

**STATE OF HAWAII  
DEPARTMENT OF HEALTH  
KA 'OIHANA OLAKINO  
P. O. BOX 3378  
HONOLULU, HI 96801-3378**

July 19, 2023

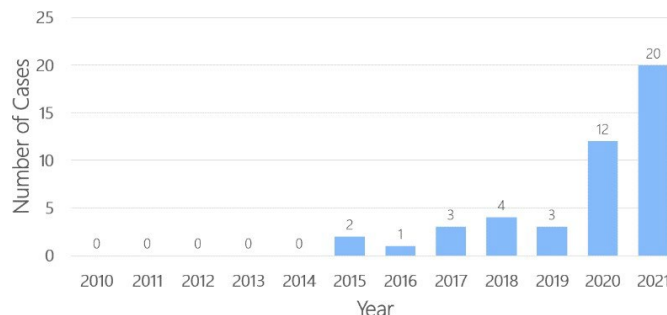
**MEDICAL ADVISORY: A CALL TO ACTION TO EXPAND SYPHILIS  
SCREENING AND TREATMENT**

- Syphilis and congenital syphilis cases are rapidly increasing.
- Because congenital syphilis cases primarily occur in people without prenatal care, DOH urges screening for syphilis for female patients of childbearing age and particularly pregnant people in Emergency Department, Urgent Care, and Primary Care settings.
- DOH recommends rapid, point-of-care testing using a test such as Syphilis Health Check™ or DPP® HIV-Syphilis System, followed by laboratory testing if reactive. For patients with a reactive rapid test, providers should consider initiation of presumptive treatment with benzathine penicillin (Bicillin® L-A), particularly in cases where there are concerns about timely follow-up.
- DOH recommends treatment for all patients with signs or symptoms of primary or secondary syphilis.
- DOH Harm Reduction Services Branch Disease Investigators can assist with follow-up of pregnant patients who test positive for syphilis.

Rates of syphilis have been rising dramatically in Hawaii since 2012, with rates of early syphilis seeing a greater than 10-fold increase between 2012 (2.3 per 100,000) and 2021 (25.2 per 100,000). This follows a nationwide trend.

In addition to the ill health effects from syphilis on those infected, there has been an explosion of cases of syphilis in women of childbearing age, leading to an alarming increase in cases of congenital syphilis (CS). Between 2018 and 2021, syphilis cases in females increased by 600% in Hawaii. At the same time, CS cases have risen dramatically. Between 2000-2019 there were zero to 4 cases of CS reported annually in Hawaii with no cases in 13 of these 20 years. Twelve cases of CS were reported in 2020 and 20 cases in 2021. Preliminary data indicates at least 22 CS cases in 2022.

PROBABLE CONGENITAL SYPHILIS CASE COUNT BY YEAR,  
HAWAII 2010-2021



CS is potentially devastating for the baby causing physical deformities, anemia, blindness, deafness, meningitis as well as stillbirth or death shortly after birth. CS and the serious and life-altering complications of untreated syphilis in teens and adults are preventable only if the infections are detected early and treatment is promptly initiated. Unfortunately, epidemiology shows that the vast majority of cases of CS in Hawaii are occurring in people who are not receiving prenatal care or only seeking prenatal care at the very late stages of their pregnancy. This leads to delayed or no recognition of their syphilis and subsequent devastating consequences for the fetus.

In addition to not receiving sufficient prenatal care, other common factors in cases of CS in Hawaii include:

- Native Hawaiian or other Pacific Island ethnicity
- Unstable housing or homelessness
- History of current or prior use of illicit substances such as methamphetamine or non-prescribed opioids

While these patients may not be receiving prenatal care, they may be interacting with health care in EDs, Urgent Care and Primary Care Clinics. Although these locations of health care delivery are not typically places where people are screened for syphilis, it may be the only opportunity to identify, treat and therefore prevent the devastating consequences of congenital syphilis. Given the rapid spread of syphilis and CS in our community, DOH urges any health care provider to consider syphilis screening for their patients of childbearing age and particularly pregnant people and their partners. While identifying syphilis in pregnant people is of the utmost importance, identifying and treating sexual partners can improve outcomes and decrease rates of congenital syphilis as well.

