



October 25, 2017

Dear Colleagues,

Congenital syphilis (CS) has become an alarming problem that urgently requires awareness, attention, and action. So let us begin with awareness. Data from the most recent [STD Surveillance Report](#) found that the number of CS cases spiked for the fourth year in a row. From 2015-2016 alone, there were a total of 628 cases – a rise of nearly 30% over the previous year. It's been almost two decades since this many cases were reported.

Thirty-seven states reported at least one case of CS; however, the majority of cases are concentrated in just a few areas. We now face a health issue that touches most states, but that has also become a concentrated epidemic for others.

If you've ever come face-to-face with a case of CS, then you know all too well that it is a tragedy you can never forget and something you will always fight to stop. Yet, the hard facts of the matter should grab anyone's attention – up to 40% of babies born to women with untreated syphilis may be stillborn, or die from the infection as a newborn. For those babies who live, it can cause deformed bones, skin rashes, severe anemia, jaundice, enlarged livers and spleen, seizures, developmental delays and other neurologic problems.

These outcomes are a sadness that we simply cannot allow. The effects of congenital syphilis ripple through homes, families, and communities – it can alter the course of someone's entire life and create many challenges for families. But we must remember that we're dealing with something that is highly preventable.

Awareness and attention are important, but in the end it is action that will create change. In line with the [Syphilis Call to Action](#) released in April, CDC has awarded 9 project areas to strengthen local capacity to address and respond to CS in their community. These areas were among those with the highest number of CS cases and made up a majority of all cases reported to CDC in 2015.

The awarded project areas include the California Dept of Public Health; City of Chicago, Dept of Public Health; Florida Dept of Health; Georgia Dept of Public Health; Los Angeles County Dept of Public Health, Louisiana Dept of Health – Office of Public Health; Maryland Dept of Health; Ohio Dept of Health, and the Texas Dept of State Health Services.

Awardees will participate in a CDC-led collaboration and focus their efforts on the following specific activities:

- Improving CS case data collection, including maternal and fetal epidemiologic and clinical risk factor data
- Improving collection of pregnancy status for all cases of syphilis among women of reproductive age
- Strengthening CS morbidity and mortality case review boards at the local and/or State level to help identify causes of CS and develop interventions to address causes
- Improving methods to match vital statistics birth and mortality data with syphilis surveillance data to review syphilis testing practices among stillbirths, identify missed cases of syphilis-related stillbirth, and strengthen CS stillbirth case report data
- Strengthening partnerships with local health care providers, community organizations, state and local Title V maternal and child health programs, Medicaid programs, and health care organizations.

This is a Supplement to CDC RFA-PS14-1402, *Improving Sexually Transmitted Disease Programs through Assessment, Assurance, Policy Development, and Prevention Strategies*, or STD AAPPS, which provides funding to 59 project areas (50 states, six cities, Washington D.C., and two territories). Reducing the threat of CS is a core focus for *all* health departments funded through AAPPS. Programs should be performing the appropriate surveillance and prevention to address gaps in screening and treatment in order to reduce CS.

The total funding for the new Supplement is \$4 million with awards ranging from \$250,000-\$700,000. The 15-month project began on October 1, 2017 and will end on December 31, 2018.

It is our hope that lessons learned from this project can be used to help other communities in the U.S. fight CS in their own backyard.

We look forward to updating you as more information becomes available. Other initiatives to address the increases in CS are in the works, and we encourage all stakeholders to take steps to help in their communities.

For more information on the STD Division's efforts, contact Jennifer Fuld, PhD, Chief, Program Development and Quality Improvement, [jfuld@cdc.gov](mailto:jfuld@cdc.gov).

Thank you for your commitment to STD prevention.

Best Regards,  
Gail Bolan, MD  
Director, Division of STD Prevention  
National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention  
Centers for Disease Control and Prevention

Stay in touch with the Division of STD Prevention by following [@CDCSTD](https://twitter.com/CDCSTD) on Twitter and [CDC STD](https://www.facebook.com/CDCSTD) on Facebook.

**Share these resources to raise awareness about syphilis and CS in your community:**

- **Let's Work Together to Stem the Tide of Rising Syphilis in the United States:** <https://www.cdc.gov/std/syphilis/SyphilisCalltoActionApril2017.pdf>: CDC's Call to Action is for communities impacted by syphilis and other groups who have the power to reduce the burden of infection through research, treatment, and outreach
- **Protect Your Baby from Syphilis:** <https://www.marchofdimes.org/complications/protect-your-baby-from-syphilis-infographic.aspx>: This March of Dimes infographic provides an overview for moms and moms-to-be about what CS is and how to prevent it
- **Reducing Rising Syphilis Rates: A Healthcare Providers Role:** <https://www.youtube.com/watch?v=N1jyR2Ib0Ec>: This video walks healthcare providers through the three key actions that they can take to help reverse rising syphilis rates: Talk, Test, and Treat
- **CS fact sheet:** <https://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm>: This fact sheet answers common questions for women who are having, or may be considering having, a baby

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