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GAVIN NEWSOM
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Health Alert: Increasing Cases of Congenital Syphilis and Syphilis Among Females in the Central Coast Region of California

Dear Colleague:

Recent California surveillance data suggests an alarming increase in congenital syphilis (CS) and syphilis among females of childbearing age in counties in the central coast region of California.ⁱ Central coast region cases increased by 31 percent for CS and 49 percent for syphilis among people who could become pregnant from 2020 through 2021. These trends continued into 2022 and echo concerning statewide findings: reported CS cases in California increased 1360% from 33 cases in 2012 to 483 cases in 2020. Many CS cases in California have occurred among infants whose birthing parents report: receiving late or no prenatal care, using methamphetamine and injection drugs, experiencing homelessness or unstable housing, and/or having been incarcerated within the prior 12 months. The purpose of this health alert is to draw attention to the recent increases in CS and early syphilis cases among females of childbearing age in the central coast region, and to suggest strategies for decreasing such cases moving forward.



The California Department of Public Health (CDPH) STD Control Branch (STDCB) released [Expanded Syphilis Screening Guidelines for the Prevention of Congenital Syphilis](#) in December of 2020. These recommendations aim to increase syphilis detection and allow timely treatment among people who are or could become pregnant. The ultimate goal is to prevent the devastating consequences of CS.

Within the expanded syphilis screening guidelines, CDPH recommends that:

- 1) All pregnant patients should be screened for syphilis at least twice during pregnancy: once at either confirmation of pregnancy or at the first prenatal encounter (ideally during the first trimester) – and again during the third trimester (ideally between 28-32 weeks' gestation), regardless of whether such testing was performed during the first two trimesters.
- 2) Patients should be screened for syphilis at delivery, except those at low riskⁱⁱ who have a documented negative screen in the third trimester.

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- 3) Emergency department (ED) providers in local health jurisdictions with high-CS morbidityⁱⁱⁱ should consider confirming the syphilis status of all pregnant patients prior to discharge, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable.
- 4) All people who are or could become pregnant entering an adult correctional facility located in a local health jurisdiction with high-CS morbidityⁱⁱⁱ should be screened for syphilis at intake, or as close to intake as feasible.
- 5) All sexually active people who could become pregnant should receive at least one lifetime screen for syphilis, with additional screening for those at increased risk.
- 6) All sexually active people who could become pregnant should be screened for syphilis at the time of each HIV test.

In accordance with these screening guidelines and in response to the increasing number of CS cases in the central coast region of California, CDPH supports efforts to expand syphilis screening and treatment including but not limited to the following:

- Use opt-out strategies when offering syphilis screening
- Offer syphilis screening to all individuals at the time of pregnancy diagnosis
- Perform pregnancy testing for any person who tests positive for syphilis and could be pregnant
- Incorporate syphilis screening into routine emergency department care for all patients who are pregnant
- Use rapid syphilis screening tests to screen all incarcerated persons at the time of intake or as close to intake as possible
- Offer rapid syphilis screening at locations frequented by people who inject drugs, including drug treatment and syringe service programs
- Include rapid syphilis screening as part of street medicine, homeless outreach programs, WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) or food pantries, or other similar social support services.
- Continue to screen men for syphilis per [CDC](#) and [CDPH STD Control Branch screening recommendations](#),^{iv} including in any of the settings described above

To ensure appropriate treatment of all individuals diagnosed with syphilis, the CDPH STDCB also encourages the following:

- Empirically treat persons who have a preliminary positive treponemal or non-treponemal syphilis test while awaiting confirmatory testing, especially if patient follow-up is uncertain
- Arrange field delivery of syphilis treatment (i.e., benzathine penicillin G or Bicillin L-A) where necessary to reach patients with syphilis who have difficulty accessing routine healthcare services

Additionally, since syphilis can be challenging to recognize or adequately treat, providers should reinforce their knowledge of the [clinical presentation and treatment of syphilis](#), including via the [National STD Curriculum](#), or via [virtual syphilis training videos](#) available from the California Prevention Training Center

STD programs and providers in the central coast region of California are encouraged to enact as many of the above recommendations as possible, as we work together to find creative solutions aimed at reversing the concerning trajectory of increasing CS and syphilis. As a reminder, always report all suspected or confirmed cases of syphilis (including pregnancy status) to your local health department, who can also provide information on prior syphilis serologies/treatment, notify partners, find patients who are lost to follow-up, and provide access to syphilis treatment.

Sincerely,



Kathy Jacobson, MD

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Footnotes:

ⁱ The central coast region of California is depicted on the map above and includes the following counties: Monterey, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura.

ⁱⁱ Syphilis among mothers of infants with CS has been associated with the following: recreational drug use, especially methamphetamine use, homelessness or unstable housing, limited or no prenatal care, incarceration within the prior 12 months, and/or having a partner who is incarcerated, among other factors. For a full set of risk factors, see Table 2 in the [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: Guidelines for California Medical Providers 2020](#).

ⁱⁱⁱ CDPH defines local health jurisdictions with high-CS morbidity as those with a rate greater than 8.4 cases per 100,000 live births for any of the past three consecutive years. This “threshold” reflects the national rate of CS in 2012, prior to recent increases in California and the United States, when California’s CS rate was below that of the national rate. As of 2020, all Central Coast region counties, with the exception of San Luis Obispo, meet the criteria for having high-CS morbidity.

^{iv} Current Centers for Disease Control and Prevention and California Department of Public Health syphilis screening guidelines include: screening asymptomatic adults at increased risk (e.g., history of incarceration or commercial sex work, being a male younger than 29) and at least annual screening for sexually active men who have sex with men (MSM) and persons living with HIV, with more frequent screening (every 3-6 months) if-at increased risk of syphilis exposure.

Resources:

1. Centers for Disease Control and Prevention (CDC). 2021 Sexually transmitted infections treatment guidelines. Available at: <https://www.cdc.gov/std/treatment-guidelines/toc.htm>.
 - a. Centers for Disease Control and Prevention. Screening recommendations and considerations referenced in treatment guidelines. Available at: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>.
2. STD Control Branch, California Department of Public Health. Expanded syphilis screening recommendations for the prevention of congenital syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>.
3. Centers for Disease Control and Prevention. Syphilis – CDC fact sheet (detailed). Available at: <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>.
4. University of Washington, National STD Curriculum. STD modules: Syphilis. Available at: <https://www.std.uw.edu/custom/self-study/syphilis>.

5. California Prevention Training Center. Online learning – syphilis and congenital syphilis. Available at: https://californiapctc.com/online-learning/?_topics=congenital-syphilis%2Csyphilis&_training_types=webinar.
6. California Department of Public Health. Screening for syphilis in emergency departments – resource guide. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Screening-for-Syphilis-in-Emergency-Departments-Resource-Guide.pdf>.
7. STD Control Branch, California Department of Public Health. Congenital syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx>.
8. STD Control Branch, California Department of Public Health. Syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Syphilis.aspx>.
9. STD Control Branch, California Department of Public Health. California Sexually Transmitted Infections (STI) Screening Recommendations. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-STI-Screening-Recommendations.aspx>.