

Overview of VDH's Syphilis Response and Mitigation

State Health Commissioner's Advisory Council on Health Disparity and Health Equity Meeting

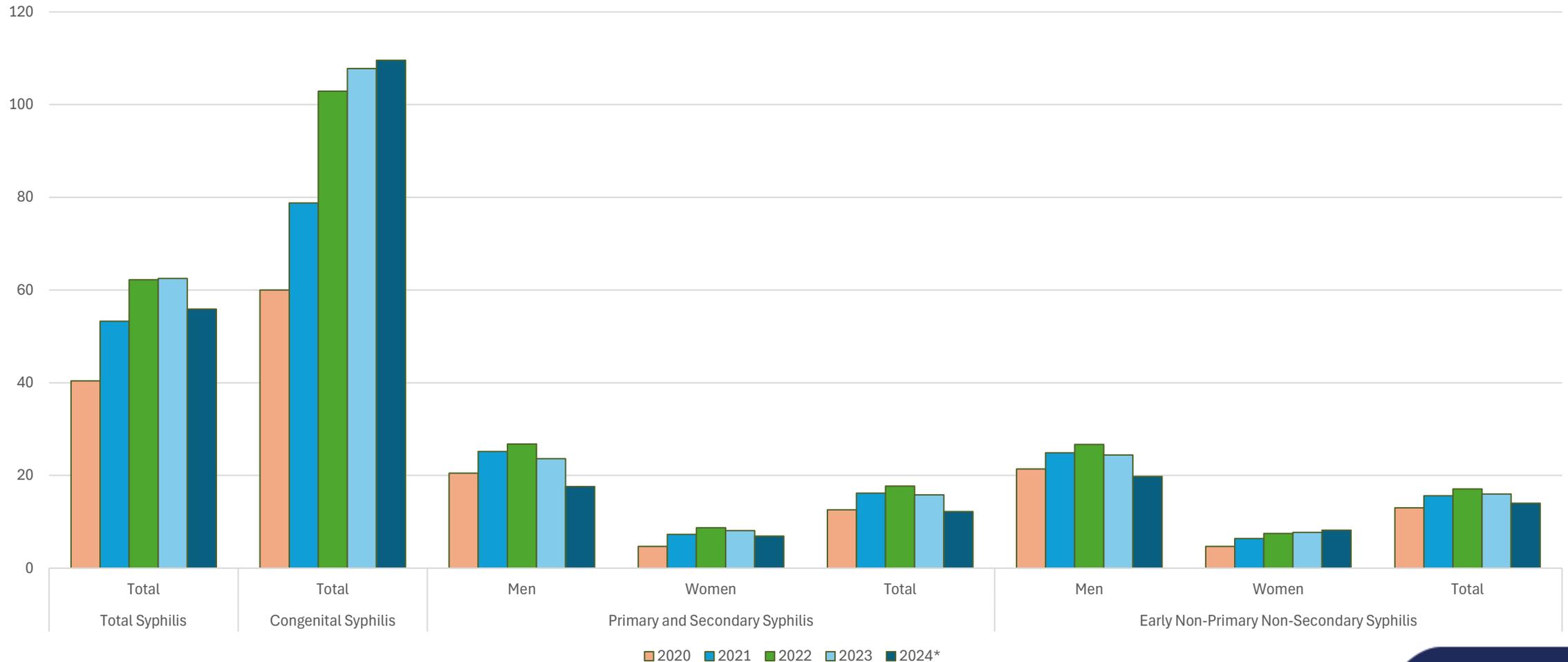
January 13, 2026

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Outline

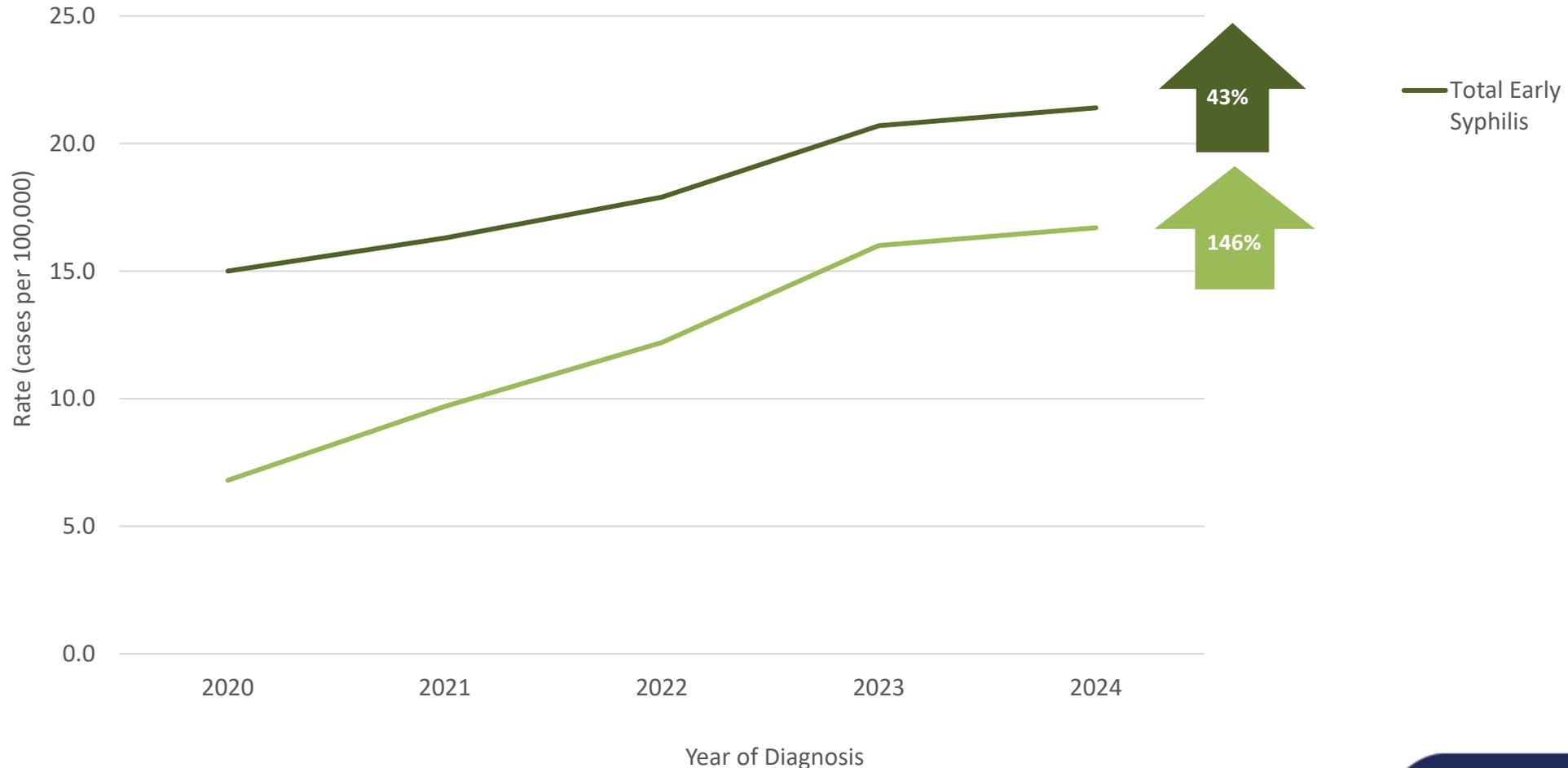
- National and Virginia syphilis trends
- Congenital syphilis
- Syphilis screening recommendations
- VDH syphilis prevention efforts

