



1001 E. Fayette Street • Baltimore, Maryland 21202
Brandon M. Scott, Mayor
Michelle Taylor, MD, DrPH, MPA Commissioner of Health

November 21, 2025

Dear Colleague:

The Baltimore City Health Department (BCHD) is notifying you about continued high rates of syphilis and congenital syphilis in Baltimore City. Rates of syphilis increased 62% from 2020 to 2024. Of particular concern are increases in congenital syphilis, which can cause fetal or infant mortality or devastating lifelong sequelae. From 2020 to 2024, the rate of congenital syphilis rose 246% and the rate of congenital syphilis per live births is four times higher than the national rate. Recent surveillance indicates ongoing high rates.

To address high rates of syphilis we recommend all City providers:

- Have a low threshold for screening individuals for syphilis.
- Presumptively treat patients who have clinical signs or symptoms consistent with primary syphilis, even if serologic test results are negative. Up to 10-15% of patients with primary syphilis may have negative serologic tests.
- Offer syphilis testing to sexually active people aged 15-44 years of age.
- Offer people at enhanced risk of syphilis (e.g., sexually active men who have sex with men, PrEP users) screening at least annually.
- Educate patients about the signs and symptoms of syphilis: <https://www.cdc.gov/syphilis/about/index.html>
- Offer doxycycline post-exposure prophylaxis for bacterial STIs – including syphilis – where appropriate.

To address high rates of congenital syphilis, we recommend all City providers:

- Test for syphilis in pregnancy, especially if patients may not be in prenatal care.
- Offer testing to pregnant people using substances; consider testing for syphilis and pregnancy when toxicology screening is performed.
- Ensure sexual partners of pregnant people are offered testing or referral for testing.
- Presumptively treat partners to prevent reinfection during pregnancy. Ideally, partners should be evaluated for syphilis and staged and treated appropriately.
- Test pregnant people three times during pregnancy (first trimester or first prenatal visit, third trimester, and at delivery) in accordance with the [GIFT ACT](#)
- Report any pregnant patient with syphilis to BCHD via the Maryland Confidential Morbidity Report form https://health.maryland.gov/phpa/Documents/DHMH-1140_MorbidityReport.pdf, noting pregnancy status. Fax forms to BCHD: 410-625-0688.
- Call BCHD (410-396-4448) to request assistance for pregnant people who are at risk of not completing syphilis treatment or to access Bicillin due to the July 2025 [Bicillin recall](#).
- More resources for congenital syphilis can be found at the B'more for Healthy Babies Provider Portal: <https://www.healthybabiesbaltimore.com/congenital-syphilis>.

Syphilis testing locations are available here: <https://health.baltimorecity.gov/getting-tested-and-treated-hiv-stis-and-hepatitis-c>. Below are recommendations and other resources for you. Thank you for the valuable role you play in protecting the health of our residents.

Sincerely,

A handwritten signature in cursive script that reads "Michelle Taylor".

Michelle Taylor, MD, DrPH, MPA
Commissioner of Health, Baltimore City Health Department

ATTACHMENT

Table 1. Syphilis in Baltimore City

- There were 28 congenital syphilis cases reported in 2024.
- From 2020 to 2024, rates of syphilis rose 62%.
- Among reported syphilis cases, 69% of cases are among men, 30% are among women.
- 43% of cases are among men who report sexual contact with men.
- 70% of cases are among black individuals, 10% of cases are among Latinx.
- Syphilis rates among Latinx increased 145% since 2020.
- Most reported cases are among those 25-39 years of age. Almost half of cases are among those older than 40 years of age.
- Among congenital syphilis cases in 2024, 70% of pregnant persons report substance use, and 37% did not have prenatal care.

Source: Baltimore City surveillance data

Table 2. Testing

- A diagnosis of syphilis requires the use of two tests: a nontreponemal test (with titer) and a treponemal test. Use of only one type of serologic test is insufficient for diagnosis and can result in false-negative or false-positive results. For more information, go to: <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>
- Test patients at high risk of exposure (new, anonymous or multiple partners, partners with other sex partners, prior STIs, substance use, exchanging sex for money or drugs, inconsistent or no condom use)
- For many people, the most significant risk factor for syphilis is living in a community with high rates of syphilis. Considering geographic risk in addition to individual behaviors can help reduce stigma and bias in syphilis screening. Given rates of syphilis in Baltimore City, offer syphilis screening to sexually active people 15-44 years of age. <https://www.cdc.gov/sti-statistics/county-level-syphilis-data/index.html>
- Routinely test:
 - Sexually active men who have sex with men at least yearly
 - Any patient living with HIV who is sexually active
 - Any patient taking PrEP for HIV prevention
 - All pregnant women at the first prenatal visit, 28 weeks or first visit thereafter, and delivery
 - Syphilis testing should be considered in live born infants or a stillborn at >20 weeks of gestation, or weighing greater than or equal to 500 grams
 - The GIFT Act requires maternal syphilis testing following stillbirth at 20 weeks of gestation or later; or weighing \geq 500 grams
- Otic/Ocular/Neurosyphilis:
 - Screen all patients with confirmed or suspected syphilis for symptoms of ocular, otic, or neurosyphilis, *which can occur during any stage of syphilis*. Refer any patient who screens positive to an emergency department for immediate evaluation
- More information about testing and treatment of syphilis can be found here: <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>

Table 3. GIFT Act

Information on the GIFT Act can be found here:

<https://health.maryland.gov/phpa/IDPHSB/CSTIPDocuments/GIFT-Act-FAQ.pdf>

The GIFT Act requires syphilis testing during pregnancy and at the time of delivery for all jurisdictions in Maryland. Testing for syphilis should ideally occur three times during pregnancy:

- First trimester or at the first prenatal visit, AND
- Third trimester, AND
- At the time of delivery

The GIFT Act also requires reporting of pregnancy in persons with syphilis. See Table 7 for reporting information.

