

January 2024

RE: Using Title V Flexibilities to Support Congenital Syphilis Prevention

Dear Title V Maternal and Child Health Colleagues:

I am writing with an important update about rising cases of congenital syphilis and HRSA's efforts to partner with you to address this trend.

As you may know, syphilis during pregnancy can cause adverse maternal and neonatal outcomes, including stillbirth, miscarriage, infant death, and congenital anomalies. A recent [Vital Signs](#) report from the Centers for Disease Control and Prevention (CDC) noted that congenital syphilis cases in the United States have increased more than 10-fold since 2012. **Roughly 90% of these cases are preventable with timely testing and treatment.** In almost 40% of cases, mothers received no prenatal care during pregnancy.

We recognize the response to this public health challenge requires innovative ideas and new collaborations. We want to be very clear that states have the flexibility to expend Title V Maternal and Child Health (MCH) Service Block Grant funds to support efforts to help assist families regarding testing, diagnosis and treatment of syphilis for pregnant women in your jurisdiction.

Title V MCH Services Block Grant programs do not need to seek prior approval to use Title V funds for these efforts if expenditures are otherwise in accordance with state/jurisdiction fiscal policies and the MCH block grant statute.

To address the increase of congenital syphilis, state Title V programs can:

- 1) Engage with your State Sexually Transmitted Infection (STI) and Ryan White HIV/AIDS programs on efforts to address rising rates of syphilis (e.g., provider education, testing and treatment programs, and public awareness campaigns).
- 2) Partner with organizations that provide care to pregnant women (maternal health programs, hospitals, jails, syringe services programs) to make testing more accessible, expedite treatment, enhance case-tracking, and link people with necessary services. Consider purchasing testing kits for local health departments.
- 3) Collaborate with community programs that care for those who have medical, economic, or social vulnerabilities to reduce structural barriers to syphilis care. Racial and ethnic disparities in congenital syphilis rates reflect the need to make testing and treatment more accessible to all MCH populations.
- 4) Provide epidemiological support for surveillance of syphilis and congenital syphilis cases.
- 5) Share key messages with clinicians, family planning providers, home visitors, and other members of the perinatal workforce, such as the need to

- **Screen at the first prenatal visit or at the earliest possible time in pregnancy** to identify both mothers and unborn children who would benefit from treatment.¹
- **Consider screening in the third trimester and at delivery** if you are in an area with high syphilis rates or care for a population that is high risk.^{2,3} When lost-to-follow-up is a concern, consider use of a rapid syphilis test during pregnancy to identify and immediately start syphilis treatment.
- **Ensure timely treatment** once a positive syphilis test is identified.⁴
- **Screen for syphilis before pregnancy in counties with high syphilis rates²** by offering to screen sexually active women and their partners for syphilis, as well as people with other risk factors for syphilis

Thank you for your commitment to addressing this critical issue. We look forward to continuing to work with you to make pregnancy safer for mothers and their babies.

Sincerely,

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Resources

1. HRSA

- [Webinar](#) that provides an overview of congenital syphilis and explores treatment and care models
- [HRSA website with toolkits for rural populations](#)

2. CDC

- [STI treatment guidelines](#)
- [STI screening recommendations](#)
- [Provider resources](#)
- Find testing sites [here](#)
- [Clinical reminders during Bicilin shortage](#)
- [Sexually transmitted disease \(STD\) facts](#)
- [Syphilis Call to Action](#), with a page specifically for pregnant people
- [STD and pregnancy resources in Spanish](#)
- [Health Alert template for congenital syphilis](#)
- [Syphilis during pregnancy – STI treatment guidelines](#)
- [Recommendations for correctional and detention settings for pregnant persons](#)

¹ This recommendation is in accordance with guidelines from the American College of Obstetricians and Gynecologists and The US Preventative Services Task Force.

² CDC Map of Counties with High Syphilis Rates (i.e., above the 4.6 Healthy People 2030 target): <https://www.cdc.gov/nchhstp/atlas/syphilis/>

³ State-specific guidelines for minimum required syphilis testing can be found through the CDC website: <https://www.cdc.gov/std/treatment/syphilis-screenings.htm>

⁴ Syphilis During Pregnancy: <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>

3. National Network of STD Prevention Training Centers

- [Resources for healthcare professionals and other STD program professionals working in STIs and syphilis](#)

4. Healthy People 2030 STI Goals and Screening

- [Healthy People 2030 goal](#) to reduce the syphilis rate in females
- [Syphilis infection in nonpregnant adults and adolescents: Screening](#)

5. STI National Strategic Plan 2021-2025

- U.S. Department of Health and Human Services (HHS) [STI Toolkit](#)
- [HHS guidelines and best practices and link to STD treatment guide app for Apple and Android devices](#)

6. Indian Health Service (IHS)

- [Syphilis resource hub](#)
- [I.H.S. STI toolkit](#)

7. U.S. Preventive Services Task Force STI Screening Recommendations

- [Screening recommendation for nonpregnant adolescents and adults](#)

8. Association of State and Territorial Health Officials

- [Customizable Dear Colleague Letter](#) for state health agencies to send to providers on the new congenital syphilis Vital Signs