



SYPHILIS IN PREGNANCY

ADDRESSING THE CONGENITAL SYPHILIS CRISIS

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CityMatCH Webinar May 21st

DISCLOSURES

NONE

The findings and conclusions in this presentation are those of the presenter and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

LANGUAGE DISCLAIMER

- **Race and ethnicity** are real but are social rather than biological constructs.
- Any **differences due to race and ethnicity** described here should not be interpreted as due to a biological cause, but rather are a result of systemic inequities and disparities linked to race and ethnicity.
- **Pregnant person and birthing parent** are used throughout to denote persons who are or have been pregnant.
- Where “**maternal**” is used as an adjective, it should be understood to denote features of the birthing parent, agnostic to gender and gender identity.



JOIN BY WEB: PollEv.com/robmcdonald667

JOIN BY TEXT: Send **robmcdonald667** and your message to **37607**

What's your position/role/title?

Nobody has responded yet.

Hang tight! Responses are coming in.



THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

Clinical Images on Slides 9-12, 16-17

How aware are you of the nationwide increases in syphilis cases?

Not familiar - I didn't even know syphilis was still an issue

0%

Somewhat Familiar - I have some idea of what's going on

0%

Very familiar with the syphilis increases happening nationwide

0%

WHAT IS SYPHILIS?

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

Syphilis is a sexually transmitted infection (STI) caused by spirochete bacterium *Treponema pallidum*. It can lead to serious health problems without treatment. Infection develops in stages (primary, secondary, latent, and tertiary). Each stage can have different signs and symptoms.

Syphilis can be transmitted by:

Direct contact with a syphilitic lesion during vaginal, anal, or oral sex



Transplacental



Touching infectious lesions (rare)



Blood transfusion (rare)



COMPLICATIONS OF UNTREATED SYPHILIS

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101



Neurosyphilis/Ocular Syphilis/Otosyphilis

- Stroke
- Meningitis
- Blindness
- Hearing loss



Congenital Syphilis (*Transplacental Transmission*)

- Miscarriage
- Stillbirth
- Neonatal death



Increased HIV Acquisition/Transmission

SYPHILIS
MAY CAUSE

heart trouble

blindness

deafness

mental disorders

HAVE YOUR BLOOD TESTED

SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

IMPORTANT POINTS

- 1 Syphilis goes through several stages.**
- 2 Clinical stages and surveillance definitions are different.**
- 3 Neurosyphilis, ocular syphilis, and otosyphilis can happen any time.**

SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary

Secondary

Latent

Tertiary

SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary

Painless ulcer
(chancre)

Secondary

Latent

Tertiary

- Appears about 3 weeks (range: 10-90 days) after infection
- Sore goes away even if person is not treated



SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary



Secondary

Rash
Lymphadenopathy
Fever/Fatigue



Latent

- Usually occurs 3-6 weeks after primary
- Symptoms go away even if not treated.
- Symptoms can include:
 - Headache
 - Alopecia
 - Mucocutaneous lesions
 - Condyloma lata
 - Malaise
 - Anorexia
 - Sore throat
 - Myalgia

Tertiary



SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary

Secondary

Latent

Tertiary

- The **latent stage** of syphilis is a period when there are no visible signs or symptoms.
- Without treatment, you can continue to have syphilis in your body for years.

No Symptoms

EARLY LATENT
≤ 1 year
since infection

LATE LATENT
> 1 year since
infection

SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary

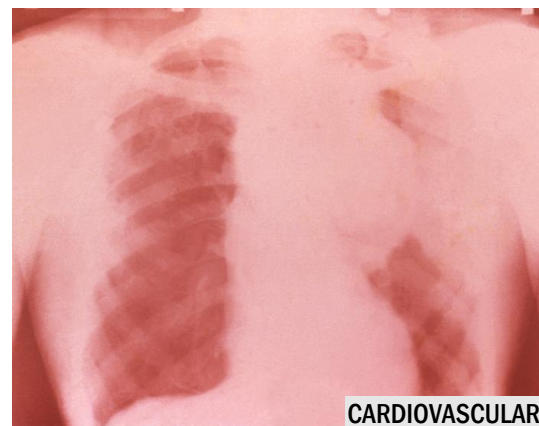
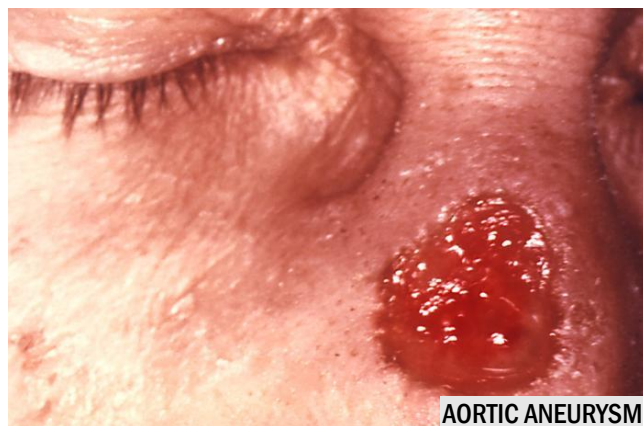
Secondary

Latent

Tertiary

- Can affect and damage many different organ systems. These include the heart and blood vessels, and the brain and nervous system
- Occurs 10–30 years after infection began

Cardiovascular,
Gummatous lesions
(skeletal, mucosal, skin)



SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary

Painless ulcer
(chancre)

Secondary

Rashes
Mucocutaneous
lesions
Lymphadenopathy

Latent

No Symptoms

Tertiary

Cardiovascular,
Gummatous lesions
(skeletal, mucosal, skin)

Primary and secondary syphilis are the most infectious stages,
and are the leading edge of the syphilis epidemic.

EARLY LATENT
≤1 year
since infection

LATE LATENT
>1 year since
infection

Tertiary
10-30 years
since infection

EARLY SYPHILIS

Primary, Secondary or Early Latent
Greatest potential for transmission

SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary

Painless ulcer
(chancre)

Secondary

Rashes
Mucocutaneous
lesions
Lymphadenopathy

Latent

No Symptoms

Tertiary

Cardiovascular,
Gummatous lesions
(skeletal, mucosal, skin)
Dementia/Psychosis

Primary and secondary syphilis are the most infectious stages,
and are the leading edge of the syphilis epidemic.

EARLY LATENT
≤1 year
since infection

LATE LATENT
>1 year since
infection

Tertiary
10-30 years
since infection

EARLY SYPHILIS

Primary, Secondary or Early Latent
Greatest potential for transmission

LATE SYPHILIS

Late Latent or Tertiary

SYPHILIS STAGES

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

CLINICAL STAGES

Primary

**Painless ulcer
(chancre)**

Primary and secondary syphilis are the most infectious stages,
and are the leading edge of the syphilis epidemic.

Secondary

**Rashes
Mucocutaneous
lesions
Lymphadenopathy**

Latent

No Symptoms

**EARLY LATENT
<=1 year
since infection**

**LATE LATENT
>1 year since
infection**

Tertiary

**Cardiovascular,
Gummatous lesions
(skeletal, mucosal, skin)
Dementia/Psychosis**

**Tertiary
10-30 years
since infection**

Neurosyphilis, Ocular Syphilis, and Ootosyphilis

How aware are you of nationwide increases in congenital syphilis cases?

Not familiar - What is congenital syphilis?

0%

Somewhat Familiar - I have some idea of what's going on

0%

Very familiar with the congenital syphilis increases happening nationwide

0%

WHAT IS CONGENITAL SYPHILIS?

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

Congenital syphilis is an infection *with **Treponema pallidum*** acquired in a fetus when a pregnant person has untreated or inadequately treated syphilis.

Syphilis during pregnancy is associated with:

Miscarriages

01

Stillbirths

02

Preterm
Deliveries

03

Perinatal
Deaths

04

EARLY CONGENITAL SYPHILIS (UNDER 2 YEARS OLD)

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

If left untreated, congenital syphilis can lead to serious complications.

Most babies are without symptoms!

- Hepatosplenomegaly
- Jaundice
- Rash
- Snuffles
- Bone abnormalities



¹ Catueno, S., Tsou, P.-Y., Wang, Y.-H., Becker, E., & Fergie, J. (2022). Congenital Syphilis and the Prozone Phenomenon: Case Report. *The Pediatric Infectious Disease Journal*, 41(6), e268-e270. <https://doi.org/10.1097/inf.00000000000003522>

² Arrieta, A. C., & Singh, J. (2019). Congenital Syphilis. *New England Journal of Medicine*, 381(22), 2157-2157. <https://doi.org/doi:10.1056/NEJMicm1904420>

³ CDC Public Health Image Library - <https://phil.cdc.gov/Default.aspx>

⁴ Jacobs, K., Vu, D. M., Mony, V., Sofos, E., & Buzi, N. (2019). Congenital Syphilis Misdiagnosed as Suspected Nonaccidental Trauma. *Pediatrics*, 144(4). <https://doi.org/10.1542/peds.2019-1564>

LATE CONGENITAL SYPHILIS (OVER 2 YEARS OLD)

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

If left untreated, congenital syphilis can lead to serious complications.

Classic Hutchinson's Triad:

1. Complications with eyes
 2. Deafness
 3. Complications with teeth
- Skull (saddle nose, frontal bossing)
 - Long bones
 - Developmental delay

¹ Arrieta, A. C., & Singh, J. (2019). Congenital Syphilis. *New England Journal of Medicine*, 381(22), 2157-2157. <https://doi.org/doi:10.1056/NEJMicm1904420>

²CDC Public Health Image Library - <https://phil.cdc.gov/Default.aspx>



CONGENITAL SYPHILIS PREVENTION

THE BASICS: SYPHILIS AND CONGENITAL SYPHILIS 101

Congenital syphilis can be prevented by:



Diagnosing and treating syphilis
prior to pregnancy



Diagnosing and treating syphilis
≥ 30 days before delivery

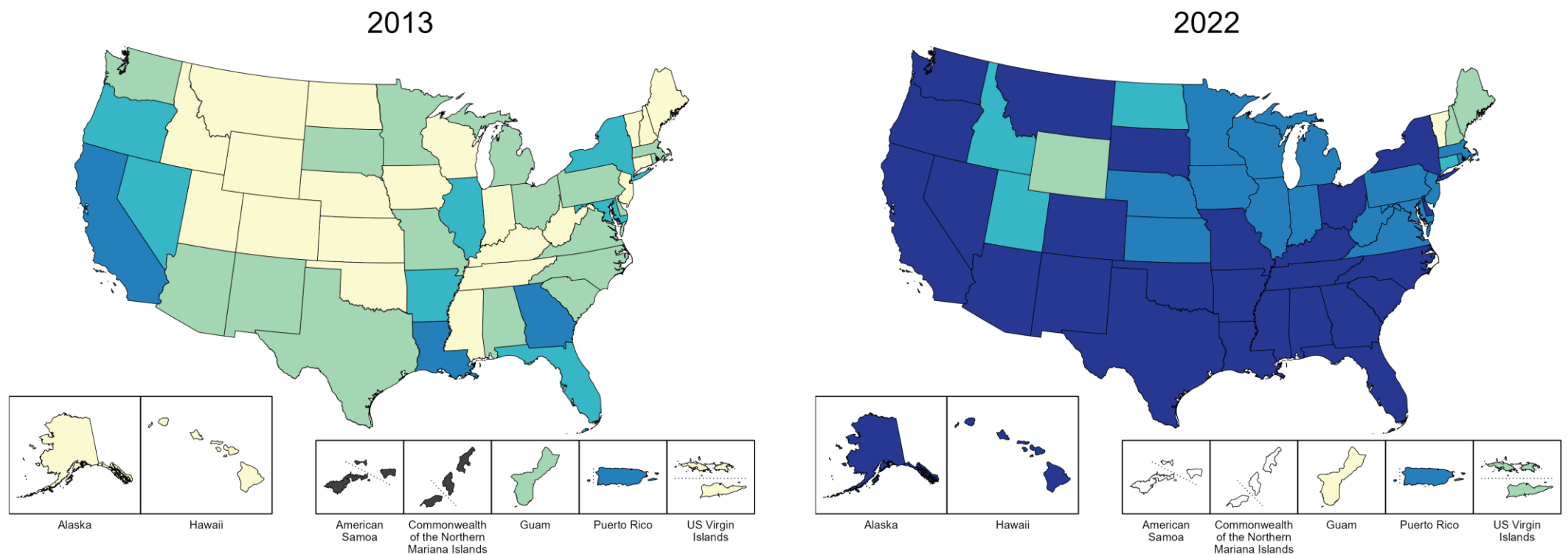
The background is a solid teal color with a 3D relief effect. It features a stylized human face in profile, with wavy, white lines overlaid across it, suggesting a medical or scientific theme. The lines are of varying lengths and curves, some resembling a signal or a waveform.

