

# National Syphilis and Congenital Syphilis Syndemic (NSCSS) Federal Task Force

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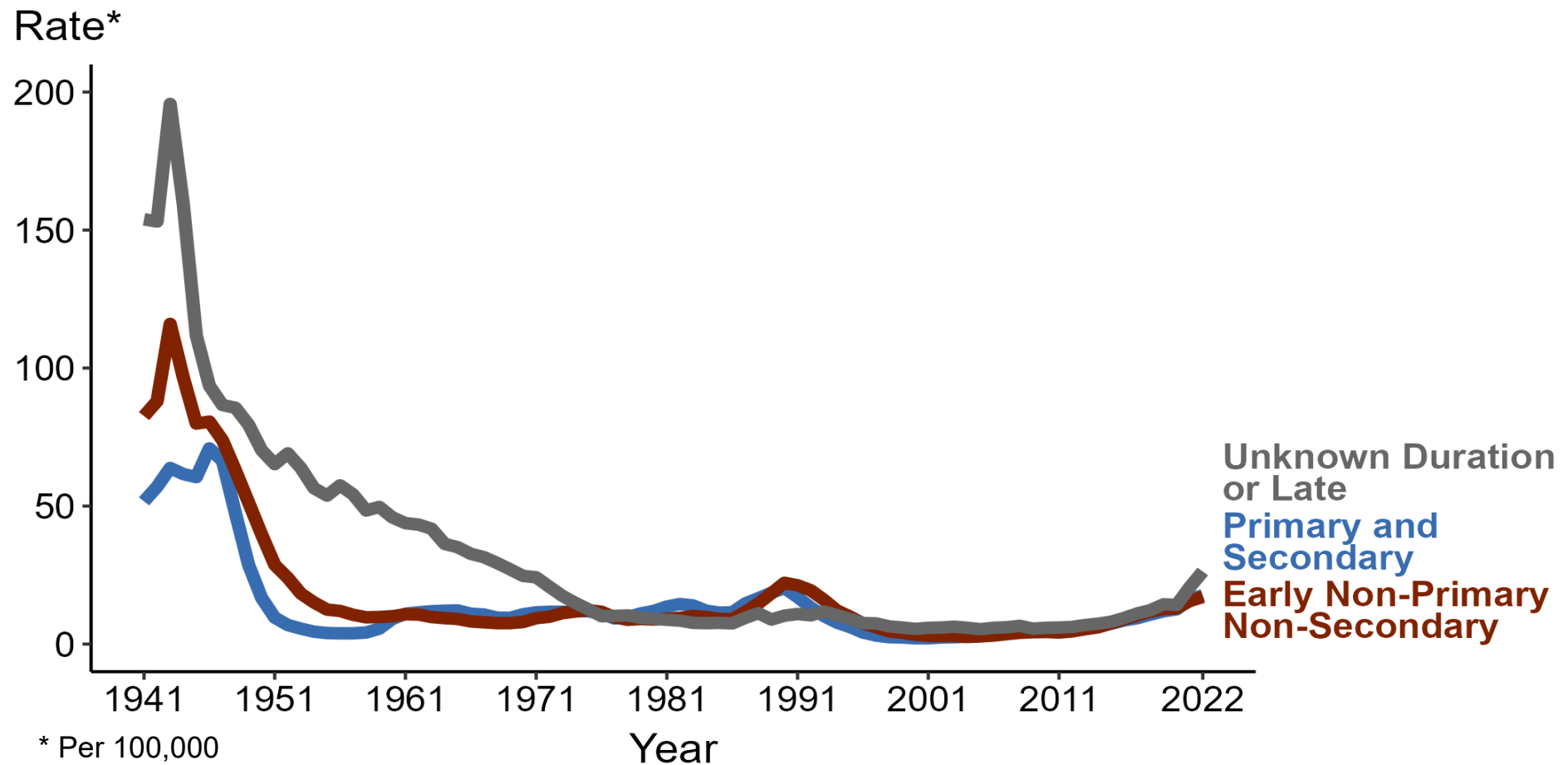
