



HEALTH ALERT NETWORK BROADCAST

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FROM: CO-CDPHE

SUBJECT: HAN Advisory - New screening recommendations for syphilis and congenital syphilis due to continued increase in Colorado

RECIPIENTS: Local Public Health Agencies / IPs / Clinical Labs / EDs / ID Physicians / Coroners

RECIPIENT INSTRUCTIONS: Local Public Health Agencies - please forward to distribution lists

HEALTH UPDATE | New screening recommendations for syphilis and congenital syphilis due to continued increase in Colorado | April 1, 2024

Health care providers: Please distribute widely in your office

This information is for the public health and health care community. Do not post this document on a public web or social media site.

Key points

- Colorado continues to experience a sharp rise in syphilis rates over the past few years:
 - Three-fold increase in incidence of all stages of syphilis from 2018 to 2023*
 - Seven-fold increase in incidence of congenital syphilis from 2018 to 2023*
- Colorado is considered an area of increased incidence of syphilis at this time. CDPHE is issuing new screening recommendations in response to this increase in cases. Screening requires use of a [standardized algorithm](#), including at least one treponemal and one non-treponemal test.

Screen:

- All sexually active people between the ages of 15 and 44 years.
- **All pregnant people three times:** at the first prenatal visit, early in the third trimester (28-32 weeks gestation), and at delivery.
- All pregnant people who present to an urgent care center or an emergency room if the patient has not received prior prenatal care or lacks documentation of adequate syphilis screening during their current pregnancy.
- People with an intrauterine fetal demise.
- All pregnant people as described above in correctional facilities, such as prisons, jails, and juvenile detention centers.
- Any person being evaluated for a sexually transmitted infection. Testing should include syphilis, HIV, gonorrhea, and chlamydia.
- Sexually active men who have sex with men (MSM) at least annually.
 - Screen MSM every three to six months if at increased risk. CDC considers increased risk to include history of incarceration or transactional sex work.
- Transgender and gender-diverse people at least annually based on reported sexual behaviors and exposure.
- Sexually active people living with HIV at first HIV evaluation, and at least annually thereafter. More frequent screening might be appropriate depending on individual risk behaviors and the local epidemiology.
- Infants born to any person who did not have prenatal care or syphilis screening prior to delivery before discharging from the newborn nursery.

- Evaluate all infants born to a birth parent who tested positive for syphilis during pregnancy.
- The number of stillbirths and fetal deaths attributed to congenital syphilis requires urgent action. In 2023, Colorado had four stillbirths and zero fetal deaths. So far in 2024, there have been 22 reported congenital syphilis cases, including five stillbirths and two fetal deaths*. By comparison, from January 1 through March 31, 2023, Colorado saw six congenital syphilis cases.
- STI testing and treatment (including HIV testing), or referral for these, is recommended if syphilis is in the differential diagnosis. To view a list of agencies that provide syphilis testing and treatment, visit the [Colorado STI/HIV Testing & Treatment Locator](#).
- **All positive syphilis testing, including point-of-care testing, must be reported within one working day in accordance with Board of Health Rule 6 CCR 1009-1 Section 5.**

*2023 and 2024 data is preliminary and subject to change.

Background information

In the United States and Colorado, syphilis cases have been sharply increasing, with a **three-fold increase in Colorado from 2018 to 2023**. One hundred and sixty-four (164) cases of primary and secondary syphilis were diagnosed in women 15-44 years old in 2023, a seven-fold increase since 2018. Based on preliminary 2023 data, 80% of women of reproductive age in Colorado live in counties with incidence over 4.6 per 100,000, which is the CDC threshold for universal screening of sexually active people aged 15-44 years.