SYPHILIS AND CONGENITAL SYPHILIS TRENDS

PRIMARY & SECONDARY SYPHILIS TRENDS, 2013 - 2022

SYPHILIS TRENDS

Primary and secondary syphilis rate (the most infectious stage) **increased by 222%** from 2013 to 2022.



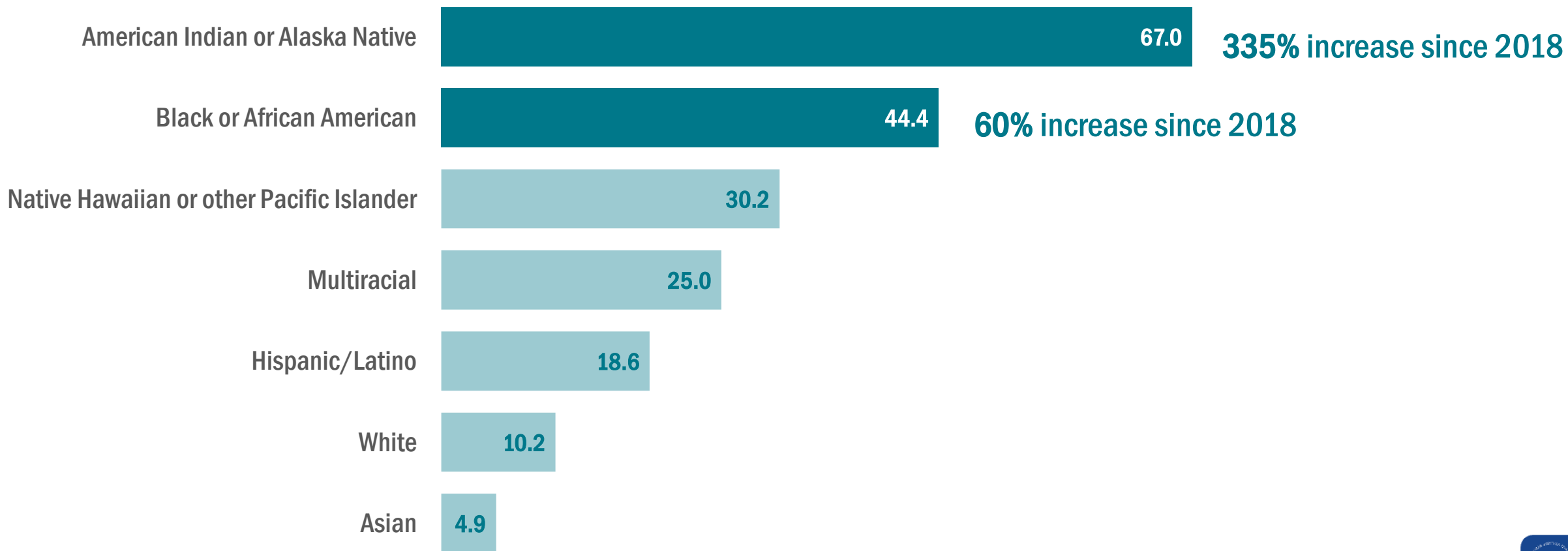
Rate* No cases reported 0.2–3.5 3.6–5.9 6.0–8.7 8.8–13.5 13.6–84.3 Unavailable

* Per 100,000

PRIMARY & SECONDARY SYPHILIS TRENDS, BY RACE/RTHNICITY, 2022

SYPHILIS TRENDS

Non-Hispanic American Indian/Alaska Native and Black/African American people had the highest rates* of primary and secondary syphilis in 2022.



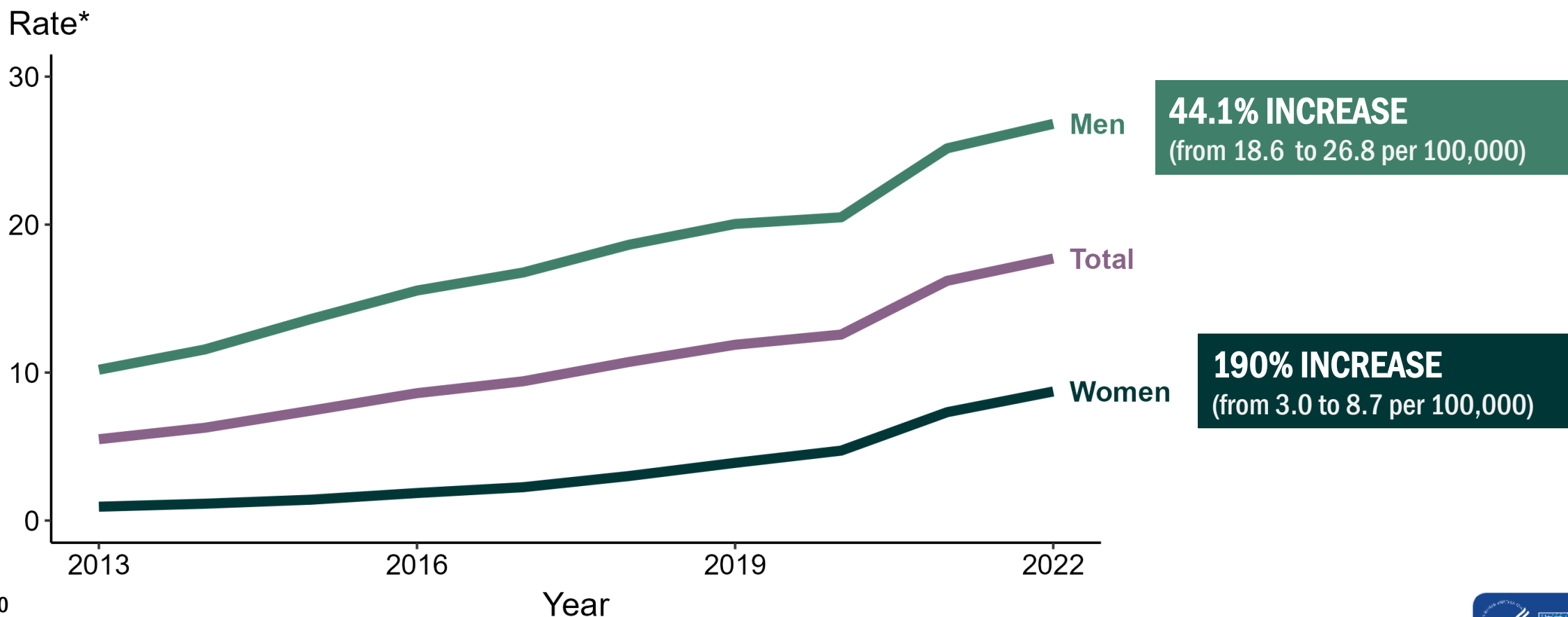
*Per 100,000



PRIMARY & SECONDARY SYPHILIS BY SEX, 2013 - 2022

SYPHILIS TRENDS

From 2021-2022, the rate of reported primary and secondary syphilis **tripled among women.**



• Per 100,000

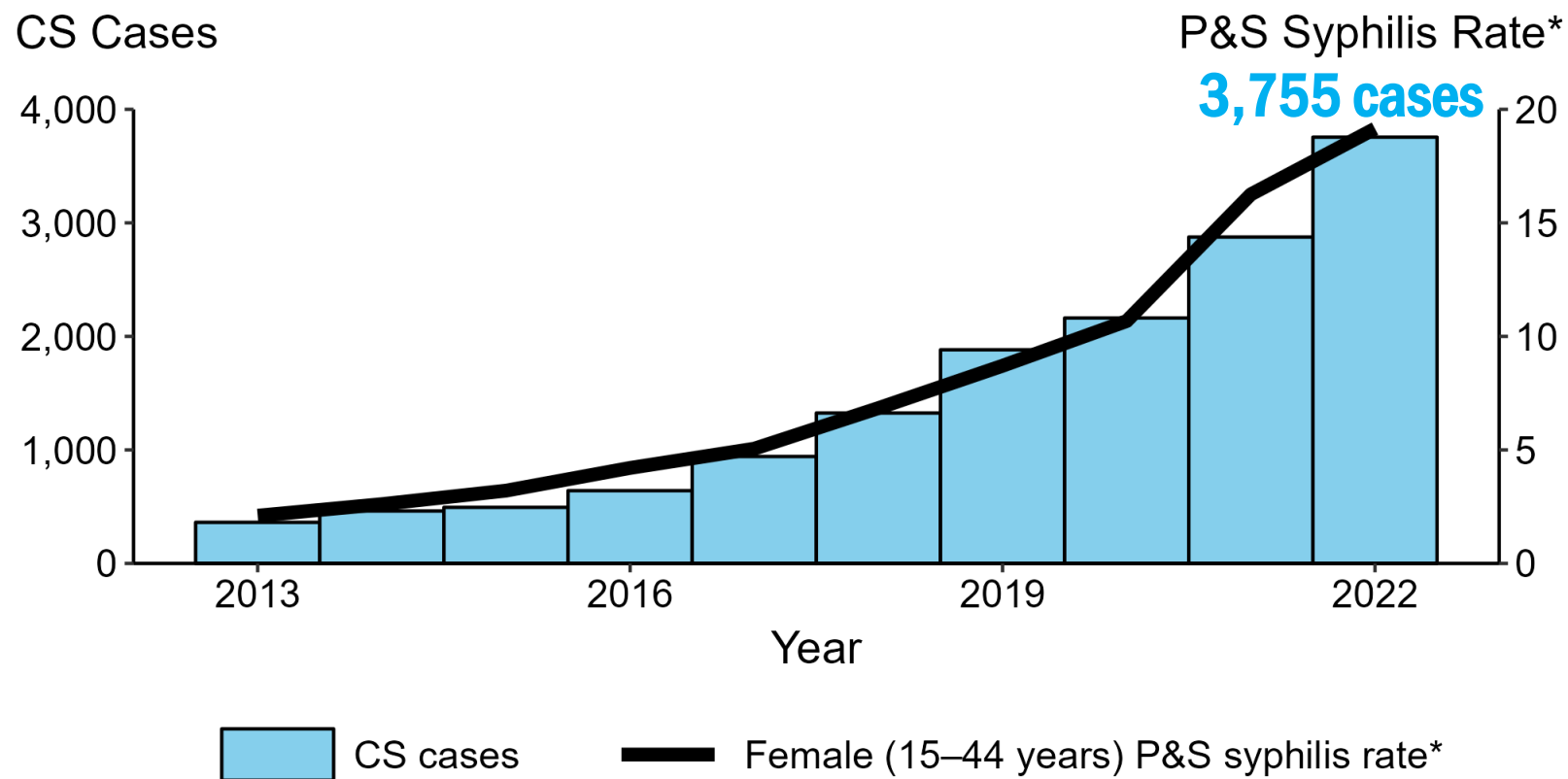
• NOTE: Includes all stages of syphilis and congenital syphilis




CONGENITAL SYPHILIS CASES AND SYPHILIS RATES AMONG WOMEN

SYPHILIS TRENDS

In 2022, **3,755 cases of congenital syphilis** were reported and these numbers have increased alongside primary and secondary syphilis among women.