2024 National Trends*

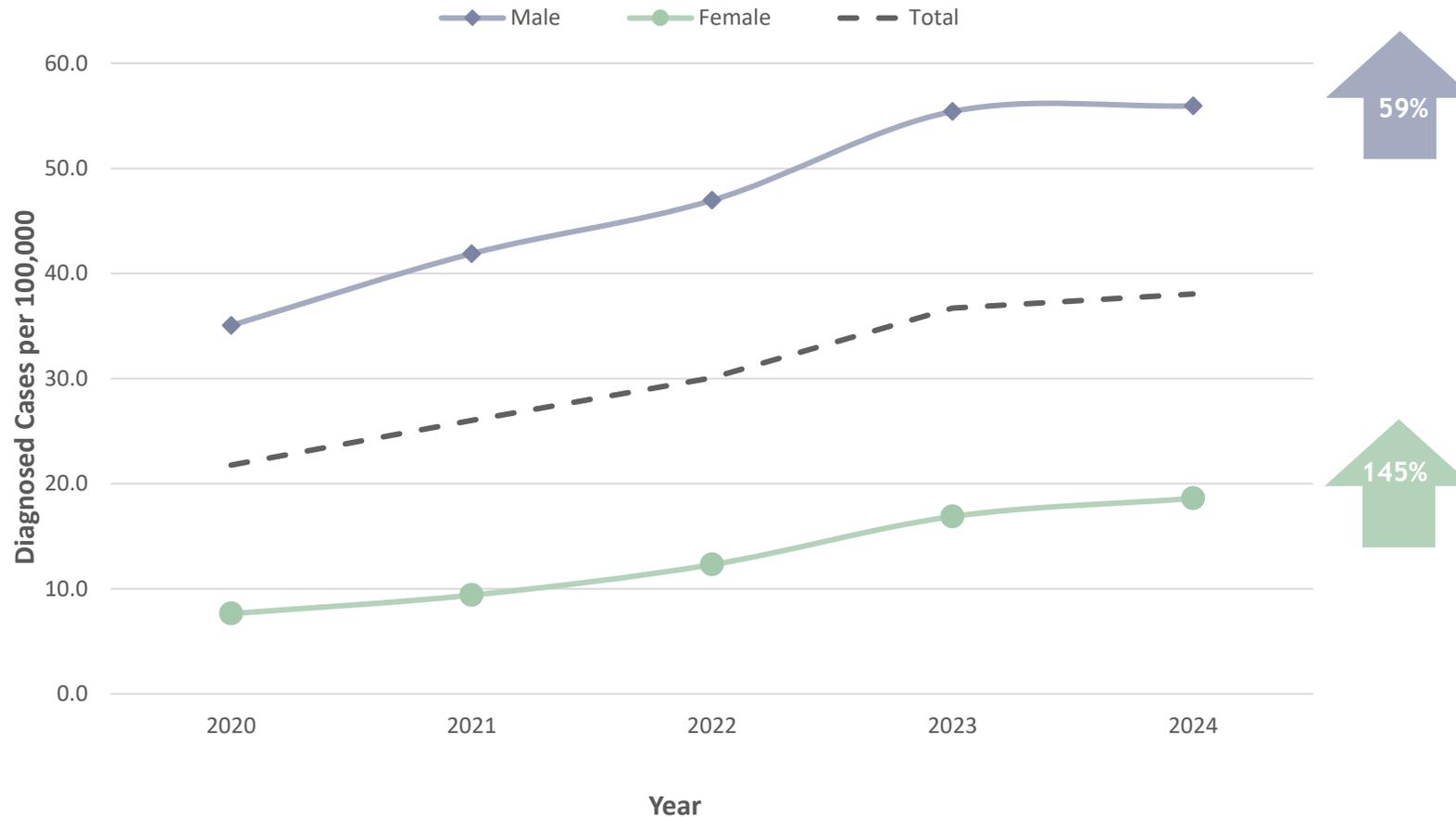


*CDC released provisional 2024 surveillance data which is provisional and subject to change