The rate of congenital syphilis has been increasing nationally and in Colorado since 2012, with a **seven-fold increase in Colorado between 2018 and 2023**. A total of 50 cases of congenital syphilis were reported to CDPHE in 2023. Among the cases reported in 2023, syphilis was acquired during pregnancy 28% of the time. **This indicates that first trimester screening alone may be inadequate for congenital syphilis prevention. Syphilis cases among women of reproductive age increased by a factor of seven during the same time period (2018-2023)**. 52% of cases among women of reproductive age had no known social factors associated with increased risk of syphilis infection during 2017-2022. **This suggests that risk-based screening may also be insufficient.**

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema pallidum*. Syphilis is divided into stages (primary, secondary, latent, and tertiary), with different signs and symptoms associated with each stage. Detailed guidance on staging of syphilis can be found on [The Diagnosis, Management and Prevention of Syphilis: An Update and Review](#). A person with primary syphilis generally has an ulceration at the original site of infection (e.g., around genitals, anus/rectum, or mouth). These ulcers are usually (but not always) firm, round, and painless. Common symptoms of secondary syphilis include skin rash, swollen lymph nodes, and fever. The signs and symptoms of primary and secondary syphilis can be mild and might not be noticed. During the latent stage, there are no signs or symptoms, but the infection is present and could be progressing. Tertiary syphilis refers to gummas (soft, tumor-like growth of the tissues (granuloma) that occurs in people with late-stage tertiary syphilis, most often seen in the liver), cardiovascular syphilis, psychiatric manifestations (e.g., memory loss or personality changes), or late neurosyphilis.

A pregnant person can transmit syphilis to their child during any stage of syphilis and any trimester of pregnancy. However, the risk of transmission is highest if the person has acquired syphilis recently. Syphilis during pregnancy increases adverse pregnancy outcomes, including preterm birth and stillbirth. Up to 40% of babies born to people with untreated syphilis (if acquired within four years prior to delivery) will be stillborn

or die in infancy. Congenital syphilis can lead to newborn and childhood illness including hydrops fetalis; hepatosplenomegaly; rashes; fevers; failure to thrive; deformity of the face, teeth, and bones; blindness; and deafness. More information can be found on [CDC's Congenital Syphilis Fact Sheet](#).

Recommendations/guidance

Increased screening is recommended. See key points for Colorado's new screening recommendations.

Diagnosis and treatment

Early identification and treatment of syphilis, including partner treatment, is critical in preventing morbidity and decreasing transmission. Practices and providers should be familiar with [CDC syphilis screening recommendations](#); a detailed physical exam and serologic testing is necessary to stage syphilis and provide treatment according to the [CDC Sexually Transmitted Infections Treatment Guideline, 2021](#).

Screening requires use of a [standardized algorithm](#). Two tests are required to diagnose syphilis, a non-treponemal assay (i.e., Venereal Disease Research Laboratory [VDRL] or Rapid Plasma Reagin [RPR]) and a treponemal test (i.e., fluorescent treponemal antibody absorbed [FTA-ABS] tests, the *pallidum* passive particle agglutination [TP-PA] assay, etc).

Bicillin shortage

CDC has received reports that some STI programs are currently unable to procure enough intramuscular benzathine penicillin G (Bicillin L-A®) – the first-line recommended treatment for syphilis - for their jurisdictions. The manufacturer anticipates the issue will be resolved in the coming months: [Availability Update for Bicillin® L-A \(penicillin G benzathine injectable suspension\) and Bicillin® C-R \(penicillin G benzathine and penicillin G procaine injectable suspension\) Prefilled Syringes](#).

- On **January 16, 2024**, the FDA announced that they have [exercised enforcement discretion for a temporary importation and use of Extencillin](#) (benzathine benzylpenicillin injection, powder, for suspension) to mitigate the effects of the Bicillin L-A® drug shortage. See more in this [CDC letter](#).
- If you have any questions about treatment during the Bicillin shortage, please contact Adrianna Hervey (adrianna.hervey@state.co.us) or Lacy Mulleavey (lacy.mulleavey@state.co.us), Prevention Field Services Program Manager or call 303-692-2674.