Screening for syphilis can be done with rapid, point-of-care testing. Rapid syphilis testing has a modest rate of false positives. Reactive results on a rapid test should be followed by venous RPR and Treponema pallidum antibody test (TP-PA).

Given the potential benefit and low risk, DOH recommends presumptive treatment with intramuscular benzathine penicillin (2.4 million units) for positive rapid syphilis tests in patients with any of the following characteristics:

- Pregnant or might become pregnant
- Partner of a pregnant person
- Signs or symptoms of syphilis
- Native Hawaiian or other Pacific Island ethnicity
- Unstable housing or homelessness
- History of current or prior use of illicit substances such as methamphetamine or non-prescribed opioids
- Multiple sexual partners
- At risk for not following up for further care

Persons who are not definitively staged as having “early syphilis” (a documented infection within the past year) will need 2 additional weekly doses of benzathine penicillin to ensure adequate treatment. For pregnant persons, the timing of these injections is absolutely critical. The optimal dosing interval is 7 days. Missed doses with greater than 9 days between doses is

MEDICAL ADVISORY: A Call to Action to Expand Screening and Treatment of Syphilis

July 18, 2023

Page 3

unacceptable and will require reinitiating the 3 weekly dosing regimen for adequate treatment and prevention of a CS infection. For more information on treatment regimens, please see [CDC's Treatment Guidelines](#) for syphilis.

DOH's Harm Reduction Services Branch (HRSB) is working with community partners to increase testing and treatment of syphilis in high-risk communities. HRSB Disease Investigators can assist with follow up of pregnant patients testing positive for syphilis. DOH staff will work with clinicians and their patients to help facilitate adequate treatment and follow up and assist with referrals for testing and treatment for contacts at risk of infection. Please contact HRSB at (808) 733-9293 to report cases and request assistance with follow-up.

Congenital syphilis and the serious and life-altering complications of untreated syphilis in teens and adults are preventable only if the infections are detected early and treatment is promptly initiated. Enhanced detection from expanded screening will significantly reduce morbidity and mortality from this devastating disease.

Sincerely,



Diana Felton, MD  
Chief, Communicable Disease  
Public Health Nursing Division



Sarah K. Kemble, MD  
State Epidemiologist

Attachments:

Hawaii DOH Updated Syphilis Screening Guidelines – July 2023

Hawaii DOH Provider Guidance for Syphilis – July 2023

Patient handout on Congenital Syphilis



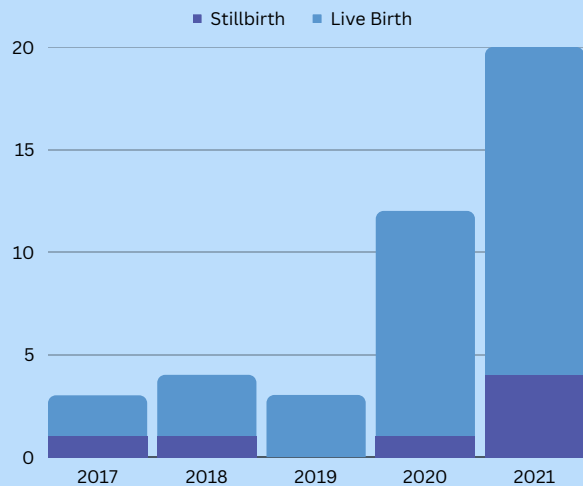
# Rising Rates of Congenital Syphilis in Hawai'i

