



Department of Health

KATHY HOCHUL
Governor

MARY T. BASSETT, M.D., M.P.H.
Commissioner

KRISTIN M. PROUD
Acting Executive Deputy Commissioner

January 25, 2022

Dear Provider:

On June 2, 2021, the New York State Department of Health (NYSDOH) Office of Sexual Health and Epidemiology issued [a health advisory](#) describing an **increase of congenital syphilis** in New York State excluding New York City. Since that time, syphilis and congenital syphilis have continued to increase across the state including New York City. Further, there is an alarming **increase of primary and secondary syphilis among persons reported as female**, with Monroe County currently most impacted¹. Data provided in the June 2nd advisory on syphilis and congenital syphilis by county have been updated for the entirety of 2021 and are provided below.

Congenital syphilis results from untreated syphilis infection in pregnancy by transmission in utero or during vaginal delivery. It is entirely preventable, and every case represents a failure in the public health and/or clinical healthcare systems. The consequences for an infected fetus/infant are potentially severe and can lead to miscarriage, stillbirth, preterm birth, neonatal death, blindness or deafness, bone abnormalities, skin lesions, developmental delays, and other manifestations.

As a DOH- partner organization or clinical provider, you are critical in this prevention effort. *The AIDS Institute strongly recommends that all partnering organizations providing services to populations most at risk to promote syphilis screening and pregnancy testing. Populations most at risk include, but are not limited to, people of color and people² who report [drug-related risk behaviors](#) who experience a disproportionate burden of congenital syphilis and syphilis in general.* Further, providers are encouraged to discuss and re-educate staff and clients about signs and symptoms of syphilis (see resources below).

The best way to prevent syphilis is to:

- encourage discussions of sexual health and drug use related behaviors,
- educate patients and clients on behaviors that increase the risk of syphilis and other sexually transmitted infections (STIs), as well as signs and symptoms of STIs, how they are passed, the health implications and the importance of screening and early treatment,
- screen persons for syphilis as [recommended](#), and
- promote linkages of persons diagnosed with syphilis to [partner services](#) for public health follow-up, such as partner notification and management.

¹ higher number in Monroe is likely partially attributed to diligent screening practices

² Prather C, Fuller TR, Marshall KJ, Jeffries 4th WL. The impact of racism on the sexual and reproductive health of African American women. J Women's Health. 2016;25(7):664-671.

The best way to prevent congenital syphilis is to:

- determine pregnancy status of all persons of reproductive capacity diagnosed with syphilis,
- take active steps to connect all pregnant persons to prenatal care, including facilitating enrollment in Medicaid when needed,
- ensure pregnant persons are tested at 1) the time pregnancy is first identified, 2) early in their third trimester (at 28 weeks or as soon thereafter as reasonably possible but no later than at 32 weeks of pregnancy), and 3) again at delivery, and
- prevent syphilis among persons of childbearing capacity.

The best way to ensure equitable access to comprehensive sexual health services is to:

- take steps to ensure all health and human services agencies train staff on implicit bias and cultural humility and establish a safe, affirming environment for people of color and people who use substances,
- raise community awareness of increasing rates of syphilis and other STIs among heterosexually active persons, and within communities of color,
- use social media platforms to share culturally relevant messages for communities of color about sexual health, signs and symptoms of syphilis, and the serious health consequences of untreated syphilis and congenital syphilis,
- screen vulnerable persons of reproductive capacity for STIs and for unmet social determinants of health, and address needs,
- prepare non-traditional partners, such as faith community leaders, neighborhood leaders, youth organizations, beauty shops/barber shops and others to educate their communities about sexual health, syphilis, congenital syphilis and STI prevention,
- ensure local jails, drug treatment programs, syringe exchange programs and CBOs have established referral agreements with prenatal care providers to facilitate engagement in prenatal care for all pregnant persons seen in these settings,
- utilize peer workers from communities of color to educate pregnant people: 1) about the importance of being screened for syphilis throughout pregnancy; 2) that untreated syphilis can cause their infant to be stillborn or have other serious health problems.
- reassure pregnant persons who use drugs that treatment and support are available and that substance use, in and of itself, is not a reason for Child Protective Services to remove a child from the care of the delivering parent, and
- actively conduct screening for access to social determinants of health for all pregnant persons and make referrals for needed services.

