COMMUNITY HEALTH CARE ASSOCIATION of New York State

Tackling Congenital Syphilis in New York State: Clinical Guidelines, Epidemiology, and Strategies for Elimination

Featuring:

- **Dr. Daniela DiMarco, MD, MPH**
- **Dr. Aarathi Nagaraja**
- **Audrie King**

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Syphilis in Pregnancy and Congenital Syphilis in NYS

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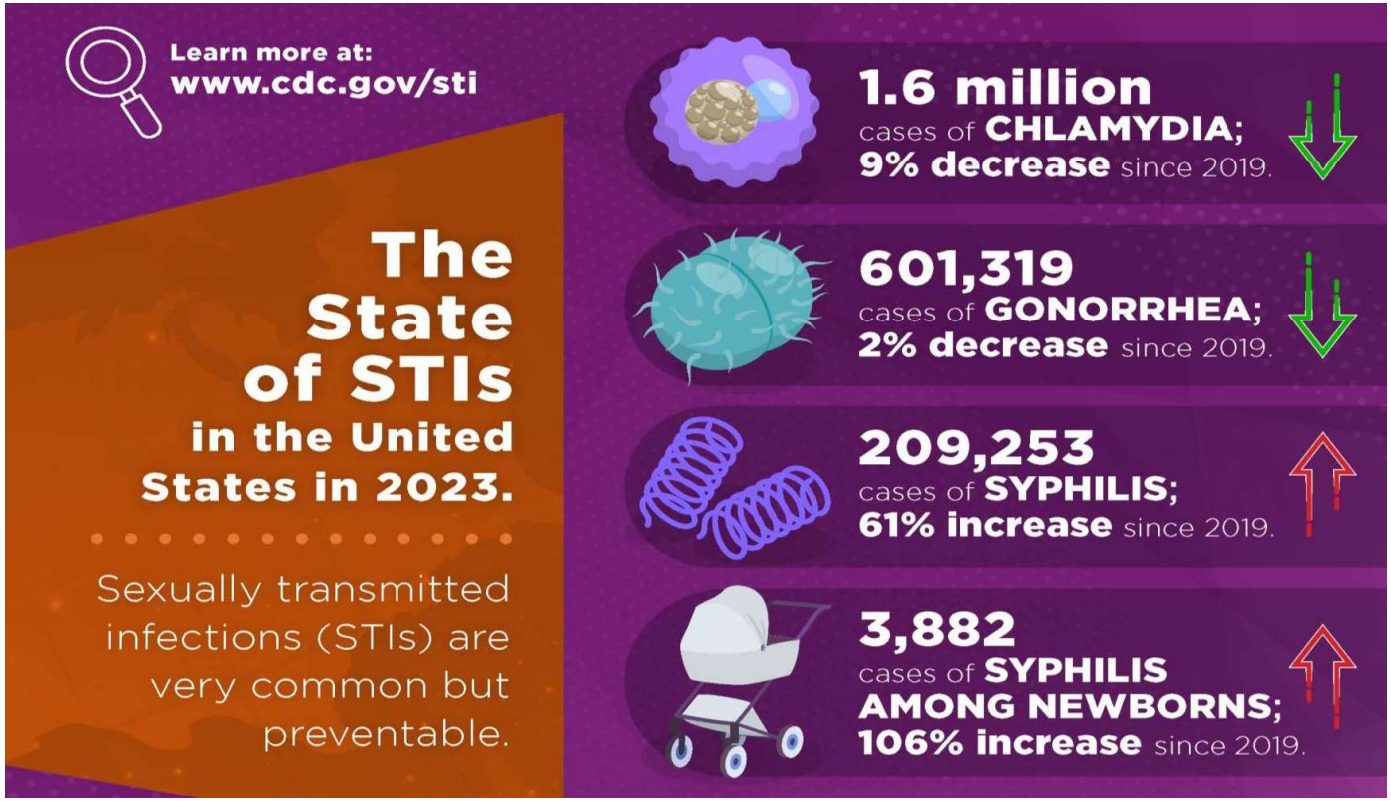
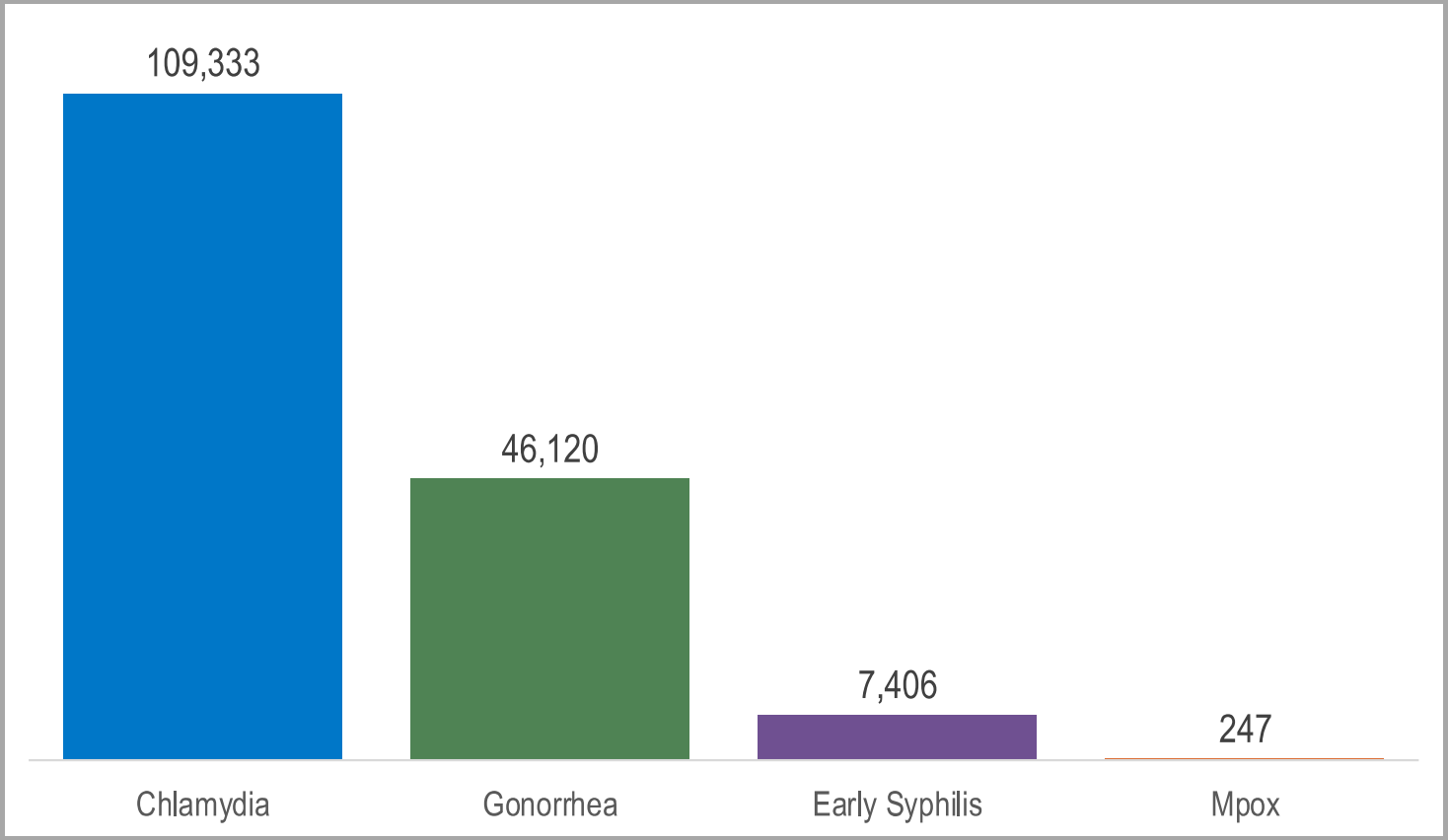
CEI Sexual Health Center of Excellence

National Trends



Sexually Transmitted Infections Surveillance, 2023. CDC, 2024. https://www.cdc.gov/sti-statistics/annual/index.html

In 2023, chlamydia remained the most reported sexually transmitted infection in New York State, followed by gonorrhea and early syphilis.



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Syphilis

Pathogen

- *Treponema pallidum spp. Pallidum;* a spirochete
- Can affect virtually every organ with a myriad of clinical manifestations via local invasion, then dissemination
- Can have long periods of latency
- Maternal fetal transmission → congenital syphilis

Clinical Manifestations

- Primary – chancre
- Secondary – adenopathy, mucocutaneous lesions, alopecia, hepatitis, etc.
- Early or late-latent (asymptomatic)
- Neuro/ocular/otic
- Congenital

Diagnosis

- Serology (algorithms combine treponemal specific and non-specific tests)
- Dark-field microscopy
- Histopathology stains

