

The Role of Health Facilities in Preventing Congenital Syphilis

Congenital syphilis is a preventable condition that can have severe consequences for infants if not treated. Health care providers are urged to **make any health care encounter during pregnancy an opportunity to prevent congenital syphilis** by confirming engagement in prenatal care, screening for syphilis, and treating for syphilis where indicated. It is crucial for providers across health care settings to play an active role in congenital syphilis prevention.

- **Health care settings offering pregnancy care:** Settings and providers offering routine pregnancy care — including family medicine, primary care, maternal-fetal medicine specialists, obstetricians and gynecologists, and midwives — must screen for syphilis three times during pregnancy, as required by the NYC Health Code and New York State Public Health Law. Additionally, ensuring adequate and timely treatment for pregnant patients diagnosed with syphilis is essential for preventing congenital syphilis in infants.
- **Emergency departments and urgent care centers:** Screening for syphilis in emergency departments and urgent care centers can significantly increase the number of syphilis diagnoses.¹⁻³ Strategies to incorporate syphilis screening in these settings include adding syphilis screening to existing opt-out screening (for example, HIV and hepatitis C) and automating test ordering processes (for example, automated request sets and electronic health record best practice alerts).⁴ Incorporating in-house and rapid testing may reduce time to results and provide faster linkage to treatment.

¹Stanford KA, Mason J, Friedman E, Hazra A, Augustine E, Schneider J. An opt-out emergency department screening intervention leads to major increases in diagnosis of syphilis. *Open Forum Infect Dis.* 2024;11(9). doi:10.1093/ofid/ofae490

²Lipps AA, Bazan JA, Lustberg ME, et al. A collaborative intervention between emergency medicine and infectious diseases to increase syphilis and HIV screening in the emergency department. *Sex Transm Dis.* 2022;49(1):50-54. doi:10.1097/OLQ.0000000000001496

³Anderer S. Opt-out syphilis screening in EDs could substantially expand case detection. *JAMA.* 2024;332(17):1417-1418. doi:10.1001/jama.2024.20119

⁴California Department of Public Health. Screening for HIV, hepatitis C, and syphilis in emergency departments, implementation guide. Updated May 1, 2025. Accessed January 28, 2026. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STI/Implementation-Guides/Emergency-Departments.aspx>

- **Correctional settings:** Incorporation of routine syphilis screening among people in correctional settings can identify undiagnosed infections.⁵
- **Housing and shelters:** Housing instability has been associated with higher likelihood of congenital syphilis.⁶ Housing and shelter staff can help link pregnant residents to prenatal care and integrate syphilis screening into medical care if provided on-site.
- **Syringe service programs and chemical dependency centers:** Research has identified associations between congenital syphilis and injection and non-injection drug use.⁷ Syringe service programs and chemical dependency centers should offer syphilis testing to pregnant patients and provide linkage to treatment when needed.
- **Community centers:** Community centers can uplift the importance of prenatal care during pregnancy and provide information about congenital syphilis, how to prevent it, and how and where to receive testing.

⁵Harmon JL, Satvinder KD, Burghardt NO, et al. Routine screening in a California jail: effect of local policy on identification of syphilis in a high-incidence area, 2016-2017. *Public Health Rep.* 2020;135(1 suppl):57S-64S. doi:10.1177/0033354920928454

⁶Plotzker RE, Burghardt NO, Murphy RD, et al. Congenital syphilis prevention in the context of methamphetamine use and homelessness. *Am J Addict.* 2022;31(3):210-218. doi:10.1111/ajad.13265

⁷Biswas HH, Chew Ng RA, Murray EL, et al. Characteristics associated with delivery of an infant with congenital syphilis and missed opportunities for prevention — California, 2012 to 2014. *Sex Transm Dis.* 2018;45(7):435-441. doi:10.1097/OLQ.0000000000000782