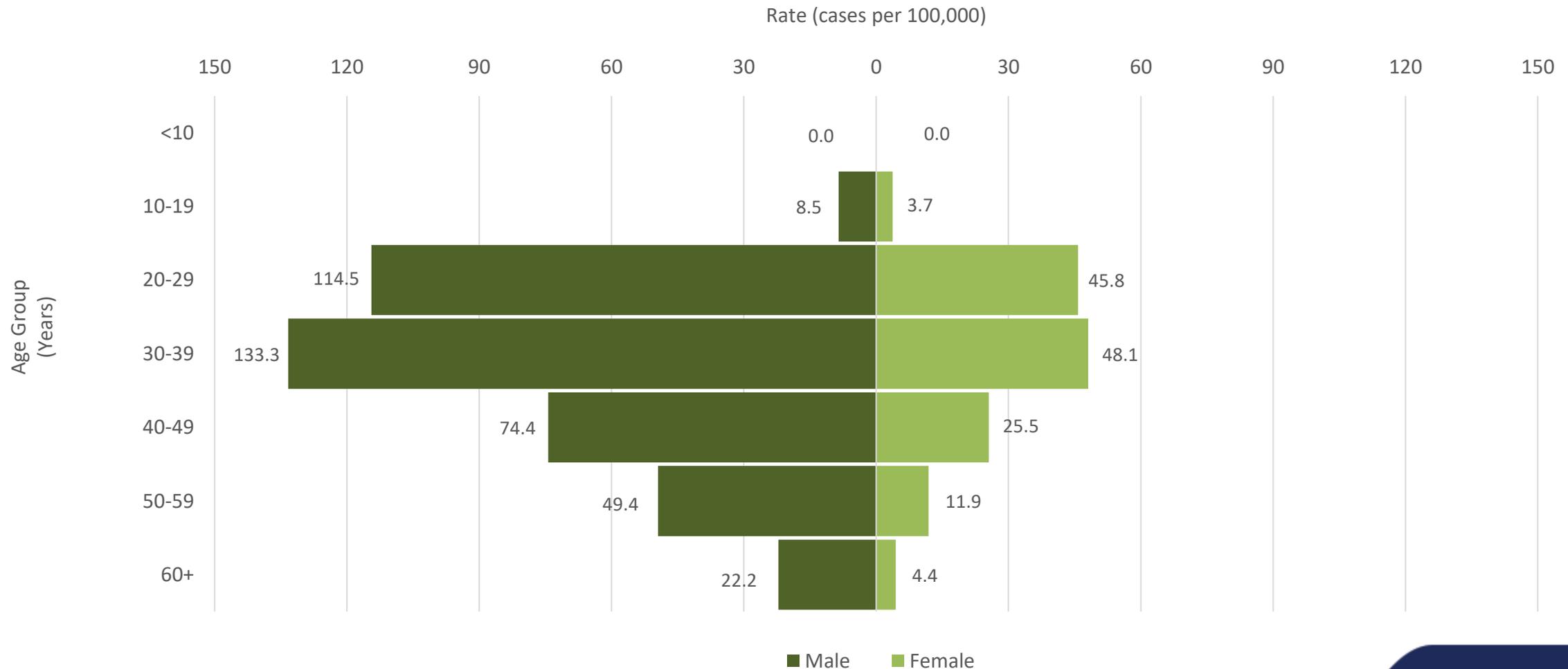
Syphilis in Virginia- Rates of Reported Cases by Year of Diagnosis and Stage of Infection, 2020-2024



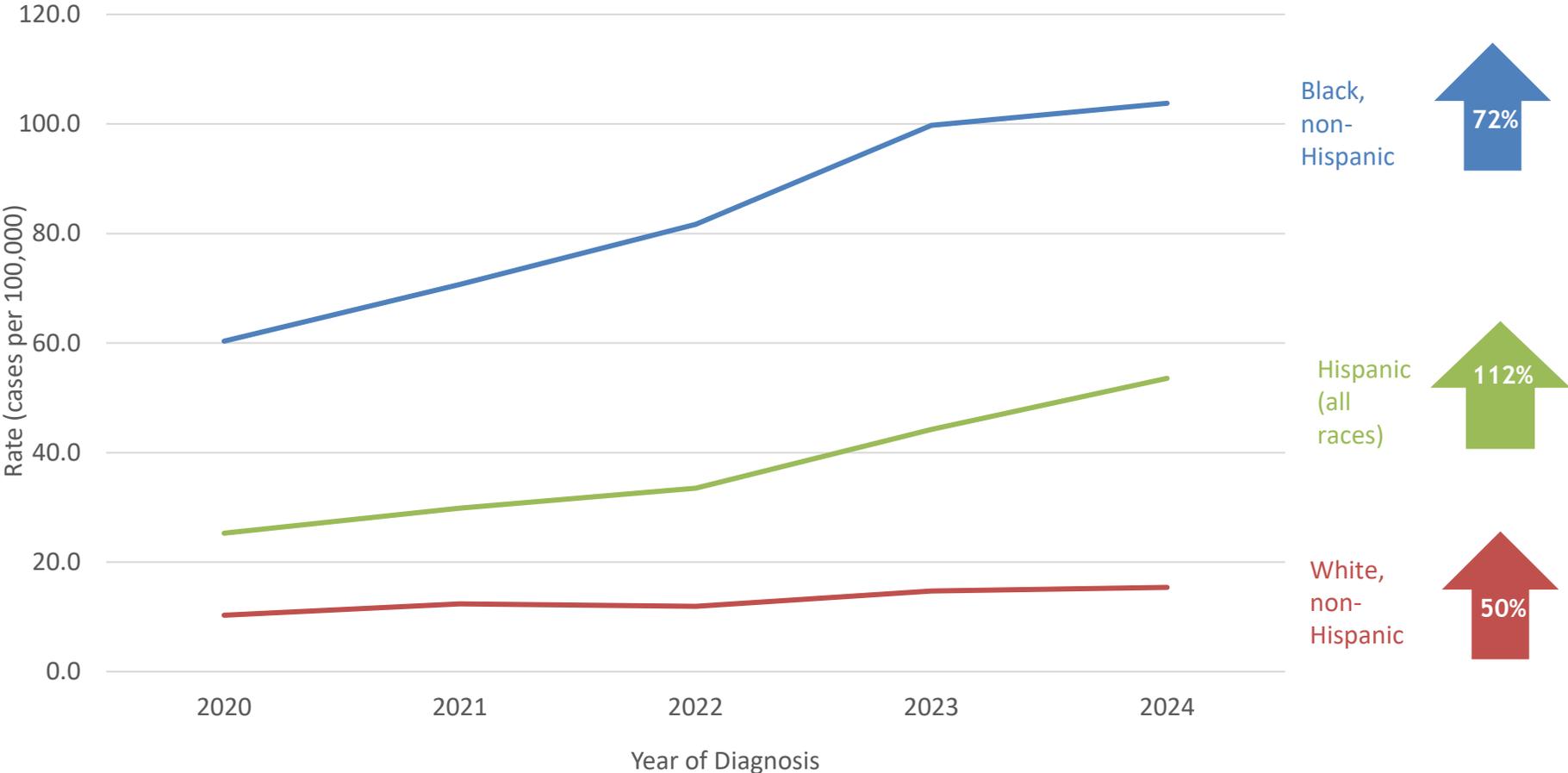
Syphilis in Virginia- All Stages By Sex and Year of Diagnosis, 2020-2024