## AN UPDATE FOR HAWAI'I HEALTH CARE PROVIDERS

Hawai'i has experienced an **alarming increase** in syphilis among females of reproductive age and congenital syphilis (CS). Primary and secondary syphilis cases in females jumped from 6 cases in 2017 to 83 cases in 2021, a **1283% increase**. CS cases increased **more than six-fold**, from 3 cases in 2017 to 20 cases in 2021. Based on preliminary data for 2022, the trend appears to be continuing. Almost half of maternal cases (46%) were clinically staged as **Late Latent** or **Unknown Duration** at the time of healthcare interaction. Of the maternal cases who tested positive for syphilis during their pregnancy, over half (52%) were diagnosed in their **third trimester**, leaving a **narrow window** of time for impactful prevention.

**This increase in the number of congenital syphilis cases in Hawai'i is an important public health problem. It requires immediate attention from health care providers caring for pregnant people and people who may become pregnant.**

From 2017-2021, Hawai'i has experienced an **upward trend** of congenital syphilis cases



**1 in 5** babies were stillborn among congenital syphilis cases reported in Hawai'i, from 2017-2021

In 2021, Hawai'i was ranked **10th highest** in the country for congenital syphilis case rates

### What is Congenital Syphilis?

Congenital syphilis occurs when *Treponema pallidum* is vertically transmitted from a pregnant person to the fetus. Transmission can occur at any time during gestation. Untreated or inadequately treated infections in pregnant people can lead to serious health effects such as miscarriage, premature birth, birth defects, low birth weight, or fetal demise. Not all babies born with congenital syphilis will show symptoms at birth. Symptoms may not become apparent until several weeks or months after birth and, in some cases, may take years to appear.<sup>1</sup>

### Congenital Syphilis Prevention

Congenital syphilis can be prevented with early detection and prompt treatment of syphilis in pregnant people and people who may become pregnant. Penicillin is the only acceptable treatment for syphilis during pregnancy. It is especially important all pregnant persons diagnosed with syphilis receive the recommended penicillin regimen appropriate for their stage of infection.<sup>2</sup>

Because sex with an untreated partner can cause re-infection, each partner should be screened and treated for syphilis. Pregnant persons should also be informed about the risks of having sex with an untreated partner.

### Reporting Syphilis

In Hawai'i, both laboratories and providers are required to report all syphilis infections to the STI Prevention Program at HDOH or local District Health Office within 3 business days in accordance with **Hawai'i Administrative Rules, Title 11, Chapter 156 & Hawai'i Statute Chapter 325, Section 2**. For additional information about reporting please visit: [health.hawaii.gov/harmreduction/for-providers/disease-reporting/](https://health.hawaii.gov/harmreduction/for-providers/disease-reporting/)

It is not always necessary to call to report, but we urge providers to do so in cases where a pregnant patient has syphilis or there is an infant suspected of having congenital syphilis.

1. Congenital Syphilis - CDC Fact Sheet - <https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>

2. CDC 2021 STI Treatment Guidelines - Syphilis During Pregnancy - <https://www.cdc.gov/std/treatment-guidelines/syphilis-pregnancy.htm>

