Oregon Perinatal Collaborative

Coordinated Congenital Syphilis Prevention Guide for Local Public Health Authorities

OREGON PERINATAL COLLABORATIVE

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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 remains a persistent problem, 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 reported across 25 counties over that period (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).

This burden is particularly striking given that congenital syphilis is preventable with timely screening and treatment. 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 screened or treated. According to Oregon's Public Health Epidemiologists' User System's 2025 data, 76% of pregnant people associated with a congenital syphilis case had no prenatal care or initiated care within 30 days of delivery (OHA, 2025). Notably, 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, carceral system involvement, substance use, and/or have a history of sexually transmitted infections (STIs).

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.
4. Oregon Health Authority. (2025). Orpheus: Oregon Public Health Epidemiologists' User System. State of Oregon

Key Resources

Clinical Interpretation of Syphilis Screening Algorithms

CDC 2021 STI Treatment Guidelines

University of Washington's National STD Curriculum

Best Practices for Local Public Health Authorities to Prevent Congenital Syphilis

Local public health authorities (LPHA) are essential partners in Oregon's congenital syphilis emergency. They are responsible for case investigation and follow-up on all reported positive syphilis screens **among priority populations, including pregnant individuals**, and are uniquely positioned to bridge clinical care, community outreach, and public health infrastructure.

1. **Follow up on all reported positive syphilis screens in pregnant people**, prioritizing case investigation and partner services for pregnant individuals and their partners. When pregnancy status is unknown, prioritize follow-up in all pregnancy-capable people.
2. **Build relationships and clear communication channels with local emergency departments**, including clarity around follow-up responsibilities after a positive result is reported.
3. **Distribute and maintain an up-to-date directory of local public health contacts,** including LPHA phone numbers for use by emergency department, clinical staff, and community organizations. Consider providing this as a posted resource in emergency department spaces (e.g., triage areas, provider workrooms) so that staff can initiate direct outreach when a positive result is identified. Community organizations should similarly receive current contact information and have a clear, accessible point of contact at the LPHA for questions, referrals, and coordination around syphilis screening and treatment.
4. **Make efforts to obtain and document reliable contact information** for patients who may not have a stable address or phone number. *(see Obtaining Reliable Contact Information)*
5. **Use a patient-centered, non-punitive approach to incentivize partner engagement** in testing and treatment. Offer presumptive treatment to partners when possible.
6. **Expand access through mobile testing and treatment** at shelters, encampments, and homeless service organizations as resources allow, and by building relationships with community organizations, including substance use disorder programs, to offer screening in non-clinical settings.

