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Albany County Healthcare Provider Alert

CONGENITAL SYPHILIS

July 19, 2018

Albany County had the **highest rate** of early syphilis in NYS (2016, exclusive of NYC)

From 2014-2017, a **1,000% increase** in women with early syphilis was seen in the Capital District region and 17 of the 22 cases in 2017 were residents of Albany County

In 2018, Albany County reported its **first congenital syphilis case since 2005**

- Providers who care for women of childbearing age are asked to review the attached NYSDOH recommendations for screening, diagnosis and treatment of syphilis.
- All providers are asked to maintain a high index of suspicion for patients at risk for syphilis and remember that rash is a common symptom in secondary syphilis.
- The attached alert also provides resources and recommendations for community based organizations and support service providers as well as healthcare providers.
- Questions, including challenges in obtaining Penicillin G for treatment, can be directed to the Albany County Department of Health's Epidemiology Office at 518-447-4640.



To: Family Planning Providers, Hospitals, Emergency Rooms, Community Health Centers, Urgent Care, College Health Centers, Local Health Departments, Community Based Organizations, and Internal Medicine, Obstetrics and Gynecology, Pediatric, Adolescent Medicine, Dermatology, Family Medicine, Infectious Disease, and Primary Care Providers

From: New York State Department of Health, AIDS Institute, Bureau of Sexual Health & Epidemiology

Date: July 16, 2018

**HEALTH ADVISORY: CONGENITAL SYPHILIS INCREASING IN NEW YORK STATE (NYS)
EXCLUDING NEW YORK CITY (NYC)**

SUMMARY

- **Congenital syphilis (CS) diagnoses increased 167% in 2017 (n=8) compared to the average number of annual diagnoses from 2014 – 2016 (n=3).**
- **Preliminary 2018 data suggest this concerning trend will continue, with four cases diagnosed in the first three months of the year.**
- **CS can cause miscarriage, stillbirth, prematurity, or death shortly after birth.**
- **Infants born with CS may have and/or develop deformed bones, neurological problems, skin rashes, severe anemia, jaundice, or meningitis.**
- **Providers who provide care for women of childbearing age are encouraged to take measures to ensure timely screening, diagnosis, and treatment of syphilis infection.**

BACKGROUND

Although the majority of primary and secondary (P&S) syphilis diagnoses are among men, rates have increased among women of childbearing age in NYS excluding NYC since 2014 (from 12 cases in 2014 to 41 in 2017). Increases in CS tend to follow increases in P&S syphilis among women.¹ NYS excluding NYC had 8 reported CS diagnoses in 2017, compared to 3 in each of the previous three years (a 167% increase between 2016 and 2017). Preliminary data suggest this trend may continue in 2018, with four CS diagnoses in the first three months of the year.

Health disparities are evident in syphilis rates among women of child bearing age. The P&S syphilis rate among Hispanic women is roughly three times that of non-Hispanic white women. The rate among non-Hispanic black women is 15 times higher that of non-Hispanic white women. Women of color are similarly disproportionately impacted with respect to CS rates.

Geographically, P&S syphilis in women of all ages increased 225% from 2014-2017 (16 cases to 52 cases) in NYS excluding NYC. The largest increases were seen in the Capital District region, with a 1,000% increase (2 cases in 2014, 22 cases in 2017) and the lower Hudson Valley, with a 600% increase (2 cases in 2014, 14 cases in 2017).

What Health Care Providers Can Do to Help Prevent Congenital Syphilis

¹ <https://www.cdc.gov/std/stats16/womenandinf.htm>

SCREENING

- All women should be screened for syphilis at the time pregnancy is first identified (per NYS Public Health Law Section 2308), and again upon delivery.
- Make sexual health a routine part of every prenatal visit, regardless of the outcome of the first syphilis test. Screen for syphilis and other sexually transmitted infections (STIs) as warranted (changes in sex partners or behaviors, STI status of sex partners, etc.).
- Determine the pregnancy status of all women diagnosed with syphilis.
- Consider screening for syphilis in patients who present with symptoms of unknown origin such as unexplained rashes, sores, or lesions.