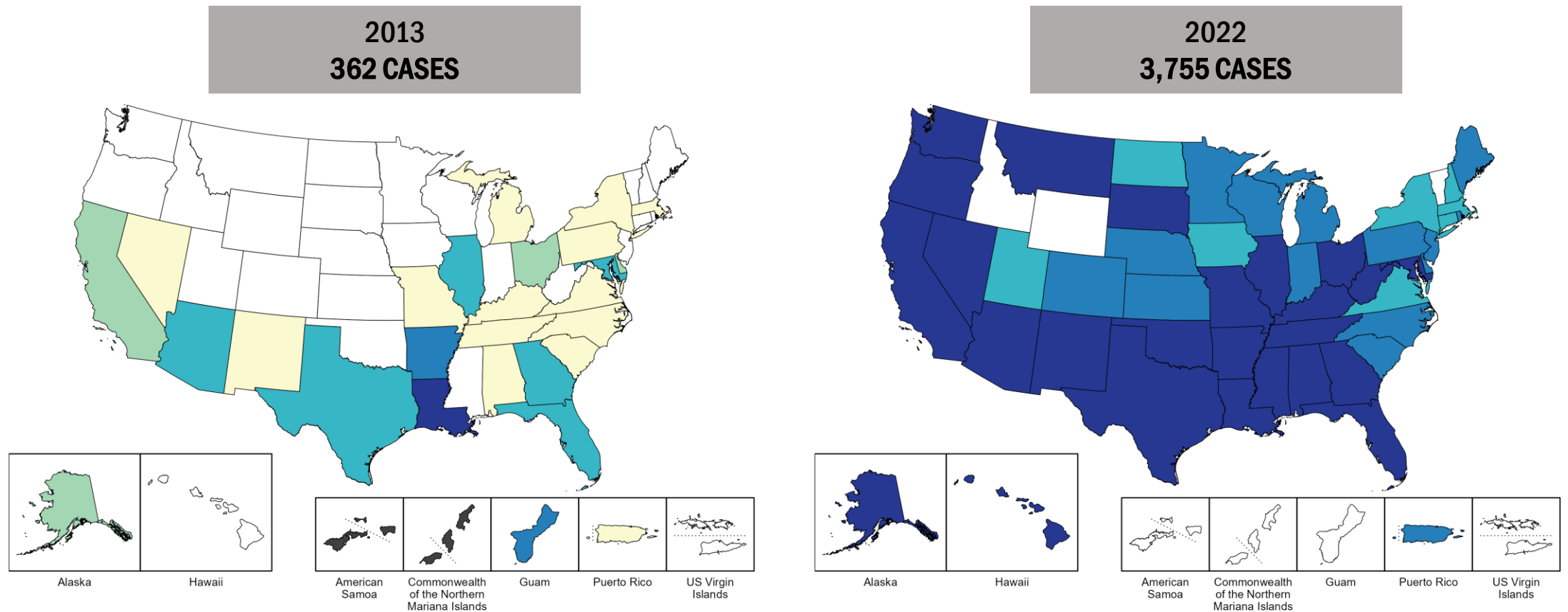
73%  **in CS cases**
since 2020

* Per 100,000

CONGENITAL SYPHILIS RATES BY JURISDICTION

CONGENITAL SYPHILIS TRENDS

Congenital syphilis cases **increased by 937%** from 2013 to 2022.



• Per 100,000 live births

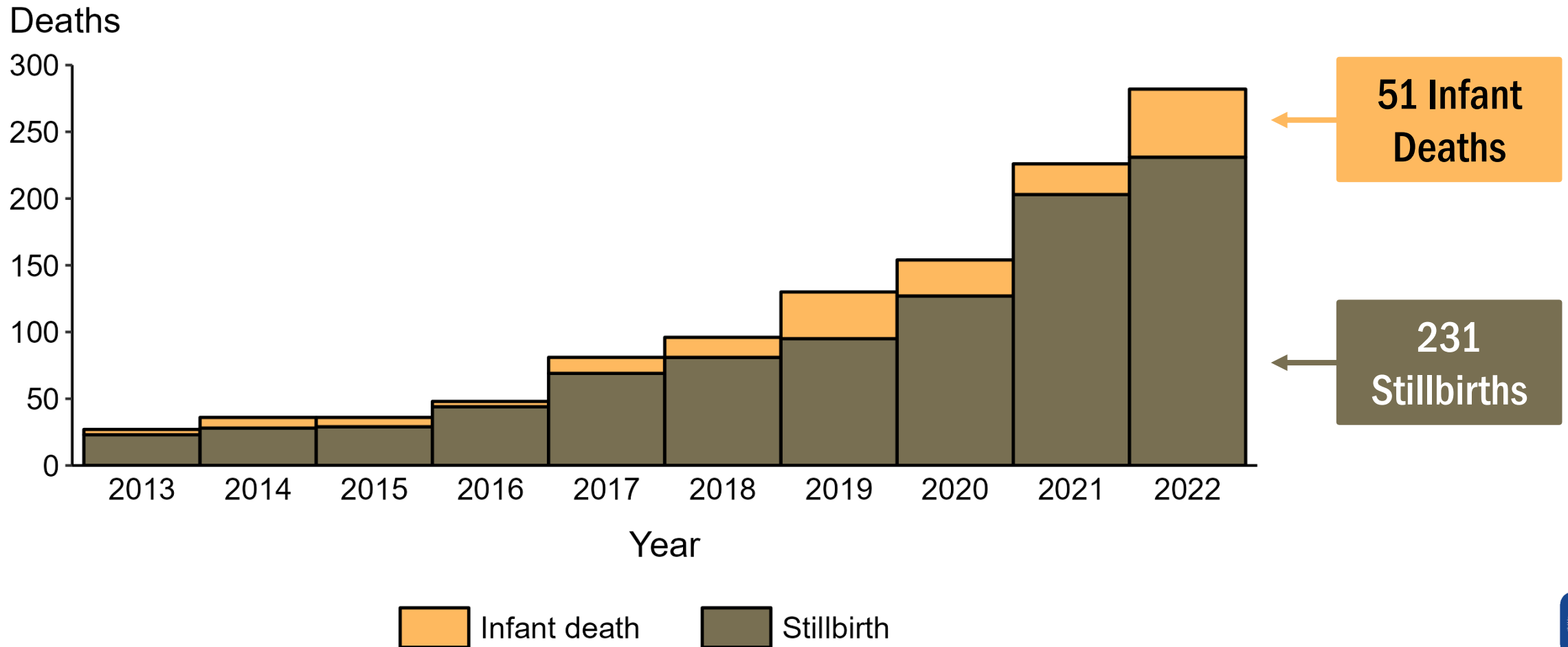
Rate* No cases reported 1-8 9-14 15-24 25-53 54-355 Unavailable



CONGENITAL SYPHILIS TRENDS

CONGENITAL SYPHILIS TRENDS

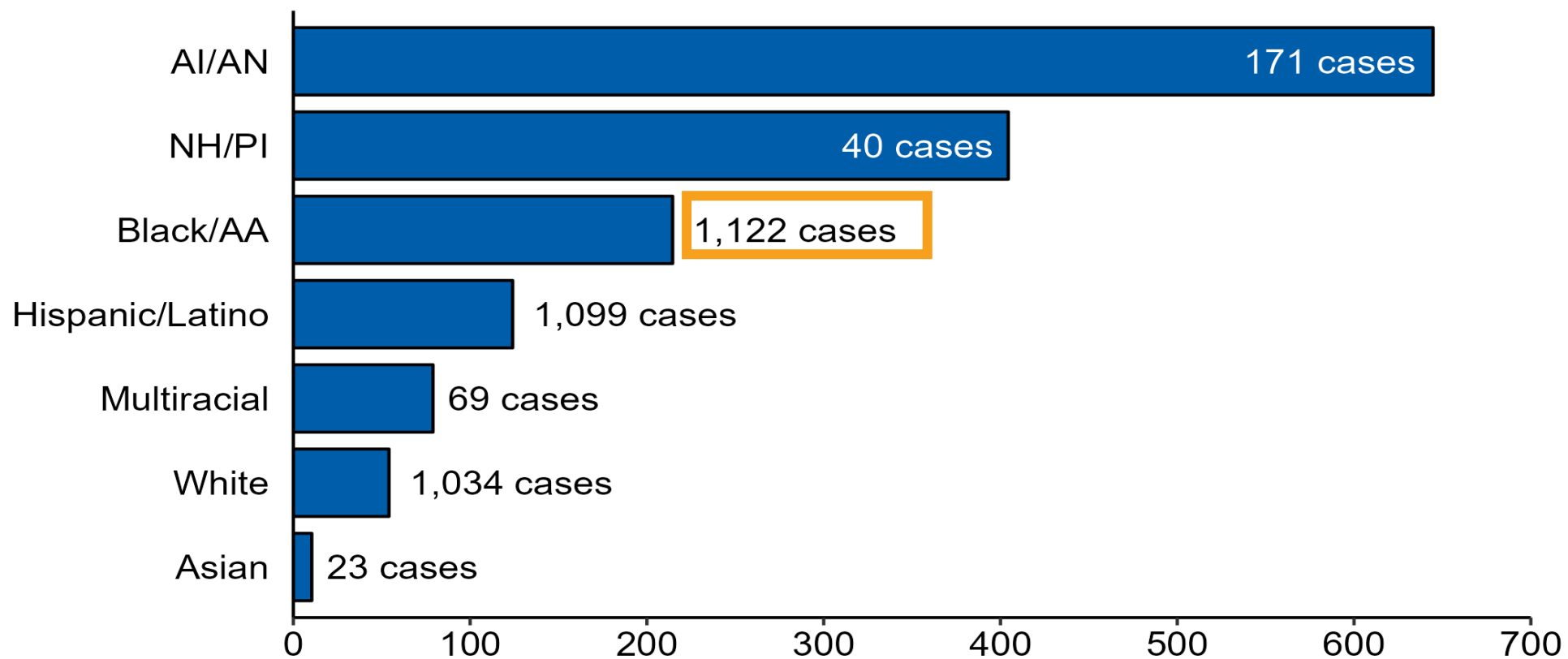
Congenital syphilis-related **stillbirths and infant deaths** have increased.



CONGENITAL SYPHILIS BY RACE/ETHNICITY

CONGENITAL SYPHILIS TRENDS

In 2022, the number of congenital syphilis cases was highest among people who were **non-Hispanic Black or African American**.



