Dear Colleague,

The Texas Department of State Health Services (DSHS) is requesting your assistance in responding to a sustained increase in the number of early and congenital syphilis cases in your area. The number of reported early syphilis cases (defined as less than one year duration) in Texas has increased significantly in recent years. In 2009, there were 3,583 reported cases of early syphilis compared to 1,451 reported in 2001. We have also seen a steady increase in the number of congenital syphilis cases in Texas over the past five years, and in 2009 there were 124 congenital syphilis cases reported in Texas. Congenital syphilis is a preventable infection which, if left untreated in the mother, can lead to extensive physical and mental deformities and even death of the infant.

Bringing down rates of early and congenital syphilis down requires coordinated efforts from both the public and private health care sectors. I encourage you to reach out to providers in your area in the following ways:

**Endorse early third trimester syphilis testing for prenatal patients to prevent congenital syphilis.** Texas law requires prenatal care providers to screen pregnant women for syphilis at the first prenatal visit. Although there are no legal requirements for 3rd trimester syphilis testing, the Centers for Disease Control and Prevention (CDC) recommends that women should receive additional screening early in their 3rd trimester (28-32 weeks) if they meet any of the following criteria:

- Reside in a high-morbidity area (rates of primary and secondary syphilis of 2.0 per 100,000 or higher)
- Have no evidence of prior testing
- Are uninsured or low income
- Are diagnosed with another STD during their pregnancy
- Trade sex for money and/or drugs

**Encourage your local providers to screen ALL patients for syphilis at any time who meet the following risk factors:**

- Exhibit or indicate a history of signs and symptoms of syphilis
- Diagnosed with another STD, such as gonorrhea, Chlamydia, HIV, or herpes
- Traded sex for money and/or drugs
- Had multiple sex partners in the past 30 days, had sex with a man who had sex with another man, and/or had anonymous sex partners since their last syphilis test
- Had a sexual relationship with someone who was recently diagnosed with an STD (if the patient was exposed to syphilis and tests are negative, provide prophylactic treatment if the patient was exposed within the last 90 days as recommended by CDC.)
Treat patients with signs and symptoms of syphilis on-site when possible. Patients who cannot be treated on-site should be referred to the local health department for appropriate and expeditious treatment (http://www.cdc.gov/std/treatment/2010/default.htm).

Report all syphilis cases in a timely manner to ensure rapid public health follow-up. Current disease reporting rules call for primary and secondary syphilis cases to be reported to the local health department within 24-hours by telephone for public health follow-up.

Make staff available for provider education and support. It is important for providers to have the support they need to make changes within their practices. Should the provider need additional information, please refer them to Sydney Minnerly, M.A., Syphilis Elimination Coordinator for the Texas Department of State Health Services at sydney.minnerly@dshs.state.tx.us or 512-533-3087.

Enclosed in this packet are additional materials about congenital syphilis. We encourage you and your staff to use these materials when conducting provider visits and education. Additionally, attached is a sample letter you can use for your local providers. We appreciate your partnership in responding to this important health issue.

For more information on testing recommendations, treatment guidelines and reporting requirements, please visit: www.dshs.state.tx.us/hivstd/se/congenital.shtm.

Sincerely,

David Lakey, M.D.
Commissioner
Texas Department of State Health Services