Obtaining Reliable Contact Information

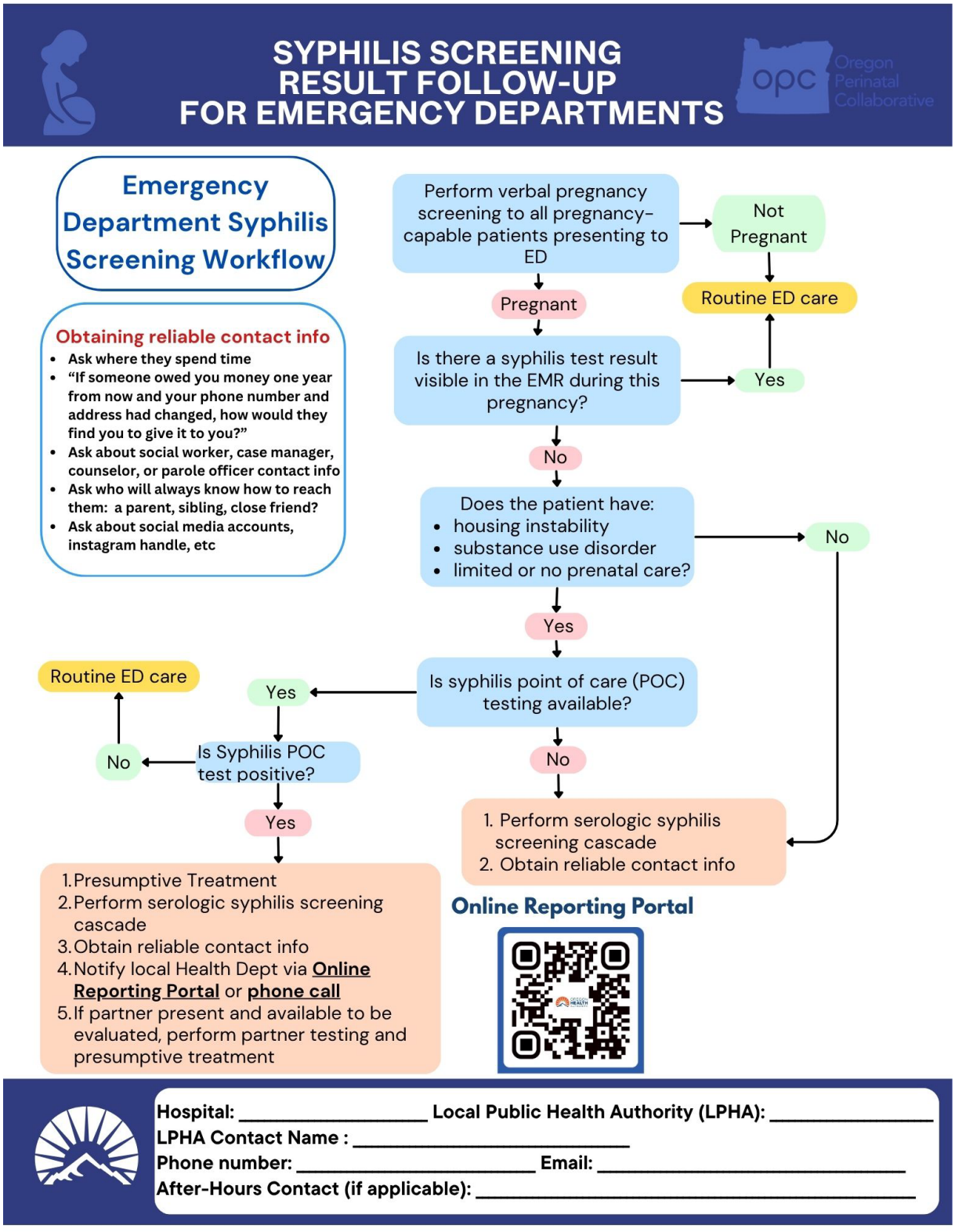
For patients without a stable address or phone number, ask:

- **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?”

Establishing Lines of Communication with Emergency Departments

- **Meet with emergency department partners** to identify how the LPHA can support and complement emergency department-based screening and treatment efforts.
- **Distribute and maintain an up-to-date directory of local public health contacts,** including health department phone numbers, for use by emergency department and clinical staff. Consider providing this as a posted resource in emergency department spaces (e.g., triage areas, provider workrooms) so that staff can initiate direct outreach when a positive result is identified in a pregnant patient.
- **Create a clear, agreed-upon pathway** with the emergency department for follow-up on all positive syphilis results in pregnant patients. Document and distribute this pathway to the relevant emergency department and public health staff and review it periodically to reflect any changes in contacts, workflows, or reporting responsibilities.
- **Conduct direct outreach to local emergency departments to assess how Emergency Department Information Exchange alerts are being used and acted upon,** as resources allow**.** Documenting current emergency department workflows around Emergency Department Information Exchange alerts would help identify gaps and inform whether this tool is functioning as intended for syphilis follow-up.
- **Recognize that emergency departments present unique coordination challenges** due to shift-based staffing, high turnover, and competing institutional demands. Building and maintaining these relationships requires sustained engagement and a consistent point of contact.
- **Provide messaging and technical assistance to hospitals and emergency departments to support presumptive partner testing and treatment.** LPHAs should serve as a resource for emergency departments and clinical staff on partner management, including the rationale for treating partners presumptively without waiting for confirmatory results, appropriate treatment regimens, and how to connect partners to public health follow-up. A named public health contact or direct phone line for clinical consultation can significantly reduce delays in partner treatment.
- **Leverage existing communication infrastructure (i.e. Health Alert Network or newsletter models like Oregon Immunization Program's provider communications) to proactively reach emergency department providers** with timely updates on congenital syphilis trends, guideline changes, and sexually transmitted infection resources.

