Oregon Perinatal Collaborative

Coordinated Congenital Syphilis Prevention Guide for Community Organizations

OREGON PERINATAL COLLABORATIVE

Acknowledgements: The Oregon Perinatal Collaborative (OPC) gratefully acknowledges the multidisciplinary volunteer members, representing clinical and non-clinical expertise, of the Coordinated Congenital Syphilis Prevention Workgroup who helped develop and review the content of this guide, as well as plan for implementation.

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Suggested Citation (V#, Month Day, Year):

Oregon Perinatal Collaborative (Year). Oregon Perinatal Collaborative Coordinated Congenital Syphilis Prevention Guides.

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Purpose and Background

Oregon is experiencing a congenital syphilis emergency. Although overall syphilis rates in Oregon have recently decreased, syphilis diagnosed during pregnancy is increasing, resulting in more infants affected by this preventable disease. As of 2024, the state's congenital syphilis rate increased 2,150% over the past decade, with cases now reported across 12 counties and nearly half occurring outside the Portland metro area (Singson, 2025). Congenital syphilis occurs when untreated infection in the pregnant individual is transmitted to the fetus and can result in miscarriage, prematurity, low birth weight, congenital anomalies, stillbirth and infant death. Up to 70% of untreated infections lead to adverse pregnancy outcomes (Duan et al, 2025).

Despite being preventable with timely screening and treatment, congenital syphilis remains a significant issue. In Oregon, 75% of pregnancies associated with a case involved minimal or no prenatal care. Fewer than half were diagnosed in time to prevent transmission, and only 26% received timely treatment (Singson, 2025). Many of these patients had contact with the healthcare system, specifically in emergency departments or community settings, but were not screened. The burden of syphilis also disproportionately affects pregnant people of color, those experiencing housing instability, criminal justice involvement, substance use, and/or have a history of sexually transmitted infections (STIs).

All pregnant people should be screened **at least** three times during pregnancy (at first encounter, at 28 weeks, and at delivery) (ACOG, 2024); however, many individuals at highest risk receive limited or no prenatal care and are not adequately screened or treated. In Oregon, 45% of pregnant people associated with a congenital syphilis case had no prenatal care or initiated care within 30 days of delivery, though many were seen in emergency departments during pregnancy.

Emergency departments are critical access points for care and represent key partners in improving screening, treatment, and referral. Increased, cross-setting screening and timely treatment are urgently needed to prevent congenital syphilis in Oregon.

References

1. American College of Obstetricians and Gynecologists. Practice advisory: screening for syphilis in pregnancy. Published April 2024. Accessed March 5, 2025.
2. Duan B, Zhou Y, Wang X, et al. Congenital syphilis: adverse pregnancy outcomes and neonatal disorders. *Infection*. 2025;53(6):2303-2319.
3. Singson P. Congenital Syphilis Crisis in Oregon [memorandum]. Oregon Health Authority, Public Health Division. Published February 25, 2025. Accessed April 6, 2026.

Key Resources

Clinical Interpretation of Syphilis Screening Algorithms

CDC 2021 STI Treatment Guidelines

University of Washington's National STD Curriculum

Best Practices for Community Organizations to Prevent Congenital Syphilis

Community organizations, including syringe services programs, substance use treatment facilities, rehabilitation programs, and shelters, are uniquely positioned to reach pregnant people who have little or no contact with traditional healthcare and are at highest risk for congenital syphilis.

1. **Provide education to all staff on congenital syphilis**, its consequences, and your organization's role in screening or referring clients for screening.
2. **Consider adding syphilis screening to your services**. Rapid point-of-care (POC) testing is available and preferred in community settings. Ensure your organization is appropriately licensed to provide testing, and before implementing a screening program, coordinate with your local public health authority (LPHA) to align on referral processes, testing events, and target populations.
3. **Build relationships and clear communication channels with your LPHA,** including clarity around reporting, referral, and follow-up responsibilities after a positive syphilis screening result.
4. **Ask about pregnancy status and offer pregnancy testing alongside STI screening for all pregnancy-capable clients**. Prioritize pregnant clients and their partners for referral and follow-up.
5. **Focus outreach on individuals at highest risk for syphilis in pregnancy:** those who are unstably housed or houseless, use drugs, have recent carceral system involvement, or lack a PCP or established prenatal care. **Use a non-stigmatizing, patient-centered approach,** as these clients may face significant barriers to engaging with healthcare, and building trust and rapport are essential to successful screening and referral.

