



COMMONWEALTH of VIRGINIA

Department of Health
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Dear Healthcare Provider,

The Virginia Department of Health seeks your assistance in responding to concerning increases in sexually transmitted infections (STIs). From 2020 to 2024, total early syphilis (TES) cases increased 34%. Most TES cases are diagnosed among men (78% in 2024); however, cases among women are on the rise (107% increase from 2020-2024). Cases of congenital syphilis have also increased dramatically in the last decade. Preliminary data from 2025 and additional resources are available on our [syphilis webpage](#). National and international reports also highlight the spread of antibiotic-resistant gonococcal infections.

Please review the following recommendations and prevention tools.

Consider Syphilis in Differential Diagnoses

- a) **Stage cases of syphilis.** Consider syphilis for your differential diagnoses, as it can mimic many other conditions. **Ocular, otic, and neurological manifestations** can occur at any stage.
- b) **Review the different signs and symptoms of [each stage of syphilis](#).** This includes primary, secondary, latent, and tertiary syphilis. Earlier stages are considered the most infectious.
- c) **Explore [syphilis training](#) opportunities.**

Screen for STIs

- a) **Conduct thorough [sexual health histories](#)** with patients who are sexually active.
- b) **Follow CDC's [screening recommendations](#).** Testing patients for gonorrhea and chlamydia at all sites of exposure (vaginal/urine, anal, oral).
- c) **Serologically screen all pregnant women for syphilis.** Screen pregnant women for syphilis at their first prenatal care visit, universally rescreen early in the third trimester (28-32 weeks), and rescreen again at delivery, regardless of risk (see [updated recommendations from the American College of Obstetricians and Gynecologists](#)).

- d) **Screen for syphilis in all sexually active patients aged 15-44 living in a [county with high incidence of syphilis](#).** For all other counties, assess risk factors to recommend testing. Test all symptomatic patients for syphilis, regardless of risk factors or where they live.
- e) **Order [both treponemal and nontreponemal serologic tests](#) for accurate syphilis diagnosis** (e.g., reflex RPR and TPPA, or EIA reflex to RPR reflex to TPPA). Ordering only one test may delay identification and treatment of an active infection.
- f) **Offer more frequent STI screenings** for patients who report having multiple sex partners, sex with anonymous partners, or sex under the influence of drugs or alcohol.

Treat STIs Promptly

- a) **Follow [CDC STI treatment guidelines](#).**
- b) **Consider the use of [expedited partner therapy](#) (EPT) for partners of patients diagnosed with gonorrhea and chlamydia who may not otherwise receive treatment.**
- c) **Contact your [local health department](#) if you have difficulty obtaining appropriate treatment for your patients** such as [penicillin G benzathine](#) (Bicillin L-A®) to treat syphilis. For pregnant patients in this situation Bicillin L-A is available through the [VDH bicillin delivery program](#).
- d) **Contact a [Disease Intervention Specialist](#) at a [local health department](#) to assist with syphilis staging, partner notification, and linkage to care.**
- e) **[Report suspected gonorrhea treatment failures](#) to your [local health department](#).** Obtain cultures to test for decreased antibiotic susceptibility from any patients with suspected gonorrhea treatment failure (see [CDC information on antibiotic resistant gonorrhea](#) and the [VDH resistant gonorrhea fact sheet](#)).
- f) **Report confirmed or clinically suspected cases of [disseminated gonococcal infection](#) (DGI) to your local health department.**

Offer Doxycycline Post-Exposure Prophylaxis (DoxyPEP) for Bacterial STIs

- a) **Doxycycline 200 mg within 24–72 hours of condomless sex** is proven to significantly reduce syphilis, chlamydia, and gonorrhea among men who have sex with men and transgender women.
- b) **Review VDH's [patient factsheet \(Español\)](#) and [provider factsheet](#) for DoxyPEP.**
- c) **Review CDC [guidance for DoxyPEP](#).**

Provide Comprehensive Sexual Health Services

- a) **Counsel all HIV-negative patients on [HIV Pre-Exposure Prophylaxis \(PrEP\)](#),** including daily oral PrEP and long-acting injectable PrEP.
- b) **Evaluate patients for HIV Post-Exposure Prophylaxis (PEP).**
- c) **Ensure all people living with HIV are in care and aware of [HIV treatment as prevention](#).** Maintaining a consistent, undetectable HIV viral load for at least six months ends the risk of transmitting HIV to sexual partners during sex.

- d) **Recommend vaccines which protect against STIs and associated infections** according to local eligibility and [Advisory Committee on Immunization Practices \(ACIP\) Guidance](#):
- i. Mpox vaccine (Jynneos)
 - ii. Meningococcal vaccine (MenACWY)
 - iii. Hepatitis A/Hepatitis B vaccines
 - iv. Human papillomavirus (HPV) vaccine
- e) **Refer individuals with substance use disorders to [comprehensive harm reduction services](#).**

Please visit www.vdh.virginia.gov/disease-prevention/hcw/ or scan the QR code below for an electronic version of this letter to access the embedded links and electronic resources.



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