The AIDS Institute and the Clinical Education Initiative (CEI) Sexual Health Center of Excellence also want to encourage the use of the CEI Line for clinical questions regarding syphilis staging, patient and infant treatment, partner treatment, and recommended clinical follow up for pregnant persons with syphilis in New York State. Clinical providers can call 866-637-2342 and will receive a return call promptly. Both adult and pediatric infectious disease experts are available through this service. As always, the CEI line is open for all other questions requiring expert medical consultation on the diagnosis, treatment, and management of other sexually transmitted infections as well.

Congenital syphilis, once near elimination in New York State, is entirely preventable and represents a failure in the clinical health and public health infrastructure. Together, we can reverse the increases we are seeing.

Sincerely,



Johanne E. Morne, MS
Deputy Director, Community Health, Office of Public Health
Director, AIDS Institute and Center for Community Health
New York State Department of Health



Charles John González, M.D.
Medical Director, AIDS Institute
New York State Department of Health

Enclosure: NYSDOH Health Advisory: Congenital Syphilis increasing in New York State (NYS) outside of New York City (NYC)

Updated data:

County name	Early syphilis diagnoses (persons reported as males and females)					Congenital syphilis cases*					
	2018	2019	2020	2021*	Total	2018	2019	2020	2021*	Total	Still-births‡
Monroe	196	289	315	494	1294	-	1	1	4	6	1
Erie	91	110	112	196	509	-	1	1	3	5	-
Orange	66	105	98	99	368	-	1	3	1	5	1
Schenectady	34	40	24	54	152	1	1	-	3	5	1
Suffolk	151	168	168	249	736	2	1	1	1	5	1
Westchester	130	140	165	216	651	2	-	1	1	4	-
Albany	55	100	74	44	273	1	2†	-	-	1	-
Oneida	16	18	12	22	68	-	-	2	1	3	-
All other counties outside of NYC**	499	622	525	728	2374	3	3	3	3	12	-
Total	1,238	1,592	1,493	2,102	6,425	9	8	12	17	46	4

*2021 surveillance data are considered preliminary and are subject to change.

** Other counties with congenital syphilis includes Broome, Clinton, Cortland, Dutchess, Fulton, Greene, Herkimer, Nassau, Otsego, Rensselaer, Ulster, and Wayne

† This count contains a set of twins

‡ Includes both live-births and still births

‡ There were two stillbirths in 2019 (Orange and Schenectady) and two in 2021 (Suffolk and Monroe)

Resources:

Congenital syphilis overview (courtesy of the Clinical Education Initiative):

https://ceitraining.org/courses/course_detail.cfm?mediaID=415#.YKQWtahudaR

Signs and symptoms of syphilis: <https://www.cdc.gov/std/training/clinicalslides/>

Free and confidential HIV and STI testing is available at local health department STD clinics. For clinic locations and hours, please visit: <https://providerdirectory.aidsinstituteny.org/>

Clinical Education Initiative Sexual Health Center of Excellence: 866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STI infections. Training calendar and archived webinars are available at www.ceitraining.org

NYSDOH Office of Sexual Health and Epidemiology at 518-474-3598 or stdc@health.ny.gov for information and assistance with STI reporting

Local Health Department and NYSDOH Regional Contacts for Partner Services:

https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/contacts.htm

National STD Curriculum: CDC-supported web-based training for clinicians.