Screening and Referral Workflow

- **As part of a syphilis screening program, perform verbal pregnancy screening** for all pregnancy-capable clients accessing your services. If your organization has the capacity, follow up with point-of-care pregnancy test.
- **Perform syphilis screening for any pregnant individual encountered.** Rapid POC testing is available and preferred in community settings. (Note: community organizations do not need to interpret or act on results independently; their role is to screen and refer). *(See Point-of-Care [POC] Syphilis Tests)*
- **Consider incentivizing screening with gift cards to a nearby grocery store**, as this can destigmatize testing.
- **Make efforts to obtain and document reliable contact information** for individuals who may not have a stable address or phone number. *(See Obtaining Reliable Contact Information)*
- **Coordinate with LPHA for follow-up on all positive syphilis results in pregnant clients.** LPHAs are responsible for case investigation, treatment coordination, and partner services.
- **Get to know at least one key LPHA contact and one local emergency department contact.** Start with a small inter-agency network that can expand as relationships between CBOs, LPHAs, and EDs grow.
- **Community organizations without capacity to provide confirmatory testing and treatment are not expected to do so.** If a client screens positive for syphilis, connect them with the LPHA or a clinical partner immediately. If possible, facilitate a warm handoff rather than a referral alone. For community organizations with capacity for confirmatory syphilis testing and treatment (e.g., treatment centers with licensed independent practitioners or houseless service providers with an on-site medical clinic), we recommend the organization provide these services directly; referral to the LPHA or clinical partner applies only as needed.

Obtaining Reliable Contact Information

For patients without a stable address or phone number, ask:

- **Social media:** Facebook Messenger name, Instagram handle, or other platform
- **Guarantee contacts:** “Who will always know how to reach you?”
  - Collect name + phone for up to 2–3 people (parent, sibling, close friend)
- **Social services:** social worker, case manager, counselor, or parole officer
  - Collect agency name and contact info with patient permission
- **Where they spend time:** shelters, encampments, service locations, or community spaces that could support in-person outreach
- **The money question:** “If someone owed you money one year from now and your number and address changed, how would they find you?”

Point-of-Care (POC) syphilis tests

Currently available syphilis POC tests are treponemal-only, meaning they cannot distinguish between an active infection and a previously treated one. A positive result is presumptive and requires confirmatory lab-based serology testing. However, for a client with no known history of syphilis, a positive POC test is sufficient to initiate treatment without waiting for confirmatory results.

When POC tests are most useful

The biggest advantage of POC tests is same-day results, which enable same-day treatment and counseling. This is especially valuable for individuals who are unlikely to return for results, including those with housing instability, substance use disorder, short-term incarceration, and those lacking prenatal care. In these situations, a POC test may be the only realistic opportunity to screen and treat.

Lab-based testing remains preferable when individuals have reliable healthcare access and are likely to follow up, or in settings where the patient will be present long enough that rapid results are not needed.

Applying for a clinical laboratory improvement amendments (CLIA) waiver

Organizations that want to perform POC syphilis testing on-site must first obtain a Clinical Laboratory Improvement Amendments (CLIA) certificate of waiver. To enroll your testing site in the CLIA program, complete an application (CMS-116): More information here Contact the Oregon State Public Health Laboratory with any questions about the CLIA certificate of waiver application process.

Reporting positive POC test results to the local public health authority

Unlike lab-based tests, POC test results **may not be** automatically transmitted to LPHA through Electronic Lab Reporting (ELR). **Please confirm with your laboratory.** A positive POC test must be reported directly by the provider or organization performing the test by using the Confidential Oregon Online Reporting Form or phone call

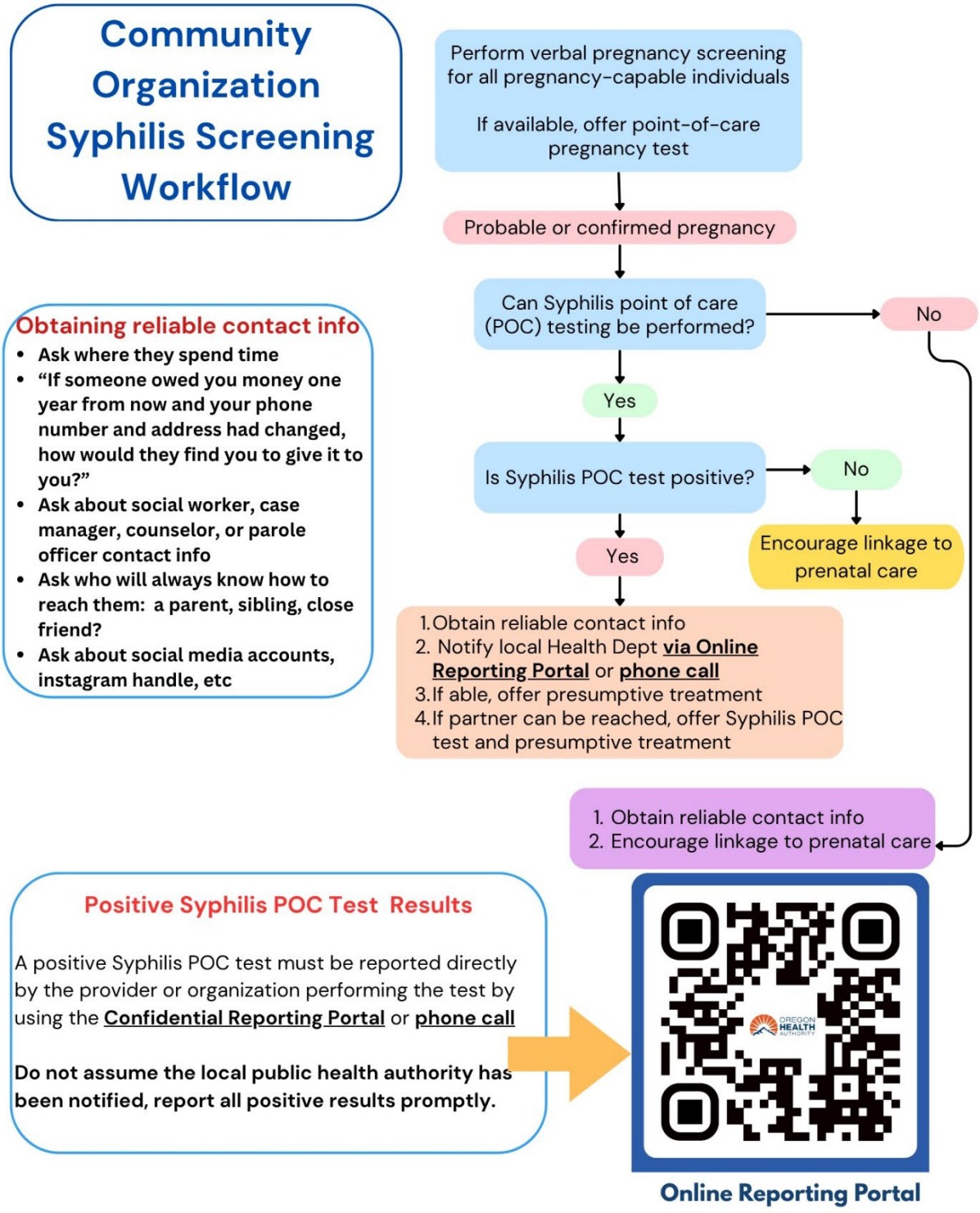
To contact each LPHA directly: OHA Local Public Health Authority Directory