Treatment

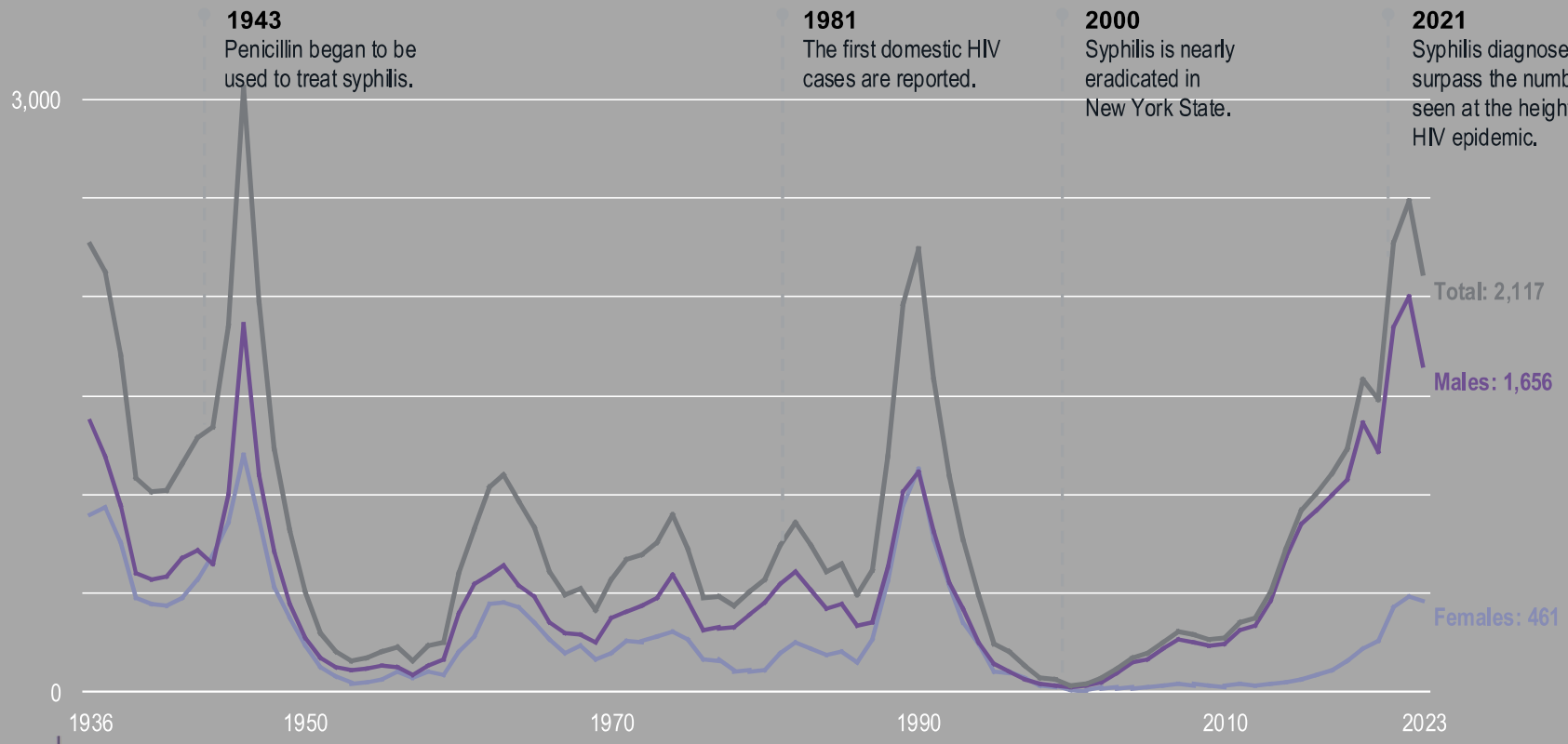
- Long-acting benzathine penicillin
- Intravenous penicillin
- Doxycycline
- Ceftriaxone

Congenital Syphilis

- Occurs when *T. pallidum* is transmitted during pregnancy to the fetus
- May lead to stillbirth, neonatal death, sepsis, deafness and other neurologic impairments, and bone deformities
  - Wide spectrum of severity exists
  - Only severe cases are clinically apparent at birth

After surging for the third time in a century, the number of early syphilis diagnoses decreased in 2023.

Comparison of historic early syphilis diagnoses by sex at birth, New York State (excl. New York City), 1936 – 2023



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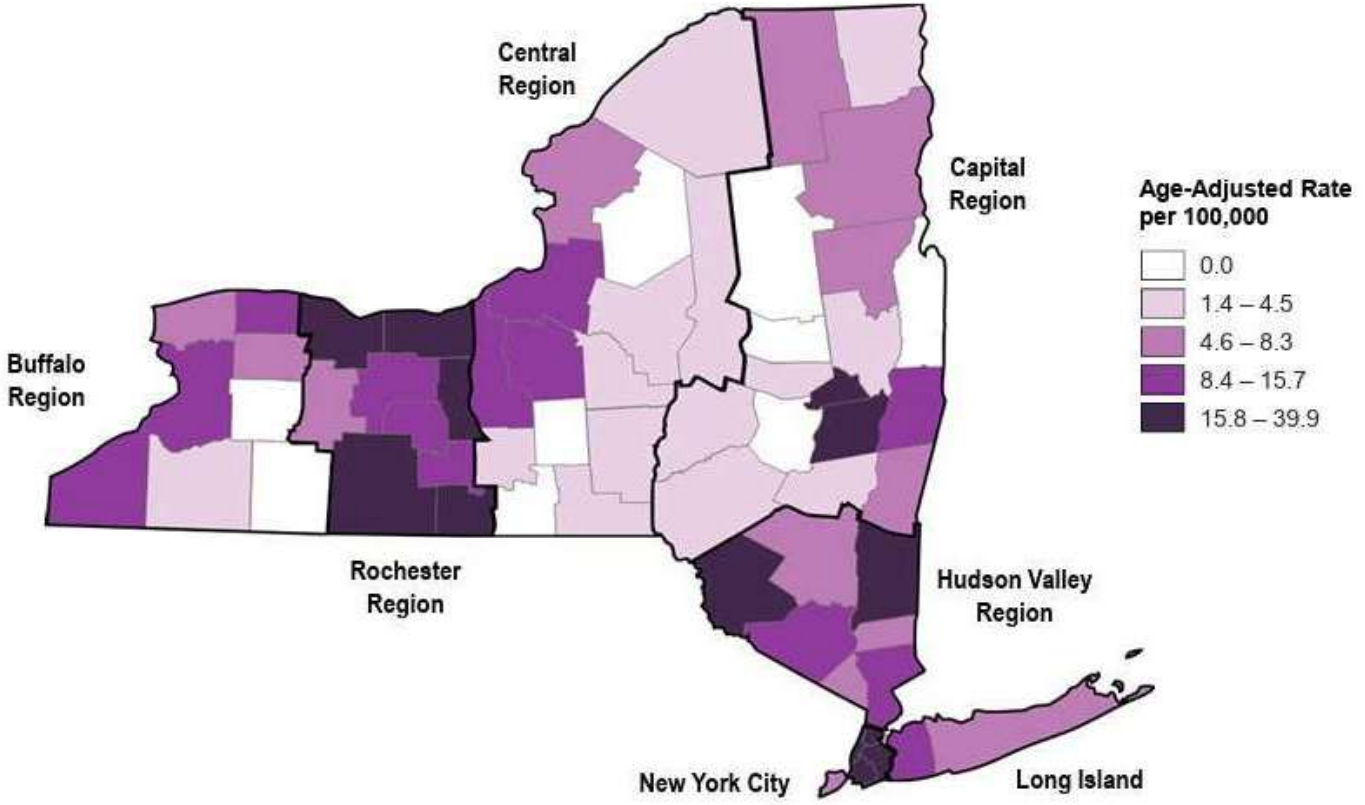
In 2023, primary and secondary syphilis rates were concentrated in the Rochester Region and New York City.



Rates are per 100,000 persons and age-adjusted.

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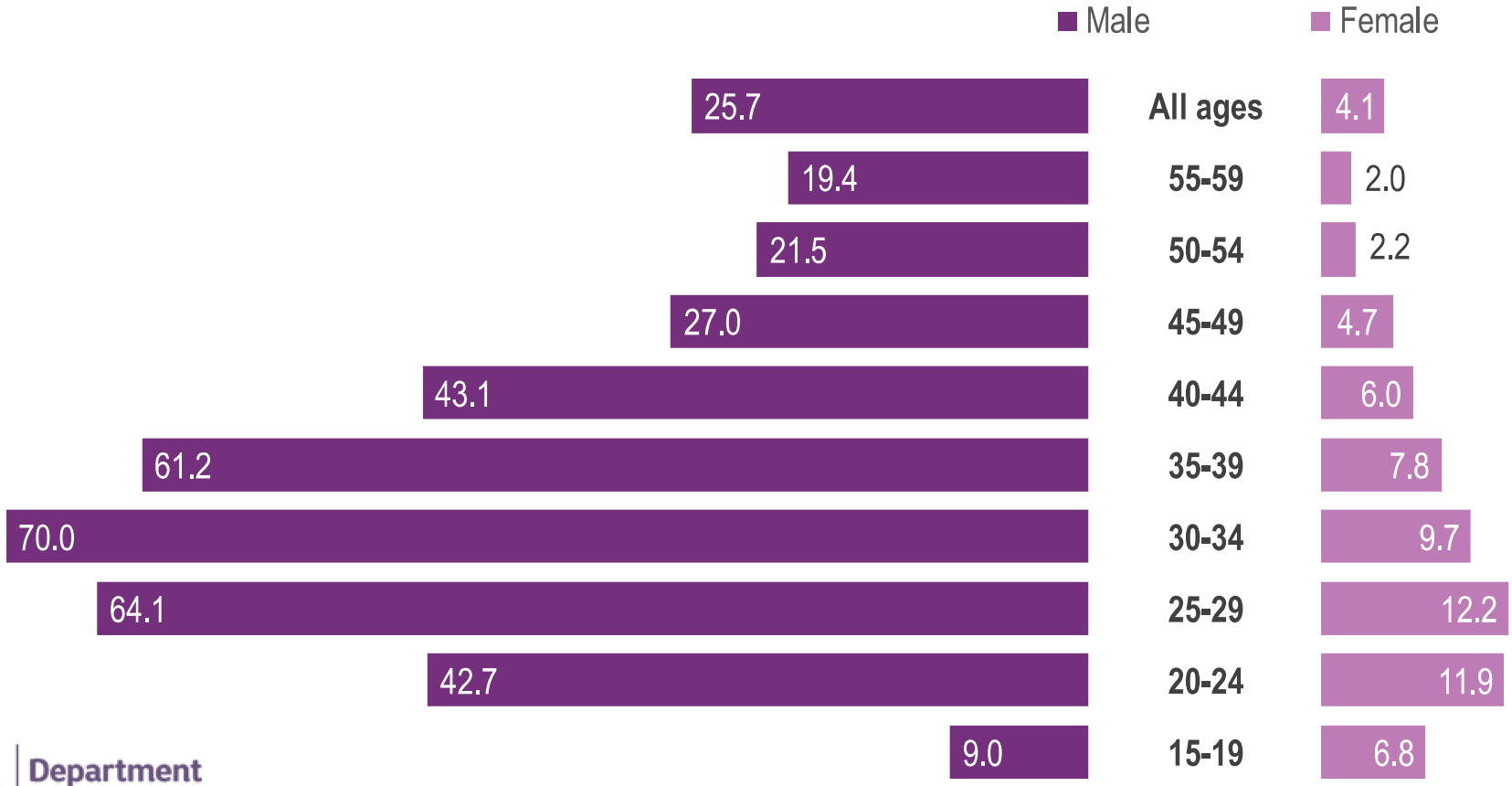
Among males, the highest primary and secondary syphilis rates were in those aged 30-34 years, and among females, rates were highest for those aged 20-29 years.