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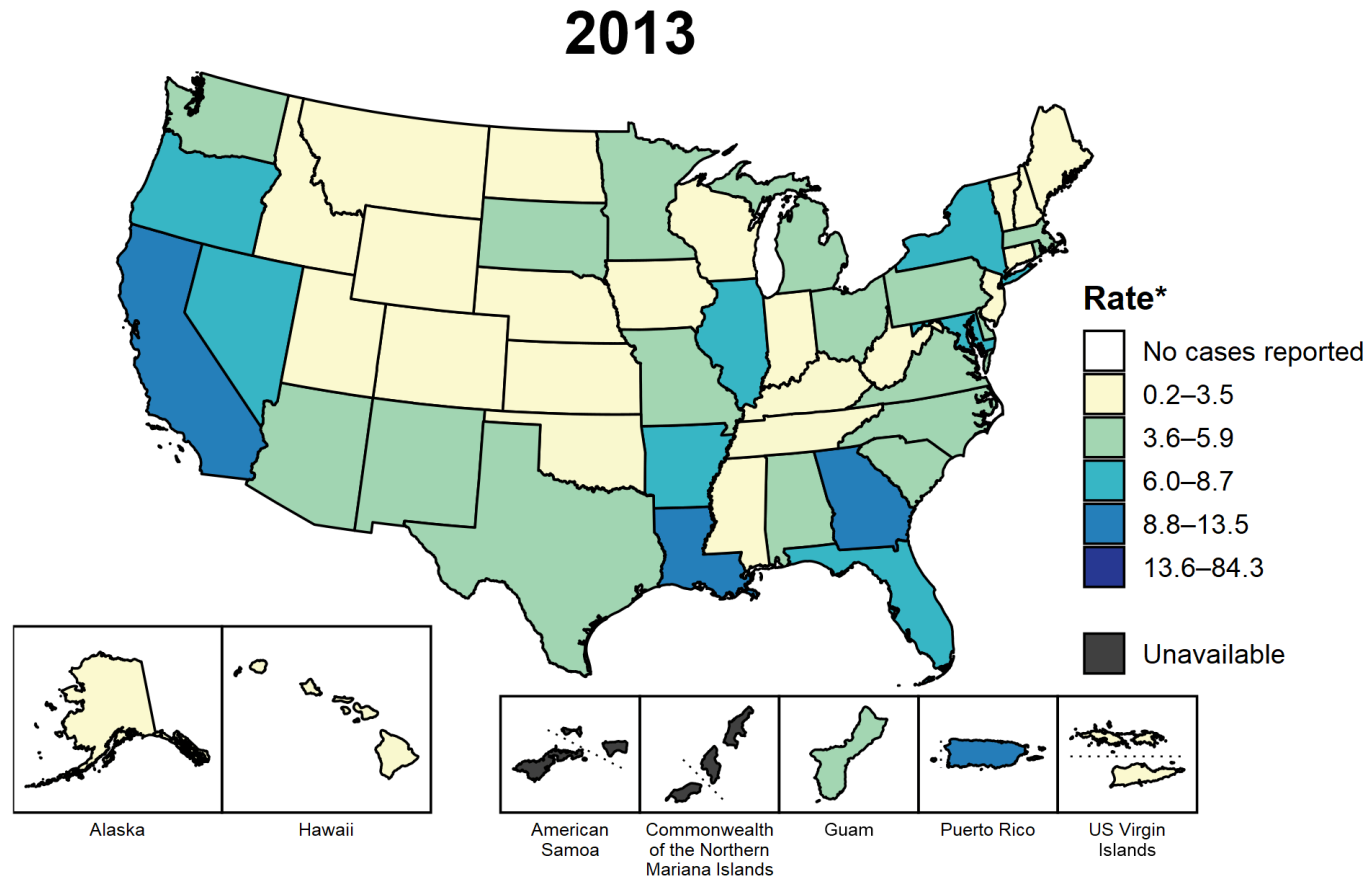
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# Syphilis — Rates of Reported Cases by Stage of Infection, United States, 1941–2022