Do not assume the local public health authority has been notified, report all positive results promptly.

Key points to communicate to patients with a positive result

- A positive test does not necessarily mean active infection; confirmatory testing is needed
- If there is no known history of syphilis (patient reported or visible in the EMR), a positive POC test is generally enough to initiate treatment
- Follow-up with a clinical provider is essential

POC tests may produce false negatives or false positives. A negative result in a high-risk pregnant client should not preclude referral for lab-based serology testing if there is clinical concern.


Community Organization Syphilis Screening Workflow
Perform verbal pregnancy screening for all pregnancy-capable individuals
If available, offer point-of-care pregnancy test
Probable or confirmed pregnancy
Can Syphilis point of care (POC) testing be performed?
No
Yes
Is Syphilis POC test positive?
No
Yes
Encourage linkage to prenatal care
1. Obtain reliable contact info
2. Notify local Health Dept via Online Reporting Portal or phone call
3. If able, offer presumptive treatment
4. If partner can be reached, offer Syphilis POC test and presumptive treatment
1. Obtain reliable contact info
2. Encourage linkage to prenatal care
Obtaining reliable contact info
• Ask where they spend time
• "If someone owed you money one year from now and your phone number and address had changed, how would they find you to give it to you?"
• Ask about social worker, case manager, counselor, or parole officer contact info
• Ask who will always know how to reach them: a parent, sibling, close friend?
• Ask about social media accounts, instagram handle, etc
Positive Syphilis POC Test Results
A positive Syphilis POC test must be reported directly by the provider or organization performing the test by using the Confidential Reporting Portal or phone call
Do not assume the local public health authority has been notified, report all positive results promptly.
Online Reporting Portal

Appendix

Resources

1. Clinical Interpretation of Syphilis Screening Algorithms
2. BRIDGE ED Screening & Treatment for Syphilis Clinical Protocol
3. CDC Syphilis Treatment Guidelines
4. Oregon Online Reporting Form (for positive Syphilis POC tests)
5. OHA Local Public Health Authority Directory
6. Syphilis Communications Campaign Planning Project (ASTHO/CDC/Trillium resource suite containing posters and messaging materials CBOs can use to promote syphilis testing)

Community Organization Syphilis Screening Workflow

Perform verbal pregnancy screening for all pregnancy-capable individuals

If available, offer point-of-care pregnancy test

↓

Probable or confirmed pregnancy

↓

Can Syphilis point of care (POC) testing be performed?

→ No

↓ Yes

Is Syphilis POC test positive?

→ No

↓ Yes

1. Obtain reliable contact info
2. Notify local Health Dept **via Online Reporting Portal** or **phone call**
3. If able, offer presumptive treatment
4. If partner can be reached, offer Syphilis POC test and presumptive treatment

Encourage linkage to prenatal care

1. Obtain reliable contact info
2. Encourage linkage to prenatal care

Obtaining reliable contact info

- **Ask where they spend time**
- **"If someone owed you money one year from now and your phone number and address had changed, how would they find you to give it to you?"**
- **Ask about social worker, case manager, counselor, or parole officer contact info**
- **Ask who will always know how to reach them: a parent, sibling, close friend?**
- **Ask about social media accounts, instagram handle, etc**

Positive Syphilis POC Test Results

A positive Syphilis POC test must be reported directly by the provider or organization performing the test by using the **Confidential Reporting Portal** or **phone call**

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Online Reporting Portal