# Hawai'i DOH 2023 Updated Syphilis Screening Recommendations

Specific Population	Screening Recommendation
Pregnant Persons	<p>All pregnant persons should be screened <b>three</b> times:</p> <ul style="list-style-type: none"> <li>• At first prenatal care visit (or as early as possible during their pregnancy)</li> <li>• At 24-32 weeks of gestation</li> <li>• At delivery*</li> </ul> <p>➤ Pregnant persons who present late for prenatal care or have fragmented care, should be screened for syphilis and other STIs (chlamydia, gonorrhea and HIV) whenever they present at <u>any</u> healthcare setting (e.g., ED, urgent care, jail, substance use treatment facility).</p> <p>➤ Screening should be performed in cases of fetal demise at greater than 20 weeks gestation.</p>
<p>Non-pregnant Persons</p> <ul style="list-style-type: none"> <li>• Persons who may become pregnant</li> <li>• Males who have sex with females</li> <li>• Males who have sex with males</li> <li>• Transgender or gender diverse persons who have sex with males</li> </ul>	<p>Sexually active+ non-pregnant persons should be screened at least annually and whenever they present for care (up to every 3-6 months) based on increased risk of infection. Example risk indicators include:</p> <ul style="list-style-type: none"> <li>• Illicit substance use such as methamphetamine or nonprescription opioids</li> <li>• Homeless or unstable housing</li> <li>• History of transactional sex</li> <li>• Current or prior incarceration</li> <li>• History of STIs (chlamydia, gonorrhea, syphilis, or HIV)</li> <li>• Multiple or anonymous sex partners</li> <li>• Use of HIV pre-exposure prophylaxis (PrEP)</li> <li>• Condomless sex with a partner of unknown STI status</li> </ul> <p>➤ People with a sex partner with any of the above risks should be screened at least annually.</p> <p>➤ Females whose male partners have sex with both males and females should be screened annually.</p>

**Medical providers should be especially vigilant in following these recommendations when caring for Native Hawaiian and other Pacific Islander patients as syphilis has disproportionately affected these communities.**

\* Clinicians and healthcare organizations should test all pregnant persons at time of delivery if it is not possible to ascertain patient risk factors for syphilis.

+ Sexually active = any oral, anal, or vaginal sex in the last year or since last syphilis test

[Adapted from 2022 PHSKC and WA DOH Updated Syphilis Screening Guidelines](#)

July 2023

## Adult Syphilis Treatment

Early Syphilis (Primary, Secondary, and Early Latent)		Late Latent or Unknown Duration
<p><b>Benzathine Penicillin G</b> 2.4 million units IM in a single dose</p>	OR	<p><b>Benzathine Penicillin G</b> 2.4 million units IM administered every 7 days for 3 weeks (7.2 million units total)</p>

**SPECIAL NOTE: Benzathine Penicillin G is the only recommended treatment for pregnant people infected with or exposed to syphilis.** Pregnant people with penicillin allergies should be desensitized and treated with penicillin. For pregnant people receiving treatment for late latent syphilis, doses administered at intervals greater than 9 days are unacceptable. If a dose is missed or late the entire series must be restarted.<sup>2</sup>

CDC 2021 STI Treatment Guidelines state that a presumptive diagnosis of syphilis requires use of two laboratory serologic tests: a nontreponemal test and a treponemal test.<sup>3</sup> Nevertheless, it may be appropriate to treat based on a single reactive point-of-care test in the setting of multiple risk factors, uncertainty of follow-up and an unlikely prior history of syphilis.

Central nervous system involvement can occur at any stage of syphilis. See CDC STI Treatment Guidelines if patient has symptoms of neurosyphilis, ocular syphilis, and otosyphilis.<sup>4</sup>

3. CDC 2021 STI Treatment Guidelines - [Syphilis](https://www.cdc.gov/std/treatment-guidelines/syphilis.htm) - <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

4. CDC 2021 STI Treatment Guidelines - Neurosyphilis, Ocular Syphilis, and Otosyphilis - <https://www.cdc.gov/std/treatment-guidelines/neurosyphilis.htm>