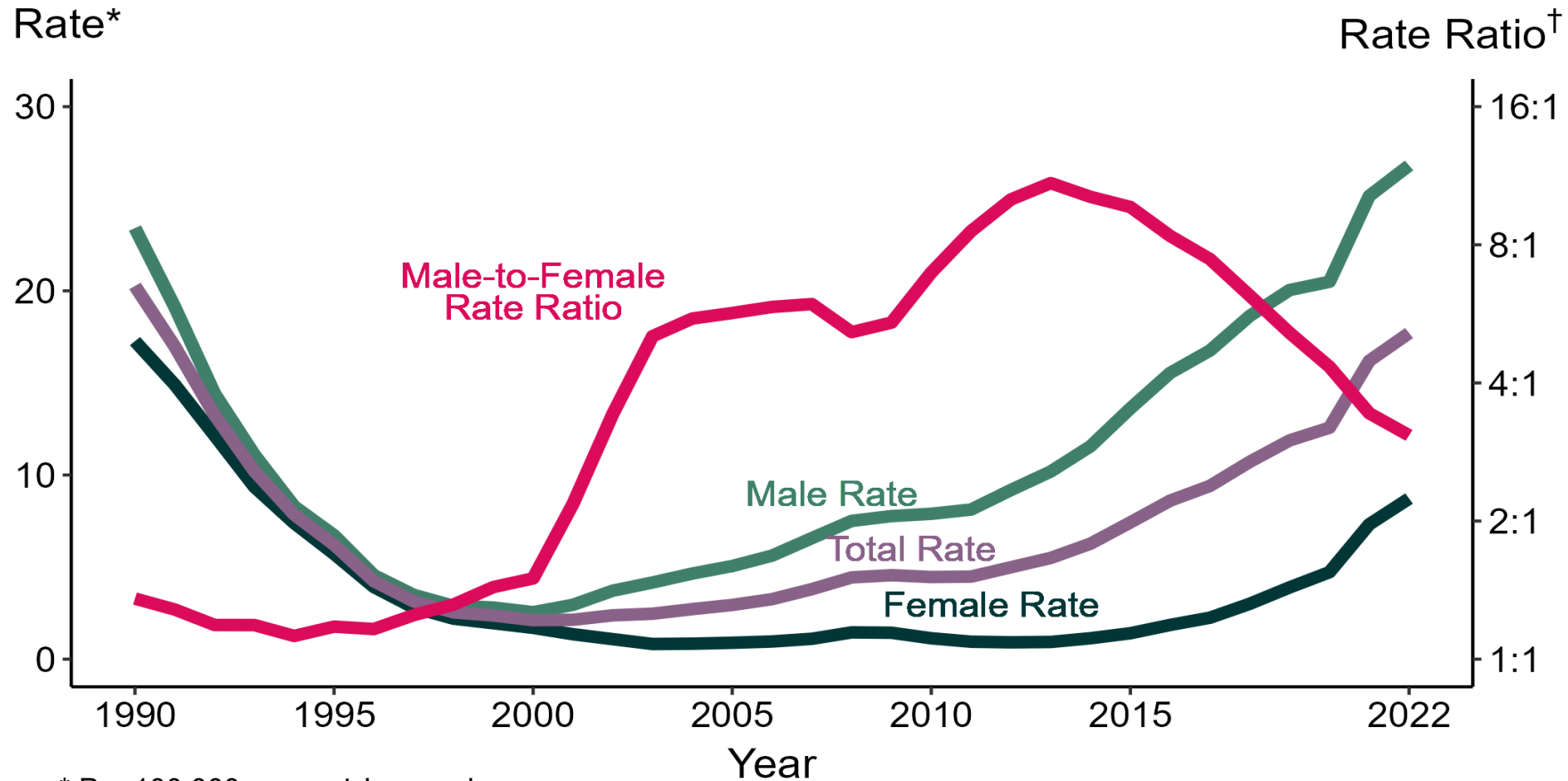


# Primary and Secondary Syphilis — Rates of Reported Cases by Jurisdiction, United States and Territories, 2013–2022



\* Per 100,000

# Primary and Secondary Syphilis — Rates of Reported Cases by Sex and Male-to-Female Rate Ratios, United States, 1990–2022

