statute.

To address the increase of congenital syphilis, state Title V programs can:

- 1) Engage with your State Sexually Transmitted Infection (STI) and Ryan White HIV/AIDS programs on efforts to address rising rates of syphilis (e.g., provider education, testing and treatment programs, and public awareness campaigns).
- 2) Partner with organizations that provide care to pregnant women (maternal health programs, hospitals, jails, syringe services programs) to make testing more accessible, expedite treatment, enhance case-tracking, and link people with necessary services. Consider purchasing testing kits for local health departments.
- 3) Collaborate with community programs that care for those who have medical, economic, or social vulnerabilities to reduce structural barriers to syphilis care. Racial and ethnic disparities in congenital syphilis rates reflect the need to make testing and treatment more accessible to all MCH populations.
- 4) Provide epidemiological support for surveillance of syphilis and congenital syphilis cases.
- 5) Share key messages with clinicians, family planning providers, home visitors, and other members of the perinatal workforce, such as the need to

Utilize Title V Funds to support families in getting tested, treated, and educated on syphilis and congenital syphilis!

[Link to access document](#)

