



Marion County
OREGON

Health & Human Services

ALERT

**COPY AND DISTRIBUTE TO
PROVIDERS**

To: Providers

Fax number:

From: Communicable Disease Team

Fax number: 503-566-2920

Date: **3/3/2025**

Regarding: Congenital Syphilis Crisis in Oregon

Phone number for follow-up: 503-588-5621

Dear Providers,

The Oregon Health Authority (OHA) has reviewed preliminary 2024 data on sexually transmitted infections (STIs) in our state. Despite stable overall STI rates, congenital syphilis (CS) has surged to crisis levels in Oregon. In 2014, Oregon recorded two cases of CS. In 2024, that number surged to 45 — a staggering 2,150% increase.

The consequences of untreated syphilis during pregnancy include miscarriage, growth restriction, preterm birth and fetal demise. In the newborn, nearly every organ system can be affected, and severe cases can result in neonatal death. CS is entirely preventable with timely diagnosis and treatment, but many barriers exist. Minimal or no prenatal care was associated with 75% of CS cases resulting in missed opportunities. Generations of clinicians have had limited experience diagnosing syphilis due to its historically low prevalence, and the disease's nonspecific presentation — earning it the moniker “the great imitator” — make the diagnosis even more challenging.

Strategies to Combat the Congenital Syphilis Epidemic in Oregon

- 1. Universal Screening and Immediate Treatment for Syphilis in Pregnancy:** Follow the Centers for Disease Control and Prevention (CDC) and the American College of Obstetrics and Gynecology (ACOG) guidelines for syphilis screening **at least** three times during pregnancy — at first prenatal visit, 28 weeks/early third trimester, and at delivery. Screen all patients with no or limited prenatal care for syphilis at any opportunity. Begin treatment for syphilis diagnosed during pregnancy as soon as possible, ideally **30 days or more prior to delivery** to reduce the risk of CS.
- 2. Expand Syphilis Screening:** Liberalize syphilis screening in emergency departments, urgent care centers, drug treatment facilities, and carceral settings. Test for pregnancy in people seeking STI testing or care. Screen all pregnant patients for syphilis. Always default to ordering a syphilis screening cascade.
- 3. Empiric Treatment Without Delay:** If a patient's history and clinical assessment are consistent with syphilis infection test and begin empiric treatment immediately, even if test results have not yet resulted.
- 4. Strengthen Partnerships with Local Public Health:** CS prevention is a public health priority. Local health departments follow up on all cases of syphilis, can provide past syphilis lab results and treatment information, and can assist with lab interpretation and treatment recommendations. Work closely with your local health department to ensure completion of syphilis treatment and facilitate sexual contact testing and treatment.

For more detailed guidance from Dr. Singson of OHA, read the full memorandum here.

https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/HIVSTDVIRALHEPATITIS/SEXUALLYTRANSMITTED/DISEASE/Documents/Congenital_Syphilis_Letter.pdf

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