*Per 100,000 live births

Congenital Syphilis Rate*

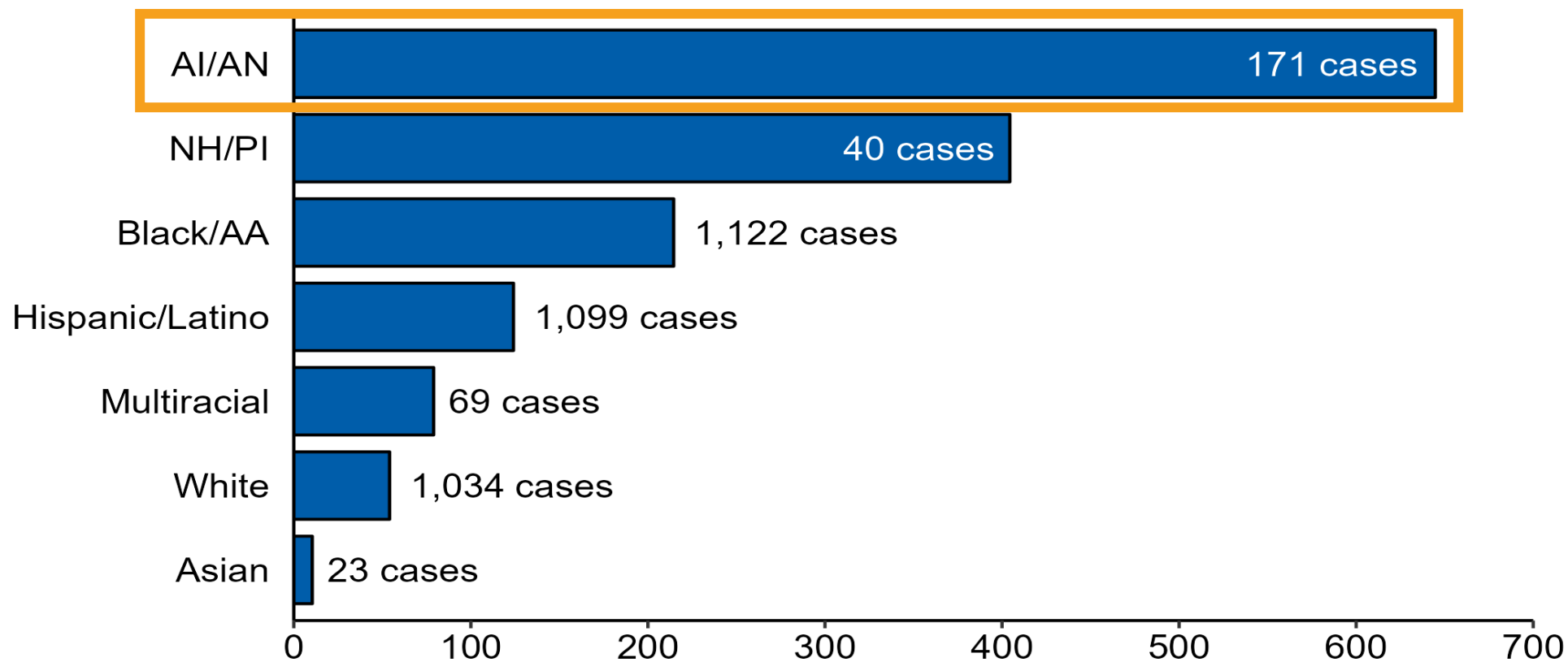
AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



CONGENITAL SYPHILIS BY RACE/ETHNICITY

CONGENITAL SYPHILIS TRENDS

In 2022, rates of congenital syphilis were highest among people who were **non-Hispanic American Indian or Alaska Native**.



*Per 100,000 live

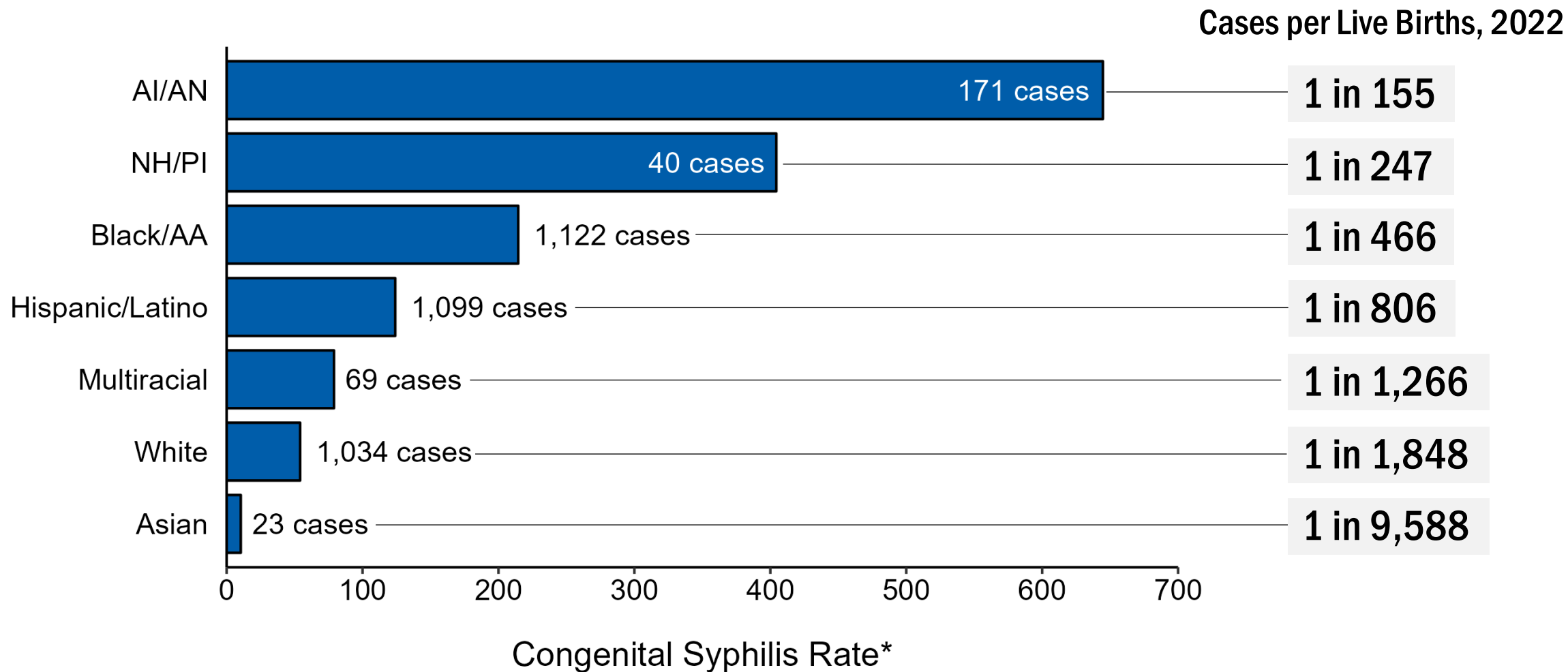
Congenital Syphilis Rate*

AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



CONGENITAL SYPHILIS BY RACE/ETHNICITY

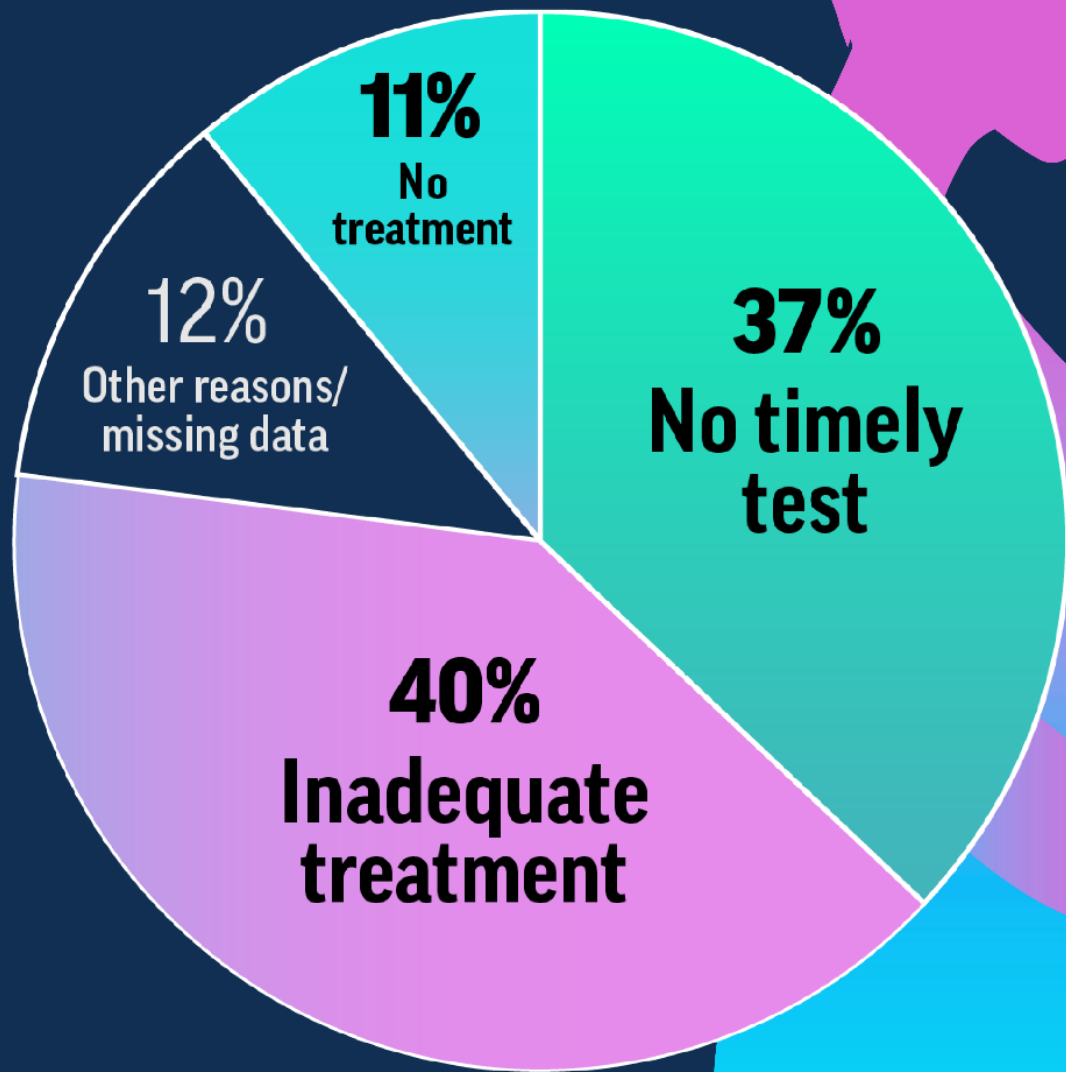
CONGENITAL SYPHILIS TENDS



*Per 100,000 live births

AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander





Timely syphilis testing and treatment during pregnancy could have prevented almost 90% of cases.

What challenges do your communities face in accessing prenatal care and syphilis testing and treatment?

Nobody has responded yet.

Hang tight! Responses are coming in.