Table 4. Bicillin L-A (Penicillin G Benzathine Injectable Suspension) Shortage

• Information on the recall of Bicillin in July 2025 can be found here:

<https://www.cdc.gov/sti/php/from-the-director/2025-07-bicillin-recall.html>

• CDC has recommended treatment of non-pregnant persons with doxycycline:

<https://www.cdc.gov/std/treatment-guidelines/default.htm>

• Information on how to place orders with Pfizer may be found here:

<https://www.accessdata.fda.gov/scripts/drugshortages/>

Table 5. Assistance Available from the Baltimore City Health Department

Call Baltimore City Health Department at **410-396-4448** for assistance with:

- Reporting a pregnant person with syphilis and obtaining assistance accessing treatment for pregnant persons.
- Obtaining prior testing and treatment information for your patients and their partners
- Interviewing your patient to identify partners and assure risk-reduction counseling, testing, and treatment as performed by Disease Investigation Specialists (DIS) who provide partner services.
 - A DIS may call you for testing and treatment information on your patient, or to obtain information on named partners.
- Requests for Bicillin to treat your patients
- Completing mandatory disease reporting requirements
- Linkage to care coordination for pregnant women with syphilis
- Linkage to substance use services

For clinical questions about treatment, management, and complications of syphilis providers may submit a consultation to the STD Clinical Consultation Network at <https://STDCCN.org>, a free clinical consultation service provided by the National Network of STD Clinical Prevention Training Centers.

Table 6. Recommended Treatment by Stage of infection for Adults	
<p>Presumptively treat patients who have clinical signs or symptoms consistent with primary syphilis, even if serologic test results are negative. Up to 10-15% of patients with primary syphilis may have negative serologic tests.</p> <p>Presumptively treat partners to prevent reinfection during pregnancy. Ideally, partners should be evaluated for syphilis and staged and treated appropriately.</p>	
STAGE	TREATMENT*
Primary (one or more non-tender ulcerative lesions)	Benzathine penicillin G 2.4 million units IM in a single dose
Secondary (rash, palmar or plantar rash, alopecia, mucocutaneous lesions, condyloma lata)	
Early latent (no symptoms, initial infection occurred within the previous 12 months)	Alternative regimen/Penicillin allergic: see CDC Treatment Guidelines*
Late latent (no symptoms, initial infection occurred greater than 12 months previously)	Benzathine penicillin G 7.2 million units total, administered as 3 doses of 2.4 million units IM each at 1-week intervals
<p>TREATMENT DURING PREGNANCY Penicillin is the only therapy proven effective in pregnancy. Treatment at least 30 days before delivery is 98% effective at preventing congenital syphilis. Desensitization of pregnant women with true penicillin allergy should be performed in a hospital setting.</p>	
<p>TREATMENT FOR NEUROSYPHILIS AND OCULAR SYPHILIS Aqueous crystalline penicillin G 18-24 million units per day, administered as 3-4 million units IV every 4 hours or continuous infusion, for 10-14 days.</p> <p>*CDC STI Treatment Guidelines are available here: https://www.cdc.gov/std/treatment-guidelines/syphilis.htm</p>	

Table 7. Report Infectious Disease and Treatment – including syphilis
<ul style="list-style-type: none"> • Maryland law requires both health care providers and laboratories to report notifiable diseases and conditions including syphilis (COMAR 10.06.01.04) • Reporting instructions for Maryland’s notifiable diseases and conditions can be found at: https://health.maryland.gov/phpa/Pages/what-to-report.aspx and https://health.maryland.gov/phpa/OIDPCS/CSTIP/Pages/Reporting.aspx • The Maryland Confidential Morbidity Report form for providers, a fillable PDF, can be found at: https://health.maryland.gov/phpa/Documents/DHMH-1140_MorbidityReport.pdf

Table 8. Additional Resources

- 2021 CDC Sexually Transmitted Infection Guidelines: <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm>
- B'more for Healthy Babies Provider Portal: Congenital Syphilis [Congenital Syphilis | BHB Website](#)
- For further training in syphilis and other STIs, please contact the STD/HIV Prevention Training Center at Johns Hopkins <https://www.stdpreventiontraining.com/>
- Pfizer Bicillin L-A (Penicillin G Benzathine Injectable Suspension) recall and ordering: <https://www.cdc.gov/sti/php/from-the-director/2025-07-bicillin-recall.html>
- Evaluation, clinical presentation, testing, and treatment algorithms: Primary syphilis: https://californiaptc.com/wp-content/uploads/2024/08/2024-07_CAPTC-primary-syphilis-algorithm_508.pdf and Secondary syphilis: https://californiaptc.com/wp-content/uploads/2024/08/2024-07_CAPTC-secondary-syphilis-algorithm_508.pdf
- Maryland STI data and information: <https://health.maryland.gov/phpa/OIDPCS/CSTIP/Pages/STI-Data-Statistics.aspx>
- The National STI Curriculum has added a new “Syphilis During Pregnancy and Congenital Syphilis” training module. Access the training here: <https://www.std.uw.edu/go/comprehensive-study/syphilis-pregnancy/core-concept/all>
- CDC syphilis guide for providers: <https://www.cdc.gov/syphilis/site.html#hcp>