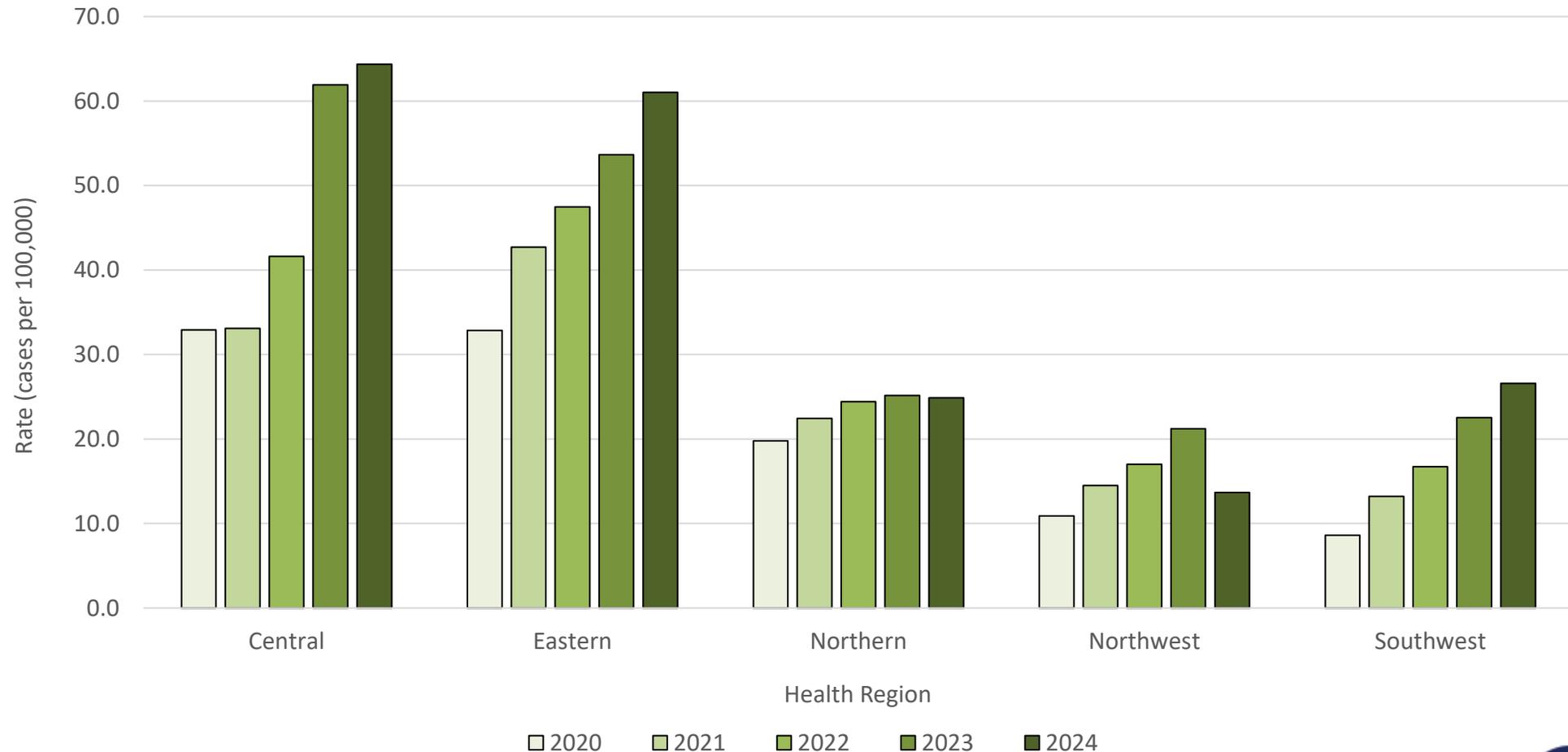
Syphilis in Virginia- Rate of Reported Cases (All Stages) by Age Group and Gender, 2024