CDPHE's [Bicillin Access Program](#) supports Colorado providers by purchasing a limited supply of medication and providing those medications directly to diagnosing providers. Use the [Bicillin Request Form](#) to request assistance. Please allow 48 hours for delivery. For immediate concerns, please contact the Prevention & Field Services program at 303-692-6226.

CDPHE's [Field-Delivered Therapy Program](#) delivers medication in the field (typically at home) to clients, their partner(s) or both. This is an appropriate option for individuals who are at increased risk for STIs, underinsured or uninsured, or unable or unlikely to seek treatment in a timely fashion. Trained health department staff conduct field-delivered therapy under the oversight of a health department physician. If you would like your patient to be considered for the program, complete the [referral form](#) and fax it back to CDPHE at 303-782-5393. All referrals will be reviewed within 48 hours.

Report

Providers must report all positive syphilis serology, including point-of-care rapid testing, within one working day of identification and relevant treatment information in accordance with Board of Health Rule 6 CCR 1009-1 Section 5. **Email reporting of point-of-care testing is strongly preferred.**

- Contact Juan Lopez-Reyes, CDPHE Syphilis Case Ascertainment Unit Supervisor, 303-829-4263 or by email at juan.lopez-reyes@state.co.us.
- Fax a confidential morbidity report (CMR) to CDPHE Laboratory Surveillance at 303-782-5393.
- CDPHE Disease Reporting Line: 303-692-2697 or 303-370-9395 (after hours).

More information

CDPHE STI/HIV Disease Reporting Line: 303-692-2697 or 303-370-9395 (after hours) Fax: 303-782-5393

CDPHE STI/HIV Disease Reporting Secure Email: cdphe_sti_hiv_vhеп_diseasereporting@state.co.us

Syphilis reporting form:

<https://drive.google.com/file/d/1r2qrZjlcwTvcWKarnF9eALBVBHPw4VwD/view?usp=sharing>

CDPHE data requests:

<https://docs.google.com/forms/d/e/1FAIpQLSeem-Hm2r63bCFCxd4gotzVJkXvpilYcs24yAmGUxfDMKZygw/vie wform>

Colorado STI/HIV testing and treatment locator:

<https://cohealthviz.dphe.state.co.us/t/STIHIVViralHepatitisPublic/views/ColoradoSTIHIVVHTestingandTreat mentLocator/SHTTLDashboard?%3Aembed=y&%3AisGuestRedirectFromVizportal=y>

Specialty-specific guidance: <https://cdphe.colorado.gov/sti-hiv-vh/syphilis-in-colorado/provider>

CDPHE Bicillin Access Program:

<https://drive.google.com/file/d/15SHKbLQOb9EuGyHjho2QrGZIYG7yuWdu/view>

CDPHE Disease Reporting Information: <https://cdphe.colorado.gov/report-a-disease>

CDC Syphilis Facts: <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>

CDC Syphilis Brochure: <https://www.cdc.gov/std/syphilis/Syphilis-Pocket-Guide-FINAL-508.pdf>

Syphilis in Pregnancy Pocket Card (PDF):

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Syphilis_in_Pregnancy_Pocket _Card.pdf

Self-Study STD Modules for Clinicians: <https://www.std.uw.edu/custom/self-study/syphilis>

What Healthcare Providers Can Do: www.cdc.gov/std/syphilis/CTAproviders.htm

CDPHE Website for Healthcare Professionals: <https://cdphe.colorado.gov/sti-hiv-health-care-professionals>

STD Clinical Consultation Network (STDCCN): www.stdccn.org

- Please contact CDPHE or STDCCN for more information on interpreting syphilis serologies.

Public health detailing request form:

https://docs.google.com/forms/d/e/1FAIpQLSfkd90tc1o6HvJ35KwG7Upucab8oSRY8LtiL_0YYQ4Lmhz-Yg/vie wform

CDC Doxy PEP information:

<https://www.cdc.gov/std/treatment-guidelines/clinical-primary.htm#CautionsForDoxyPEP>

Denver Prevention Center Doxy PEP information: <https://www.denverptc.org/doxy-pep-resources/>