



September 17, 2024

Subject: Diagnosing and Preventing Congenital Syphilis

Dear Healthcare Provider,

Over the last several years, Texas has experienced a significant increase in syphilis, including cases of congenital syphilis (CS). As you know, CS can have profound effects on babies and is completely preventable with appropriate treatment. This issue is a priority for me, for DSHS, and for public health in Texas, and we need your help to turn the tide and protect some of our most vulnerable Texans.

### **Background**

The number of CS cases in Texas increased more than four-fold over five years, from **166 cases** in 2017 to **922 cases** in 2022, mirroring the increase seen in early syphilis cases among women of child-bearing age.<sup>1</sup> When we look at the national picture for 2022, Texas accounted for 10% of the births in the U.S.<sup>2</sup> but reported 25% of the CS cases.<sup>3</sup> An in-depth review of 2022 Texas data showed that many of the women who delivered babies with CS got care in the first or second trimester and a timely syphilis diagnosis, but they did not receive adequate treatment.<sup>1</sup>

According to preliminary data for 2023, the number of CS cases in Texas stayed roughly flat compared with 2022, which is great news. However, Texas continues to have an average of 2-3 babies born every day with CS. Thankfully, there are ways that we can work together to prevent, detect, and treat syphilis and improve health outcomes in our communities.

### **Provider Best Practices**

Texas state law changed in 2019 [[Texas Health & Safety Code 81.090](#)] and now **requires** routine syphilis screening **at least three times** during pregnancy:

- At the first prenatal examination and visit,
- During the third trimester visit (no sooner than 28 weeks gestation), and
- At delivery.

Other steps providers can take:

- Screen more frequently when clinically indicated or when a patient requests it, regardless of the healthcare setting.

Health Care Provider Letter  
September 17, 2024

- Complete a sexual health history as part of initial and annual primary care visits and anytime there are reproductive, genital, or urological issues.<sup>4</sup>
- Provide or arrange for treatment for any patient diagnosed with syphilis. Appropriate treatment depends on the patient's stage of syphilis. Treatment guidelines may be found at:  
<https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>.
- Encourage any patient diagnosed with syphilis to notify their sexual partners about the need for testing and treatment.<sup>4,5</sup> When possible and appropriate, provide expedited partner therapy.<sup>6</sup> These interventions can break chains of transmission and prevent reinfection.
- Keep in mind that a patient may need to be re-tested due to a new exposure to syphilis.
- Confirm the mother's syphilis test result is available and reviewed before a newborn is discharged from the hospital to ensure that the newborn receives any evaluation, treatment, and follow up needed.

### **Coordination with Public Health**

All syphilis infections, including CS, must be reported within seven days to the appropriate public health department for the patient's residence.

- Please use Form STD-27 to report positive test results, information about the patient's sexual partners, and details of treatment.
- Please tell the patient diagnosed with syphilis that public health staff will be calling them to follow up on their syphilis diagnosis and to help ensure sexual partners are notified, tested, and treated.

### **Resources**

More information is available on our website by visiting our [Congenital Syphilis Provider Resources](#) page at [dshs.texas.gov/congenital-syphilis/providers](https://dshs.texas.gov/congenital-syphilis/providers). For questions about syphilis screening, diagnosis, or treatment in pregnancy, please contact DSHS at (737) 255-4300 or [hivstd@dshs.texas.gov](mailto:hivstd@dshs.texas.gov).

Sincerely,



Jennifer A. Shuford, M.D., M.P.H.  
DSHS Commissioner

Health Care Provider Letter  
September 17, 2024

References:

1. Texas Department of State Health Services. Congenital Syphilis in Texas in 2022. Available at: [dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf](https://dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf). Accessed 9/8/2024.
2. Osterman MJK, Hamilton BE, Martin JA, Driscoll AK, Valenzuela CP. Births: Final data for 2022. National Vital Statistics Reports; vol 73, no 2. Hyattsville, MD: National Center for Health Statistics. 2024. Available at: <https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf>. Accessed 9/8/2024.
3. CDC. STI Surveillance, 2022. Available at: <https://www.cdc.gov/std/statistics/2022/default.htm>. Accessed 9/8/2024.
4. Barrow RY, Ahmed F, Bolan GA, et al. Recommendations for Providing Quality Sexually Transmitted Diseases Clinical Services. MMWR Recomm Rep 2020;68(No. RR-5):[7].
5. CDC. Sexually Transmitted Infections Treatment Guidelines, 2021. Available at: <https://www.cdc.gov/std/treatment-guidelines/toc.htm>. Accessed 9/8/2024.
6. Texas Department of State Health Services. Expedited Partner Therapy (EPT). Available at: [dshs.texas.gov/hivstd/ept](https://dshs.texas.gov/hivstd/ept). Accessed 9/8/2024.