<https://www.std.uw.edu/>

HIV Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP): www.health.ny.gov/diseases/aids/general/prep



Department of Health

ANDREW M. CUOMO
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HOWARD A. ZUCKER, M.D., J.D.
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LISA J. PINO, M.A., J.D.
Executive Deputy Commissioner

To: Sexual Health Providers, Local Health Departments, Family Planning Providers, Hospitals, Emergency Rooms, Community Health Centers, College Health Centers, Community-Based Organizations, and Internal Medicine, Family Medicine, Pediatric, Adolescent Medicine, Dermatology, Infectious Disease, OB/GYN, and Primary Care Providers

From: New York State Department of Health, AIDS Institute, Office of Sexual Health and Epidemiology

Date: June 2, 2021

HEALTH ADVISORY: CONGENITAL SYPHILIS INCREASING IN NEW YORK STATE (NYS) OUTSIDE OF NEW YORK CITY (NYC)¹

Congenital syphilis diagnoses have been increasing since 2016: Between 2015 – 2017 there were 14 congenital syphilis diagnoses versus 31 congenital syphilis diagnoses in the 2018 – 2020 period.

- Congenital syphilis increases have accompanied sustained annual early syphilis increases in both males and females (sex assigned at birth).
- Pregnant persons with reported syphilis increased by 51% from 35 in 2016 to 53 in 2020.
- Preliminary data suggest this concerning trend will continue, with five congenital syphilis diagnoses reported in the first four months of 2021.
- 48% (n=10) of congenital syphilis diagnoses from 2019-2020 occurred among infants of persons who likely acquired syphilis during pregnancy²; 24% (n=5) acquired syphilis late in pregnancy.
- To prevent congenital syphilis, screening of pregnant persons throughout pregnancy is recommended with third trimester screening highly recommended for all pregnant persons.

¹ Congenital syphilis diagnoses in New York City have remained elevated since 2018, at which time an advisory was issued: <https://www1.nyc.gov/assets/doh/downloads/pdf/han/alert/2019/congenital-syphilis-cases-in-nyc.pdf>

² Calculation based on persons who initially screened negative for syphilis earlier in their pregnancy.

BACKGROUND

From the **historical low of 35 diagnoses in 2000**, early syphilis (which includes primary, secondary, and early non-primary and non-secondary) diagnoses have steadily increased; between 2010 (n=271) and 2019 (n=1,582), reported diagnoses increased by 483%.

Mirroring national³ and regional⁴ trends and increases, most of the early syphilis diagnoses are among males (26.2 per 100,000 population in 2019) compared to females (4.3 per 100,000 population in 2019). However, the rate of increase among females has exceeded that among males, and reports of drug-risk related behaviors among females diagnosed with syphilis have been observed.⁵

While the statewide early syphilis and congenital syphilis increases have been noteworthy, counties listed below (in descending order of total congenital syphilis diagnoses from 2018-2021) have shown increases in both diagnoses of early syphilis and congenital syphilis.

County name	Early syphilis diagnoses (males and females)				Congenital syphilis diagnoses*				
	2018	2019	2020*	Total	2018	2019	2020*	2021*	Total
Erie	91	109	112	312	-	1	1	2	4
Orange	64	105	96	265	-	1	3	-	4
Suffolk	151	166	167	484	2	1	1	-	4
Albany	55	98	74	227	1	2	-	-	3
Monroe	195	287	265	747	-	1	1	1	3
Schenectady	34	40	24	98	1	1	-	1	3
Westchester	130	140	165	435	2	-	1	-	3
Oneida	16	18	12	46	-	-	2	-	2
All other counties outside of NYC**	496	619	524	1,639	3	3	3	1	10
Total	1,232	1,582	1,439	4,253	9	10	12	5	36

*2020 and 2021 surveillance data are considered preliminary and are subject to change.

** Other counties with congenital syphilis births include Broome, Clinton, Cortland, Dutchess, Greene, Herkimer, Nassau, Otsego, Ulster, and Wayne.

‡ Includes both live-births and still births

³ <https://www.cdc.gov/std/statistics/2019/default.htm>

⁴ Connecticut released a congenital syphilis health advisory on May 10, 2021, please contact stdc@health.ny.gov for a copy of the advisory.