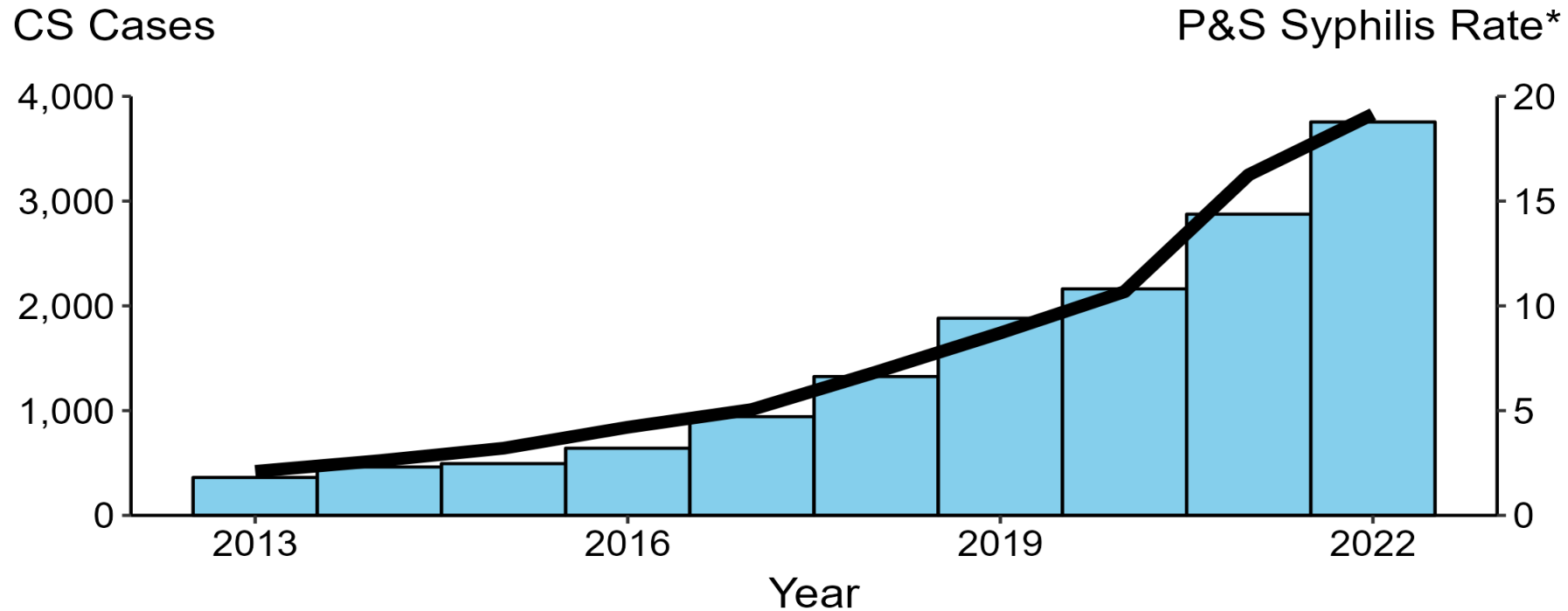


\* Per 100,000

† Log scale



# Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women Aged 15–44 Years, United States, 2013–2022