Primary and secondary syphilis rates by age and sex at birth, New York State, 2023



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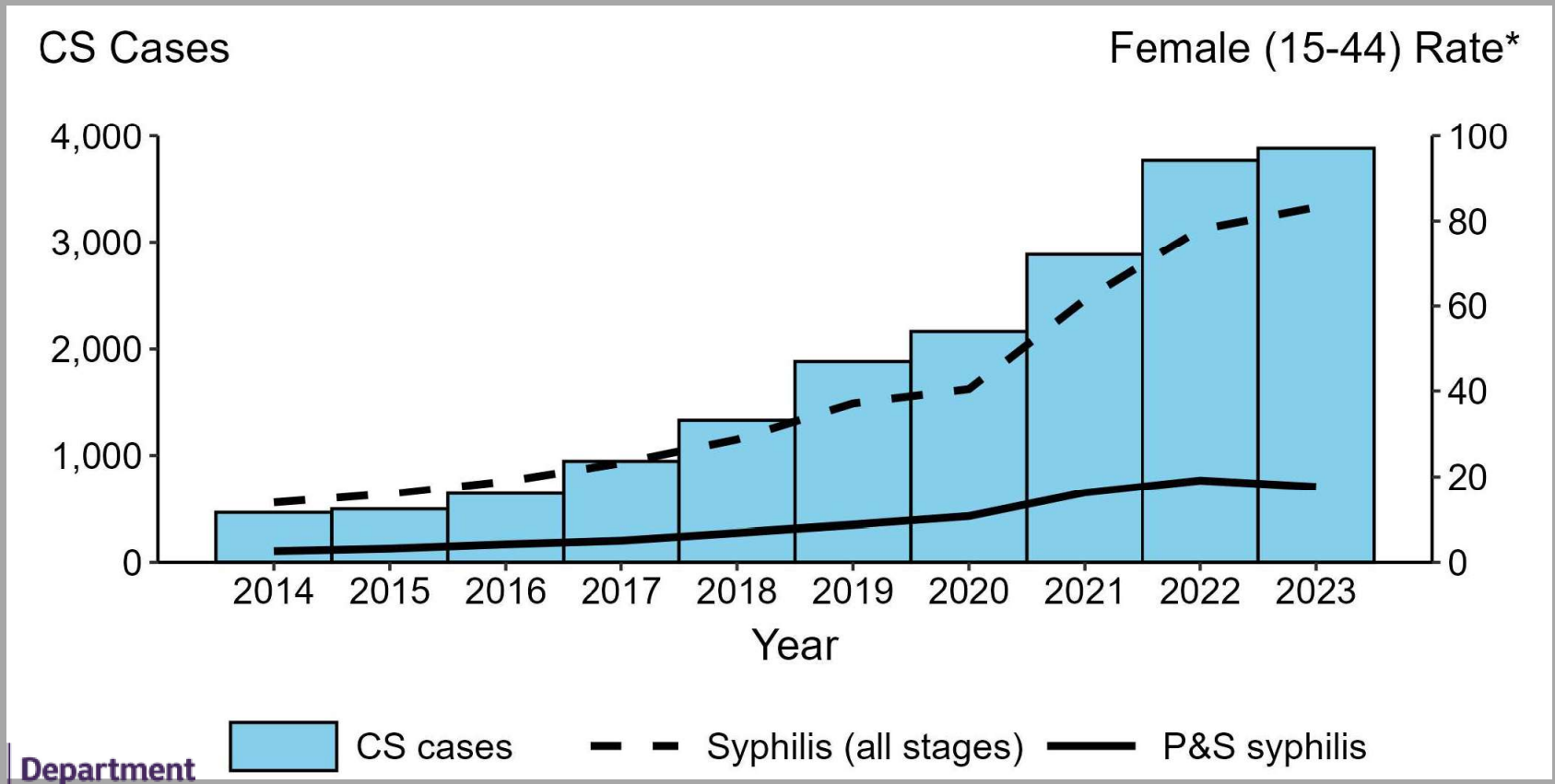
Rates are per 100,000 persons and age-specific except for the "All ages" category, which uses crude rates.

Syphilis National Epidemiologic Trends, 2023

- From 2019 to 2020, **cases of primary and secondary syphilis in women increased exponentially** compared to pre-pandemic numbers
  - Cases since sustained between 25,000-35,000 P&S syphilis annually
- Factors associated with rising cases among women:
  - Substance use (index patient or partner)
  - Overlapping sexual networks

Sexually Transmitted Infections Surveillance, 2023. CDC, 2024. https://www.cdc.gov/sti-statistics/annual/index.html

Nationally, congenital syphilis diagnoses continue to increase.



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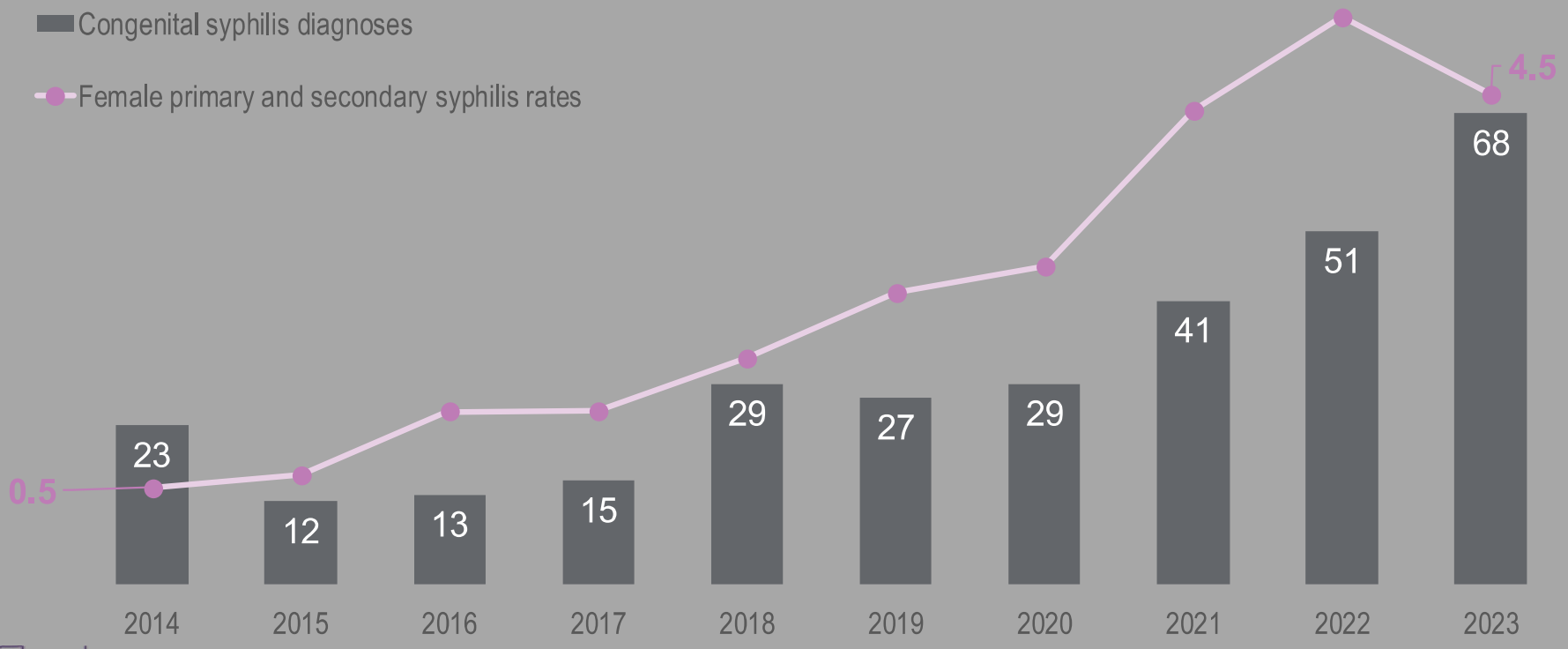
The increase in primary and secondary syphilis rates among females over the past ten years corresponds with the increase in the number of newborns with syphilis (congenital syphilis).

Congenital syphilis diagnoses vs. primary and secondary syphilis rates among females, New York State, 2014– 2023



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Rates are per 100,000 persons and age-adjusted. Includes those assigned female sex at birth.