# Hawaii DOH 2023 Updated Syphilis Screening Recommendations

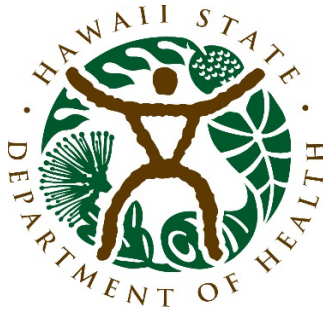
Specific Population	Screening Recommendation
<p><b>Pregnant Persons</b></p>	<p>All pregnant persons should be screened three times:</p> <ul style="list-style-type: none"> <li>• At first prenatal care visit (or as early as possible during their pregnancy)</li> <li>• At 24-32 weeks of gestation</li> <li>• At delivery*</li> </ul> <p>➤ Pregnant persons who present late for prenatal care or have fragmented care, should be screened for syphilis and other STIs (chlamydia, gonorrhea and HIV) whenever they present at <u>any</u> healthcare setting (e.g. ED, urgent care, jail, substance use treatment facility).</p> <p>➤ Screening should be performed in cases of fetal demise at greater than 20 weeks gestation.</p>
<p><b>Non-pregnant Persons</b></p> <ul style="list-style-type: none"> <li>• Persons who may become pregnant</li> <li>• Males who have sex with females</li> <li>• Males who have sex with males</li> <li>• Transgender or gender diverse persons who have sex with males</li> </ul>	<p>Sexually active<sup>+</sup> non-pregnant persons should be screened at least annually and whenever they present for care (up to every 3-6 months) based on increased risk of infection. Example risk indicators include:</p> <ul style="list-style-type: none"> <li>• Illicit substance use such as methamphetamine or nonprescription opioids</li> <li>• Homeless or unstable housing</li> <li>• History of transactional sex</li> <li>• Current or prior incarceration</li> <li>• History of STIs (chlamydia, gonorrhea, syphilis, or HIV)</li> <li>• Multiple or anonymous sex partners</li> <li>• Use of HIV pre-exposure prophylaxis (PrEP)</li> <li>• Condomless sex with a partner of unknown STI status</li> </ul> <p>➤ People with a sex partner with any of the above risks should be screened at least annually.</p> <p>➤ Females whose male partners have sex with both males and females should be screened annually.</p>

**Medical providers should be especially vigilant in following these recommendations when caring for Native Hawaiian and other Pacific Islander patients as syphilis has disproportionately affected these communities.**

\* Clinicians and healthcare organizations should test all pregnant persons at time of delivery if it is not possible to ascertain patient risk factors for syphilis.

+ Sexually active = any oral, anal, or vaginal sex in the last year or since last syphilis test

[Adapted from 2022 PHSKC and WA DOH Updated Syphilis Screening Guidelines](#)



## Department of Health urges screening due to alarming increases in cases of syphilis and congenital syphilis in Hawai'i

**Attention all clinicians, community health partners, physicians and social service providers: Please read and share the following message to help spread the word on the importance of screening for syphilis and congenital syphilis.**

The Hawai'i State Department of Health (DOH) has seen a spike in cases of syphilis in women and newborns. Between 2018 and 2021, cases in females increased 600% in Hawai'i. The number of cases of congenital syphilis has also increased dramatically.

An average of zero to four cases of congenital syphilis were reported annually between 2000-2019. Twelve cases were reported in 2020 and 22 cases were reported in 2021. Preliminary data indicates at least 22 cases in 2022.

The DOH urges pregnant women and their partners to contact their healthcare provider to undergo screening and treatment, if necessary. Most cases of syphilis and congenital syphilis in Hawai'i occurred in pregnant women who didn't get adequate prenatal care. Homelessness and a history of current or prior use of illicit drugs such as methamphetamine or non-prescribed opioids were other common factors in cases of congenital syphilis.

Syphilis is a sexually transmitted infection that is curable if caught early. Congenital syphilis is a disease that occurs when a pregnant woman with syphilis passes the infection to the fetus during pregnancy, according to the U.S. Centers for Disease Control and Prevention (CDC).

If left untreated, congenital syphilis could potentially result in dire consequences for the baby that can include the following:

- Physical deformities
- Blindness
- Deafness
- Stillbirth or death shortly after birth

The health department's Harm Reduction Services Branch is working with community partners to increase testing and treatment of individuals in high-risk categories. Staff will work with clinicians and their patients to help facilitate treatment and provide referrals.

For more information, contact the Harm Reduction Services Branch at 808-733-9293.