

March 5, 2018

USPSTF Coordinator
c/o USPSTF
5600 Fishers Lane
Mail Stop 06E53A
Rockville, MD 20857

Re: Draft Recommendation Statement for Syphilis Infection in Pregnant Women: 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 USPSTF draft recommendation statement on screening for syphilis infection in pregnant women. NACCHO is the voice of nearly 3,000 local health departments across the country. These city, county, metropolitan, district, and tribal health departments work every day to protect and promote health and well-being for all people in their communities.

The burden of syphilis infection in the United States continues to worsen. According to the most recent data provided by the Centers for Disease Control and Prevention (CDC) (2016), the primary and secondary (P&S) syphilis rate in the U.S. increased to 8.7 cases per 100,000— a 74% increase since 2012, and the highest rate since 1993.¹ In one year, between 2015 and 2016, syphilis rates increased for both men and women, in every age group above 15 years of age, in every region of the country, and among every race/ethnicity group.² While from 2000–2016, the rise in the rate of reported P&S syphilis primarily occurred among men who have sex with men (MSM), syphilis among women has increased substantially in recent years, with the infection rate more than doubling between 2012–2016.³ During 2015–2016, the rate of syphilis among women increased 35.7%, compared to a smaller increase of 14.7% among men.⁴

Increasing infection among women is particularly troubling. Historical data demonstrate that untreated early syphilis in pregnant women, if acquired during the four years before delivery, can lead to infection of the fetus in up to 80% of cases, and may result in stillbirth or death of the infant in up to 40% of cases.⁵

In 2016, there were a total of 628 reported cases of congenital syphilis, including 41 syphilitic stillbirths.⁶ The national rate of 15.7 cases per 100,000 live births represents a 27.6% increase relative to 2015 and an 86.9% increase relative to 2012.⁷ Now, and historically, congenital syphilis rate increases parallel increases of P&S syphilis among women. While rates are increasing across the country, the West (25.6 cases per 100,000 live births) and the South (17.8 cases per 100,000 live births) are most impacted.⁸ In addition, rates were highest among Blacks (43.1 cases per 100,000 live births), followed by American Indians/Alaska Natives (31.6 cases per 100,000 live births) and Hispanics (20.5 cases per 100,000 live births).



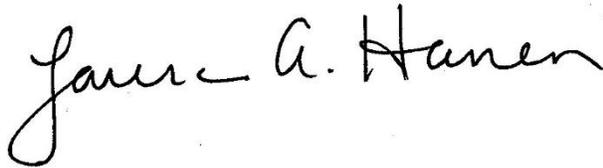
Due to the increasing burden of disease among pregnant women and women of reproductive age, NACCHO supports USPSTF's Grade A recommendation to provide syphilis screening to pregnant women.

USPSTF's updated recommendation for syphilis screening among pregnant women is timely and necessary. Syphilis infection is increasing to epidemic levels; its infectivity and prevalence among all age, race, and ethnic groups, as well as among males and females regardless of sex behavior, requires up-to-date and robust guidance to facilitate effective screening programming. That syphilis also increases the risk to infants is further cause for enhanced recommendations and guidelines.

NACCHO values USPSTF's work to stem the resurgence of syphilis infection in the United States, and to reduce overall disease burdens among impacted populations. The 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. Finally, NACCHO looks forward to continued contribution to 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,

A handwritten signature in black ink that reads "Laura A. Hanen". The signature is written in a cursive, flowing style.

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

¹ Centers for Disease Control and Prevention (2017). *Sexually Transmitted Disease Surveillance 2016*. Atlanta: U.S. Department of Health and Human Services.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.