Clinical Evaluation

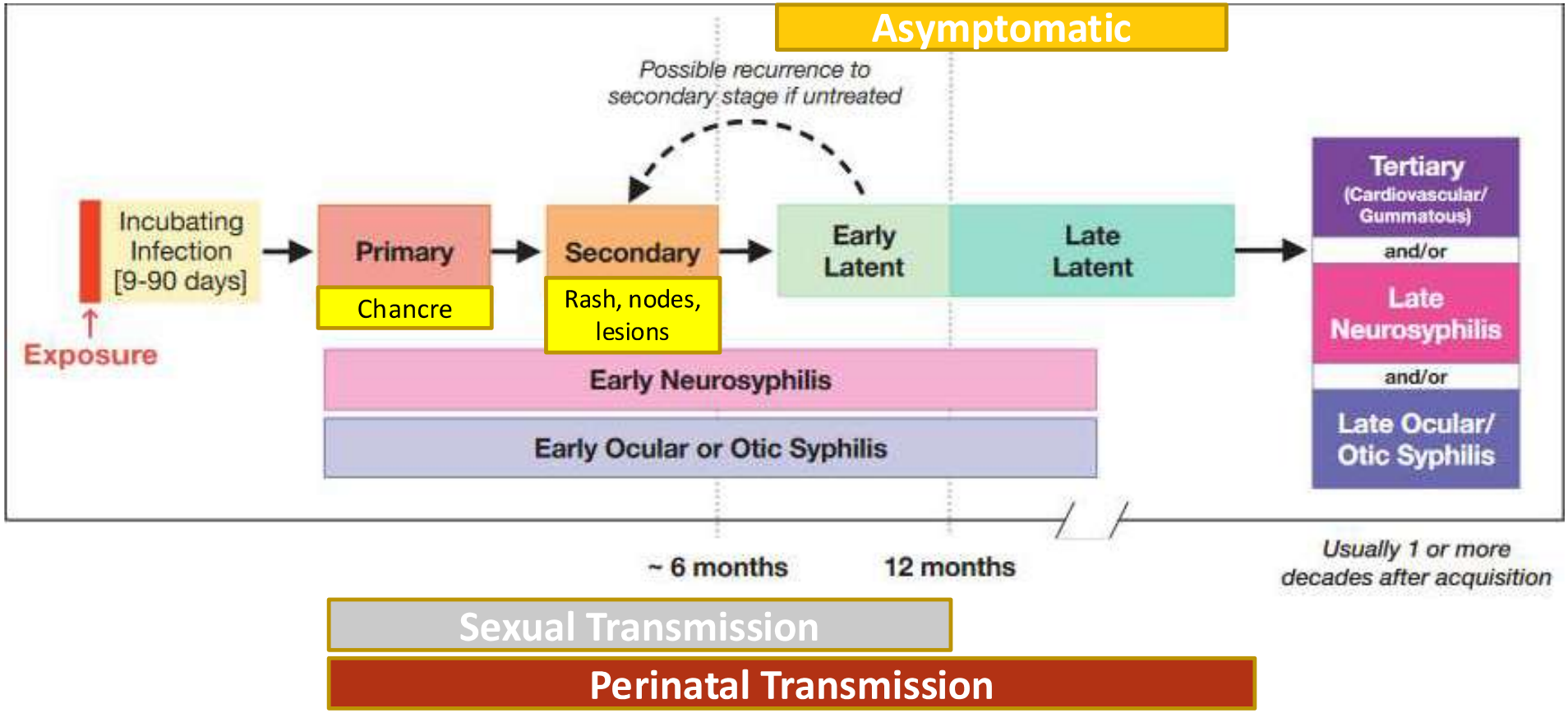
Diagnosis and Testing

Treatment and Follow-Up

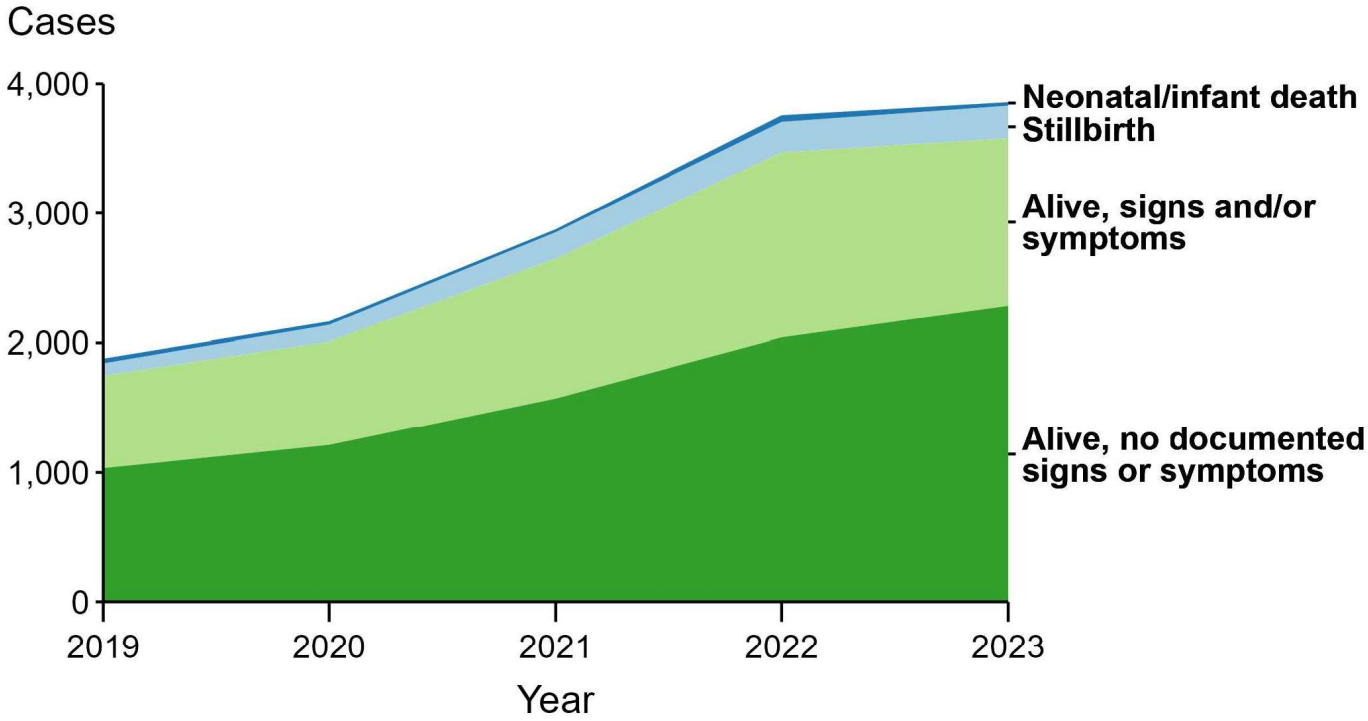
Screening Guidelines in Pregnancy

Source: https://www.nycptc.org/x/Syphilis_Monograph_2019_NYC_PTC_NYC_DOHMH.pdf

Signs & Communicability Vary By Stage



Congenital Syphilis — Reported Cases by Vital Status and Clinical Signs and Symptoms* of Infection and Year, United States, 2019–2023

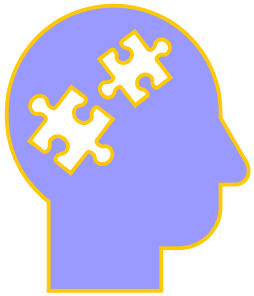


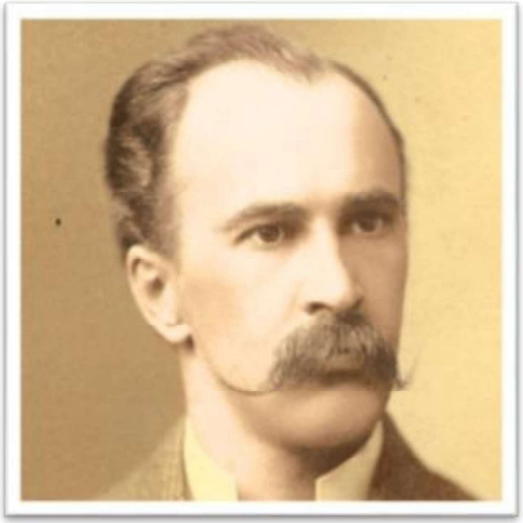
* Neonates/infants with signs and/or symptoms of congenital syphilis (CS) have documentation of at least one of the following: long bone changes consistent with CS, snuffles, condylomata lata, syphilitic skin rash, pseudoparalysis, hepatosplenomegaly, edema, jaundice due to syphilitic hepatitis, reactive CSF-VDRL, elevated CSF WBC or protein values, or evidence of direct detection of *T. pallidum*.

NOTE: Of the 14,579 congenital syphilis cases reported during 2019 to 2023, 53 (0.4%) did not have sufficient information to be categorized.