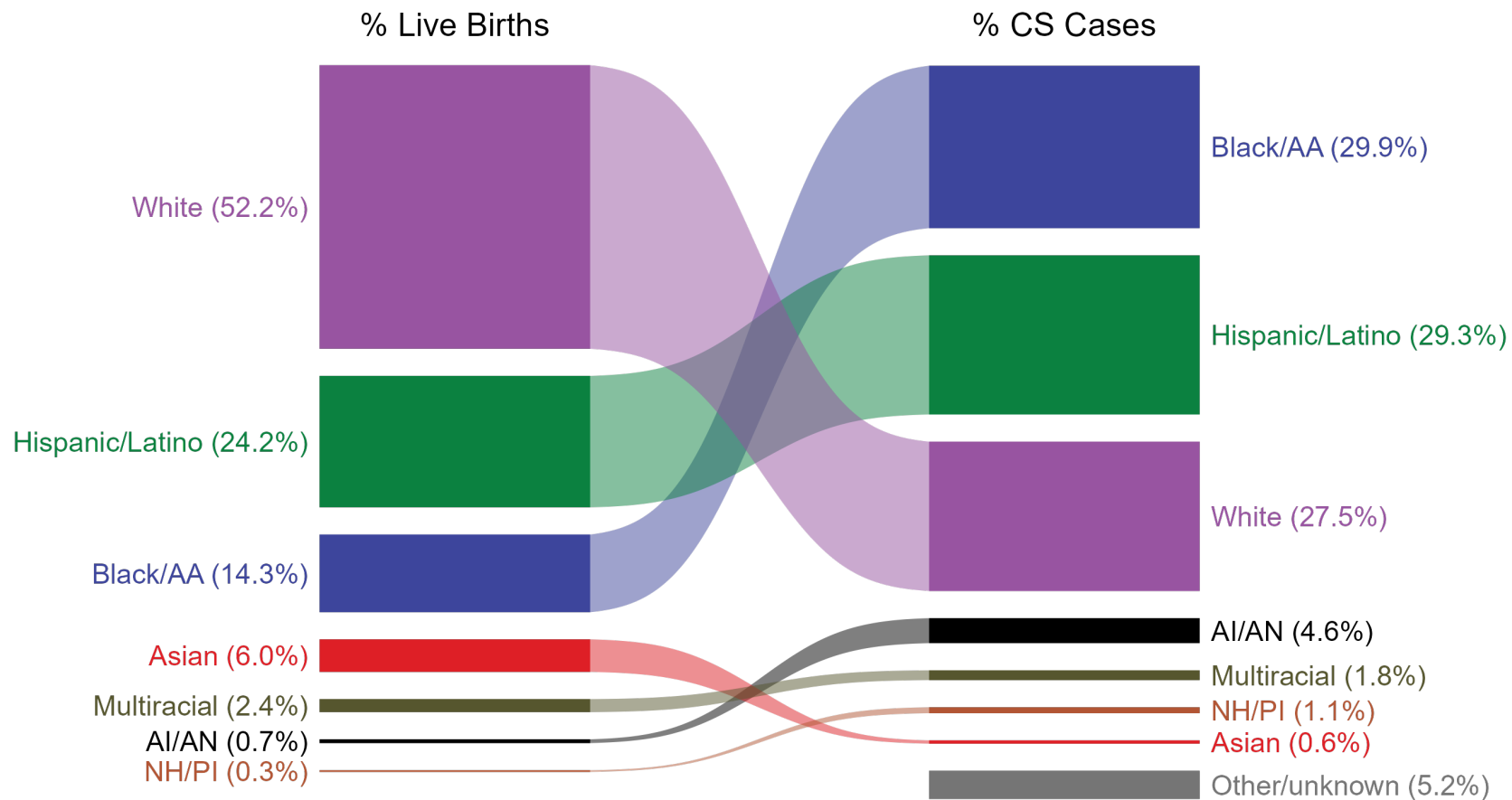
CS cases
  Female (15–44 years) P&S syphilis rate\*

