

An Open Letter to Healthcare Providers on Syphilis Treatment and Prevention in 2023

Syphilis is an urgent health crisis in the United States with rates exploding in recent years. Typically spread via sexual contact, syphilis is a bacterial infection that may present with minimal or no symptoms. Syphilis can also be spread from a pregnant person to their fetus, a condition that is called congenital syphilis. While men have long represented the majority of syphilis cases, cases among women have increased significantly in the last ten years. Mirroring the national increase in syphilis cases, there has also been rapid growth in the number of congenital syphilis cases in the last decade. Rates of congenital syphilis, which can cause stillbirth, birth defects, and infant death, increased 254% between 2016 and 2020.¹

The rapid increase of syphilis and congenital syphilis cases continues to strain the medical and public health systems, impacting the health of pregnant people and their fetuses.²

Congenital syphilis cases are frequently attributed to insufficient prenatal care or inadequate treatment despite a syphilis diagnosis. By ensuring that all pregnant people receive timely syphilis screening during their pregnancy and appropriate treatment if they are diagnosed with syphilis, the rising numbers of congenital syphilis can be turned around.

Healthcare professionals and the public health system play a vital role in identifying people at risk for syphilis and preventing cases of congenital syphilis.

The Centers for Disease Control and Prevention (CDC), the Association of State and Territorial Health Officials (ASTHO), the American College of Obstetricians and Gynecologists (ACOG), the National Coalition of STD Directors (NCSd), the American Academy of Pediatrics (AAP), the American College of Nurse-Midwives (ACNM), the Society for Maternal-Fetal Medicine (SMFM), and the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) recommend screening for syphilis as early as possible in each pregnancy.

While some patients may believe they are not at risk for syphilis and do not understand the benefits of screening, clinicians must emphasize during counseling that screening is recommended, regardless of age, relationship status, sexuality, race, ethnicity, education, or any other sociodemographic factor. Depending on individual risk factors and state guidelines, additional screening may also be recommended or required during the third trimester and/or at delivery. Those at higher risk for acquiring syphilis—pregnant people who have sex with multiple partners, participate in transactional sex, use illicit substances, experience housing insecurity or homelessness, or are incarcerated—may benefit from repeat screening.

ASTHO, ACOG, NCSd, AAP, ACNM, SMFM, and AWHONN strongly encourage state health officials, state STD directors, obstetricians-gynecologists, pediatricians, nurses, nurse-midwives, and maternal fetal medicine specialists to ensure all pregnant people are counseled and offered syphilis screening. Timely and adequate treatment is critical for people who screen positive for syphilis during pregnancy.

The good news is that syphilis is easy to treat when detected. Syphilis can be treated effectively with a penicillin regimen that is both appropriate for the stage of syphilis and initiated 30 days or more before delivery. Pregnant people diagnosed with syphilis should be treated immediately and their sex

partner(s) should also receive treatment to prevent the pregnant person from becoming re-infected and to improve the health of their partner.³ A single injection of long-acting Benzathine penicillin G can cure the early stages of syphilis which includes primary, secondary, or early latent syphilis.⁴ The CDC recommends three doses of long-acting Benzathine penicillin G at weekly intervals for late latent syphilis or latent syphilis of unknown duration.⁵

Syphilis and congenital syphilis rates are increasing at an alarming pace. The public health system and healthcare professionals can work together to counsel, educate, and treat patients appropriately. Syphilis rates are higher than they have been in decades, but we have the tools to change the direction of this epidemic.



¹ CDC – Sexually Transmitted Disease Surveillance 2020. <https://www.cdc.gov/std/statistics/2020/overview.htm#Syphilis>. April 3, 2023.

² Schmidt, R., Carson, P. J., & Jansen, R. J. (2019). Resurgence of Syphilis in the United States: An Assessment of Contributing Factors. *Infectious diseases*, 12, 1178633719883282. <https://doi.org/10.1177/1178633719883282>

³ CDC – Syphilis 2022. <https://www.cdc.gov/nchhstp/pregnancy/effects/syphilis.html#:~:text=Syphilis%20can%20be%20treated%20effectively,syphilis%20should%20be%20treated%20immediately>. April 6, 2023.

⁴ CDC – Syphilis, Sexually Transmitted Infections Treatment Guidelines, 2021. <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>. April 7, 2023.

⁵ CDC – Latent Syphilis, Sexually Transmitted Infections Treatment Guidelines, 2021. <https://www.cdc.gov/std/treatment-guidelines/latent-syphilis.htm>. April 7, 2023.