Syphilis – Unmasking the Diagnosis

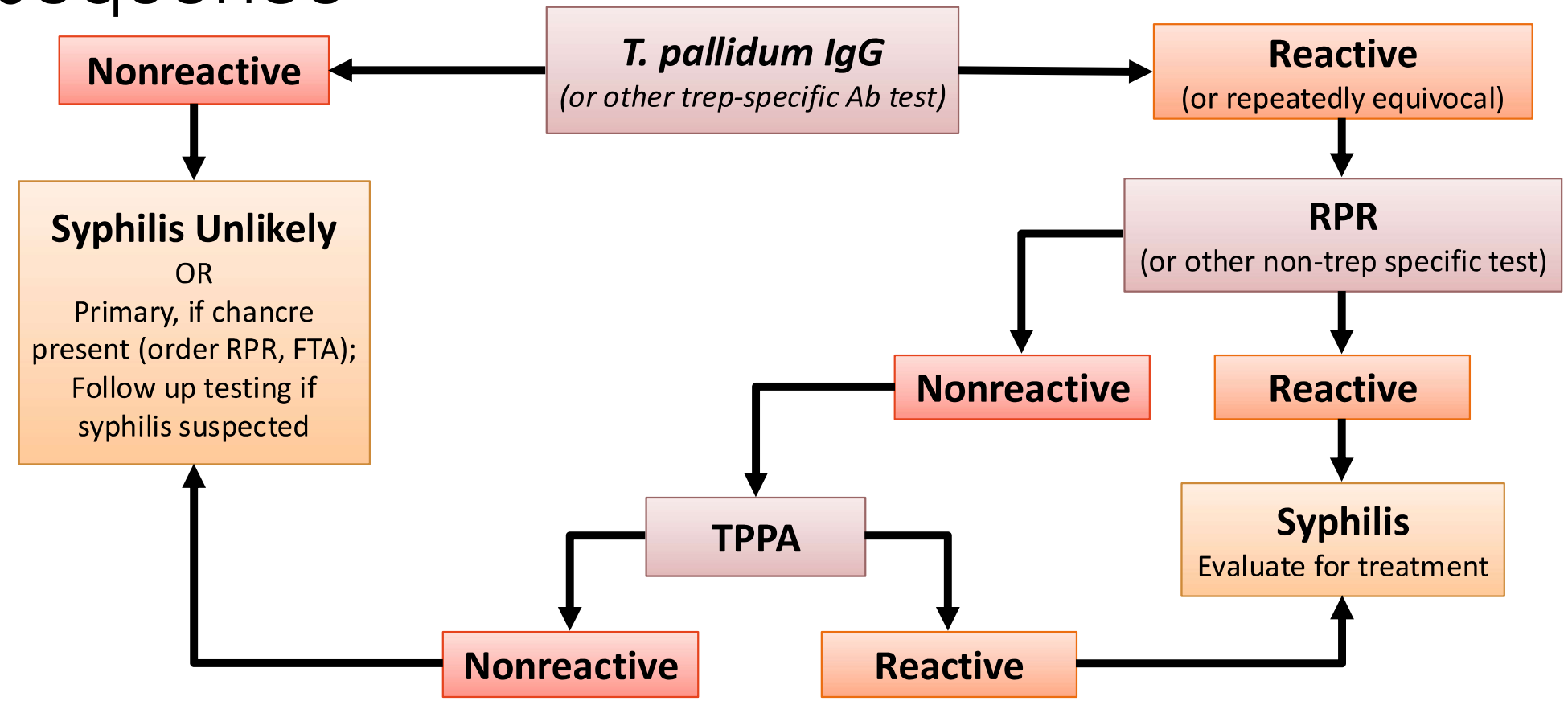
Clinical Presentation + Serologic Testing



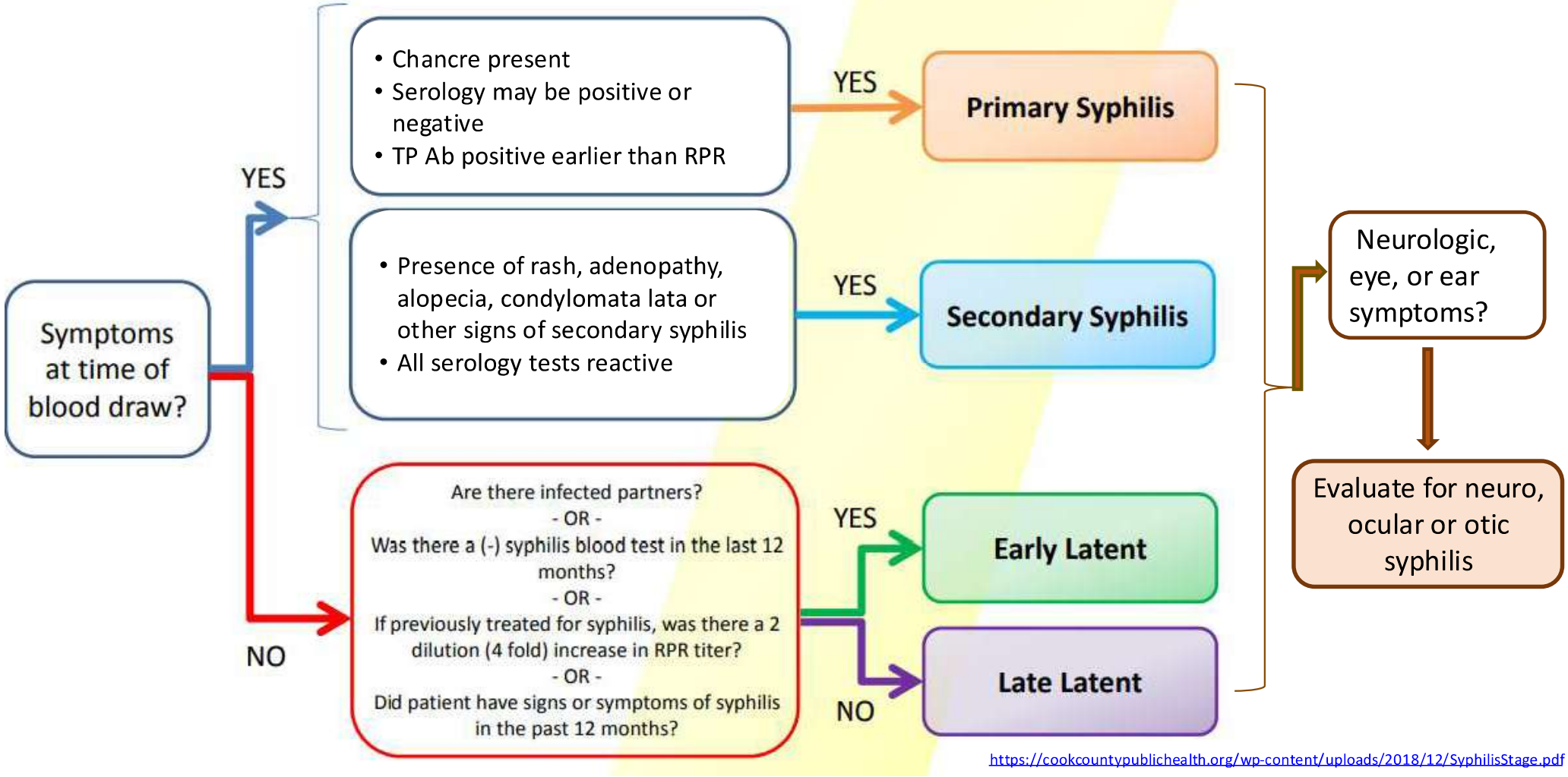


Sir William Osler
Image Credit:
ACPOnline.org

Syphilis Screening Algorithm: Reverse Sequence



Syphilis Staging Algorithm



https://cookcountypublichealth.org/wp-content/uploads/2018/12/SyphilisStage.pdf

Treatment and Follow-Up

The ONLY recommended treatment for syphilis in pregnancy is penicillin

Recommended Treatment of Syphilis **in Pregnancy**

Primary Secondary Early latent	• 2.4 million units IM long-acting benzathine penicillin x1 dose (2 doses if abnormal ultrasound) • Sexual partners need treatment for incubating syphilis, regardless of test results, if last exposure was within 90 days
Late latent Unknown Duration	• 2.4 million units IM long-acting benzathine penicillin weekly for 3 weeks • Sexual partners should be tested, treat if positive; Sexual partners should be tested and treat if positive; for exposure to latent-unknown duration, sex partners should be tested and treated regardless of results if exposed within 90 days
Neurosyphilis Ocular syphilis Otic syphilis	• 18-24 million units per day IV (in divided doses or continuous infusion) penicillin G for 10-14 days • Depending on stage, additional doses of IM benzathine penicillin may be indicated

When treating pregnant patients, provide counseling on signs/symptoms of the Jarisch-Herxheimer reaction

Unique Aspects of Syphilis in Pregnancy

- Any pregnant person seropositive for syphilis is considered currently infected unless there is **clear documentation** of treatment history
- When multi-dose regimen is indicated, **no more than 9 days between benzathine doses**
- Only evidence-based treatment – Penicillin
  - Skin testing vs. desensitization depends on history/severity of allergy
- **Treatment MUST start >30 days prior to delivery** to be adequate to prevent CS in neonate

Workowski KA et al. MMWR 2021. DOI: http://dx.doi.org/10.15585/mmwr.rr7004a1

Managing Syphilis in Pregnancy - CDC Guidelines 2021

- Treatment:
  - Evaluate and treat partners according to stage of index patient and exposure
  - Fetal ultrasound ie.g.,weeks gestation
- When to repeat titers:
  - If treated ≤24 weeks – At least 8 weeks after treatment (e.g. 32 weeks/3rd trimester) and at delivery (unless signs of primary or secondary syphilis)
  - If treated >24 weeks – 3rd trimester (NYS law) and at delivery
- Most will not have a 4-fold decline by delivery, does not indicate treatment failure

