



June 13, 2024

Dear Colleague:

The HHS Office of Minority Health (OMH) is sending a Call to Action to all OMH-funded awardees to inform and educate individuals and organizations within your communities and networks of the increase in [syphilis and congenital syphilis rates](#), to encourage health care providers to increase [testing and treatment for syphilis and congenital syphilis](#), and to facilitate implementing [local strategies to address this crisis](#).

In response to the surging cases of syphilis and congenital syphilis, the U.S. Department of Health and Human Services established the [National Syphilis and Congenital Syphilis Syndemic Federal Task Force](#) to slow the spread. The Task Force has prioritized sharing information and guidance with individuals and health care providers in communities most impacted by syphilis and congenital syphilis. Here are resources you might find helpful (additional resources can be found at the bottom of the letter):

**Screening:**

- [Syphilis Screening Recommendations and Considerations, Centers for Disease Control and Prevention \(CDC\)](#)
- [Syphilis Screening Recommendations, American College of Obstetricians and Gynecologists \(ACOG\)](#)

**Testing and Treatment:**

- [Syphilis Testing and Treatment Guidelines, CDC](#)

Syphilis is a serious infection that can damage the heart and brain and cause blindness, deafness, and paralysis. If untreated during pregnancy, it can cause miscarriage, stillbirth, lifelong medical issues, and even infant death. Syphilis is curable with antibiotics, and congenital syphilis can be prevented. According to the CDC, nearly 90% of congenital syphilis cases in 2022 could have been prevented with timely screening and treatment.<sup>1</sup> In light of the increase in cases, ACOG suggests screening all pregnant individuals for syphilis at the first prenatal care visit, followed by universal rescreening during the third trimester and at birth.<sup>2</sup> The CDC recommends using any health care encounter during pregnancy as an opportunity to screen for and treat syphilis.<sup>3</sup> Also, whenever feasible, testing and treatment by trusted health care providers may be done in patients' homes, shelters, or other public areas if patients cannot be reached through traditional prenatal care.

The full scope of the crisis is alarming. Data from CDC show an 80% increase in syphilis diagnoses from 2018-2022,<sup>4</sup> including more than 3,700 congenital syphilis cases in 2022 – more than 10 times the cases in 2012.<sup>5</sup> The increase in congenital syphilis follows a steady growth in primary and secondary syphilis among women of reproductive age and coincides with social and economic factors that create barriers to high-quality prenatal care.

Although the syphilis epidemic touches nearly every community, some populations are disproportionately impacted. Despite comprising 13% of the U.S. population and 14% of live births, Black or African American people represented 31% of all primary and secondary syphilis cases and experienced about 30% of congenital syphilis cases in 2022.<sup>6</sup> Primary and secondary congenital syphilis rates were highest among American Indian and Alaska Native people – comparable to rates from the pre-penicillin era when syphilis was difficult to cure. For every 155 American Indian and Alaska Native births in 2022, there was one congenital syphilis case.<sup>7</sup>

The fight against the syphilis epidemic requires a collective effort to protect and improve the health of our communities, especially those disproportionately affected. Thank you in advance for informing and educating your communities and networks and encouraging health care providers to increase testing and treatment of syphilis. For additional information on addressing the syphilis and congenital syphilis crisis, please contact your local health department.

Sincerely,

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Deputy Assistant Secretary for Minority Health  
Director, HHS Office of Minority Health

#### **Endnotes**

<sup>1</sup>[Syphilis in Babies Reflects Health System Failures | VitalSigns | CDC](#)

<sup>2</sup>[American College of Obstetricians and Gynecologists – Syphilis Screening Recommendations](#)

<sup>3</sup>[Vital Signs: Missed Opportunities for Preventing Congenital Syphilis - United States, 2022](#)

<sup>4</sup>[2022 U.S. Syphilis Cases Reach Highest Numbers Since the 1950s | NCHHSTP Newsroom | CDC](#)

<sup>5</sup>[U.S. Syphilis Cases in Newborns Continue to Increase | CDC Online Newsroom | CDC](#)

<sup>6</sup>[Syphilis Data: Table 27 & Table 33 - Sexually Transmitted Infections Surveillance, 2022 Figures \(cdc.gov\)](#)

<sup>7</sup>[HHS Announces Department Actions to Slow Surging Syphilis Epidemic | HHS.gov](#)

**Additional Resources**

1. [Syphilis Prenatal Screening \(Protect Your Baby\)](#) This 4-page, printable brochure promotes syphilis prevention and testing among people who are pregnant and at higher risk for syphilis infection.
2. [Clinical Training Center for Sexual and Reproduction Health \(CTC-SRH\) Syphilis Resources](#)
3. [Indian Country Extension for Community Healthcare Outcomes \(ECHO\): Syphilis Screening, Management and Treatment | May 28, 2024](#) This presentation provides a primary care approach to eliminating syphilis in Indian Country.
4. Indian Country ECHO [Syphilis Resource Hub](#)
5. [Bicillin Shortage: HHS response and treatment guidelines](#)
6. [STI Prevention Success Stories](#) This page highlights successful STI prevention efforts involving federal, state, and community-based initiatives.
7. [Provider Resources on Sexually Transmitted Infections \(cdc.gov\)](#)
8. [Vital Signs: Missed Opportunities for Preventing Congenital Syphilis - United States, 2022](#)