\* Per 100,000

**ACRONYMS:** CS = Congenital syphilis; P&S Syphilis = Primary and secondary syphilis



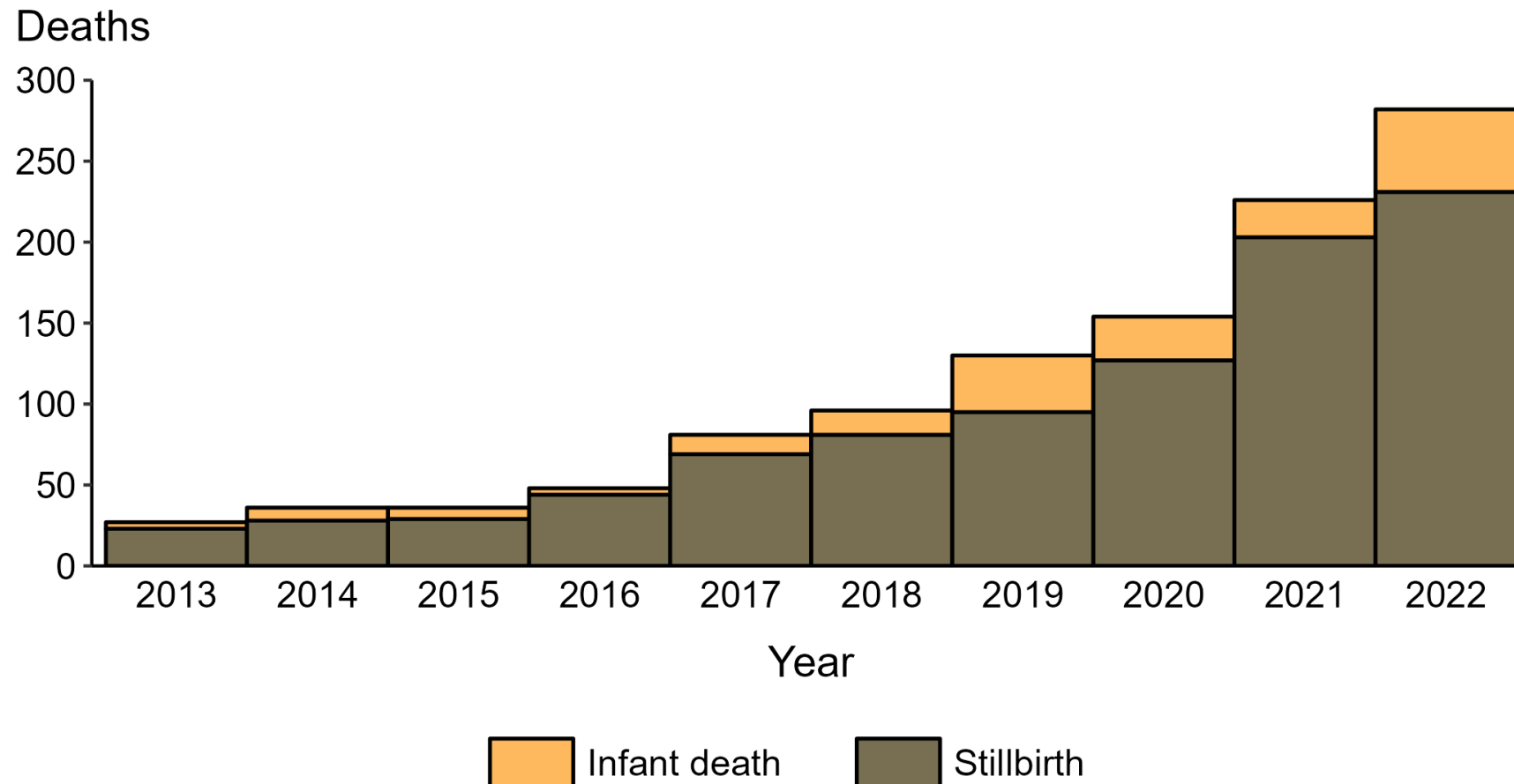
# Congenital Syphilis — Total Live Births and Reported Cases by Race/Hispanic Ethnicity of Mother, United States, 2022



**NOTE:** In 2022, a total of 197 congenital syphilis cases (5.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the “other/unknown” category.



# Congenital Syphilis — Reported Stillbirths and Infant Deaths, United States, 2013–2022



# Overview of the National Syphilis and Congenital Syphilis Syndemic (NSCSS) Federal Task Force

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## NSCSS Federal Task Force Members

Chaired by ADM Rachel Levine,  
Assistant Secretary For Health, HHS

10 HHS agencies

Department of Justice  
(Federal Bureau of  
Prisons)