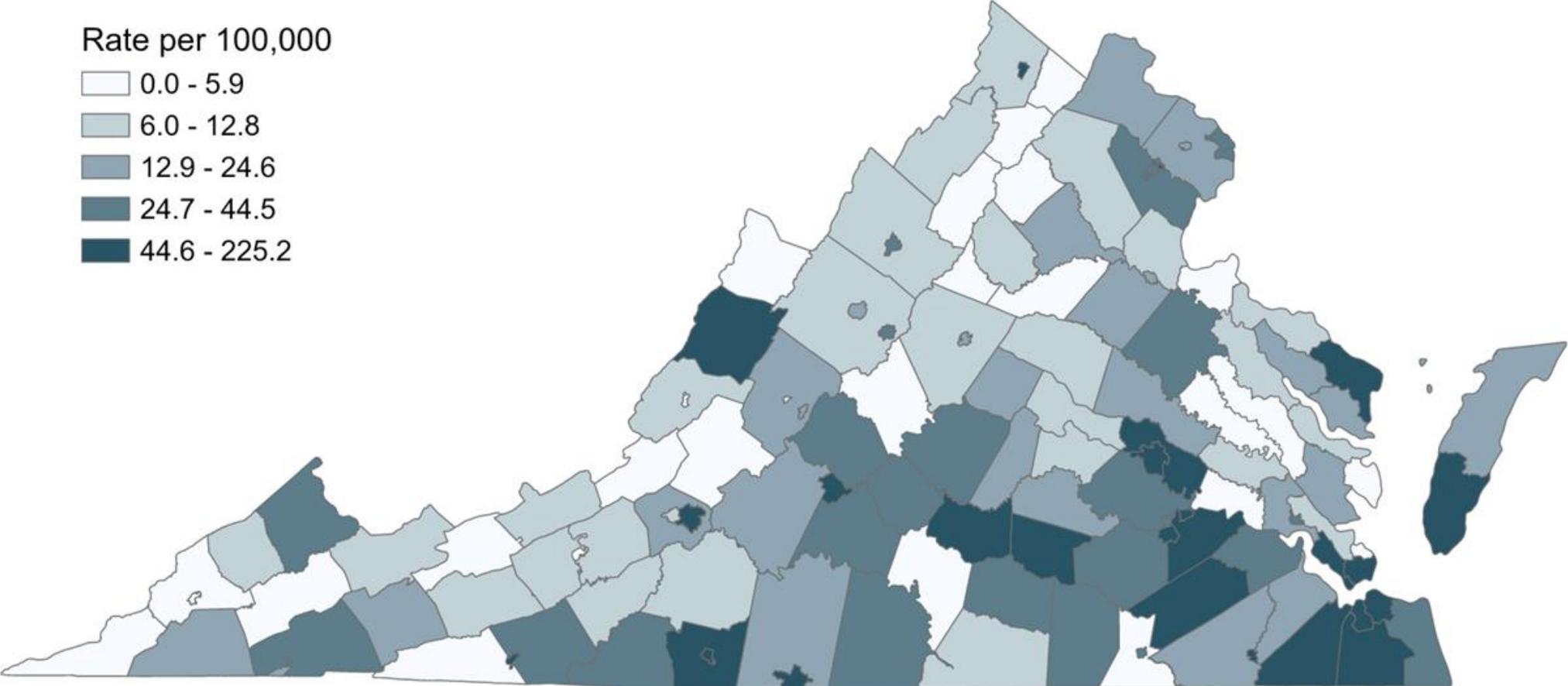
Syphilis in Virginia- Rate of Reported Cases (All Stages) by Race/Hispanic Ethnicity, 2020-2024



Syphilis in Virginia: Rates of Reported Cases (All Stages) by Health Region and Year, 2020-2024

