

PHILIP D. MURPHY
Governor
Sheila Y. Oliver

PO BOX 360
TRENTON, N.J. 08625-0360
www.nj.gov/health

SHEREEF M. ELNAHAL, MD, MBA

Commissioner

SHEILA Y. OLIVER *Lt. Governor*

Dear Health Care Provider:

September 2018

National rates of syphilis are the highest they have been in 15 years. Unfortunately, the national rise in syphilis among women of reproductive age is paralleled by a rise in congenital syphilis, which can cause miscarriage, stillbirth, early infant death or severe illness in infants who survive. Although the resurgence of sexually transmitted diseases (STDs) such as syphilis presents a challenge for public health and healthcare providers, congenital syphilis is preventable and the New Jersey Department of Health (NJDOH) believes one case is too many.

Healthcare providers play a critical role in preventing congenital syphilis by applying evidence-based practices of STD prevention and treatment to pregnant women and all women of childbearing age. The NJDOH offers the following recommendations and reminders for preventing and treating syphilis in pregnant women and their partners:

- Ensure early prenatal care and syphilis screening for all pregnant women. It is important that women receive early and consistent prenatal care. In New Jersey, physicians who treat patients for conditions related to pregnancy are required to conduct syphilis testing at the first prenatal visit and at the time of delivery (C.26:4-49.4). This is supported by recommendations from the Centers for Disease Control and Prevention (CDC) and the American College of Obstetricians and Gynecologists (ACOG). The NJDOH recommends that all clinicians be familiar with the CDC and ACOG screening guidelines available at https://www.cdc.gov/std/tg2015/screening-recommendations.htm.
- Assess risk in pregnant women and perform additional screening when indicated. The CDC and ACOG recommend re-screening early in the third trimester if additional risk factors are present (e.g. history of syphilis infection, incarceration, drug use, multiple or concurrent partners, and those who live in areas with higher rates of syphilis). The NJDOH encourages clinicians to talk to pregnant women about their sexual histories during all prenatal visits, and if a risk factor is present, consider re-screening.
- Treat patients infected with syphilis immediately. Early treatment is essential. Presumptive treatment is appropriate for partners of confirmed syphilis cases. If treatment is initiated at least 30 days prior to delivery, it is likely to prevent congenital syphilis. Penicillin G is the only known effective medication for syphilis in pregnant women. The NJDOH recommends that clinicians become familiar with the CDC 2015 STD Treatment Guidelines available at https://www.cdc.gov/std/tg2015/default.htm
- Talk to patients about their sexual health and history. Although uncomfortable, conversations about sexual health and history create important opportunities for risk assessment and allow clinicians to determine opportunities for screening, treatment, risk-reduction counseling and education. The NJDOH recommends clinicians take a sexual history throughout the course of a woman's pregnancy.
- Screen all sex partners for syphilis. To prevent reinfection, a patient's sex partner(s) should also be tested and treated. The NJDOH recommends that clinicians screen, or refer for screening, a

pregnant woman's sexual partner(s) if they may be infected or at-risk for infection. Clinicians who are unsure where to send a person for STD testing and treatment should contact the local health department where the person resides. A directory of local health departments is available here: http://www.state.nj.us/health/lh/community/index.shtml.

• Immediately report all cases of syphilis and congenital syphilis to the NJDOH STD Program. As per N.J.A.C. 8:57, healthcare providers are required to report syphilis and other STDs to the NJDOH within 24 hours of diagnosis. Once reported, public health disease intervention specialists (DIS) will investigate cases to identify at-risk partners, notify persons to recommend testing and provide risk-reduction counseling. For more information about reporting STDs in New Jersey, please visit https://www.nj.gov/health/hivstdtb/stds/ or contact the NJDOH STD Program during regular business hours at (609) 826-4869.

In in 2017, the NJDOH launched a "Protect Your Baby from Syphilis" public and provider awareness campaign to educate pregnant women and their clinicians about the importance of getting tested and treated for syphilis. The campaign consisted of congenital syphilis prevention posters in five languages (Spanish, Portuguese, Creole, Bengali and Arabic), social media messages, targeted bus and corner store advertising, a robust webpage with information for consumers and providers, outreach to community partners and healthcare providers, and enhanced recommendations for screening at-risk patients.

We encourage providers to partner with the NJDOH to continue to address increased rates of congenital syphilis. Please consider the following:

- Sharing our prevention message. Display copies of the congenital syphilis prevention poster in your clinic, medical office, healthcare facility lobby, client waiting room or other high-traffic areas. The poster can be printed on standard 8 ½ x 11 paper and is available in multiple languages on our website. Download the poster here:

 https://nj.gov/health/hivstdtb/stds/congenital_syphilis.shtml
- **Promoting our social media campaign.** Use hashtag #teSTD4baby on your agency's social media page(s) to emphasize the importance of getting tested for syphilis. Follow the New Jersey Department of Health on social media: https://twitter.com/NJDeptofHealth, https://www.instagram.com/njdeptofhealth/ and Snapchat @njdoh.
- Connecting clients to our webpage. Provide links to the NJDOH congenital syphilis prevention webpage at https://nj.gov/health/hivstdtb/stds/congenital_syphilis.shtml on your agency's website and in your agency's newsletter so clients can access information and resources.

We hope that you will join us in this campaign to protect the health of pregnant women and their babies. If you have any questions, please refer to our new congenital syphilis webpage at https://nj.gov/health/hivstdtb/stds/congenital syphilis.shtml.

Sincerely,

Shereef Elnahal

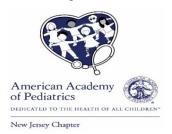
NJ Commissioner of Health



Cathleen D. Bennett



Jeffrey Bienstock, MD, FAAP Chapter President



Donald Chervenak, MD, FACOG Chair of the NJ Section of ACOG



Jillian Hudspeth, JD President/CEO New Jersey Primary Care Association



Peter Louis Carrazzone, MD President



Ilise Zimmerman, Executive Director Partnership for Maternal & Child Health of Northern New Jersey



Judy Donlen, Executive Director Southern New Jersey Perinatal Cooperative



Robyn D'Oria MA, RNC, APN, CEO Central Jersey Family Health Consortium