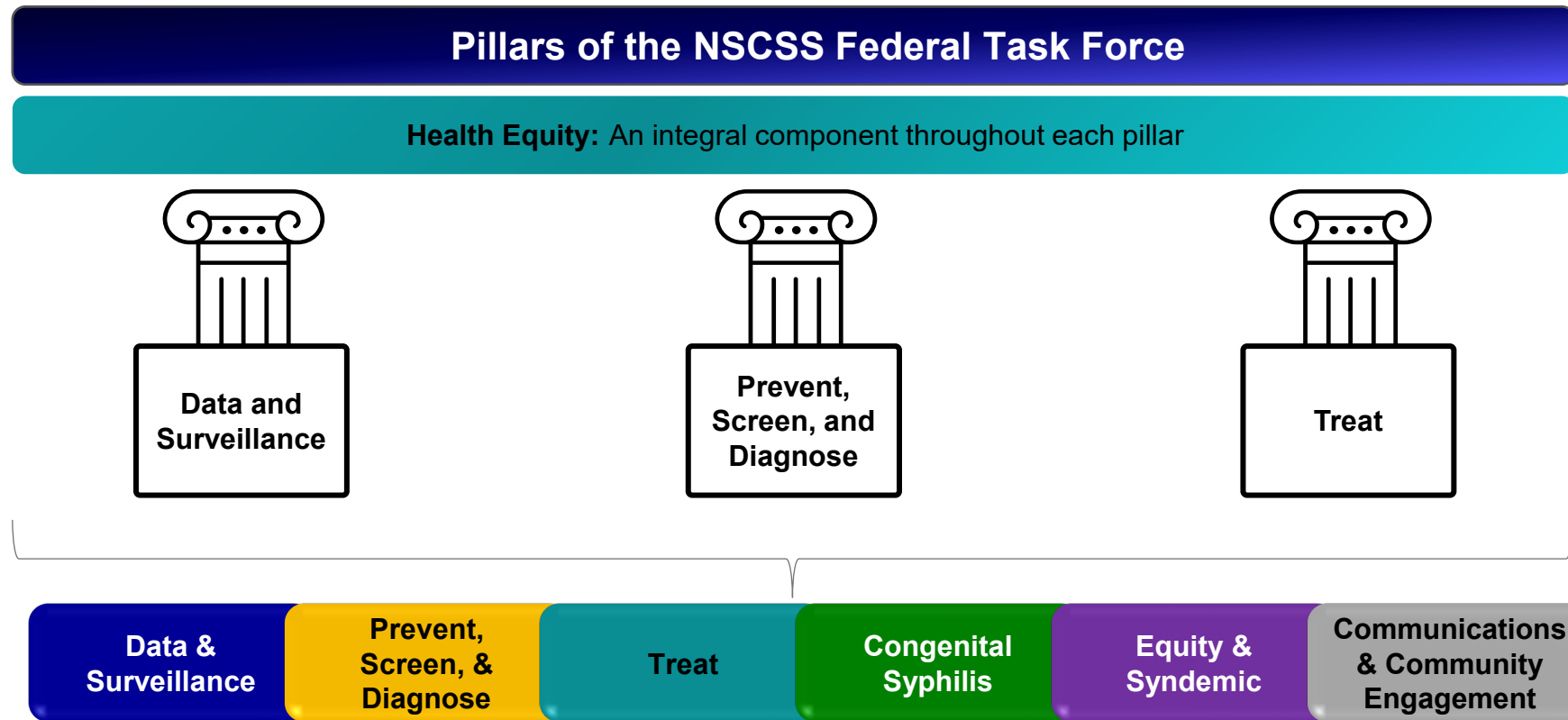
United States  
Department of  
Agriculture (USDA)

Department of  
Veterans Affairs

The White House  
(Office of National  
AIDS Policy (**Vacant**);  
Office of National Drug  
Control Policy)

**Over 200 members**  
across the federal government

# NSCSS Federal Task Force Framework



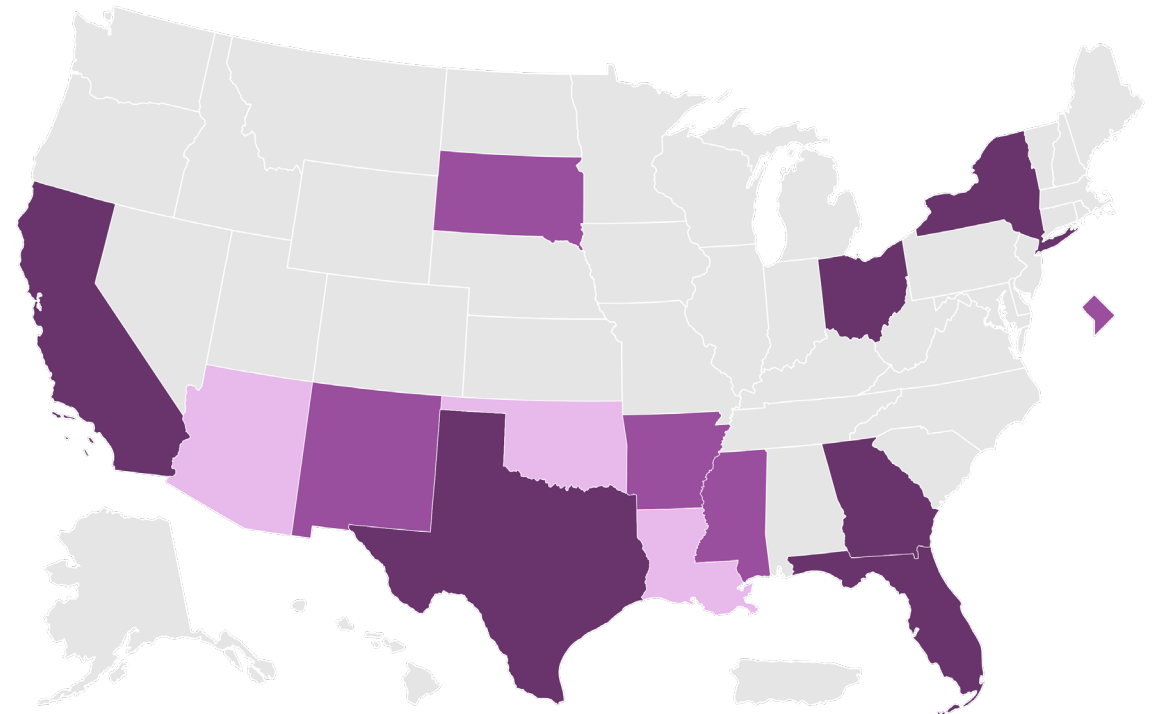
6 subcommittees that drive the work of the three pillars

