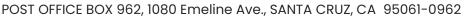


County of Santa Cruz

HEALTH SERVICES AGENCY







PUBLIC HEALTH ADVISORY

To: Santa Cruz County Healthcare Providers

From: Lisa B. Hernandez, MD, MPH, County Health Officer

Subject: Updated Syphilis Screening Recommendations

Date: October 24, 2024

Situational Update

The California Department of Public Health (CDPH) has issued updated syphilis serologic screening recommendations in response to the rising rates of syphilis and congenital syphilis across the state. In Santa Cruz County, we have observed concerning trends, particularly among female cases. Women represented approximately one-third of early syphilis cases in 2023. This proportion of female cases has continued to increase, which is of concern given the risk for congenital syphilis. In 2021, the county recorded 5 congenital syphilis cases. While our numbers have recently shown improvement, with only one case reported this year, maintaining this positive trend will require ongoing vigilance in screening and evaluation.

Background

- California experienced a significant increase in syphilis rates from 2020 to 2022
- In response, the CDPH STD Control Branch has updated its screening guidelines to address this ongoing epidemic

Key Recommendations

The new guidelines expand both the scope and frequency of screening compared to previous recommendations, with the goal of better controlling syphilis transmission and preventing congenital syphilis cases.

ACTIONS REQUESTED OF HEALTHCARE PROVIDERS

- All sexually active persons 15-44 years old, regardless of gender identity or sexual orientation, should now be screened for syphilis at least once in their lifetime. Following the initial screen, CDPH recommends that syphilis screening be offered annually to all sexually active people 15-44 years old. More frequent screening should be considered for sexually active adults and adolescents of any age at increased risk of syphilis infection.
 - a. Individuals at increased risk for syphilis include men who have sex with men, persons with HIV or on HIV preexposure prophylaxis, pregnant people with late or limited prenatal care,

and people experiencing homelessness or unstable housing, methamphetamine use, incarceration (within the past year), or persons with a new/recent STI diagnosis.

- 2. Syphilis testing should be included whenever a person of any age is tested for HIV or other sexually transmitted infections, including mpox.
- 3. All pregnant persons, regardless of risk behaviors, should be screened for syphilis three times:
 - a. Once at confirmation of pregnancy or at the first prenatal encounter (ideally in the first trimester),
 - b. Early in the third trimester (at approximately 28 weeks gestation or as soon as possible thereafter), and
 - c. Again at delivery.
- 4. All persons 15-44 years old who enter a correctional facility should ideally be screened for syphilis, preferably at intake. If not completed at intake, syphilis screening should be done as close to intake as possible or included as part of the initial medical examination/health appraisal.
- 5. Emergency departments and hospital-affiliated urgent care clinics should screen all pregnant persons for syphilis prior to discharge if syphilis test results are not available for the current pregnancy. Healthcare providers are encouraged to empirically treat for syphilis while awaiting confirmatory testing, if clinically indicated, particularly if the likelihood of patient follow up is uncertain.
 - a. Consider opt out testing and rapid tests

Population or Setting	Former CDPH Recommendations	Updated CDPH Recommendations (2024)
Sexually active	All sexually active people who could	INCLUSIVE OF ALL GENDERS AND SEXUAL
	become pregnant should receive at least	ORIENTATIONS:
	one lifetime screen for syphilis,	All sexually active persons 15-44
	with additional screening for those at	years old should be screened for syphilis
	increased risk.	at least once in their lifetime and
		be <u>offered screening</u>
		annually thereafter. More frequent
		screening should be considered
		for sexually active adults and adolescents
		of any age at increased risk of syphilis
		infection.
During other STI	All sexually active people who could	Syphilis testing should be included
screening	become pregnant should be screened for	whenever <u>a person of any age</u> is tested
	syphilis at the time of each HIV test.	for HIV or other sexually transmitted
		infections, including mpox.
	All pregnant persons should be screened	All pregnant persons, regardless of risk
	for syphilis <u>at least twice during</u>	behaviors, should be screened for syphilis
	<u> </u>	
	pregnancy or at the first prenatal	1. Once at confirmation of
	encounter (ideally during the first	pregnancy or at the first prenatal
	trimester) – and again during the third	encounter (ideally in the first
	trimester (ideally between 28-32 weeks	trimester),
	gestation), regardless of whether such	2. Early in the third trimester (at
	testing was performed or offered during	approximately 28 weeks gestation
	the first two trimesters.	or as soon as possible thereafter),
	Patients should be screened for syphilis at	and
	delivery except those at low risk who have	3. Again at delivery.

	a documented negative screen in the third	
	trimester.	
Correctional facilities	All people who are or could become	All persons 15-44
	pregnant entering an adult correctional	year old who enter a correctional
	facility <u>located in a local</u>	facility should ideally be screened for
	health jurisdiction with high-CS	syphilis at intake. If not completed at
	morbidity should be screened for syphilis	intake, syphilis testing should be done as
	at intake, or as close to intake as feasible.	close to intake as possible or included as
		part of the initial medical
		examination/health appraisal.
Emergency	Emergency department (ED) providers in	REGARDLESS OF LOCAL Congenital
departments &	local health jurisdictions with high-CS	Syphilis RATES:
hospital-affiliated	morbidity should consider confirming the	Emergency departments and hospital-
urgent care clinics	syphilis status of all pregnant patients	affiliated urgent care clinics should screen
	prior to discharge, either via documented	all pregnant persons for syphilis prior to
	test results in pregnancy, or a syphilis test	discharge if syphilis test results are not
	in the ED if documentation is unavailable.	available for the current pregnancy

ADDITIONAL RESOURCES

- <u>California Department of Public Health (CDPH) Updates Syphilis Screening Recommendations</u>
 10/14/24
- American College of Obstetricians and Gynecologist: <u>Practice Advisory: Screening for Syphilis in Pregnancy.</u> April 2024. Accessed May 10, 2024.
- CDC: <u>Screening Recommendations and Considerations Referenced in the Treatment Guidelines and Original Sources</u>. Accessed May 20, 2024.
- CDPH STD Control Branch: California STI Screening Recommendations. Accessed May 10, 2024.
- FDA Drug Shortages: Updates on Bicillin L-A, Injection Shortage

Health Alert: conveys the highest level of importance; warrants immediate action or attention. **Health Advisory:** provides important information for a specific incident or situation; may not require immediate action.

Health Update: provides updated information regarding an incident or situation; unlikely to require immediate action.