⁵ <https://pubmed.ncbi.nlm.nih.gov/33967232/>

What Health Care Providers Can Do to Support Sexual Health and Prevent Congenital Syphilis and Syphilis

- Please note, where facility-based services and in-person patient-clinician contact is limited during COVID-19, providers should follow the CDC guidance on therapeutic options for symptomatic patients and their partners when in-person clinical evaluation is not feasible. Visit https://www.cdc.gov/std/dstdp/DCL-STDTreatment-COVID19-04062020.pdf?deliveryName=USCDCNPIN_252-DM25769 for more information.
 - Guidance and resources on preventing COVID-19 while maintaining sexual health care: https://www.health.ny.gov/diseases/aids/general/prep/docs/dear_colleague_12-2020.pdf

SCREENING

- New York State Public Health Law mandates syphilis screening of pregnant persons at the time pregnancy is first identified and again upon delivery.⁶
- Third trimester screening/testing for syphilis at 28 weeks of pregnancy for all pregnant persons, or as soon thereafter as reasonably possible but no later than at 32 weeks of pregnancy, is ***highly recommended*** to avert congenital syphilis. This is already a requirement in New York City per Section 11.33 of the New York City Health Code.⁷
- Providers are encouraged to pair third trimester syphilis screening with the strongly recommended third trimester HIV screening.
- Make sexual health discussions a routine part of ***every*** prenatal visit, regardless of the outcome of the first syphilis test. Screen for syphilis and other sexually transmitted infections (STIs) as warranted (changes in sex partners or behaviors, STI status of sex partners, etc.).
- Providers are encouraged to link partners of pregnant persons to HIV, syphilis, and other STI testing.
- Determine the pregnancy status of all persons of reproductive age diagnosed with syphilis.
- When requesting lab tests/screening for syphilis, please indicate in the requisition form that the person is pregnant. This will help public health programs and ensure partner services are made available to persons with syphilis diagnosis.
- Consider screening for syphilis in patients who present with symptoms of unknown origin such as unexplained rashes, sores, or lesions.

⁶ NYS Public Health Law, Article 23 Section §2308; New York Code of Rules and Regulations, Title 10, §69-2.2

⁷ <https://www1.nyc.gov/assets/doh/downloads/pdf/chi/chi-congenital-syphilis.pdf>

DIAGNOSIS AND TREATMENT

- To diagnose syphilis, laboratory testing must include both treponemal and non-treponemal tests. Unless specified by the provider, the sequence of these tests (i.e. treponemal or non-treponemal test first) differs across laboratories and results must be carefully interpreted to distinguish current syphilis infection from previous infection. It is important that providers understand their syphilis screening algorithm. See the Centers for Disease Control and Prevention's (CDC) 2015 STD Treatment Guidelines for more information:
<https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>
- In cases where the laboratory evidence of syphilis is inconclusive or ambiguous, pregnant persons should be presumed infected (with or without symptoms) unless syphilis can be ruled out through evidence of treatment and patterns in follow-up antibody titers documented in the medical record.
- Providers are encouraged to work with the local health department to consult the syphilis registry, and to help inform syphilis diagnosis and treatment decisions.
- Treat all females with confirmed or suspected syphilis of any stage, or syphilis exposure, according to current CDC guidelines. The only recommended treatment option for pregnant persons remains Penicillin G benzathine (Bicillin-LA). Pregnant persons who report a penicillin allergy can be considered for further allergy testing to assess risks for IgE allergic reactions and should, as needed, be desensitized and treated with penicillin. See the CDC's 2015 STD Treatment Guidelines for more information:
<https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>
- Treatment for congenital syphilis in infants is determined based on maternal history of syphilis infection and treatment, and current laboratory and physical examination results. Consult the CDC 2015 Sexually Transmitted Diseases Treatment Guidelines for Congenital Syphilis:
<https://www.cdc.gov/std/tg2015/congenital.htm>
- All infants diagnosed with congenital syphilis should be physically and serologically monitored closely in the months following birth.
- Per NYS DOH Communicable Disease reporting requirements, immediately report new positive prenatal or delivery syphilis tests to the local health department by phone, followed by submission of the confidential case report form (DOH-389). The state or local health department can assist in following-up with patients and their partners to ensure access to care. Information is available at:
<https://www.health.ny.gov/forms/doh-389.pdf> and
https://www.health.ny.gov/forms/instructions/doh-389_instructions.pdf