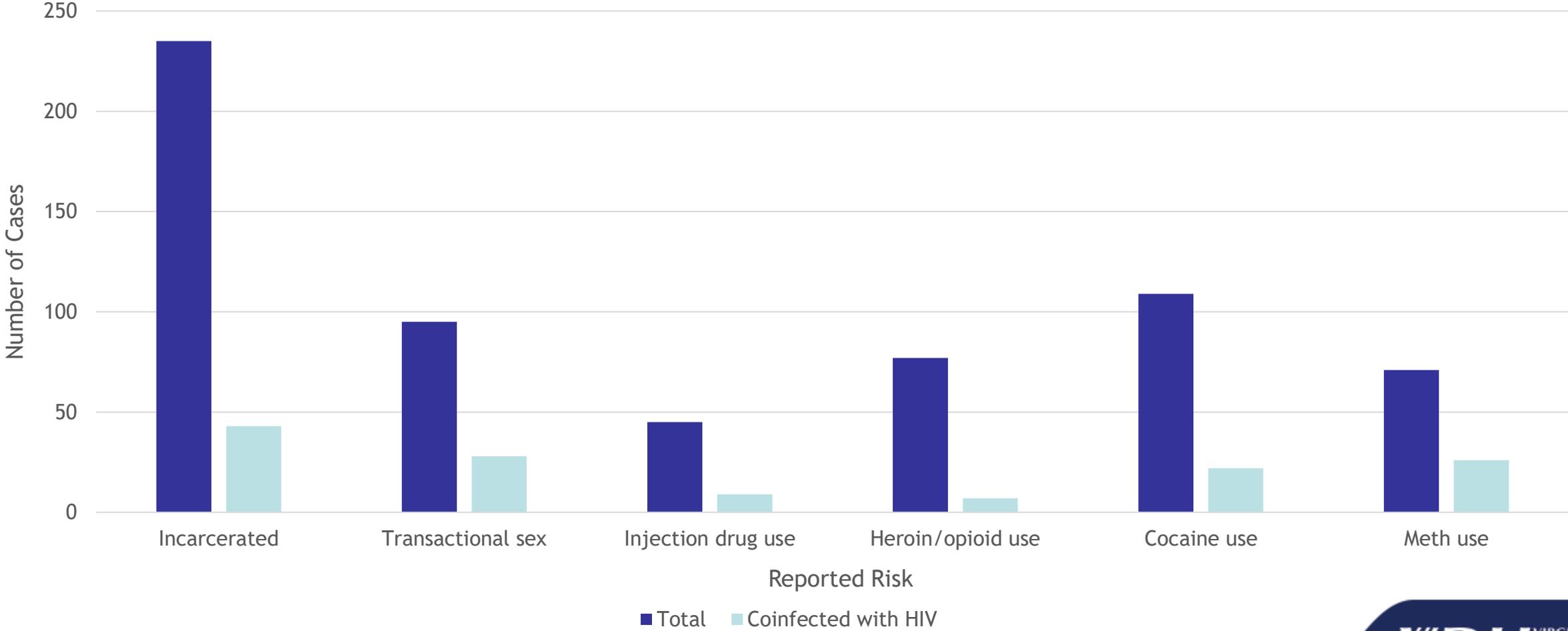


Syphilis in Virginia: Rate of Reported Cases (All Stages) by Locality, 2020-2024

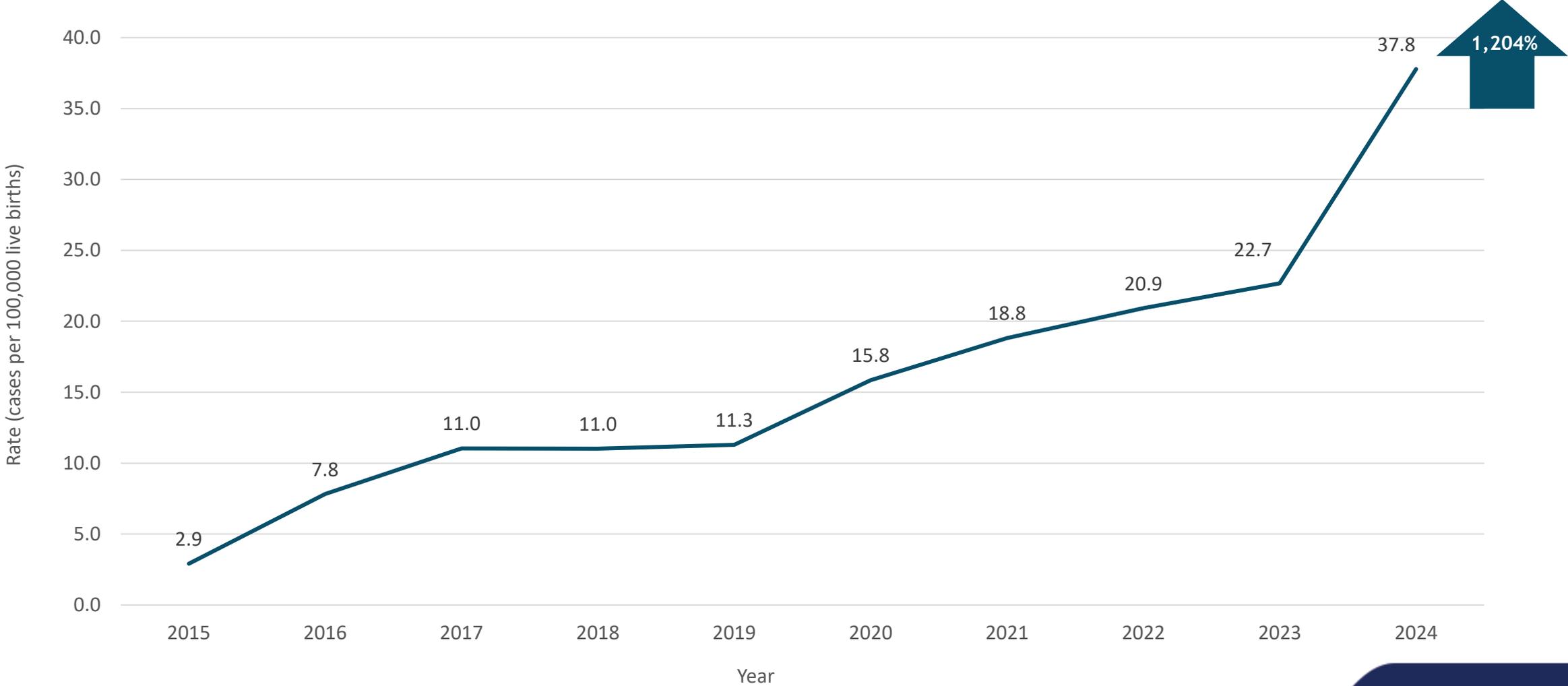


Early Syphilis in Virginia