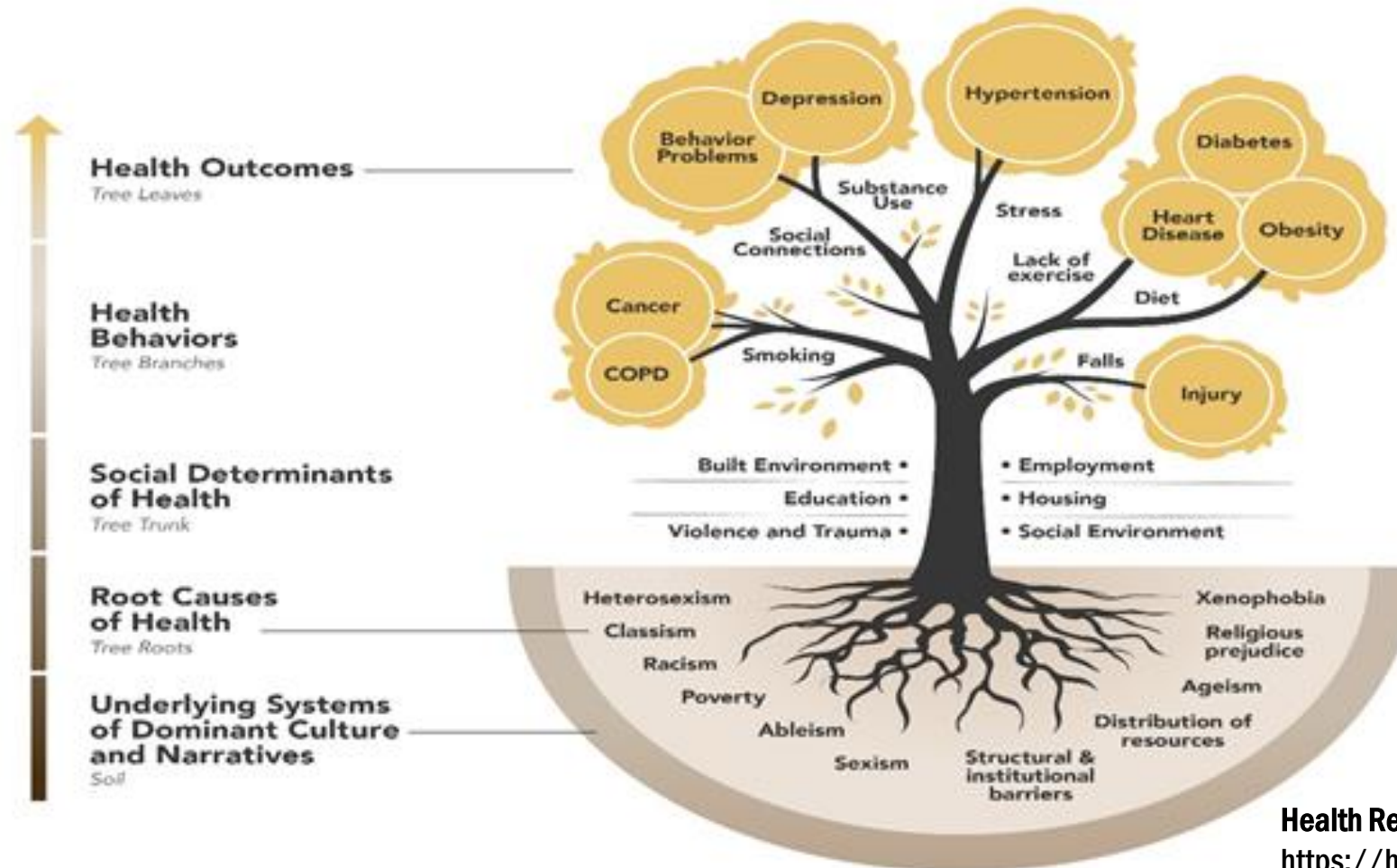
The background is a solid teal color. Overlaid on this are several 3D anatomical models of a human face, rendered in a lighter shade of teal. These models are semi-transparent, allowing the wavy lines to pass through them. The wavy lines, representing syphilis bacteria, are scattered across the face, with a concentration in the central and lower regions. The overall aesthetic is clean and medical.

CHALLENGES IN ADDRESSING CONGENITAL SYPHILIS

SOCIAL DETERMINANTS OF HEALTH

CHALLENGES IN ADDRESSING CONGENITAL SYPHILIS

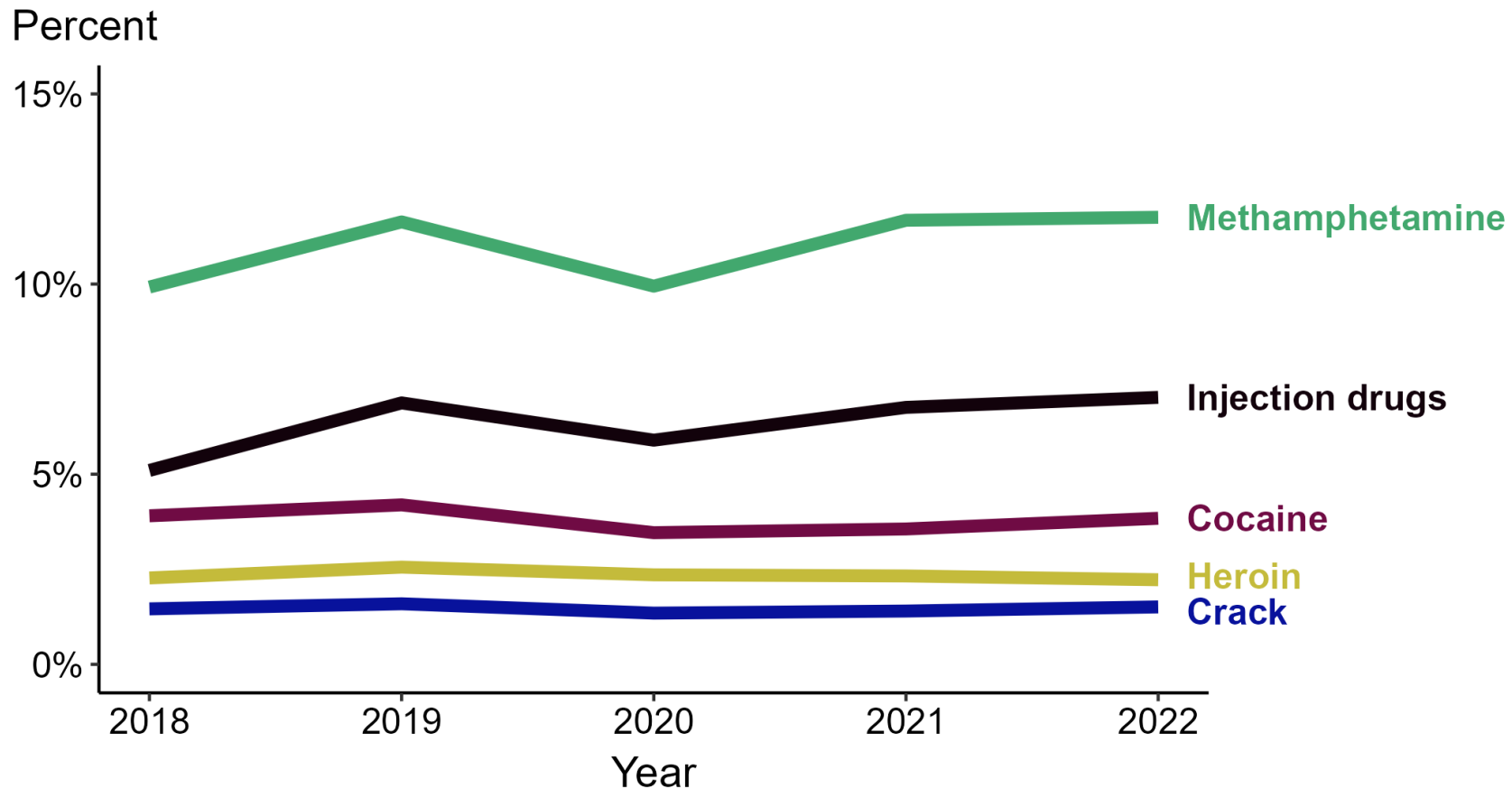
Many upstream factors contribute to observed health inequities.



PRIMARY AND SECONDARY SYPHILIS AND SUBSTANCE USE BEHAVIORS, 2018–2022

CHALLENGES IN ADDRESSING CONGENITAL SYPHILIS

Substance use impacts congenital syphilis outcomes and access to prenatal care.

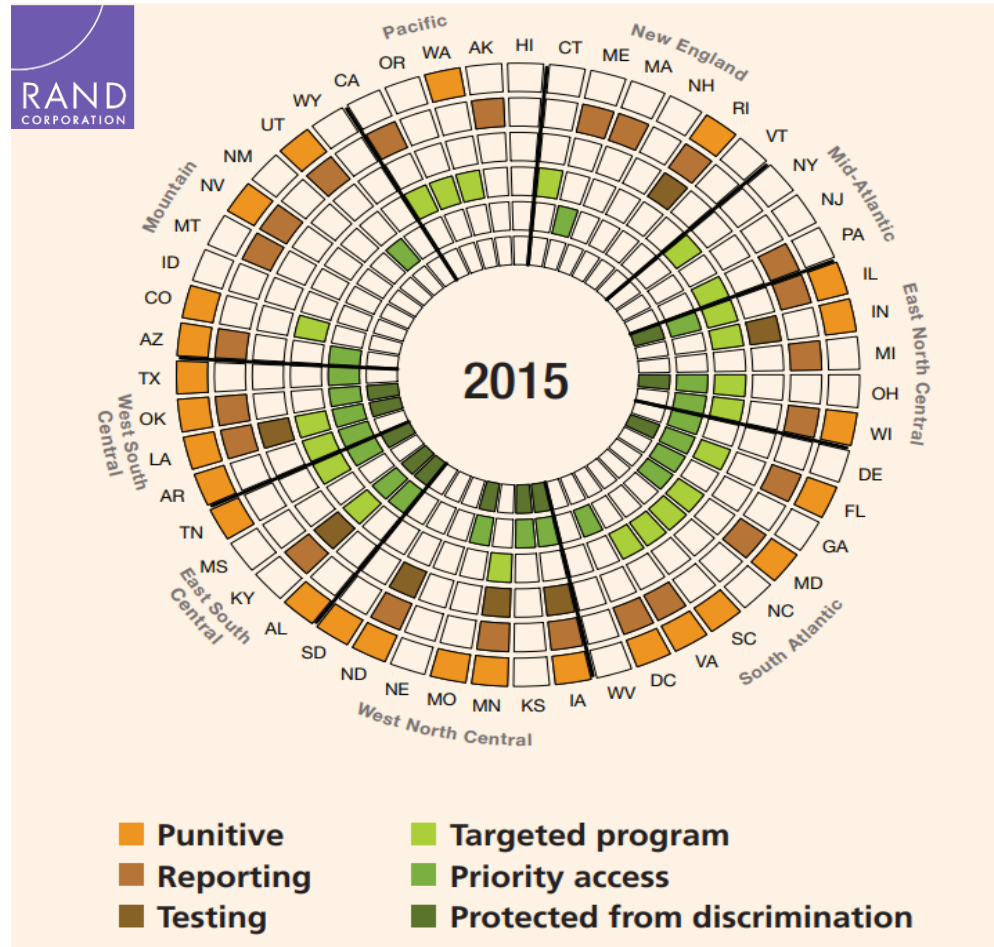


Proportion reporting injection drug use, methamphetamine use, heroin use, crack use, or cocaine use within the last 12 months calculated among cases with known data (cases with missing or unknown responses were excluded from the denominator).

PUNITIVE POLICIES FOR SUBSTANCE USE IN PREGNANCY

CHALLENGES IN ADDRESSING CONGENITAL SYPHILIS

Punitive policies for substance use in pregnancy affect access to adequate prenatal care.