Workowski KA et al. MMWR 2021. DOI: http://dx.doi.org/10.15585/mmwr.rr7004a1

CDC Congenital Syphilis Scenarios

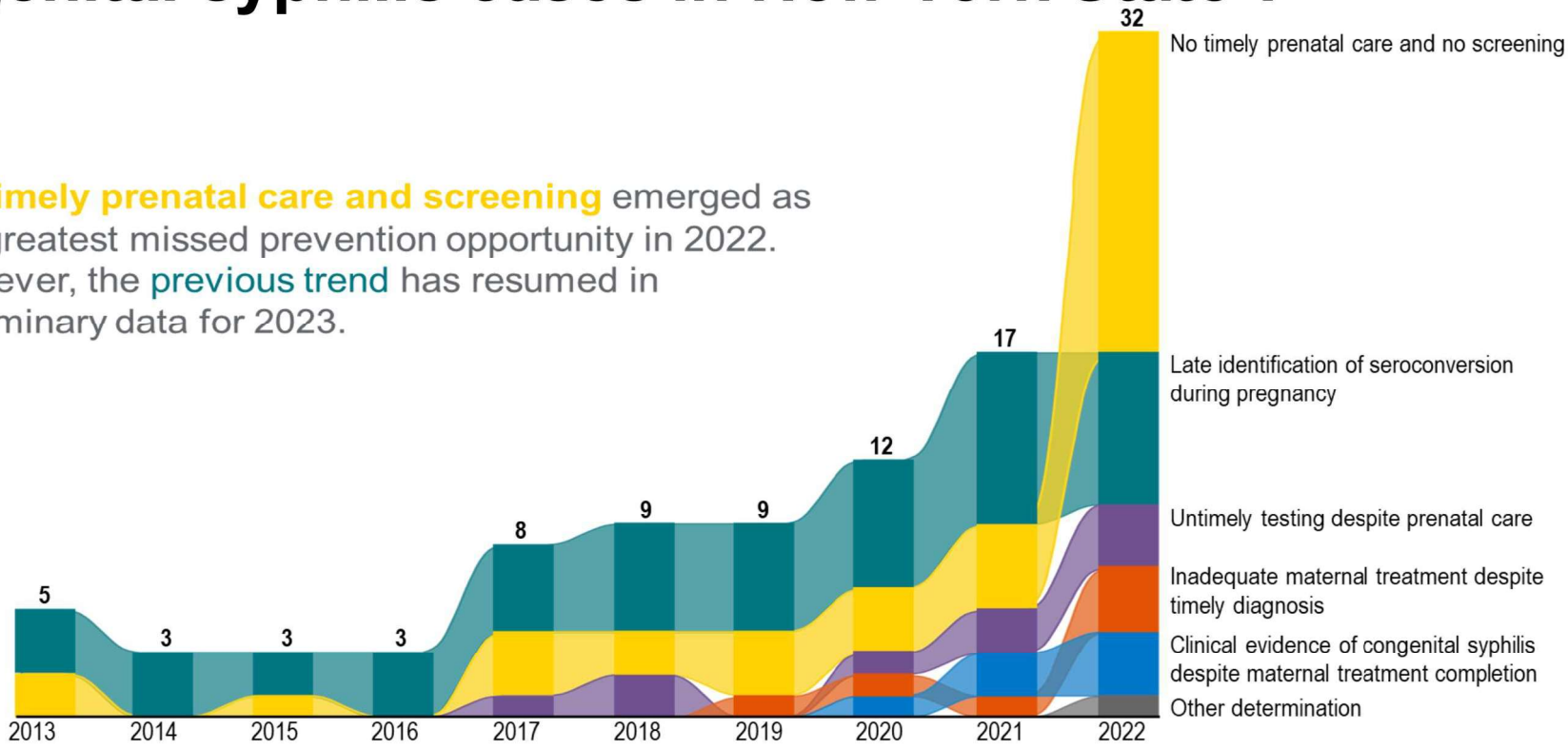
1: Confirmed/Highly Probable	2: Possible (neonatal titer ≤4-fold mom's and normal exam)	3: Less likely (neonatal titer ≤4-fold mom's and normal exam)	4: Unlikely (neonatal titer ≤4-fold mom's and normal exam)
• Abnormal exam, lab, or placental path evidence of CS • Full w/u with LP, CBC, LFTs, long bone films • 10 days IV pen	• Mom not treated or inadequately treated, or treatment start <30 days prior to delivery • Full w/u with LP, CBC, LFTs, long bone films • 10 days IV pen, or single dose BPCN if all w/u normal and follow up is certain	• Mom treated adequately during pregnancy, started ≥30 days prior to delivery, without evidence of re-infection • No workup needed • Single dose BPCN	• Mom treated adequately for syphilis prior to pregnancy, AND remained serofast during pregnancy • No workup needed • No treatment required

Workowski KA et al. MMWR 2021. DOI: http://dx.doi.org/10.15585/mmwr.rr7004a1

Syphilis Screening during Pregnancy

Seroconversion later in pregnancy has been a major missed prevention opportunity among mothers of congenital syphilis cases in New York State*.

No timely prenatal care and screening emerged as the greatest missed prevention opportunity in 2022. However, the previous trend has resumed in preliminary data for 2023.



*Excludes New York City.

Prevent Congenital Syphilis with Timely Screening During Pregnancy

TEST 3 TIMES!

Three Screenings

First pre-natal visit

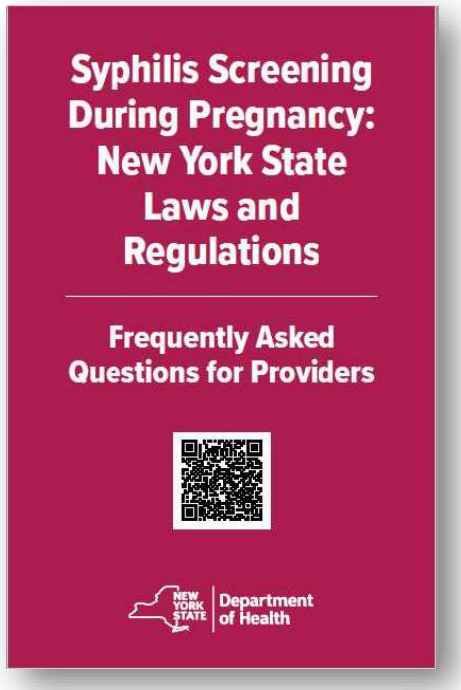
28 weeks (3rd trimester)

At delivery (3rd trimester)

NYS Public Health Law §2308:

Syphilis screening is required at the time of the first exam (e.g. first pre-natal visit)

Effective May 3, 2024, 3rd trimester screening is required for all



https://www.health.ny.gov/diseases/communicable/congenital_syphilis/providers/
https://www.health.ny.gov/publications/21452.pdf

FAQs Now Available!

Syphilis Screening Recommendations – Non-Pregnant Adults and Adolescents

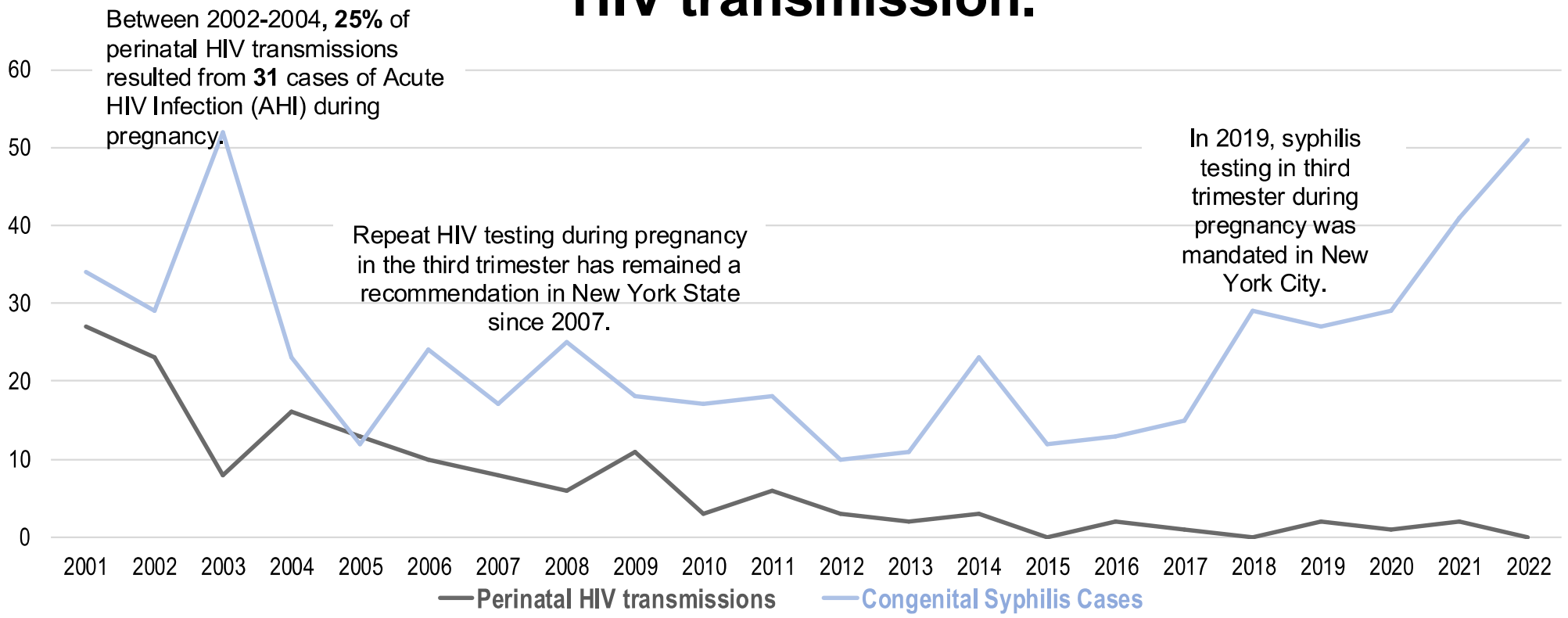
Population	Recommendation	Grade
Asymptomatic, nonpregnant adolescents and adults who are at increased risk for syphilis infection	The USPSTF recommends screening for syphilis infection in persons who are at increased risk for infection.	A

Community prevalence/incidence
AMAB with AMAB sex partners
Persons with HIV
Anonymous partners
Sex with drug use
Transactional sex

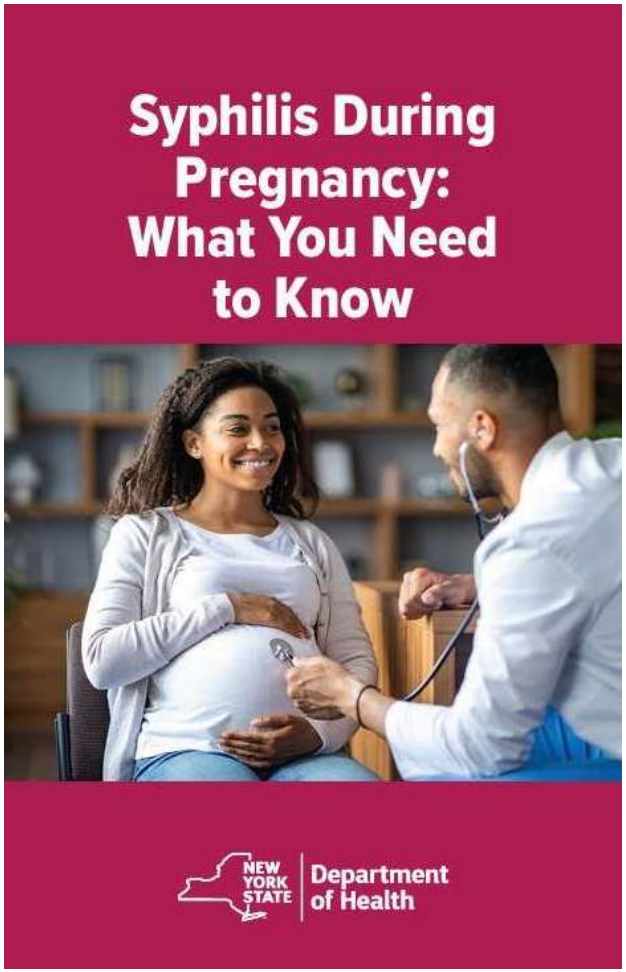
Multiple partners
Substance use
Incarceration
Unstable housing
Military service

USPSTF. JAMA. 2022. doi:10.1001/jama.2022.15322

New York State has been successful in eliminating perinatal HIV transmission.



