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## NEW MEXICO HEALTH ALERT NETWORK (HAN) ALERT

### Renewed Recommendations for Syphilis Screening to Reduce Rising Rates of Congenital Syphilis

October 18, 2024

#### Background:

In the United States, cases of congenital syphilis have increased every year since 2013. The Centers for Disease Control and Prevention (CDC) reported 3,755 cases of congenital syphilis in the US in 2022, including 282 congenital syphilis-related stillbirths and infant deaths.

- In 2022, the US congenital syphilis rate was 102.5 cases per 100,000 live births (210% increase from 2018)
- In 2022, the New Mexico congenital syphilis rate was **355.3 per 100,000** live births (777% increase from 2018)<sup>1</sup>
- In 2023, the New Mexico Department of Health (NMDOH) reported 91 cases of congenital syphilis (20% increase from 2022 and 810% increase in the last 5 years)<sup>2</sup>
- In 2023, NMDOH reported 16 fetal demises, and 1 infant death related to congenital syphilis in NM.

#### New Mexico:

New Mexico had the highest rate of congenital syphilis in the nation in 2022 (the most recent finalized CDC data)<sup>1</sup> with rates more than triple the national average. New Mexico first issued a congenital syphilis Public Health Order (PHO) in 2020 to increase awareness of rising rates of congenital syphilis statewide and to recommend expanded testing in pregnancy. While this approach has led to the successful treatment of many pregnant people and the prevention of many cases of congenital syphilis, congenital syphilis cases continue to increase. Similarly, the rates of syphilis in the non-pregnant population continue to rise.

Given the continued high rates of syphilis in NM, NMDOH is reissuing the PHO and renewing the following syphilis screening recommendations: screen pregnant people during the first and third trimesters, and at the time of delivery; and *screen all non-pregnant individuals ages 18 – 50 yearly.*

The recommendation for screening in non-pregnant people is based on the following:

1. **High rates of syphilis across the state.** NM had the second highest rate of primary/secondary syphilis in the nation in 2022<sup>1</sup> with rates more than double the national average. Historically, syphilis screening and interventions have targeted individual risk factors, but for many sexually active persons, their most significant risk factor is living in a community with high rates of

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<sup>1</sup> [Sexually Transmitted Infections Surveillance, 2022 \(cdc.gov\)](https://www.cdc.gov/mmwr/mmwr-reports/sexual-transmitted-infections-surveillance-2022)

<sup>2</sup> [Sexually Transmitted Diseases Surveillance Report 2023](https://www.nm.gov/health/sexually-transmitted-diseases-surveillance-report-2023)

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syphilis. For this reason, CDC guidelines recommend syphilis screening for all sexually active persons in communities with high rates of syphilis<sup>3</sup>. While CDC reports primary/secondary syphilis because these stages are the most infectious, all stages of syphilis have the potential for serious health outcomes if not addressed. Neurosyphilis can occur at any time in the infection and can cause loss of vision or hearing, among other serious outcomes.

2. **Decreased efficacy of contact tracing.** Testing contacts of people diagnosed with syphilis is an efficient approach to interrupting transmission. NMDOH Disease Intervention Specialists (DIS) continue to reach out to anyone diagnosed with syphilis to confirm treatment and to contact partners named by the patient. However, this strategy alone has not been sufficient to decrease syphilis rates, making broader screening more important for detecting cases of syphilis.
3. **Rising congenital syphilis cases:** Despite four years of mandatory testing of pregnant people (per the prior public health orders), congenital syphilis cases continue to rise. Lack of timely prenatal care and lack of adequate treatment for a pregnant person despite a timely diagnosis are the two most commonly missed opportunities for congenital syphilis prevention. Structural barriers to care such as poverty, stigma of substance use in pregnancy, citizenship status, lack of healthcare coverage, and low sexual literacy also contribute to this rise in cases. Therefore, testing of all adults provides another mechanism for early detection and treatment, before syphilis is passed to a pregnant person.