JAMA Pediatrics | Original Investigation

September 19, 2022

Association of State Child Abuse Policies and Mandated Reporting Policies With Prenatal and Postpartum Care Among Women Who Engaged in Substance Use During Pregnancy

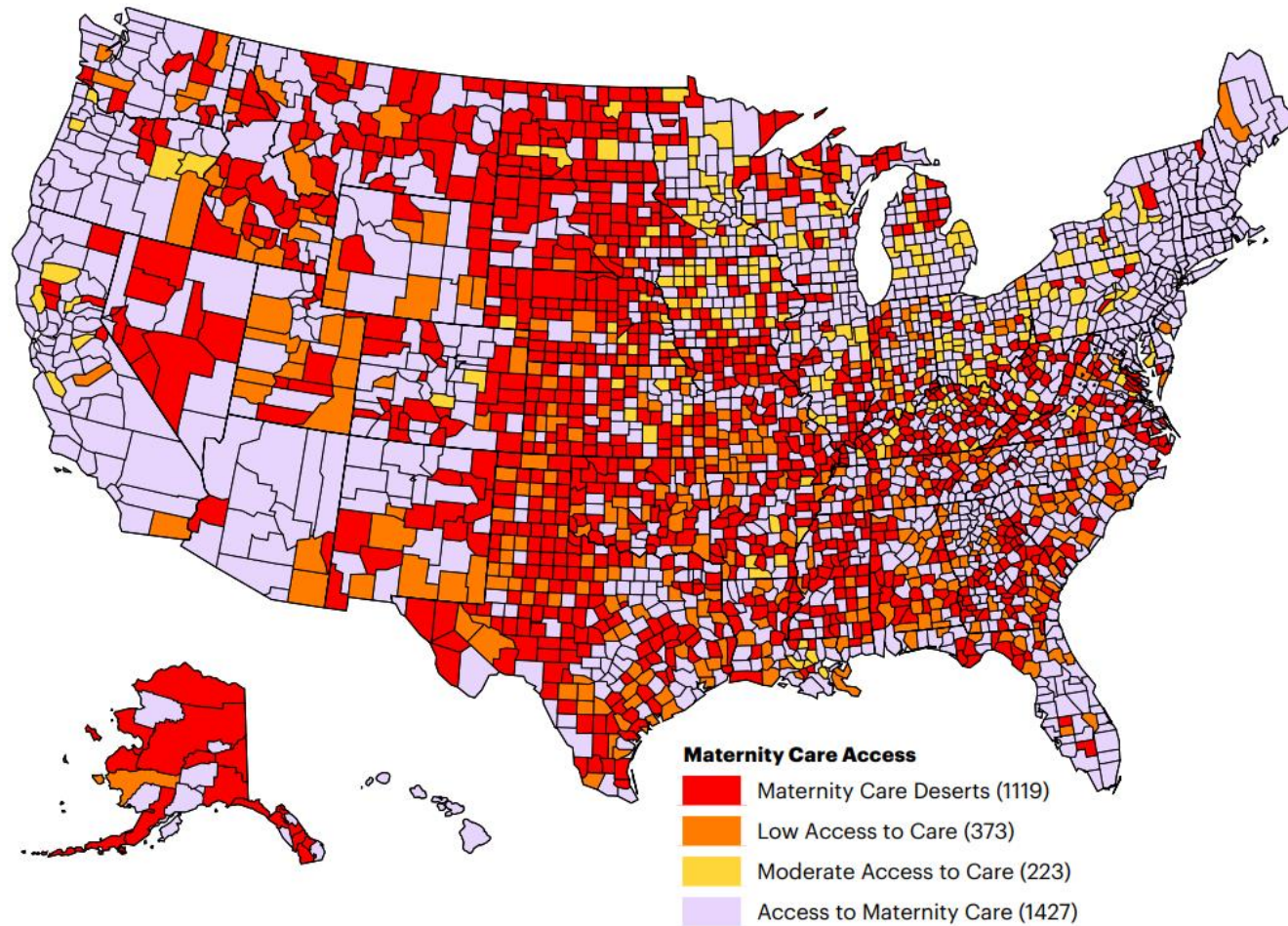
Anna E. Austin, PhD^{1,2}; Rebecca B. Naumann, PhD^{2,3}; Elizabeth Simmons, MPH^{1,4}



PREGNANCY CARE DESERTS

ADDRESSING CHALLENGES IN ADDRESSING CONGENITAL SYPHILIS

Pregnancy care deserts is a growing problem.

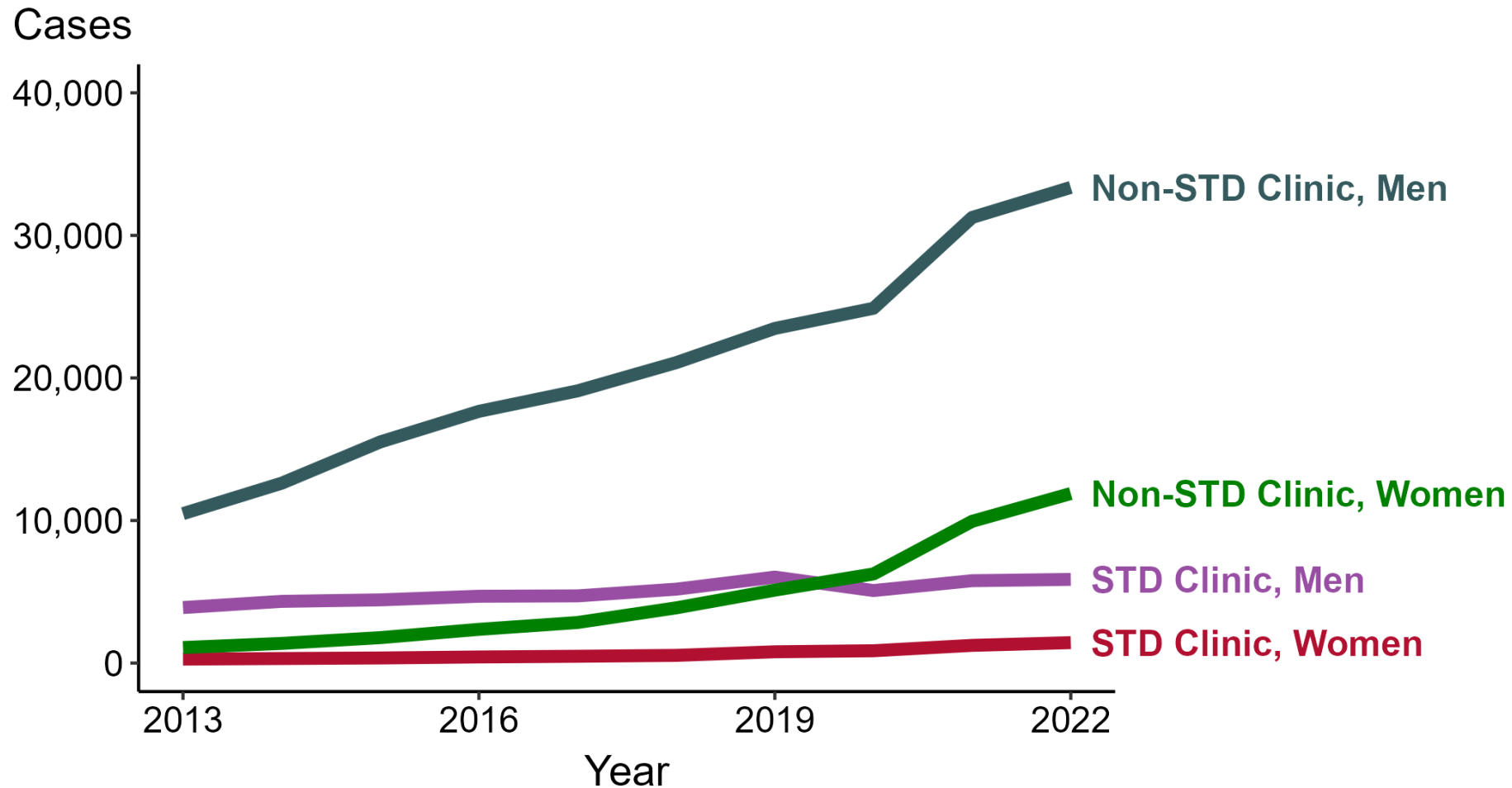


More than 2.2 million women of childbearing age live in pregnancy care deserts.

PRIMARY AND SECONDARY SYPHILIS BY REPORTING SOURCE AND SEX, UNITED STATES, 2013–2022

CHALLENGES IN ADDRESSING CONGENITAL SYPHILIS

An increasing number of syphilis cases are being reported from non-STD clinics.



BICILLIN SHORTAGE

CHALLENGES IN ADDRESSING CONGENITAL SYPHILIS

Bicillin L-A® Shortage impacts care for persons with syphilis.

Pfizer alerts doctors to impending shortage of antibiotic, prioritize drug for patients

The New York Times

Antibiotic Shortage Could Worsen Syphilis Epidemic

The primary drug used to treat the sexually transmitted infection is set to run out of the U.S. supply by the end of the year, Pfizer warns.

FDA to Import Penicillin From France to Address Syphilis Drug Shortage

January 16, 2024

To address the ongoing U.S. shortages of Bicillin L-A, a temporarily approved French manufacturer Laboratoire Extencilline, (benzathine benzylpenicillin) a drug not ap

US syphilis cases are rising, and STD clinics warn they're struggling to find crucial antibiotic

SYPHILIS IS HARD!

Testing, staging, and treating syphilis are difficult! However, congenital syphilis is **preventable** through collaborative strategic partnerships and continuous education.

The background is a solid teal color with a 3D relief effect. It features a stylized profile of a human face on the left and right sides, with several wavy, white, ribbon-like lines scattered across the surface, resembling the appearance of the syphilis bacterium.