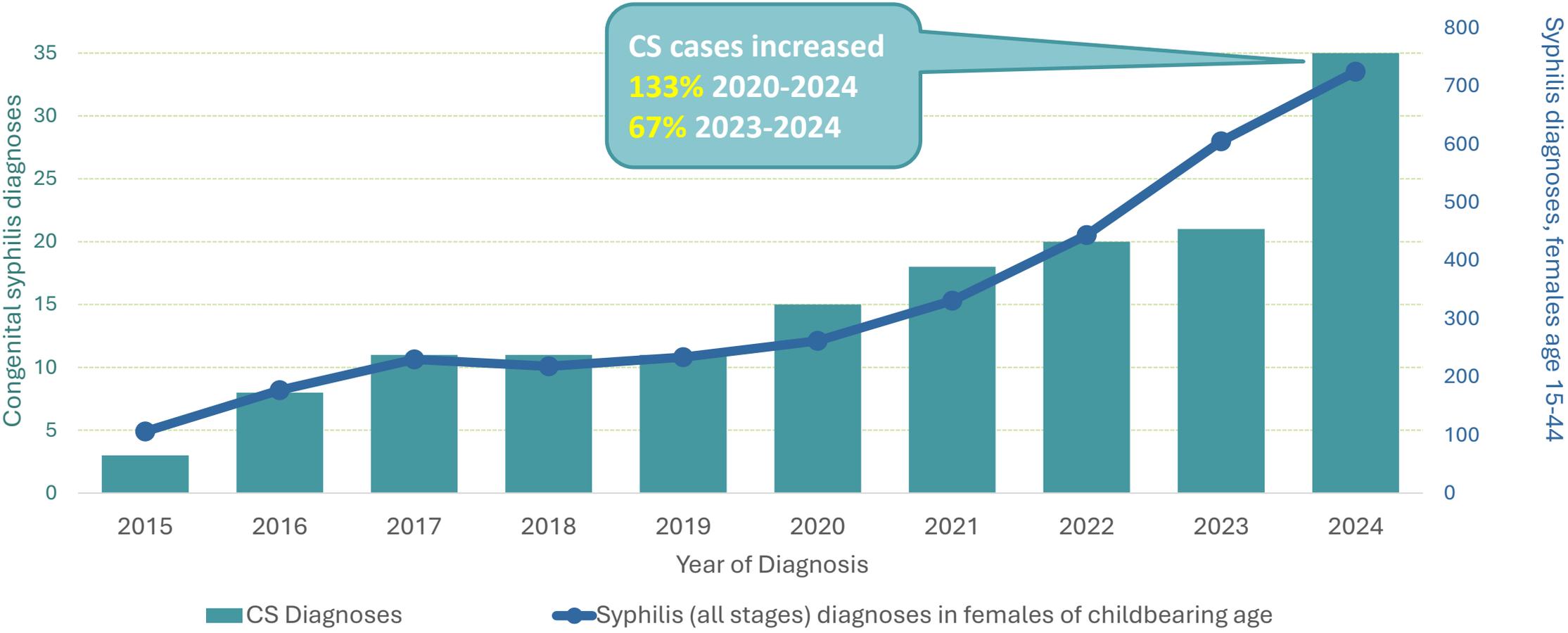
By Reported Risk & HIV Status, 2024



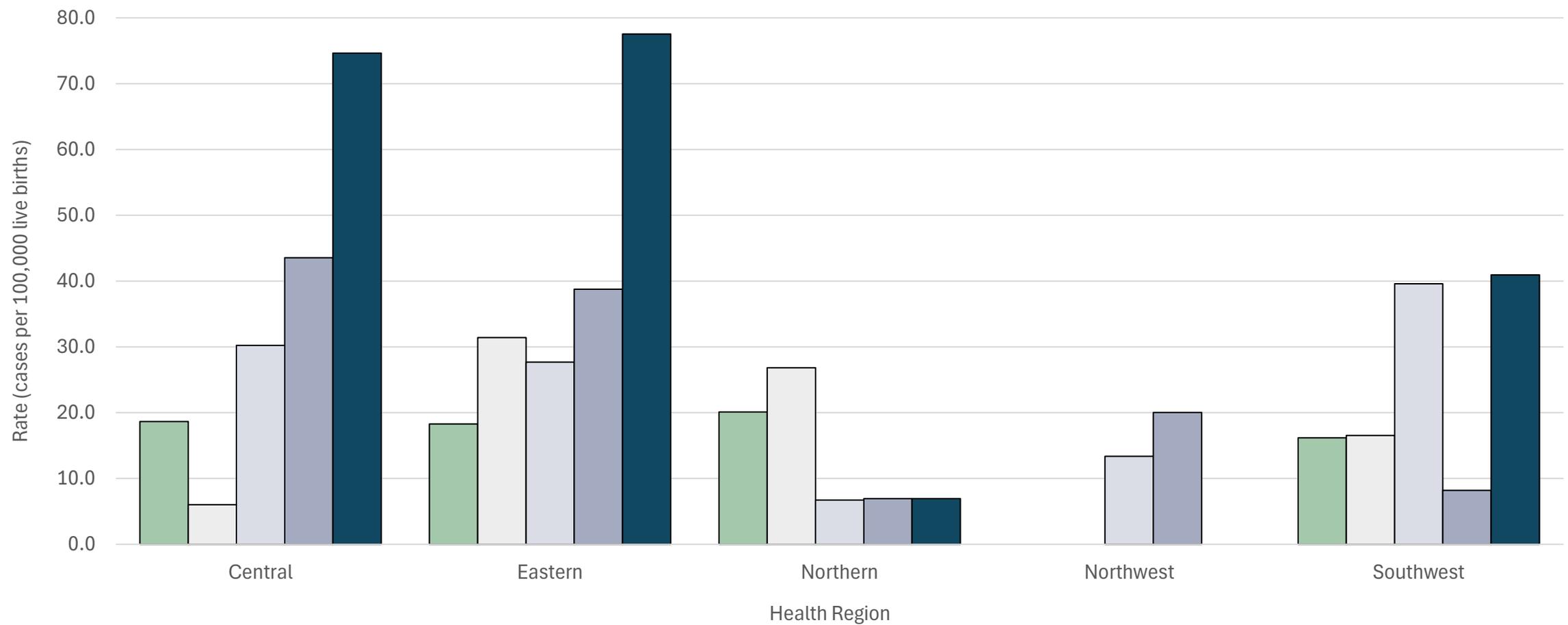
Congenital Syphilis in Virginia: Rate by Infant Year of Birth, 2015-2024