#### **Direction for Healthcare Providers:**

1. **Screen people ages 18 – 50 for syphilis at least once in the next 12 months or more often as recommended based on individual risk or pregnancy status.**
2. **Testing for pregnant people:**
  - a. Test for syphilis in both the 1<sup>st</sup> trimester (or initial prenatal visit) and 3<sup>rd</sup> trimester (at 28-32 weeks gestational age) of pregnancy.
  - b. Test for syphilis at delivery.
  - c. Syphilis testing for all pregnant people who present to urgent care or an emergency room if the patient has not received prior prenatal care.
  - d. Syphilis testing of any woman with an intrauterine fetal demise at any gestational age.
  - e. Syphilis testing for all pregnant people at correctional facilities, including prisons, jails, and juvenile detention centers, at the intervals listed above.
3. **Consider syphilis in all pregnant persons:**

Syphilis during pregnancy is associated with miscarriage, stillbirth, perinatal death, preterm delivery, and congenital infection. Timely diagnosis and treatment of syphilis among pregnant people can prevent congenital syphilis.

Most people who gave birth to babies with congenital syphilis received limited or no prenatal care. Therefore, *every health encounter* with a pregnant person can be considered an opportunity to test for syphilis. Maternal risk factors for syphilis during pregnancy include<sup>4</sup>:

- sex with multiple partners,
- sex in conjunction with drug use or transactional sex,

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<sup>3</sup> [Vital Signs: Missed Opportunities for Preventing Congenital Syphilis — United States, 2022 | MMWR \(cdc.gov\)](#)

<sup>4</sup> [Syphilis During Pregnancy - STI Treatment Guidelines \(cdc.gov\)](#)

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- late entry to prenatal care or no prenatal care,
- methamphetamine or heroin use,
- incarceration of the woman or her partner,
- unstable housing or homelessness

#### 4. Treatment:

Benzathine penicillin G (Bicillin L-A®) is the **only approved antimicrobial for treating syphilis in pregnancy** and preventing congenital syphilis. Pregnant people with penicillin allergies should be desensitized and treated with penicillin according to the dosage schedules appropriate for the stage of syphilis. Complete information on syphilis treatment can be found in the [CDC 2021 STD Treatment Guidelines](#).

There has been a nationwide shortage of Bicillin L-A®; however, supply has improved with both the 1.2- and 2.4-million-unit presentations currently available per the FDA<sup>5</sup>. Bicillin L-A® is recommended over doxycycline and should once again be used to treat all appropriate patients.

#### 5. Prevention:

Congenital syphilis can be prevented with timely screening and prompt treatment. During pregnancy care, providers should assess the risk for reinfection and prevent reinfection by treating all sex partners.

Providers should also be aware of the [indications for doxy-PEP](#) as an STI prevention strategy. Taking a 200mg dose of doxycycline within 72 hours of condomless sex has been shown to decrease acquisition of chlamydia, gonorrhea, and syphilis by 60% in men who have sex with men and transgender women.

#### 6. Reporting:

New Mexico law requires that syphilis infections be reported to NMDOH within 24 hours of diagnosis. Reporting allows cases to be investigated and partners to be contacted. NMDOH has more than 25 Disease Intervention Specialists (DIS) who are certified to conduct confidential syphilis case investigations.

Fax completed reporting forms to the NMDOH STD Program at (505) 207-7991 or (505) 476-3638. Reporting form: [nmhealth.org/publication/view/form/1594/](https://nmhealth.org/publication/view/form/1594/)

For consultation, including results from previous testing, providers can call the NMDOH Help Line at [1-833-SWNURSE](tel:1-833-SWNURSE) (1-833-796-8773).

NMDOH STD program information: <https://NMDOH.org/about/phd/idb/std/>

Read the full public health order [here](#).

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<sup>5</sup> [FDA Drug Shortages](#)

**New Mexico Health Alert Network:** *To register for the NM Health Alert Network, please visit the following site [New Mexico Health Alert Network \(HAN\) Registration & Access Portal - New Mexico \(readyop.com\)](http://readyop.com). Please fill out the registration form completely and click Submit at the bottom of the page, to begin receiving Important health alerts, advisories, and updates.*

**Please Note** that our system also utilizes text messaging to notify members of important health information. Due to FCC Regulation changes that are designed to decrease the amount of unwanted spam text messages sent each year to citizens, please save, this phone number **(855) 596-1810** as the **“New Mexico Health Alert Network”** default phone number for your account used for text messages on the mobile device(s) you register with us.

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