ADDRESSING CONGENITAL SYPHILIS

CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING CONGENITAL SYPHILIS

**SCREENING AND
TREATING SEXUALLY
ACTIVE PEOPLE**

01

**SCREENING AND
TREATING PEOPLE
WHO ARE PREGNANT**

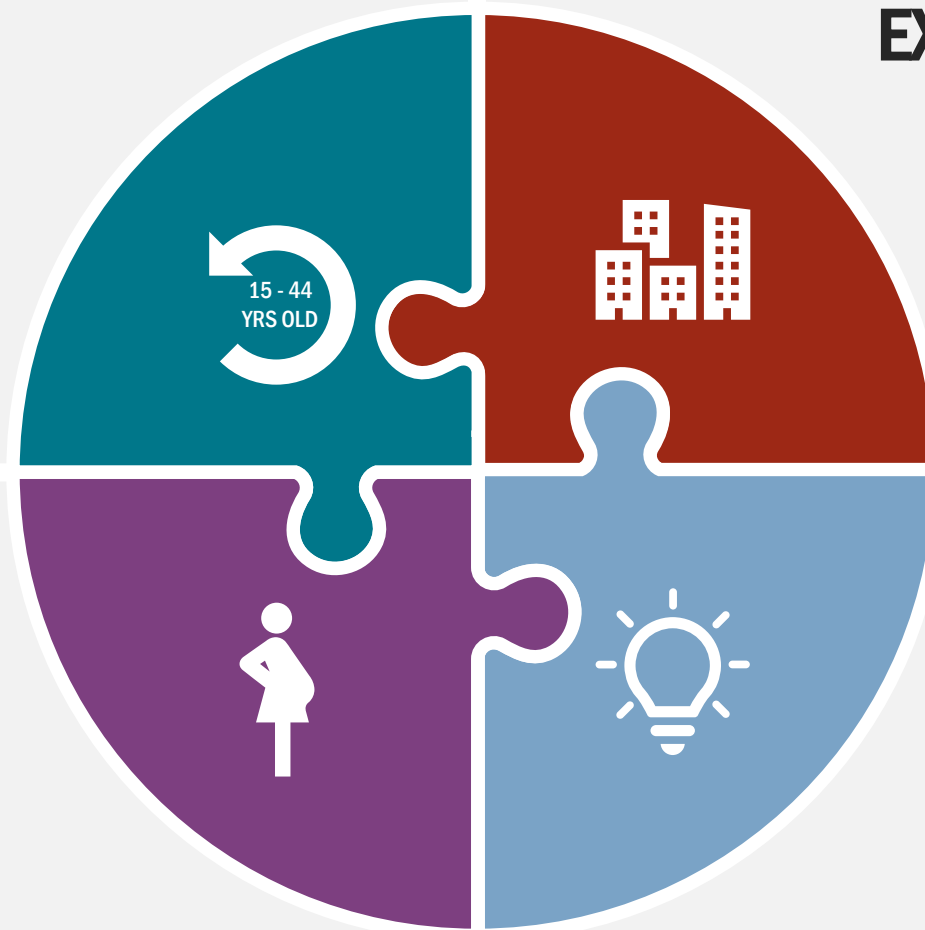
02

**EXPANDING SCREENING
IN NON-TRADITIONAL
VENUES**

03

**EDUCATION,
TRAINING, AND
SURVEILLANCE**

04



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING CONGENITAL SYPHILIS

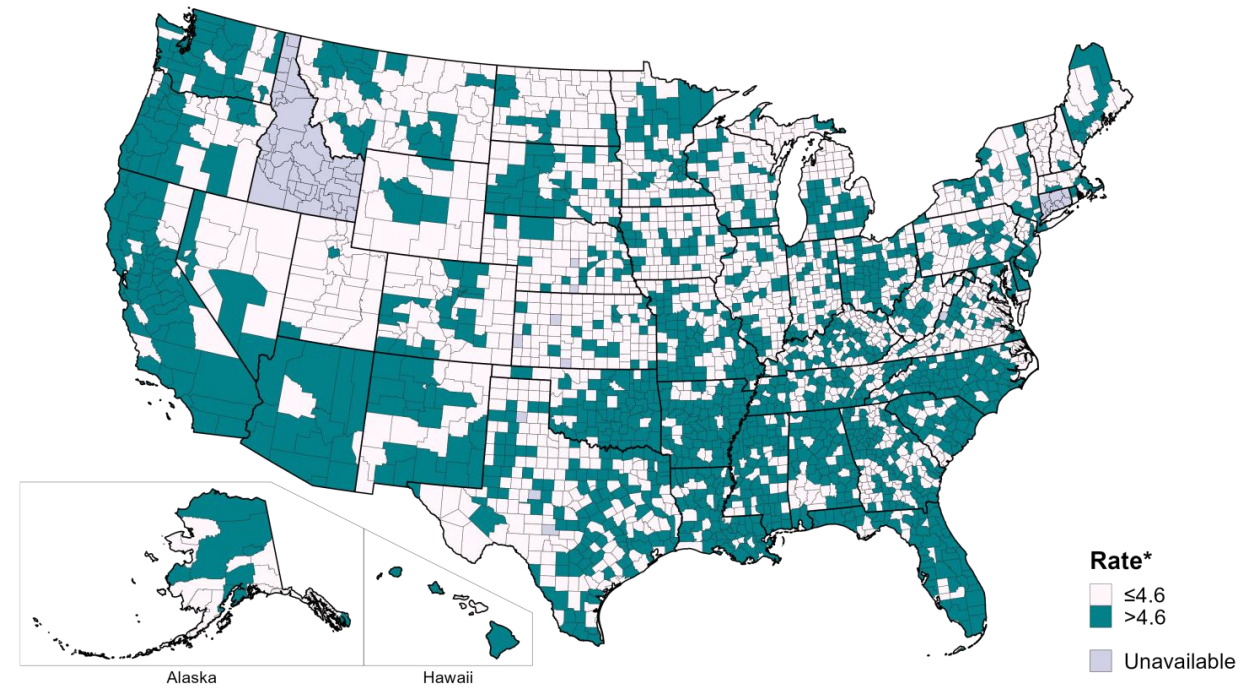
SCREENING AND TREATING OF SEXUALLY ACTIVE PEOPLE

If the person is sexually active, they should get tested for syphilis.

1. **Screen all sexually active people ages 15-44 for syphilis in counties where primary and secondary syphilis rate is above 4.6/100,000 among females aged 15-44 years.**

This includes 76% of the U.S. population.

2. **Screen people with increased risk of syphilis exposure.**
3. **Take comprehensive social and sexual health histories.** For information on how to do this: check out [NCSD's Webinar](#).



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING CONGENITAL SYPHILIS

SCREENING AND TREATING PEOPLE WHO ARE PREGNANT

All pregnant people should be tested for syphilis early in pregnancy.

1. **First prenatal visit** – Consider screening and treatment at the time of pregnancy confirmation if follow-up is difficult.
2. **28 weeks and at delivery** – Per ACOG’s new guidance
3. **All people delivering a stillborn infant.**
4. **Prioritize treating people who are pregnant with benzathine penicillin G as needed.**
5. **Test and treat the partners of people who are pregnant.**



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING CONGENITAL SYPHILIS

UPDATED ACOG RECOMMENDATIONS

All pregnant people should be tested for syphilis three times!

Obstetrician–gynecologists and other obstetric care professionals should screen all pregnant individuals serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth, rather than use a risk-based approach to testing.

The screenshot displays the ACOG Clinical Guidelines website. The navigation bar includes 'Clinical Guidance', 'Journals & Publications', 'Patient Education', and 'Topics', along with a search bar labeled 'Search ACOG Clinical'. The main content area features a search bar and a 'Jump to:' dropdown menu. The dropdown menu is open, showing options such as 'Updated ACOG Recommendation', 'Rationale', and 'References'. The 'Updated ACOG Recommendation' option is highlighted, and a teal arrow points from it to a purple text box on the right. This text box contains the updated recommendation: 'The American College of Obstetricians and Gynecologists (ACOG) continues to endorse the Centers for Disease Control and Prevention (CDC) Sexually Transmitted Infection Treatment Guidelines, 2021. However, in the context of the rapidly increasing rates of congenital syphilis, obstetrician–gynecologists and other obstetric care professionals should screen all pregnant individuals serologically for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth, rather than use a risk-based approach to testing.' Below this text box, the word 'Rationale' is visible.

Temporary Importation: Extencilline

EXP MFG LOT

EXTENCILLINE®

2,400,000 Units

Benzathine benzylpenicillin

**Powder and diluent for reconstitution
for injection IM**

Intramuscular injection only

- Agitate carefully before use
- Reconstitute with 5 mL of water for injections or 5 mL of injectable solution of lidocaine 0.5%.
Excipients with known effects:
sodium, soybean oil.
- Use immediately after reconstitution
- Single use

JD
LABORATOIRES
DELBERT

51750443

CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING CONGENITAL SYPHILIS

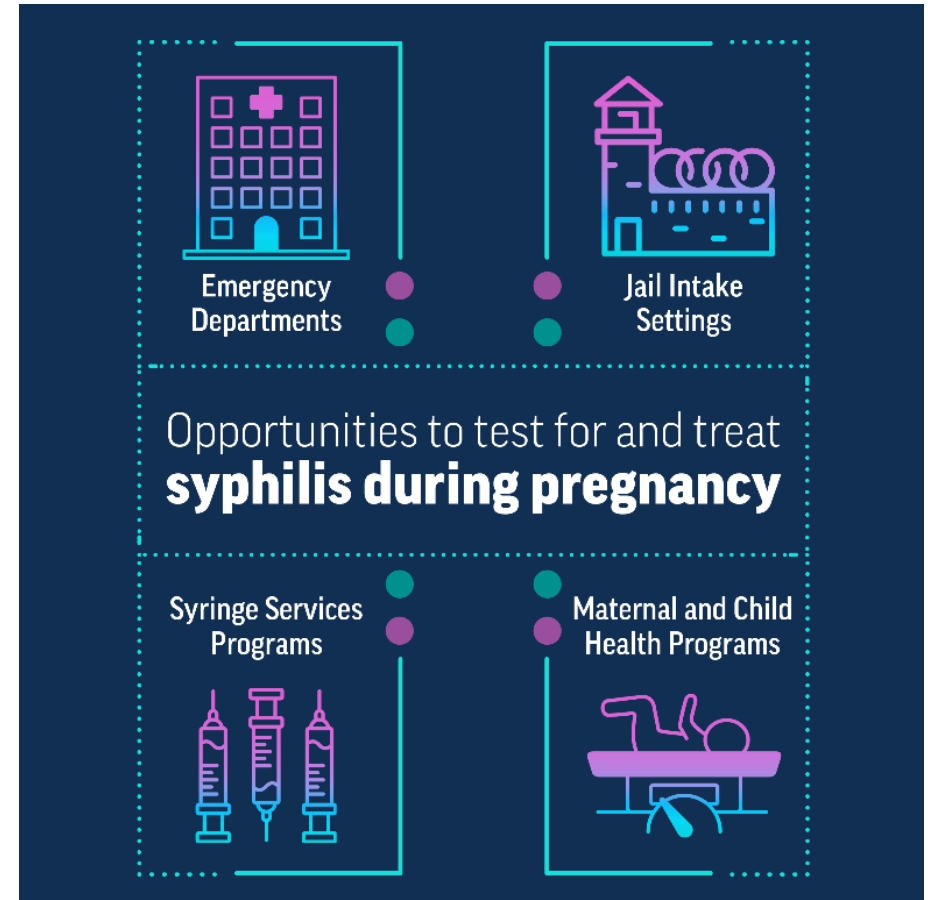
EXPANDING SCREENING IN NON-TRADITIONAL VENUES

Any healthcare encounter during pregnancy is an opportunity to prevent congenital syphilis!

1. Implement **routine screening** wherever people seek and receive care services.

- Jail Intake
- Emergency Departments/Urgent Care Centers
- Syringe Services Programs
- Homeless Shelters
- MCH Programs/Birthing Centers/Midwifery Services/Doula Care Services

2. Implement **rapid syphilis tests** when **lost to follow-up** is a concern.



CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING CONGENITAL SYPHILIS

EDUCATION, TRAINING, AND SURVEILLANCE

Talk about Syphilis! Talk about healthy sex and healthy pregnancies!

1. **Active syphilis and congenital syphilis surveillance in all 59 jurisdictions to identify trends and missed opportunities**
2. **Educate and train clinicians to screen, diagnose, and treat persons with syphilis.**
3. **Educate people who are pregnant about the risk to their pregnancy and baby if syphilis is left untreated.**
4. **Educate the general public about the rise in syphilis and the importance of getting tested and treated.**



What innovative approaches or interventions can be implemented to decrease congenital syphilis in your communities?

Nobody has responded yet.

Hang tight! Responses are coming in.