## NSCSS Priority Jurisdictions

- Areas were identified according to their rank of reported case counts or reported case rates
- Nationwide, these jurisdictions account for **57.1%** of P&S syphilis cases, and **73.7%** of CS cases

### These priority jurisdictions represent:

- Over **65%** of P&S syphilis cases and over **70%** of CS cases among Non-Hispanic American Indian/Alaska Natives individuals
- Over **50%** of P&S syphilis cases and over **65%** of CS cases among Non-Hispanic Black or African American individuals
- Over **70%** of P&S syphilis cases and over **85%** of CS cases among Hispanic or Latino individuals (any race)



# NSCSS Federal Task Force: Actions



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## Actions Taken: July 2023 – December 2023

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Timeline	Actions
Jul 2023	✓ HRSA and IHS issued letters to grantees and providers with informational resources
Oct 2023	✓ CDC published draft guidelines for doxycycline use among certain groups ✓ IHS announced a new national clinical strategic initiative and released STI Treatment Guidance
Dec 2023	✓ HHS generated heatmaps for priority jurisdictions overlaying syphilis cases with available resources

## Actions Taken: January 2024 - Onwards

Timeline	Actions
Jan 2024	<ul style="list-style-type: none"> <li>✓ FDA announced the availability of Extencilline® to address Bicillin L-A® shortages</li> <li>✓ HHS held two Equity workshops focused on American Indian and Alaska Native tribes and the other focused on national efforts to improve syphilis outcomes</li> </ul>
Feb 2024	<ul style="list-style-type: none"> <li>✓ NIH hosted a workshop on the expansion of syphilis treatment with NIH researchers</li> <li>✓ ADM Levine convened a provider roundtable on Congenital Syphilis Prevention</li> </ul>
March and April 2024	<ul style="list-style-type: none"> <li>✓ Meetings with 14 priority jurisdictions and collaboration with medical societies and clinical providers (March and April 2024)</li> <li>✓ Syphilis, Substance Use, and Child Welfare Webinar (April 2024)</li> <li>✓ Regional Syphilis Summits for Native Populations (March, April &amp; May 2024)</li> </ul>

## Key Areas of Focus: Addressing Missed Opportunities

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- Address treatment shortages and related cost concerns and explore solutions to ensure adequate availability
- Use of Point of Care Testing (POCT) and field testing & screening in emergency departments and urgent care settings
- Push for harmonization of testing recommendations for pregnant persons
- Address syndemic-related issues of substance use and stigma as a barrier to prevention and treatment

## Additional Considerations

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Thematic Area	Actions
Provider Education and Training	<ul style="list-style-type: none"><li>• Raise provider awareness and provide training on diagnostic and treatment guidelines for primary and secondary syphilis and congenital syphilis</li></ul>
Public Awareness	<ul style="list-style-type: none"><li>• Enhance public awareness through campaigns, webinars, participation at meetings and conferences, HIV.gov and other platforms</li></ul>
Sharing Best Practices	<ul style="list-style-type: none"><li>• Cross-share &amp; Implement best practices identified by jurisdictions and providers</li></ul>





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**Thank you!**

For additional inquiries, email: [STI@hhs.gov](mailto:STI@hhs.gov)