ADDITIONAL ACTIONS

- **Conduct a complete sexual health history**, risk, and drug use assessment for every patient. Ask about specific behaviors, such as the number of partners, type of sex (i.e., vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion, to help guide laboratory testing. Visit www.ncshguide.org/providers or GOALS Framework for Sexual History taking in Primary Care - https://www.hivguidelines.org/prep-for-prevention/for-care-providers/#tab_3 for guidance and additional resources.
- **Facilitate partner management by:**
 - Offering and providing [Expedited Partner Therapy \(EPT\) for gonorrhea, chlamydia and/or trichomoniasis](#), where indicated, and
 - Encouraging patients to refer their sex or needle sharing partners to medical care for STI screening and treatment including HIV testing, and
 - Contacting your [local partner services](#).
- **Offer and perform HIV testing** for every patient age 13 years and older.
- **Offer** HIV Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).
- **Collaborate** with State and County public health personnel on partner notification efforts.
- **Refer** consenting patients to community-based organizations (CBOs) for support services, as needed.
- **Report** all suspected and confirmed STI cases promptly to your local county health department. Information is available at www.health.ny.gov/forms/doh-389.pdf and www.health.ny.gov/forms/instructions/doh-389_instructions.pdf.
- **Ensure** your employees and colleagues have access to current information and tools to promote health equity. Please see <https://www.cdc.gov/std/health-disparities/default.htm> for more information.

What Community Based Organizations and Supportive Service Providers Can Do to Help Prevent STIs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e. vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion to help guide testing efforts.
- **Implement targeted client recruitment:** prioritize agency services to identify persons who do not access health care services or who may not otherwise have access to HIV and STI testing in clinical settings as they may benefit most from HIV and STI testing services in nonclinical settings.

- **Offer syphilis, HIV, and other STI testing to females of childbearing age:** Family Planning providers should screen for STIs as needed, regardless of pregnancy intention.
- **Support females of childbearing age in their family planning efforts,** including assessing pregnancy intention, contraceptive needs, linkage to pregnancy testing, adherence to pre- and postnatal care visit schedule, medication adherence, and psychosocial supports.
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for people who use drugs.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and in ways that reduce embarrassment or discomfort. Information about the New York State Condom Program is available at <https://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>
- **Conduct HIV/STI testing activities with people under 18:** People under 18 can consent to STI testing, treatment, and prevention regardless of their insurance status. Partner services and other supportive services are encouraged to support minors to navigate healthcare systems. For more information please see: https://www.health.ny.gov/diseases/communicable/std/docs/faq_billing_consent.pdf and https://www.health.ny.gov/diseases/communicable/std/docs/letter_minor_consent.pdf
- **Offer navigation services:** assist persons living with HIV, or persons who are HIV negative and at risk, to obtain timely, essential, and appropriate medical, prevention, and support services (including linkage to HIV biomedical interventions such as Pre Exposure Prophylaxis and Post Exposure Prophylaxis PrEP/PEP) to optimize health and prevent HIV/STI/HCV transmission and acquisition.
- **Work with existing coordinating and community planning bodies:** these may include the [NYS Ending the Epidemic](#) regional steering committees, the [NYS HIV Advisory Body](#), and [NY Links](#), to plan, promote, and conduct community education events/activities, foster dialogue, and share resources.
- **Provide effective behavioral interventions:** implement prevention activities that are culturally relevant, linguistically appropriate, and have been shown to be successful by program evaluation or research.

Resources

Congenital Syphilis overview (courtesy of the Clinical Education Initiative):
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Signs and symptoms of syphilis: <https://www.cdc.gov/std/training/clinicalslides/>

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Local Health Department and NYSDOH Regional Contacts for Partner Services:
https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/contacts.htm

National STD Curriculum: CDC-supported web-based training for clinicians.
<https://www.std.uw.edu/>

HIV Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP): www.health.ny.gov/diseases/aids/general/prep