We must dedicate the same resources & lessons learned from eliminating perinatal HIV transmission to eliminate congenital syphilis



https://www.health.ny.gov/publications/21454.pdf

CDC Printable Infographic: https://www.cdc.gov/sti/php/communication-resources/syphilis-prenatal-screening-protect-your-baby.html

The New York State Department of Health Congenital Syphilis Response Team is working with birthing hospitals

- The first-ever Congenital Syphilis Sentinel Event Letters went out starting the end of June of 2023

- All birthing hospitals in which a congenital syphilis case was reported in 2023 have been notified with recommended action to conduct a root cause analysis.

NEW YORK STATE OF OPPORTUNITY. Department of Health

KATHY HOCHUL, Governor | JAMES V. McDONALD, M.D., M.P.H., Commissioner | MEGAN E. BALDWIN, Acting Executive Deputy Commissioner

[redacted]

Regarding: Congenial Syphilis Occurrence [redacted]

[redacted]

With the sustained increases in syphilis and congenital syphilis nationally and in New York State (NYS), a top priority of the AIDS Institute is to stem the increasing tide of congenital syphilis. In support of this effort, the AIDS Institute plans to partner with facilities around the state where a case of congenital syphilis has been reported to facilitate sustained, consistent, equitable, and timely access to care for impacted families and communities.

Untreated syphilis during pregnancy resulting in a case of congenital syphilis is a sentinel event – a serious, preventable patient safety or clinical occurrence that may result in devastating health outcomes, including syphilitic stillbirth, neonatal death, or severe or permanent harm. The New York State Department of Health (NYSDOH) responds to these sentinel events with timely investigation/review and has issued several Health Advisories[1] and a Dear Provider Letter regarding significant increases in syphilis, including alarming increases in congenital syphilis. The NYSDOH investigations of congenital syphilis cases are conducted to identify systems, processes, and conditions which caused and/or contributed to the resultant outcome. These investigations/reviews are conducted under the NYSDOH's authority pursuant to Public Health Law (PHL) Article 21 and 10 NYCRR Part 2 as part of public health surveillance, epidemiologic and patient follow-up. Subsequent recommendations and corrective action, if indicated, may be issued by the NYSDOH.

As part of the forementioned review, three recent congenital syphilis cases were identified from your facility. Information on these cases is provided in Attachment A. The NYSDOH recommends that your facility, in collaboration with staff from the ambulatory and inpatient settings involved in the care of the affected person and/or family, perform a root cause analysis (RCA). RCA findings should be disseminated as appropriate. The RCA should guide the development, implementation, and evaluation of actions taken by your facility to reduce the risk of congenital syphilis.

CEI Congenital Syphilis Prevention Program

Program Objectives:

Congenital syphilis clinical case reviews and follow up
Provide recommendations to DIS and clinical providers
Case Conferencing (internal and with Stakeholders)
Provide training opportunities

Team:

Marguerite Urban, MD
Geoff Weinberg, MD
Melinda Godfrey, FNP-C
Daniela DiMarco, MD, MPH

CEI Congenital Syphilis Prevention Program

Screening for STIs, HIV, and Hepatitis B/C during Pregnancy in NYS

Infection	1st Prenatal Visit	3rd Trimester	Delivery	Screening Test
Syphilis^	Everyone	Everyone	Everyone	Syphilis Serology
Gonorrhea*	If <25, or ≥25 at risk	If at risk	N/A	GC NAAT
Chlamydia*	If <25, or ≥25 at risk	If <25, or ≥25 at risk	N/A	CT NAAT
HIV	Everyone	Everyone	If not tested during this pregnancy or at risk	HIV-1/2 Ab/Ag
Hepatitis B^	Everyone	N/A	If not tested during this pregnancy or at risk	HBsAg
Hepatitis C^	Everyone	If not tested during this pregnancy or at risk	If not tested during this pregnancy or at risk	HCV Ab with reflex to HCV RNA

^Testing mandated by NYS Public Health Law.
*Repeat screen 3 months after treatment of documented gonorrhea or chlamydia infection during pregnancy.

Risk factors for STI/HIV and hepatitis B and C may include: History or current diagnosis of an STI; new partner(s); pregnant person or partner with multiple partners; sex partner with an STI; condomless sex not in a tested negative mutually monogamous relationship; transactional sex; history of incarceration; pregnant person or partner with injection drug use; high incidence/prevalence setting.

Compiled from NYS, USPSTF, and CDC screening guidelines and NYS public health laws and regulations.

CEI line information: 1-866-637-2342

Press 6, then Press 1 to speak with a pediatric ID specialist about syphilis in newborns
Press 6, then Press 2 to speak with an adult ID specialist about syphilis, syphilis in pregnancy, and other STI related questions

Prevent Congenital Syphilis with Timely Screening, Diagnosis, and Treatment during Pregnancy

1. TEST*

Test all patients at the first prenatal visit, the third trimester, and at delivery

Use a combination of treponemal specific (e.g. EIA, TPPA) and non-specific tests (e.g. RPR), or a high clinical index of suspicion for primary syphilis, to make the diagnosis

2. STAGE

Primary: Chancre

Secondary: Rash, alopecia, adenopathy, condylomata lata, and/or other mucocutaneous findings

Early-Latent: Asymptomatic, and infection occurred within one year of diagnosis

Late-Latent or Unknown: Asymptomatic, and infection occurred over one year ago or duration is unknown

Neurosyphilis can occur at any stage

3. TREAT

Primary, Secondary & Early-Latent: Benzathine penicillin G 2.4 million units IM, single dose

Late-Latent or Unknown Duration: Benzathine penicillin G 2.4 million units IM weekly for 3 weeks.

Neurosyphilis: Aqueous penicillin G, 3-4 million units IV every 4 hours for 10-14 days

4. MONITOR*

If treatment ≤ 24 weeks gestation: Repeat syphilis titer 8 weeks after treatment, at the third trimester, and at delivery

If treatment > 24 weeks gestation: Repeat testing at the third trimester and at delivery

Test sooner if concern for reinfection or treatment failure

Titers can fluctuate in pregnancy (4-fold decline may not be seen prior to delivery); a rising titer should be confirmed with repeat testing 2 weeks later

Special Considerations in Pregnancy

When syphilis is diagnosed in the second half of pregnancy: obtain a fetal ultrasound to evaluate for congenital syphilis and provide counseling on the Jarisch-Herxheimer reaction.

Consider more frequent screening based on patient/partner factors including: Multiple partners, sex in combination with drug use or transactional sex, late to or lack of prenatal care, methamphetamine or heroin use, incarceration, and unstable housing.

CEI Congenital Syphilis Prevention Program

*NYS law requires testing for syphilis at the first prenatal visit, the third trimester, and at delivery even if other syphilis monitoring tests are performed during pregnancy.

Resources

Sexual Health: HIV and STIs

Shared Learning for HIV & STI Prevention

https://www.urccp.org/index.cfm?Page=PrEPing-For-Prevention

https://www.cdc.gov/std/treatment-guidelines/

CLINICAL GUIDELINES PROGRAM

https://www.hivguidelines.org/

CDC Sexually Transmitted Infections (STIs)

2023 STI Surveillance Report

https://www.cdc.gov/sti-statistics/annual/index.html

NEW YORK STATE Department of Health AIDS Institute

https://www.health.ny.gov/diseases/aids/general/statistics/

QUESTIONS?

Contact us!

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585-274-3045

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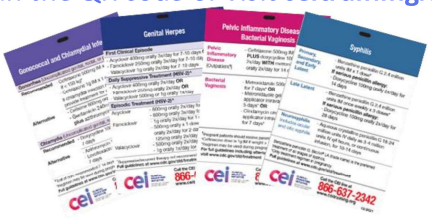
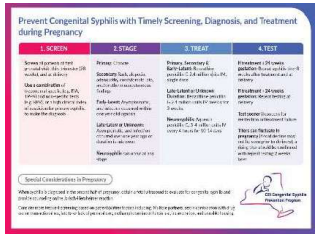
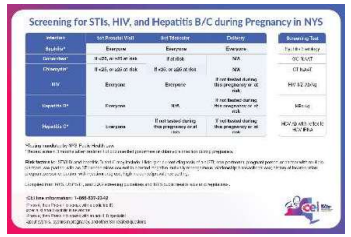
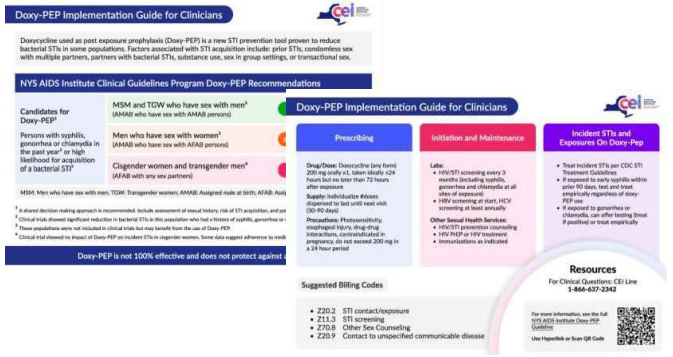








Polling Questions:

1) Were you aware of rising cases of congenital syphilis before this presentation
    1. Not at all familiar
    2. Slightly familiar
    3. Somewhat familiar
    4. Moderately familiar
    5. Extremely familiar
2) Were you aware of third trimester testing mandate.
    1. Not at all familiar
    2. Slightly familiar
    3. Somewhat familiar
    4. Moderately familiar
    5. Extremely familiar

3) Is third trimester screening happening in organizations
    1. Never used
    2. Almost never
    3. Occasionally/Sometimes
    4. Frequently used
    5. Almost every time

4) Most frequently encountered barriers to providing syphilis treatment – open text and then run the poll or incorporate the barrier
Barriers: access to testing, access to treatment, limited understanding of interpretation of test results, timely available of medications on site. social determinants such as transportation, mental health, substance use, working phone numbers.
    1. Not a barrier
    2. Somewhat of a barrier
    3. Moderate barrier
    4. Extreme barrier

5) Write in strategies to overcome barriers.

