



## Department of Health

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Executive Deputy Commissioner

July 15, 2019

NYC Department of Health and Mental Hygiene  
Gotham Center, 42-09 28<sup>th</sup> Street, CN 31  
Long Island City, NY 11101

RE: Proposed Health Code Amendment: Syphilis Screening in Pregnancy

This letter is written in support of the New York City Department of Health and Mental Hygiene's (NYCDOHMH) request to the NYC Health Board to add a new Section 11.33 to the Health Code requiring healthcare providers to test pregnant persons for syphilis at 28 weeks of pregnancy, or as soon thereafter as reasonably possible and no later than at 32 weeks of pregnancy, and that test results and a treatment plan be documented.

Congenital syphilis is a preventable infection which results from untreated maternal syphilis infection in pregnancy. The consequences for an infected infant are potentially severe and can lead to stillbirth, neonatal death, blindness or deafness, bone abnormalities, skin lesions, and other manifestations. Transmission during pregnancy can occur during any trimester and at any stage of syphilis infection. The number of congenital syphilis cases in New York State (including NYC) increased 123% from 13 cases reported in 2016 to 29 cases in 2018. Through the first four months of 2019, preliminary data show there are already twelve cases in New York State. This increase follows a similar increase across the U.S. where, in 2017, congenital syphilis cases hit their highest number since 1997.

This proposed rule is in alignment with New York State Department of Health (NYSDOH) recommendations for syphilis screening in pregnancy and is expected to prevent a significant number of congenital syphilis cases. Among the 102 congenital syphilis cases reported in New York State from 2013-2018, there were 48 pregnant individuals who received timely initial syphilis screening per the current New York State regulations and were negative, and they were subsequently infected later in pregnancy. Fully 77% (27/48) of these individuals were not screened for syphilis early in their third trimester. These infections could have possibly been prevented with additional screening at 28 weeks. Modifying regulation to require screening at 28 weeks for all pregnant persons will permit detection and treatment of syphilis infection that occurs after the initial screening test but before delivery.

This Health Code change will provide a best practice to ensure the health and well-being of pregnant people living or receiving prenatal care in NYC and will help to prevent congenital syphilis. The NYSDOH supports this change to the NYC Health Code.

Sincerely,

Johanne E. Morne, MS  
Director  
AIDS Institute