

Syphilis Screening

NYS Recommendations for Screening of Syphilis During Pregnancy, Diagnosis and Treatment of Syphilis/ Congenital Syphilis, and Additional Resources

Continued Increases of Syphilis and Congenital Syphilis: The NYSDOH issued a health advisory in June of 2021 with a follow up Dear Provider Letter in 2022 describing continued increases of syphilis and congenital syphilis. Since that time, these trends have continued. The rate of primary and secondary syphilis among females has increased over 240% over the last five years. And though data are not yet final, congenital syphilis diagnoses increased 200% between 2017 and 2022 with at least ten syphilitic stillbirths reported since 2013. New York State reported the highest single year number of congenital syphilis cases in over 20 years in 2022 with 53 reported cases (data not final and are subject to change). Further, communities of color continue to be disproportionately impacted with higher rates of syphilis and congenital syphilis. These trends have continued to escalate in the first half of 2023 and the Bicillin L-A® shortage will compound these challenges.

Current NYS Recommendations for Screening of Syphilis during Pregnancy

- NYS Public Health Law (PHL) mandates syphilis screening of pregnant persons at the time pregnancy is first identified and again upon delivery.
- **Effective May 3, 2024, New York State will additionally require third trimester syphilis screening (pursuant to Chapter 57 of the Laws of 2023) though it is highly recommended providers implement this additional screening as soon as possible requiring syphilis screening 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.**
- **For individuals who screen negative at their first exam, this third trimester screen will ensure adequate time for persons who seroconvert during their pregnancy to be appropriately treated prior to delivery.**
- **Though the law expansion effectively requires at least three syphilis screens during pregnancy, additional screening may be warranted; more frequent screening during pregnancy is best made through shared clinical decision-making between the patient and provider.**
- 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 laboratory 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 (PS) 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.

New York City Department of Health and Mental Hygiene (NYCDOHMH)

- In addition to NYS mandate for syphilis screening at first prenatal care examination (NYS PHL § 2308) and at delivery (10 NYCRR § 69-2.2), Article 11 of the Health Code has been amended to add a new Section 11.33. This section requires New York City healthcare providers to test pregnant persons for syphilis at 28 weeks of pregnancy, or as soon thereafter as reasonably possible, but no later than at 32 weeks of pregnancy. The rule also requires providers to document the test results and a treatment plan in the patient's medical records.

Current NYS Recommendations on the Diagnosis and Treatment of Syphilis and Congenital Syphilis

- To diagnose syphilis, laboratory testing must include both treponemal and nontreponemal 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) 2021 STI Treatment Guidelines for more information: <https://www.cdc.gov/std/treatment-guidelines/STI-Guidelines-2021.pdf>.
- 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 (LHD) 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 (BicillinLA). 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 2021 STI Treatment Guidelines for more information: <https://www.cdc.gov/std/treatmentguidelines/syphilis-pregnancy.htm>

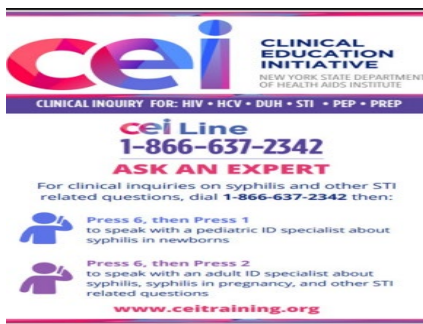
- Treatment for syphilis in infants is determined based on maternal history of syphilis infection and treatment, and current laboratory and physical examination results. Consult the CDC 2021 Sexually Transmitted Infections Treatment Guidelines for Congenital Syphilis: <https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm>
- All infants diagnosed with congenital syphilis should be physically and serologically monitored closely in the months following birth.
- Per NYSDOH Communicable Disease reporting requirements, immediately report new positive prenatal or delivery syphilis tests to the LHD by phone, followed by submission of the confidential case report form (DOH-389). The state or LHD 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

NYS Medicaid Fee-for-Service Syphilis Screening. Effective April 2023.

Syphilis Screening for Pregnant Individuals:

- Reimburse Screening for Congenital Syphilis during the Third Trimester of Pregnancy – \$0.2M in FY24; \$0.2M in FY25.
- In addition to testing at the time of the first exam, every practitioner shall order a syphilis test during the third trimester of pregnancy.

- For access to free clinical education or to request a training on syphilis or congenital syphilis, please go to Clinical Education Initiative (CEI) Training ceitraining.org
- For access to free clinical materials including palm cards with information on syphilis in pregnancy and congenital syphilis, please go to the CEI Health Center of Excellence- Materials Order Form [CEI Sexual Health Center of Excellence - Materials Order Form \(google.com\)](http://cei.org)
- Lastly, for clinical inquiries on syphilis and other STI, please see below for information on CEI’s call line:



Additional Resources STIs and Congenital Syphilis

- [Guidance for Healthcare Providers About Rising Syphilis Diagnoses and Congenital Syphilis Increases \(ny.gov\)](https://www.ny.gov)
- NYSDOH, AIDS Institute, Office of Sexual Health and Epidemiology (OSHE) Health Alert June 2, 2021 https://www.health.ny.gov/diseases/communicable/std/docs/health_advisory_syphilis.pdf
- CDC Sexually Transmitted Infections Treatment Guidelines 2021: Congenital Syphilis <https://www.cdc.gov/std/treatment-guidelines/congenital-syphilis.htm>
- CDC Sexually Transmitted Infections Treatment Guidelines 2021: Syphilis During Pregnancy <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>
- American College of Obstetrics and Gynecology: Chlamydia, Gonorrhea, Syphilis FAQ <https://www.acog.org/womens-health/faqs/chlamydia-gonorrhea-and-syphilis>
- NYSDOH, AI, Clinical Education Initiative (CEI) <https://ceitraining.org>
- [Health Advisory: Congenital Syphilis Increasing in New York State \(NYS\) Outside of New York City \(NYC\)](https://www.health.ny.gov/diseases/communicable/std/docs/health_advisory_syphilis.pdf)
- [Health advisory: BICILLIN L-A manufacturing and supply shortage coinciding with continued syphilis increases \(ny.gov\)](https://www.health.ny.gov/diseases/communicable/std/docs/health_advisory_syphilis.pdf)