

July 5, 2017

U.S. Preventive Services Task Force Coordinator
c/o U.S. Preventive Services Task Force
540 Gaither Road
Rockville, MD 20850

Re: Draft Research Plan for Syphilis Infection in Pregnancy: Screening

Dear U.S. Preventive Services Task Force Members:

On behalf of the National Association of County and City Health Officials (NACCHO), I am writing in support of the U.S. Preventive Services Task Force (USPSTF) draft research plan on screening for syphilis infection in pregnant women. NACCHO is the leader, partner, catalyst, and voice of nearly 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities.

Syphilis infection is a growing epidemic in the United States. According to the most recent data provided by the Centers for Disease Control and Prevention (CDC) (2015), the national male and female primary and secondary (P&S) syphilis rates increased in every region of the country to 7.5 cases per 100,000 population, a 19% increase compared with 2014, and a 66.7% increase compared with 2011.¹ Of particular concern is the 27.3% increase among women, because a rising rate of P&S syphilis in women of reproductive age often leads to an increasing rate of congenital syphilis. In fact, the highest rates of reported P&S syphilis cases among women were among women of reproductive age: those 20-24 years (5.1 cases per 100,000 females) and those aged 25-29 years (4.5 cases per 100,000 females).

The increase of syphilis among women of reproductive age has led to an increase in the rate of reported congenital syphilis each year from 2012-2015.² In 2015, there were 487 reported cases of congenital syphilis, an increase of 36.3% since 2011. Congenital syphilis rates are highest in the West (18.5 cases per 100,000 live births), followed by the South (14.4 cases per 100,000 live births), and are highest among Black women (35.2 cases per 100,000 live births), followed by Hispanics (15.5 cases per 100,000 live births).

NACCHO's member health departments have expressed concern over increasing rates of congenital syphilis and its consequences since rates began to rise. The effects of untreated syphilis during pregnancy are well known, and include fetal death, preterm birth, and congenital infection in some surviving infants that may result in development disabilities.³ These effects often result in costly hospital stays immediately after birth, and potentially years or a lifetime of additional healthcare costs. Most cases of congenital syphilis are preventable if identified and treated during prenatal care; however, those who are disproportionately impacted by syphilis, namely Black and Latina women, are also less likely to receive recommended prenatal care due to barriers to access, including cost and transportation,



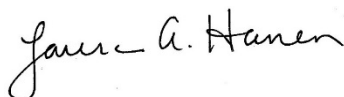
and cultural barriers.⁴ Studies have shown that less than adequate prenatal care has been associated with congenital syphilis.⁵ The implementation of evidence-based screening protocols responsive to the inequities of prenatal care will be critical in reducing congenital syphilis cases.

Due to the increasing rates of congenital syphilis and the disproportionate burden on impacted persons, NACCHO supports USPSTF's draft research plan to screen for syphilis infection in pregnancy. USPSTF's draft research plan is timely and necessary as syphilis infection is increasing to epidemic levels, and its infectivity and prevalence among women of reproductive age among disproportionately impacted races and ethnic groups requires up-to-date and robust guidance to facilitate effective screening programming.

NACCHO values USPSTF's work to stem the growing rates of syphilis infection in the United States, and to reduce overall disease burdens among impacted populations. The eventual recommendations will be useful in advocating for additional funding and resources to expand syphilis screening and to enhance screening efficacy, key elements necessary to reduce the spread of syphilis. Local health departments, critical to stemming syphilis through disease investigation, partner services, and screening and treatment, will be important partners in implementing recommendations resulting from this research. Finally, NACCHO looks forward to continued support of USPSTF efforts, and appreciates USPSTF for reviewing the evidence of benefits and harms of this critical preventive service.

Thank you for the opportunity to provide input on this important matter. If you have any questions, please contact Samantha Ritter, MPH, Senior Program Analyst, Adolescent Sexual Health at 202-756-0162 or sritter@naccho.org.

Sincerely,



Laura A. Hanen, MPP
Interim Executive Director & Chief of Government Affairs

¹ Centers for Disease Control and Prevention (2016). *Sexually Transmitted Disease Surveillance 2015*. Atlanta: U.S. Department of Health and Human Services.

² Centers for Disease Control and Prevention (2016). *Sexually Transmitted Disease Surveillance 2015*. Atlanta: U.S. Department of Health and Human Services.

³ Centers for Disease Control and Prevention (2016). *Sexually Transmitted Disease Surveillance 2015*. Atlanta: U.S. Department of Health and Human Services.

⁴ Amnesty International (2010). *Deadly Delivery: The Maternal Health Care Crisis in the USA*. Retrieved from <https://www.amnestyusa.org/files/pdfs/deadlydelivery.pdf>.

⁴ Centers for Disease Control and Prevention (2016). *Sexually Transmitted Disease Surveillance 2015*. Atlanta: U.S. Department of Health and Human Services.

⁵ Centers for Disease Control and Prevention (2016). *Sexually Transmitted Disease Surveillance 2015*. Atlanta: U.S. Department of Health and Human Services.