



NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
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Commissioner

2024 Health Advisory #4: Increases in Syphilis Among Females and Congenital Syphilis in New York City

- Reported diagnoses of primary and secondary syphilis are increasing in New York City (NYC) among people reported as female, with most cases among those reported as Black and Latina and marked increases among younger females.
- To reverse increasing trends in congenital syphilis (CS), screen for syphilis three times during all pregnancies, as required by law.
- Due to continued shortages of Bicillin® L-A, reserve Bicillin L-A for pregnant people with syphilis or exposure to syphilis, infants with syphilis, and people with syphilis who are unable to take doxycycline if their inventory is running low.
- The U.S. Food and Drug Administration has announced the availability of benzathine benzylpenicillin (Extencilline®), which can be used when Bicillin L-A is otherwise appropriate.

February 13, 2024

Dear Colleagues,

There continues to be alarming rates of primary and secondary (P&S) syphilis and congenital syphilis (CS) in New York City (NYC), signaling an urgent need for increased screening and appropriate treatment.

CS can result in devastating health outcomes, including stillbirth, preterm birth, and early infant death. Case numbers have been elevated since 2017, with between 17 and 24 cases annually, including four stillbirths. Preliminary data show 16 reported cases from January through June 2023 alone. A recent Centers for Disease Control and Prevention (CDC) [report](#) showed that lack of timely testing and inadequate treatment during pregnancy contributed to 88% of the nearly 3,800 CS cases in 2022.

Increases in CS correspond to surges in P&S syphilis among people reported as female, with a 35% increase from 2021 to 2022, despite virtually no change among males; increases among females were seen in all race and ethnicity groups examined, but among females in 2022, most identified as Black or Latina (79%). From 2020 to 2022, cases among females ages 15 to 19 years doubled and cases among females ages 20 to 24 years increased 42%. In 2022 in NYC, P&S syphilis rates for females ages 15 to 44 years far exceeded the [Healthy People 2030 target](#) of 4.6 per 100,000; the Bronx had the highest rate (22.5 per 100,000), followed by Brooklyn (11.4 per 100,000). The NYC Department of Health and Mental Hygiene (NYC Health Department)'s recently released [2022 Sexually Transmitted Infection \(STI\) Surveillance Report](#) has additional detail on rates of syphilis and other STIs in NYC.

For many sexually active people, the most significant risk factor for acquiring syphilis is living in communities with high rates of syphilis. The disproportionate burden of P&S syphilis among females who

are Black or Latina in NYC reflects differences in sexual networks and, importantly, the impact of structural racism, which prevents many people of color from accessing care. Read more about health equity from the [NYC Health Department](#) and [CDC](#).

Recommendations for health care providers

1) Screening

- [Take a sexual history](#) to ascertain the need for screening at the oropharyngeal, vaginal, and anorectal sites.
- Screen for syphilis three times during all pregnancies: at (1) first prenatal care examination, (2) 28 to 32 weeks' gestation, and (3) delivery, as required by law.
- Screen people of childbearing potential who are at risk of acquiring syphilis.
- Screen for syphilis in people who present with unexplained dermatological lesions.
- Screen for syphilis in females at increased risk (e.g., females reporting changes in sex partners or behaviors, females with a sex partner(s) diagnosed with a sexually transmitted infection (STI), females with a history of incarceration or transactional sex work).
- Offer screening to cis men, transgender people, and gender diverse people at least annually based on reported sexual behaviors and exposure.

2) Diagnosis

- Look for transient clinical manifestations of early syphilis (example images [here](#)), which include:
 - Ulcers, especially genital, anal, and oral ulcers; syphilitic ulcers are often single, painless, indurated, and on a non-purulent base, but may also present as multiple, atypical, or painful lesions
 - Rash of any type, anywhere on the skin
 - Velvety growths (condylomata lata)
- Refer to diagnostic considerations for detecting syphilis in [CDC Laboratory Recommendations for Syphilis Testing, 2024](#).
- Check the [NYC Syphilis Registry](#) for testing and treatment history, important for contextualizing serologic results. For assistance with staging, see [CDC 2021 STI Treatment Guidelines](#) or call the NYC Health Department's Provider Access Line at 866-692-3641.
- [Report](#) all syphilis cases to the NYC Health Department within 24 hours as required by law.

3) Treatment

- Syphilis treatment depends on the stage of disease. Follow [CDC 2021 STI Treatment Guidelines](#) to manage patients with syphilis.
- Due to the shortage of Bicillin® L-A (expected to continue until mid-2024), prioritize Bicillin L-A for treatment of syphilis in pregnant people and infants. Pregnant people with penicillin allergies must be desensitized to penicillin and treated with Bicillin L-A, administered as an injection by a trained professional as either a single dose or as three doses spaced 7 to 9 days apart, depending on stage of infection. Pregnant people cannot receive treatment with doxycycline.
- In January 2024, the [U.S. Food and Drug Administration \(FDA\) announced](#) temporarily allowing the importation and use of Extencilline®, which is authorized in other countries and has been determined to be equivalent to Bicillin L-A, but with different preparation, administration, and contraindications. Extencilline is safe for use in pregnancy and in neonates and infants. Bicillin L-A

should be prioritized over Extencilline for infants exposed to syphilis in utero due to the larger volumes required of Extencilline injections.

- Presumptively treat people (including pregnant people) who report having a sex partner with, or symptoms of, syphilis.
- Link sex partners to STI and HIV testing. People can visit the NYC Health Department's Sexual Health Clinics for screening, testing, and treatment.

4) Counseling Patients Diagnosed with STIs

- Counsel patients to abstain from all types of sex for at least one week after completing treatment.
- Advise patients to notify recent sex partners of their potential exposure and to recommend that they see a provider for screening, even if they have no symptoms.
- Reinforce consistent condom and other barrier use during vaginal, anal, and oral sex, and discuss whether [doxy-PEP](#) may be an appropriate option.
- Offer HIV testing to patients diagnosed with an STI, and inform patients about [PrEP](#) (pre-exposure prophylaxis) and [emergency PEP](#) (post-exposure prophylaxis).
- Remind patients to return for STI screening after three months to rule out reinfection.

NYC Sexual Health Clinics and Hotline

[NYC Health Department Sexual Health Clinics](#) offer low- to no-cost services, including prevention, testing, and treatment for STIs, including HIV. Anyone ages 12 years or older can receive services, regardless of immigration status. Parental consent is not needed. Telemedicine services are available through the Sexual Health Clinic Hotline at 347-396-7959, Monday through Friday, from 9 a.m. to 3:30 p.m.

Thank you for your continued support in protecting the sexual health of New Yorkers.

Sincerely,



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