



Department of Health

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Dear Provider:

On June 2, 2021, the New York State Department of Health (NYSDOH) AIDS Institute 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 advisory on syphilis and congenital syphilis by county have been updated for the entirety of 2021 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 NYSDOH 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 promote syphilis screening and pregnancy testing. Populations experiencing a disproportionate burden of congenital syphilis and syphilis include, but are not limited to, people of color and people² who report [drug-related risk behaviors](#).* 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) 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 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.

Congenital syphilis was once near elimination in New York State. Together, we can reverse the increases we are seeing and ensure the health of New Yorkers.

Sincerely,

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Director, AIDS Institute and Center for Community Health
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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?medialD=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