CONGENITAL SYPHILIS STRATEGIC PLANNING GROUP

FRAMEWORK AND RECOMMENDATIONS

Presenter 1

Dr. Aarathi Nagaraja

Co-Chair Congenital Syphilis Elimination

Strategic Planning Group

Presenter 2

Audrie King

Co-chair of Congenital Syphilis Elimination

Strategic Planning Group

PRESENTATION OUTLINE

- Background information on the Congenital Syphilis Elimination Strategic Planning Group (The Group):
  - Convening of The Group
  - Mission, Vision, and Goals of The Group
- Congenital Syphilis Elimination Framework Layout
- Clinical/Prescribing Provider Recommendations
- Discussion/Questions

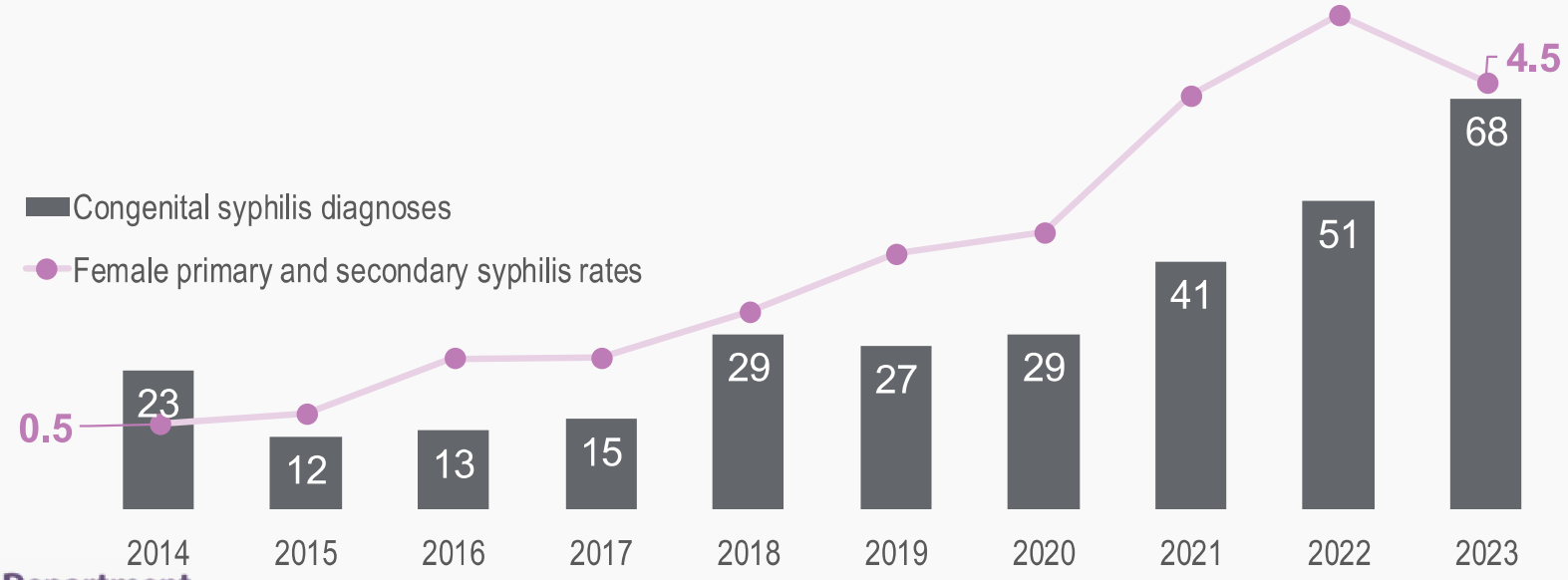
NEW YORK STATE | Department of Health

THE NEED FOR A CONGENITAL SYPHILIS ELIMINATION STRATEGIC PLANNING GROUP

In 2023, the AIDS Institute, in partnership with the New York City Department of Health and Mental Hygiene, convened the first-ever Congenital Syphilis Elimination Strategic Planning Group.

The need was based on the growing rate of congenital syphilis in New York State from 2013-2021 which, unfortunately, has only worsened since that time.

Congenital syphilis diagnoses vs. primary and secondary syphilis rates among females, New York State, 2014– 2023



NEW YORK STATE | Department of Health

Rates are per 100,000 persons and age-adjusted. Includes individuals reported as female and does not reflect gender identity.

What is

"The Group"

Mission: To implement a coordinated, comprehensive Framework.

Vision: A state where congenital syphilis has been eliminated, where persons of childbearing capacity and their sexual partners have access to services that are free from stigma.

Goals:

1. Finalize a **comprehensive framework**
2. Participate in subgroups developed from the focus area
3. Develop strategies toward implementing each recommendation

NEW YORK STATE | Department of Health

PRIORITY RECOMMENDATIONS

CSER: CONGENTIAL SYPHLIS ELIMINATION RECOMMENDATION

CSER 1

Expand access points and integrate syphilis testing into existing sites and settings

CSER 2

Create congenital syphilis education messaging for patient, their partners, and the public

CSER 3

Partner with multi-specialty professional medical societies to increase education about syphilis and congenital syphilis

CSER 4

Promote provider and healthcare system awareness and compliance with the third-trimester syphilis screening mandate

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PRIORITY RECOMMENDATIONS

CSER: CONGENTIAL SYPHLIS ELIMINATION RECOMMENDATION

CSER 5

Enable real-time access to all syphilis records to ensure timely diagnosis and treatment across New York State jurisdictions through the creation of statewide surveillance registry

CSER 6

Create a positive syphilis testing alert system within hospitals or birthing centers.

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GENERAL RECOMMENDATIONS

CSER: CONGENTIAL SYPHLIS ELIMINATION RECOMMENDATION

CSER 7

Expedite syphilis testing at delivery and require documentation of prenatal syphilis screening.

CSER 8

Ensure there is a comprehensive sexual health approach to increase screening and awareness of syphilis regardless of a patient entry point into care and/or their risk factors

CSER 9

Utilize a medical home model to improve syphilis treatment efforts for pregnant people

CSER 10

Ensure access to syphilis treatment

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GENERAL RECOMMENDATIONS

CSER: CONGENTIAL SYPHLIS ELIMINATION RECOMMENDATION

CSER 11

Use syphilis field testing and treatment services for sexual partners.

CSER 12

Ensure better linkages between health departments and health systems to track pediatric populations impacted by congenital syphilis by use of a surveillance registry

CSER 13

Utilize specialized disease intervention specialists or congenital syphilis investigators

CSER 14

Develop a community advisory board focused on preventing congenital syphilis

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GENERAL RECOMMENDATIONS

CSER: CONGENTIAL SYPHLIS ELIMINATION RECOMMENDATION

CSER 15

Increase syphilis data sharing with the community

CSER 16

Create a congenital syphilis screening quality measure for health systems

CSER 17

Improve communication of syphilis test results between laboratories and health departments

CSER 18

Implement point-of-care syphilis testing

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GENERAL RECOMMENDATIONS

CSER: CONGENTIAL SYPHLIS ELIMINATION RECOMMENDATION

CSER 19

Identify and leverage statewide funding to increase syphilis testing

CSER 20

Increase research and publications on syphilis and congenital syphilis by developing partnerships with statewide health organizations

CSER 21

Increase funding for staff dedicated to syphilis-related research

CSER 22

Conduct focus groups for providers working with populations impacted by syphilis and congenital syphilis

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GENERAL RECOMMENDATIONS

CSER: CONGENTIAL SYPHLIS ELIMINATION RECOMMENDATION

CSER 23

Create an ongoing interdisciplinary syphilis workgroup

CSER 24

Require laboratory reflex testing for initial syphilis tests, and universal standardization of syphilis screening algorithm during pregnancy

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Feedback on the recommendations

- Overall thoughts on the recommendations
- Challenges you foresee
- Can you envision agencies taking on some of these recommendations.
- Are there any best practices and recommendations we can share with each other today

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Community forums

We invite you to register below for the discussion forum that best reflects you and/or your agency's interests.

Area of expertise and/or interest	Clinical Providers	Non-Clinical Providers	Public Sector	Medical Societies & Guidance Communities	Private Sector	Clinical & Non-Clinical Providers
Date:	**April 7**	**May 19**	**June 25**	**August 6**	**September 29**	**October 29**
Time:	**10:30am – 12:00pm**	**10:30am – 12:00pm**	**1:00pm – 2:30pm**	**10:30am – 12:00pm**	**1:00pm – 2:30pm**	**1:00pm – 2:30pm**

Registration link for forums

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THANK YOU FOR YOUR TIME

FOR QUESTION REGARDING THIS WORK CAN BE DIRECTED

VIA EMAIL STDC@HEALTH.NY.GOV

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Thank you!

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