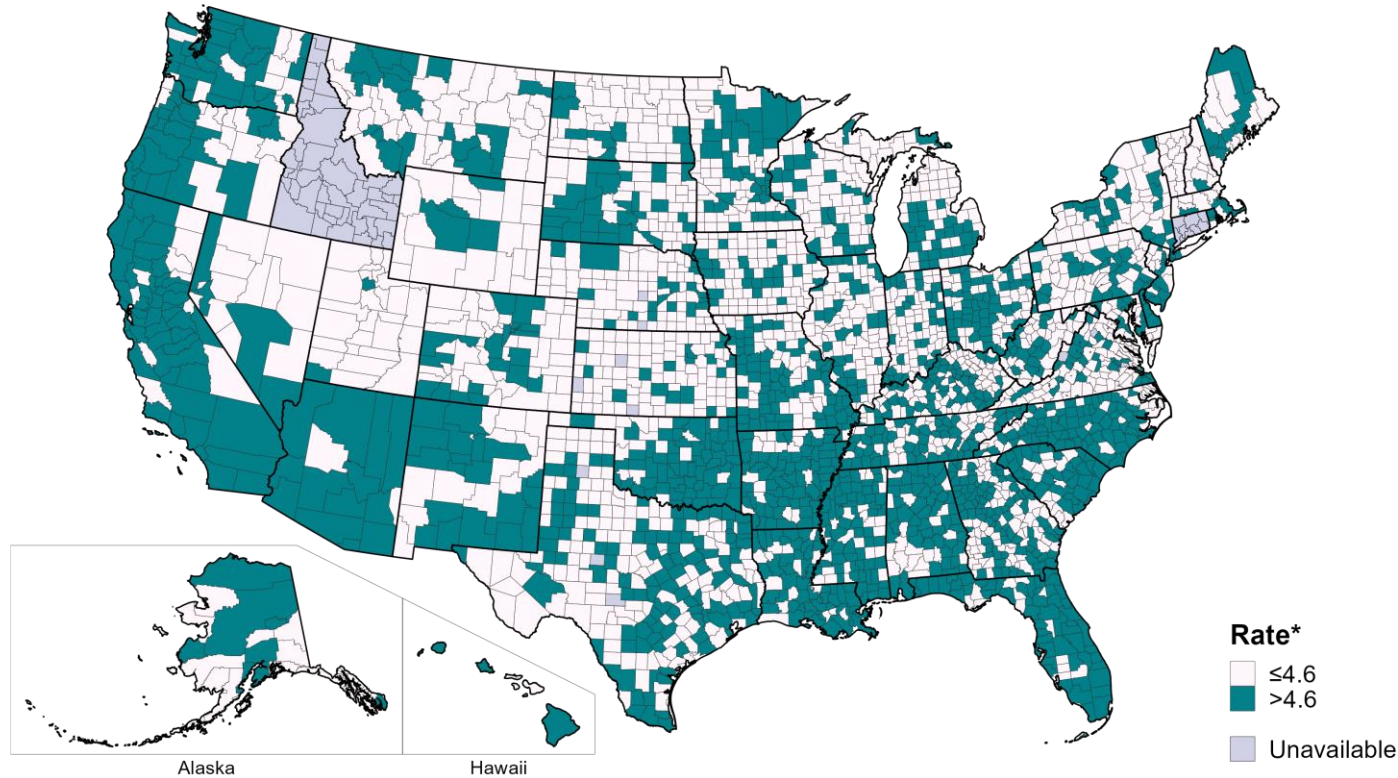
The background is a solid teal color with a 3D effect. It features several large, rounded, light-teal rock-like shapes scattered across the surface. Interspersed among these rocks are numerous white, wavy, ribbon-like lines that resemble water ripples or stylized waves. The overall aesthetic is clean and modern.

RESOURCES

CURRENT STRATEGIES AND RECOMMENDATIONS

ADDRESSING CONGENITAL SYPHILIS

WHAT'S YOUR COUNTY RATE?



Scan the QR Code Below to find out
your county rate

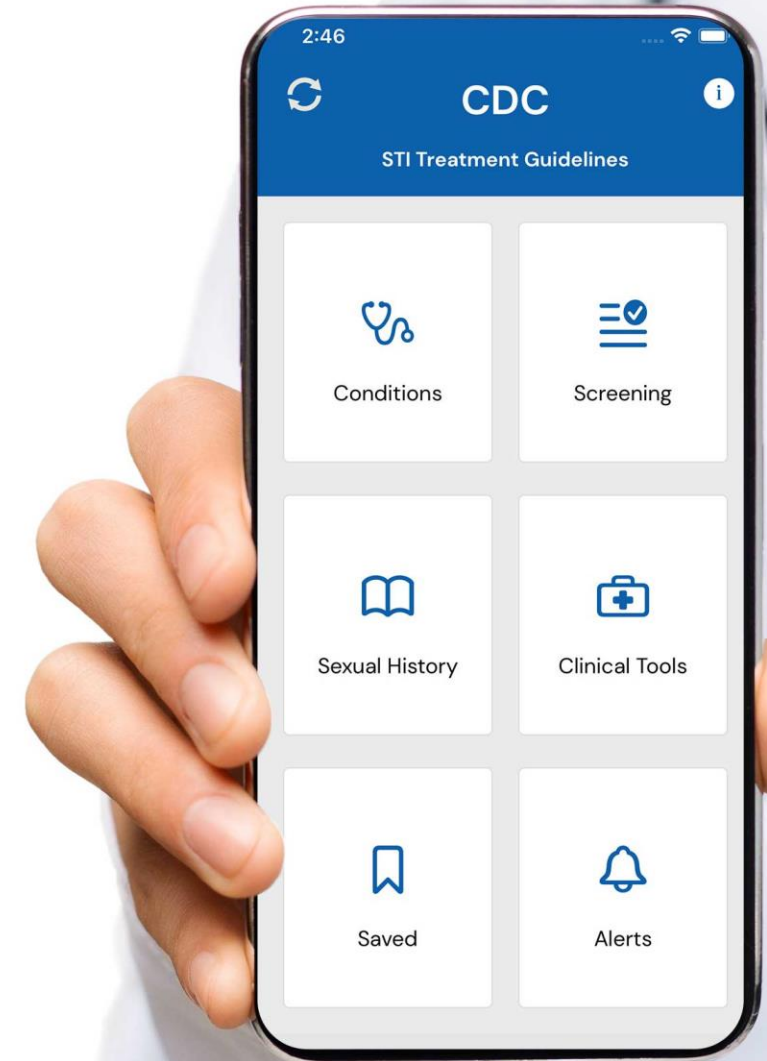
- Per 100,000
- NOTE: The Healthy People 2030 target for the rate of primary and secondary syphilis in women aged 15–44 years is 4.6 per 100,000.

The Updated 2021 STI Treatment Guidelines App Is Now Available

Get treatment regimens *FAST*

Download CDC's free app for iPhone and Android devices

www.cdc.gov/std





National Network of
STD Clinical Prevention
Training Centers

REGIONAL STD TRAINING CENTERS

OUR 8 REGIONAL CENTERS ASSIST CLINICIANS IN THEIR TRAINING AREAS ACROSS THE UNITED STATES



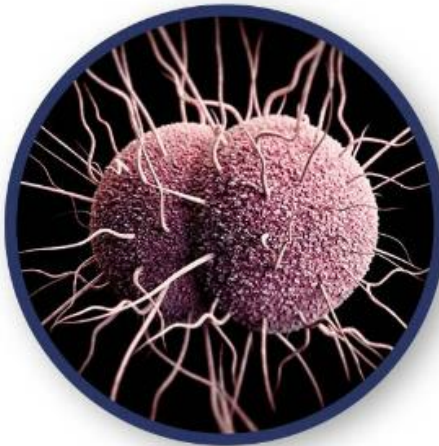
LEARN MORE ABOUT THE CENTERS ►

www.nnptc.org

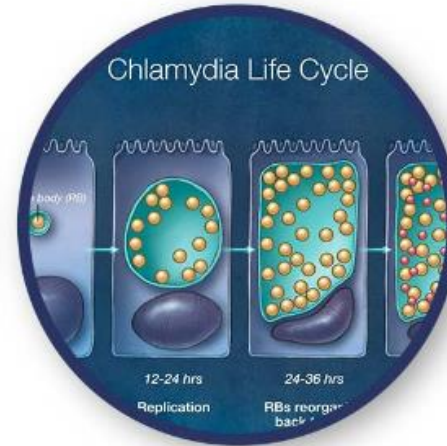


National STD Curriculum

THE MOST RECENT CDC STD
TREATMENT GUIDELINES INTEGRATED
INTO A FREE, UP-TO-DATE,
EDUCATIONAL WEBSITE. **FREE CE.**



SELF
STUDY



QUICK
REFERENCE



QUESTION
BANK

[EXPLORE THE CURRICULUM](#) ▶

www.std.uw.edu

CLINICIANS, Got a Tough STD Question?

GET FREE EXPERT STD CLINICAL
CONSULTATION AT YOUR FINGERTIPS



Ask your question



National STD experts review



Response within 1-5 business
days, depending on urgency

GO ▶

*THIS SERVICE IS FOR CLINICAL PROVIDERS, INQUIRIES FROM THE GENERAL PUBLIC WILL NOT BE ANSWERED

www.stdccn.org

RESOURCE HANDOUT



SYPHILIS AND CONGENITAL SYPHILIS RESOURCES

Syphilis rates are increasing nationwide, leading to an alarming rise in congenital syphilis cases. Below, you'll find links to essential resources to learn more about syphilis and congenital syphilis, raise awareness, and take action to help decrease rates.

GET UP TO SPEED ON SYPHILIS & CONGENITAL SYPHILIS



- [National Syphilis and Congenital Syphilis Syndemic \(NSCSS\) Federal Task Force Press Release](#)
- [CDC's STI Data and Statistics](#)
- [Vital Signs: Missed Opportunities for Preventing Congenital Syphilis](#)
- [American College of Obstetricians and Gynecologists \(ACOG\) Labor of Love Podcast | Season 3, Episode 2: Syphilis Surge: A Rising Concern in Pregnancy](#)
- [CDC Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the U.S.](#)
- [Council of State and Territorial Epidemiologists – Syphilis and Congenital Syphilis Surveillance Training](#)
- [University of Washington's National STD Curriculum](#)

SCREENING & TREATMENT RESOURCES



- [CDC Syphilis Screening Recommendations](#)
- [ACOG's Updated Recommendation on Syphilis Testing During Pregnancy](#)
- [County-level Syphilis Rates to Help Direct Screening Efforts](#)
- [CDC Syphilis and Congenital Syphilis Treatment Guidelines](#)
- [State Statutory and Regulatory Language Regarding Prenatal Syphilis Screenings in the United States](#)
- [National Commission on Correctional Health Care - Screening for Syphilis in Jails](#)

COMMUNICATION RESOURCES



- [CDC Congenital Syphilis Fact Sheet](#)
- [CDC Syphilis Fact Sheet](#)
- [CDC Syphilis Prenatal Screening \(Protect Your Baby\) Brochure](#)
- [CDC Syphilis Brochure](#)
- [CDC State STI Profiles](#)
- [CDC STI Social Media Resources](#)
- [OASH Office on Women's Health - Protect Against Syphilis and Congenital Syphilis Two-Pager](#)
- [Greater Than HIV - STI Digital Library on STI Prevention, Screening & Treatment](#)
- [Greater Than HIV - Ask Me Anything about STIs Video Series](#)
- [Indian Country ECHO - Syphilis Resource Hub - Indian Country ECHO](#)
- [March Of Dimes - Congenital Syphilis Infographic](#)
- [National Coalition of STD Directors - Collection of Congenital Syphilis Campaigns](#)

APPROACHES TO ADDRESSING CONGENITAL SYPHILIS



- [Title V MCH Dear Colleagues Letter](#)
- [Substance Abuse and Mental Health Services Administration \(SAMHSA\) Syphilis Dear Colleague Letter](#)
- [Association of State and Territorial Health Officials \(ASTHO\) – Effective Public Health Approaches to Reducing Congenital Syphilis](#)
- [American Medical Association Toolkit to Increase Screenings for STIs and HIV in Community Health Centers and Emergency Departments](#)
- [Health Alert Template for Congenital Syphilis](#)

Thank you!

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For more information, contact CDC
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



QUESTIONS & ANSWERS/ DISCUSSION