***Syphilis Screening Algorithm Poster**: This poster includes fields for local public health authority (LPHA) contact information. Health departments may complete these fields and distribute posters to emergency departments in their jurisdiction for display in clinical areas, supporting timely follow-up and reporting.*



Expanding Screening Beyond Clinical Settings

- **Conduct mobile testing** at homeless service organizations, encampments, and shelters as resources allow. Mobile services have demonstrated high impact where available and are particularly valuable for patients who are unable to access fixed clinical sites.
- **Partner with Federally Qualified Health Centers** to expand screening and treatment access.
- **Partner with jails and correctional facilities** to expand screening and treatment access.
- **Build relationships with community organizations**, including homeless service organizations and substance use disorder programs, to offer syphilis screening in non-clinical settings. Ensure partner organizations are appropriately licensed and have access to rapid POC testing where preferred.

Point-of-Care Syphilis (POC) 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 enables 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.

Reporting positive POC test results to the local public health authority

Unlike lab-based tests, POC test results **may not be** automatically transmitted to public health by electronic lab report (ELR). **Please confirm with the 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

Do not assume the county health department 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 electronic medical record), 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.

Addressing Social Risk Factors and Barriers to Treatment

- **Use a patient-centered approach to support treatment completion**. This includes providing access to temporary housing and phones for patients who need them to complete treatment.
- **Incentivize partner engagement** in testing and treatment through a supportive, non-punitive approach, improving flexibility and options for immediate treatment
- **Build referral relationships** with local perinatal substance use disorder services and peer support specialists.

Other Considerations

- **Using LPHA standing orders.** Some Oregon emergency departments have suggested that a more functional workflow to increase syphilis screening during emergency department visits would be for the LPHA officer to put a syphilis screening order in place, and for the LPHA to take primary responsibility for follow up on positive results. If this pathway is used in any county, emergency department staff are nonetheless encouraged to support follow-up by educating the patient of the importance of close follow-up and collecting usable contact information has been obtained prior to discharge.
- **Maintain relationships and communication channels with prenatal care clinics and labor and delivery units** to disseminate up-to-date information on syphilis screening, diagnosis, and treatment in pregnancy.

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 any positive Syphilis test result)

SYPHILIS SCREENING RESULT FOLLOW-UP FOR EMERGENCY DEPARTMENTS

Oregon Perinatal Collaborative

Emergency Department Syphilis Screening Workflow

Perform verbal pregnancy screening to all pregnancy-capable patients presenting to ED

- Not Pregnant → Routine ED care
- Pregnant → Is there a syphilis test result visible in the EMR during this pregnancy?
  - Yes → Routine ED care
  - No → Does the patient have:
    - housing instability
    - substance use disorder
    - limited or no prenatal care?
      - No → 1. Perform serologic syphilis screening cascade 2. Obtain reliable contact info
      - Yes → Is syphilis point of care (POC) testing available?
        - No → 1. Perform serologic syphilis screening cascade 2. Obtain reliable contact info
        - Yes → Is Syphilis POC test positive?
          - No → Routine ED care
          - Yes → 1. Presumptive Treatment 2. Perform serologic syphilis screening cascade 3. Obtain reliable contact info 4. Notify local Health Dept via **Online Reporting Portal** or **phone call** 5. If partner present and available to be evaluated, perform partner testing and presumptive treatment

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**

Online Reporting Portal

Hospital: _____ **Local Public Health Authority (LPHA):** _____

LPHA Contact Name : _____

Phone number: _____ **Email:** _____

After-Hours Contact (if applicable): _____