



NEW YORK CITY DEPARTMENT OF  
HEALTH AND MENTAL HYGIENE  
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Commissioner

## 2019 DOHMH Alert # 8

**Congenital syphilis cases in NYC nearly tripled in the last year.  
All pregnant New Yorkers should be screened for syphilis at 28 weeks gestation, in addition to mandated screening at first prenatal visit and at delivery.**

*Please Share this Alert with Colleagues in Obstetrics and Gynecology, Pediatrics, Neonatology, Adolescent Medicine, Internal Medicine, Family Medicine, Primary Care, Dermatology, Infectious Diseases, Urgent Care, Emergency Medicine, Clinical Laboratory Directors, and Risk Managers*

- Screen all pregnant people for syphilis at the first prenatal care examination, and at delivery in accordance with New York State Public Health Law.
- **Rescreen all pregnant people for syphilis at 28 weeks gestation.**
- Treat pregnant people with syphilis as soon as possible with intramuscular benzathine penicillin G using the regimen appropriate for stage of infection.

April 11, 2019

Dear Colleagues,

Untreated syphilis during pregnancy can result in devastating health outcomes, including stillbirth. Live-born infants with congenital syphilis may manifest abnormalities of the central nervous system, bones and joints, teeth, eyes, and skin (1).

In New York City (NYC), the number of congenital syphilis cases increased 186% between 2017 (7 cases) and 2018 (20 cases, preliminary data). Twenty is the largest number of congenital syphilis cases reported annually in NYC in over 10 years, and included one syphilitic stillbirth at 31 weeks. Nearly all mothers of congenital syphilis cases in 2018 were non-Hispanic Black (11 cases; 55%) or Hispanic (6 cases; 30%). More than half (59%) of case-mothers were born in the United States.

Congenital syphilis can be prevented by timely treatment of maternal syphilis. However, syphilis symptoms may not be apparent, so serologic screening during pregnancy is critical (2). New York State Public Health Law mandates syphilis screening at first prenatal care examination and at delivery (3, 4). Increasingly, the NYC Department of Health & Mental Hygiene (DOHMH) has documented congenital cases resulting from maternal syphilis infections acquired after screening negative earlier during pregnancy (5); this accounted for 55% of congenital syphilis cases in 2018.

**The DOHMH recommends additional syphilis screening at 28 weeks for all pregnant New Yorkers.** This is based on: a) NYC's high rate of syphilis compared to the rest of the nation (6), b) increases in numbers of cases of congenital syphilis, c) the increasing proportion of cases resulting from maternal infection acquired after a negative syphilis test in early pregnancy, d) the gravity of health outcomes for infants, and e) the preventability of these outcomes with additional screening and treatment.

## Summary guidance for NYC health care providers:

### 1) Screen all pregnant people for syphilis at the first prenatal encounter, 28 weeks gestation, and at delivery:

- Use every health care encounter with a pregnant person to assess for risk of syphilis (this includes prenatal, emergency department and urgent care settings). Consider further serologic screening if:
  - Patient reports a new sex partner, multiple sex partners, sex with men who have sex with men, injection drug use in self or partner; history of sexually transmitted infection (STI); or no prenatal care
  - On exam, patient has a rash, ulcer, or other evidence of a new STI

### 2) Diagnose syphilis infections

- Look for the transient clinical manifestations of early syphilis, which include:
  - Ulcers, especially genital, anal and oral ulcers. Syphilitic ulcers are often painless, indurated, on a nonpurulent base
  - Rash of ANY type, anywhere on the skin
  - Velvety excrescences (condylomata lata)
  - Clinical images are [available here](#).
- Order serologic tests for syphilis.
- Review syphilis serologic results in the context of the patient's prior syphilis testing and treatment. Check the [NYC Syphilis Registry](#) for syphilis testing and treatment history. Consult an infectious disease specialist for assistance interpreting results and treatment, as needed.

### 3) Treat pregnant people exposed to or diagnosed with syphilis promptly. Intramuscular benzathine penicillin G is the only acceptable treatment for pregnant people with syphilis.

- The regimen must be appropriate for stage of infection. See [CDC STD Treatment Guidelines](#).
  - For patients with late latent syphilis, the 3 doses of benzathine penicillin G must be administered at 1-week intervals. Pregnant persons who miss any dose must repeat the full course.
  - Syphilis treatment recommendations are the same regardless of HIV status.
  - Refer patients to the [Sexual Health Clinics](#) or contact the DOHMH (*See Provider Resources*) for assistance with syphilis treatment.
- Pregnant syphilis patients with penicillin allergy must be desensitized and then treated with benzathine penicillin G.
- Repeat syphilis titers monthly to document adequacy of response to treatment. Because many patients will deliver before their serologic response to treatment can be adequately assessed, post-partum follow-up of both mother and newborn are critical.
- Screen for HIV in any person diagnosed with syphilis.

### 4) Report syphilis promptly to DOHMH

- Notify DOHMH of syphilis (any stage) at the time of diagnosis, including pregnancy status. Submit the case report electronically via [Reporting Central](#), [mail](#), or fax.
- Expect to hear from DOHMH, which routinely investigates reports of possible cases of syphilis. People known (or suspected) to be pregnant are given highest priority.
  - DOHMH contacts providers to gather clinical, testing, and treatment information. DOHMH also offers people with syphilis case management services.

Sincerely,

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### Provider Resources

**NYC Syphilis Registry:** Licensed health care providers can access current and historical syphilis test results and treatment information in the **NYC Syphilis Registry** to inform diagnosis and management of syphilis in their patients. More information [available here](#).

#### **Other provider services available from DOHMH:**

**Call (347) 396-7200, Monday-Friday (8:30 AM-4:00 PM)** and ask for:

- Medical consultation on diagnosis and management of syphilis infection
- Assistance with confidential notification and referral of partners for testing and treatment
- Referrals for: penicillin desensitization
- Referrals for lumbar puncture

#### **Summary of recommended treatment regimens for syphilis per [CDC guidelines](#):**

- Primary, secondary, early latent (< 1 year): benzathine penicillin G 2.4 million units IM in a single dose
- Late latent (> 1 year) and unknown duration: benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals

**Report a syphilis case:** Call the Provider Access Line (PAL) at (866) 692-3641 or submit a case report form, **indicating pregnancy status**, by:

- Logging into the electronic [Reporting Central](#)
- Mailing or faxing the Universal Reporting Form

**NYC Sexual Health Clinics:** Eight clinics that provide syphilis testing and treatment for anyone age 12 and older, regardless of immigration status or ability to pay. More information [available here](#).

**Epidemiology of congenital syphilis in NYC:** Learn about factors contributing to local congenital syphilis cases in an [MMWR report](#) or [free Medscape CE training](#)

### References

1. American Academy of Pediatrics. Red Book: 2018–2021 Report of the Committee on Infectious Diseases. Elk Grove Village, IL: American Academy of Pediatrics; 2018.
2. Workowski KA, Bolan GA. Sexually Transmitted Diseases Treatment Guidelines, 2015. MMWR Recomm Rep 2015;64(RR-03):1-137.
3. NYS Law, Article 23, §2308
4. N.Y. Comp Codes R. and Regs. Tit 10, § 69-2.2
5. Slutsker JS, Hennessy RR, Schillinger JA. Factors Contributing to Congenital Syphilis Cases - New York City, 2010-2016. MMWR Morb Mortal Wkly Rep 2018;67(39):1088-1093.
6. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2017. Atlanta, GA: US Department of Health and Human Services, CDC; 2018.