NEW YORK STATE | Department of Health

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To: New York State Article-28 Birth Facility Directors of Pediatrics, Nursery/Neonatology, Labor/Delivery/Postpartum, Laboratory/Pathology, Risk Management/Patient Quality and Safety, Infection Control and Prevention, and County Health Departments

From: New York State Department of Health, AIDS Institute, Office of Sexual Health and Epidemiology and the Perinatal HIV and Hepatitis C Prevention Program

Date: October 27, 2026

URGENT: IMMEDIATE ACTIONS TO REDUCE MISSED OPPORTUNITIES FOR CONGENITAL SYPHILIS IDENTIFICATION AND PREVENTION

Dear Colleague:

The AIDS Institute is issuing this urgent communication following the identification of infants in New York State who missed critical syphilis testing. These cases underscore the urgent need to ensure that maternal and infant syphilis screening and testing requirements are consistently implemented to support the timely identification, evaluation, and treatment of congenital syphilis.

Congenital syphilis is preventable when infections are identified and addressed promptly. As syphilis rates continue to impact communities across New York State and the nation, maintaining vigilant screening, testing, and care coordination practices remains essential to protecting the health of pregnant individuals and infants. We are writing to remind providers of existing New York State requirements and to share practical steps that can help reduce missed opportunities for congenital syphilis prevention.

Specifically, we are writing to reinforce New York State testing requirements for infants born to a birth parent who has a reactive syphilis serology at delivery, including individuals with a history of syphilis infection or treatment.

New York State Mandatory Requirements for Infant Syphilis Testing

New York State regulations require all infants born to a birth parent with **any** reactive syphilis serology at the time of delivery, including Rapid Plasma Reagin (RPR), Venereal Disease Research Laboratory (VDRL), treponemal screen, *Treponema pallidum* particle agglutination (TPPA), enzyme immunoassay (EIA), chemiluminescent immunoassay (CIA), or any other reactive syphilis test, to have infant body blood (venipuncture) drawn and submitted for testing within 24 hours of the provider receiving the birth parent's result.[1, 2]

This testing is required even when the birth parent's serologic results are low-titer, discordant, equivocal, or pending further evaluation. Consistent application of these requirements helps ensure that infants who may be at risk for congenital syphilis receive timely evaluation and appropriate follow-up.

Do not rely on cord blood testing. Although cord blood testing is permitted under regulation, infant body blood (venipuncture) remains the preferred specimen for evaluation. The New York State Department of Health (Department) strongly encourages infant body blood testing because it provides the most reliable basis for evaluation and helps reduce the likelihood of missed congenital syphilis cases.[3]

New York State Mandatory Requirements for Prenatal Syphilis Screening

All healthcare providers caring for pregnant individuals in New York State are required to conduct three mandatory syphilis screenings:[4]

- At the time the pregnancy is first diagnosed
- During the third trimester, ideally at 28–32 weeks' gestation
- At delivery

[1]Section 69-2.3 - Responsibilities of the chief executive officer | New York Codes, Rules and Regulations; [2]Section 69-2.5 - Duties of the responsible physician and birth attendant | New York Codes, Rules and Regulations; [3]Section 69-2.2 - Cord blood test for syphilis | New York Codes, Rules and Regulations; [4]Syphilis Screening During Pregnancy: New York State Laws and Regulations Frequently Asked Questions for Providers 21452.pdf
[5]Congenital Syphilis - STI Treatment Guidelines

These screenings are critical to identifying maternal infection, ensuring timely treatment, and reducing the risk of congenital syphilis.

Centers for Disease Control and Prevention (CDC) 2021 Sexually Transmitted Infection (STI) Treatment Guidelines:

New York State requirements are in alignment with, and in some areas more protective than, the Centers for Disease Control and Prevention (CDC) Congenital Syphilis - STI Treatment Guidelines[5] and recommendations from nationally recognized pediatric, obstetric, and infectious disease authorities.

- **Infant testing:** New York State requires infant testing for *any* reactive birth parent syphilis serology at delivery regardless of whether the infection has been confirmed or syphilis titers are low. This approach helps reduce the likelihood of missed congenital syphilis diagnoses and ensures that infants receive appropriate evaluation when risk cannot be fully excluded.

- **Prenatal screenings:** While the CDC recommends third trimester syphilis screening in areas of high morbidity, New York State requires third trimester syphilis screening for all pregnant individuals. Universal screening helps identify infections that may occur during pregnancy and supports timely treatment and prevention efforts.

Clinical Action Steps for Providers
To support compliance with New York State requirements and further reduce missed opportunities for congenital syphilis prevention, healthcare providers and facilities are encouraged to promptly review and strengthen the following practices:

1. **Update Electronic Health Record (EHR) Order Sets**
    - Establish a hospital or birthing center alert system for any reactive syphilis test results to support timely provider notification and follow-up.
    - Ensure prenatal order sets automatically prompt for syphilis screening at the required intervals: first prenatal visit, 28–32 weeks' gestation, and delivery.
    - Configure alerts to flag **any** reactive maternal syphilis serology including historical, low-titer, or previously treated infections, and prompt appropriate infant testing.
    - Review workflows periodically to identify opportunities to strengthen follow-up and documentation processes.

These actions align with Priority Recommendation 6 of the Congenital Syphilis Elimination Framework.

2. **Establish Standard Operating Procedures (SOPs) for Labor & Delivery**
    - Implement procedures to verify maternal syphilis screening results prior to discharge. If results are missing or pending, ensure appropriate follow-up testing is completed as soon as possible.
    - Ensure that infant testing is performed using **infant body blood (venipuncture)** within 24 hours of receiving a reactive maternal syphilis result.
    - Consider implementing discharge review processes that help confirm required maternal and infant testing has been completed and documented.
3. **Optimize Care Transitions from Obstetrics to Pediatrics**
    - Ensure the birth parent's syphilis history, screening results, and treatment information are clearly documented in the infant's medical record.
    - Establish standardized communication procedures between obstetric and pediatric teams to support timely evaluation and follow-up.
    - Promote clear accountability during handoffs so that recommended infant testing and care activities are not overlooked.
4. **Seek Consultation when Needed**
    - Consult with local health department clinical staff or the Clinical Education Initiative for complex cases involving discordant, equivocal, or otherwise difficult-to-interpret test results.
    - Early consultation can support timely clinical decision-making and appropriate evaluation of both the birth parent and infant.
5. **Report Cases Promptly**
    - Promptly report all confirmed or suspected cases of syphilis to the local health department as required by law.

- Timely reporting supports public health follow-up, partner services, and efforts to prevent additional congenital syphilis cases.

Moving Forward Together
Every opportunity to identify and treat syphilis during pregnancy or infancy is an opportunity to prevent congenital syphilis and improve health outcomes for children and families. The recent cases identified in New York State serve as an important reminder that continued vigilance, strong communication, and coordinated care are essential to preventing missed opportunities for congenital syphilis identification and treatment.

The Department appreciates your ongoing commitment to protecting the health of pregnant individuals and infants and encourages all healthcare facilities to promptly review their screening, testing, documentation, and care coordination practices to ensure that these important requirements are consistently met.

Thank you for your immediate attention to this important public health issue and for your continued partnership in preventing congenital syphilis in New York State.

Sincerely,

Joseph Kerwin
Director
AIDS Institute