



December 4, 2023

Alaska Department of Health
Division of Public Health
3601 C St, Suite 540
Anchorage, AK, 99503

Dear Alaska Provider,

In response to the rise in congenital syphilis (CS), **CDC recommends increased testing for syphilis in pregnant and nonpregnant reproductive-age patients and their sexual partners.**

The national incidence of CS has increased ten-fold in recent years. Prior to 2020, Alaska had an average of <1 CS case per year; in 2022, 12 cases were reported. We request your support in testing women of reproductive age and their sexual partners for syphilis.

National [estimates](#) indicate that about 90% of CS cases can be prevented with timely testing and treatment during pregnancy. During 2022 in Alaska, 75% of mothers who gave birth to a child with CS had <4 prenatal care visits and 42% had no prenatal care. Mothers at highest risk for syphilis include those experiencing hardships such as homelessness or addiction.

The following table provides current testing guidance for Alaska clinicians:

Population	Testing recommendation
Anyone with symptoms of syphilis	Test immediately. Treat for syphilis if reactive (positive) or symptomatic. Empiric treatment while a test is pending is recommended when the pre-test probability is high or there is a high risk of the patient being lost to follow up.
Anyone with known/suspected exposure to syphilis (sexual contact with a person with primary, secondary, or early latent syphilis) within the past 90 days	Test immediately. Treat presumptively for early syphilis regardless of the test result.
Anyone with a known or suspected exposure to syphilis (i.e., sexual contact with a person with primary, secondary, or early latent syphilis) >90 days ago	Test immediately. Treat presumptively if follow-up is uncertain. If test results are available and nonreactive, no treatment is needed.
Asymptomatic, sexually active women of reproductive age who are not pregnant	Test once now and again with each new partner. Test more often (for example, every 3–6 months) if the patient has multiple partners or other risk factors.*
Asymptomatic pregnant women	Test <i>three times</i> during pregnancy: once as early as possible during the first trimester, once during the third trimester, and again at delivery. Test more often if known exposure, symptoms, multiple partners, or other risk factors are present.*
All other asymptomatic persons with new or multiple sex partners	Test once now, again with each new partner, and at least annually. Test every 3–6 months if multiple partners or other risk factors are present.* Also test their partners when possible.

**Other risk factors include: a partner who has multiple partners, diagnosis or a partner with a diagnosis of a sexually transmitted infection in the last year, polysubstance use (including intravenous drug use), transactional sex, and history of incarceration or a partner with a history of incarceration.*

In addition to following the testing guidance above, Alaska clinicians should:

- Test and treat for syphilis in emergency departments, urgent cares, and other places where people of reproductive age get health care. If further treatment is needed, implement a plan with the patient to complete treatment at the local public health center or another clinic that offers syphilis treatment.
- Consider offering point of care rapid testing and presumptive treatment, especially for patients who may have difficulty following up or being contacted with results.
- Start syphilis treatment right away following a reactive syphilis test and arrange follow-up care. Bicillin is the only recommended treatment for syphilis during pregnancy. Late latent syphilis diagnosed in pregnancy should be treated with 3 doses of bicillin 7–9 days apart. Missed doses (>9 days between doses) require restarting the course of treatment. In nonpregnant patients only, doxycycline may be used if bicillin is not readily available (as a 2 to 4-week course, depending on the diagnostic stage).
- Offer comprehensive testing to patients, including extragenital STI and HIV testing, pregnancy testing, and PrEP counseling.
- Work with community health workers, case managers, and disease intervention specialists who can help to overcome additional barriers to syphilis testing and treatment during pregnancy.

In order to reverse the dramatic increase in syphilis and congenital syphilis in Alaska, we need clinicians to be thinking about syphilis, to increase testing, and to offer prompt provision of treatment to people who test positive or who have been exposed to syphilis in the past 90 days.

Thank you for your commitment to support the healthcare needs of Alaskans. If you have any questions, please don't hesitate to contact us.

Sincerely,



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