DIAGNOSIS AND TREATMENT

- To diagnose syphilis, laboratory testing must include both treponemal and non-treponemal tests. Unless specified by the provider, the sequence of these tests (i.e. treponemal or non-treponemal test first) differs across laboratories and results must be carefully interpreted to distinguish current syphilis infection from previous infection. It is important that providers understand their syphilis screening algorithm. See the Centers for Disease Control and Prevention's (CDC) 2015 STD Treatment Guidelines for more information: <https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>
- In cases where the laboratory evidence of syphilis is inconclusive or ambiguous, women should be presumed infected (with or without symptoms) unless syphilis can be ruled out through evidence of treatment and patterns in follow-up antibody titers documented in the medical record.
- Providers are encouraged to work with the local health department to consult the syphilis registry, and to help inform syphilis diagnosis and treatment decisions.
- Treat all women with confirmed or suspected syphilis of any stage, or syphilis exposure, according to current CDC guidelines. The only recommended treatment option for pregnant women remains Penicillin G benzathine (Bicillin-LA). Pregnant women who report a penicillin allergy can be considered for further allergy testing to assess risks for IgE allergic reactions and should, as needed, be desensitized and treated with penicillin. See the CDC's 2015 STD Treatment Guidelines for more information: <https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>
- Treatment for CS in infants is determined based on maternal history of syphilis infection and treatment, and current laboratory and physical examination results. Consult the CDC 2015 Sexually Transmitted Diseases Treatment Guidelines for Congenital Syphilis: <https://www.cdc.gov/std/tg2015/congenital.htm>
- All infants diagnosed with CS should be physically and serologically monitored closely in the months following birth.
- Per NYS DOH Communicable Disease reporting requirements, immediately report new positive prenatal or delivery syphilis test to the local health department by phone, followed by submission of the confidential case report form (DOH-389). The state or local health department can assist in following-up with patients and their partners to ensure access to care. Information is available at www.health.ny.gov/forms/doh-389.pdf and www.health.ny.gov/forms/instructions/doh-389_instructions.pdf

Resources

Congenital Syphilis overview (courtesy of the Clinical Education Initiative):
https://ceitraining.org/courses/course_detail.cfm?medialD=415#.WuDcKleWYos

Signs and symptoms of syphilis: <https://www.cdc.gov/std/training/clinicalslides/>

Free and confidential HIV and STI testing is available at local health department STD clinics. For clinic locations and hours, please visit: www.health.ny.gov/diseases/communicable/std/clinics/

Clinical Education Initiative STD Center of Excellence:

866-637-2342 to access expert medical consultation on diagnosis, treatment and management of STD infections. Training calendar and archived webinars are available at www.ceitraining.org

NYSDOH Bureau of Sexual Health and Epidemiology at 518-474-3598 for information and assistance with STI reporting

Local Health Department and NYSDOH Regional Contacts for Partner Services:

https://www.health.ny.gov/diseases/aids/providers/regulations/partner_services/contacts.htm

National STD Curriculum: CDC-supported web-based training for clinicians. <https://www.std.uw.edu/>

HIV Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP):

www.health.ny.gov/diseases/aids/general/prep

What Community Based Organizations and Supportive Service Providers Can Do to Help Prevent STIs

- **Assess risk:** conduct a comprehensive behavioral sexual risk assessment for program participants/clients. Ask about specific behaviors, such as the number of partners, type of sex (i.e. vaginal, anal, oral), sex of partners, drugs used, and route of drug ingestion to help guide testing efforts.
- **Offer syphilis, HIV, and other STI testing to women of childbearing age:** Family Planning providers should screen for STIs as needed, regardless of pregnancy intention.
- **Support women of childbearing age in their family planning efforts,** including linkage to pregnancy testing, adherence to pre- and postnatal care visit schedule, medication adherence, and psychosocial supports.
- **Provide harm reduction services:** facilitate access to clean syringes and essential support services for drug users.
- **Engage in condom promotion, education, and distribution:** make condoms available at no cost and in ways that reduce embarrassment or discomfort. Information about the New York State Condom Program is available at <http://www.health.ny.gov/diseases/aids/consumers/condoms/nyscondom.htm>