

## HEALTH ALERT

**Summary of new syphilis screening recommendations from CDPH:**

- Screen all pregnant people according to CDPH recommendations (see chart below).
- Screen all male and female patients with risk factors for syphilis (see list of risk factors, including: multiple sexual partners - 2 or more in past 12 months, sex while using drugs or alcohol, STI within past 12 months).
- Given these recommendations, HCPH strongly recommends adding syphilis screening to all routine STI screening (HIV, Gonorrhea/Chlamydia, and Hepatitis C).
- See frequency of screening for specific populations in updated chart from CDPH

Dear Healthcare Providers,

Recently the California Department of Public Health (CDPH) has released new provider guidance for syphilis screening: [“Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis”](#). This expanded screening recommendation is an effort to address California’s rising rates of syphilis and prevent the devastating effects of syphilis in pregnancy: congenital syphilis (CS)<sup>1</sup>.

From 2012-2018, California saw a 500% increase in syphilis infections among females and a 900% increase in CS. In 2018, CS affected 329 infants Statewide. Locally, Humboldt County saw syphilis increase 450% in females age 15-44; from 2016 (2 cases) to 2020 (11 cases) with a total incidence of 42 syphilis cases over that time. Additionally, in 2020, Humboldt County reported a case of congenital syphilis for the first time in over a decade.

**Given the alarming increase in syphilis in females and CS in particular, CDPH has expanded syphilis screening in pregnancy and for people who may become pregnant. In addition, CDPH recommends following syphilis screening guidelines for all genders.**

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<sup>1</sup> Congenital syphilis (CS) is defined as the manifestation of *Treponema pallidum* infection in a fetus or infant, acquired via vertical (i.e. transplacental) transmission. Vertical transmission can occur at any gestational age, during all stages of maternal syphilis infections including primary, secondary, early latent and late latent disease. If left untreated, syphilis in pregnancy can cause multiple prenatal complications including intrauterine growth restriction, preterm labor, placental abnormalities, and stillbirth. The effects of CS among live born infants include rash and skin lesions, hepatosplenomegaly, thrombocytopenia, central nervous system manifestations, pulmonary infection, skeletal malformations and facial disfiguration.



The California Department of Public Health recommends:

Pregnant people	<ul style="list-style-type: none"> <li>• Once at either confirmation of pregnancy, or at the first prenatal encounter (ideally during the first trimester)</li> <li>• Third trimester, ideally between 28-32 weeks' gestation</li> <li>• At delivery if no negative screen documented in third trimester or if risk factors for syphilis are present</li> <li>• Prior to Emergency Department (ED) discharge, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable</li> <li>• If incarcerated at an adult correctional facility, at intake or as close to intake as possible</li> </ul>
Non-pregnant people who could become pregnant in the future	<ul style="list-style-type: none"> <li>• At least once, more frequently if at increased risk*</li> <li>• At the time of each HIV test</li> <li>• If incarcerated at an adult correctional facility, at intake or as close to intake as possible</li> </ul>
Male assigned at birth: MSW	<ul style="list-style-type: none"> <li>• If at increased risk*</li> </ul>
Male assigned at birth: MSM/MSMW & TGW	<ul style="list-style-type: none"> <li>• Annually</li> <li>• More frequently if at increased risk</li> </ul>
All genders: Using HIV PrEP	<ul style="list-style-type: none"> <li>• Every 3 months</li> </ul>
All genders: HIV-seropositive	<ul style="list-style-type: none"> <li>• Annually</li> <li>• More frequently if at increased risk*</li> </ul>

MSW: Man who has sex with women; MSM: Man who has sex with men; MSMW: Man who has sex with men and women; PrEP: Pre-Exposure Prophylaxis; TGW: Transgender Woman

\*Recognized Risk Factors for Syphilis among People Who Are or Could Become Pregnant



**\*Recognized Risk Factors for Syphilis among People Who Are or Could Become Pregnant**

- Multiple sex partners (two or more sexual partners in past 12 months)
- Having sex under the influence of alcohol or drugs
- Diagnosis of another STD within the past 12 months
- Late prenatal care
- HIV Infection
- Living in a local health jurisdiction with high syphilis morbidity among females
- Living in a local health jurisdiction with high-CS morbidity
- History of syphilis infection
- Methamphetamine use
- Intravenous drug use
- Homeless or unstable housing
- Recent incarceration or a sex partner who was recently incarcerated
- Having sex in exchange for resources, such as money or drugs
- Sex partners who are MSMW or who have other concurrent partners
- Pelvic pain or a diagnosis of pelvic inflammatory disease (PID)

**For any questions, call the Humboldt County Public Health Communicable Disease Program at (707) 268-2182.**

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Thank you for the excellent medical service you bring to this community.

Sincerely,



Ian Hoffman, MD, MPH  
Health Officer Humboldt County