Cases of Congenital Syphilis vs Syphilis (All Stages) in Females of Childbearing Age (15-44), Virginia



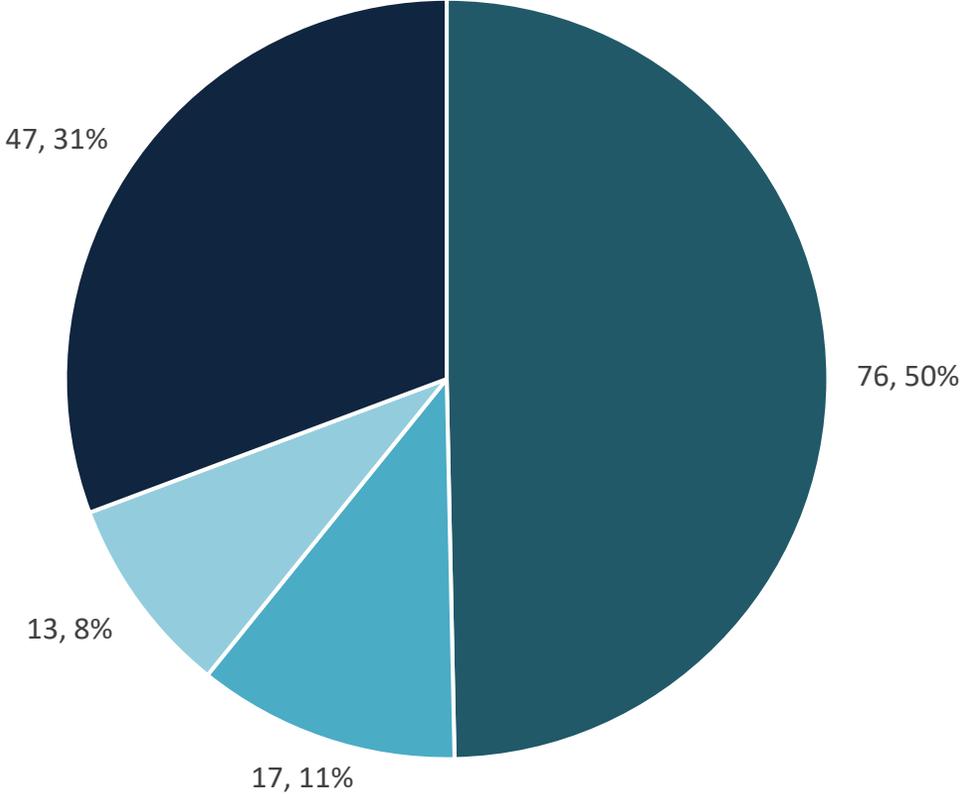
Congenital Syphilis in Virginia: Rates by Health Region and Year of Infant Birth, 2020-2024



*Note: 2024 rates were calculated using preliminary live birth data.

■ 2020 ■ 2021 ■ 2022 ■ 2023 ■ 2024

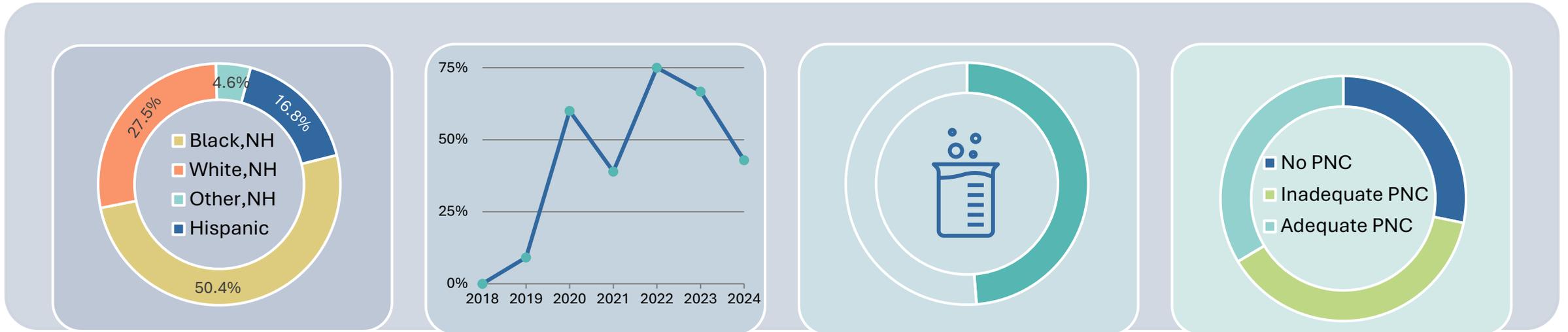
Congenital Syphilis Case Type, Virginia, 2015-2024



■ Maternal criteria only ■ Infant criteria only ■ Syphilitic stillbirth ■ Maternal and infant criteria

Maternal criteria	Infant's mother was not treated sufficiently for syphilis at least 30 days prior to delivery, regardless of clinical outcomes of mother and/or infant. For this report, maternal criteria is counted independently from infant criteria (i.e., a case may meet both maternal and infant criteria).
Infant criteria	Infant had clinical signs/symptoms of CS (e.g., abnormal long bone x-rays) and/or laboratory results indicative of CS (e.g. lumbar puncture results).
Syphilitic stillbirth	Any fetal death occurring after 20 weeks gestation OR with fetal weight greater than 500g in which the mother had inadequately treated or untreated syphilis.

Congenital Syphilis, 2018-2024, Virginia



Black, non- Hispanic and Hispanic mothers comprised the majority of CS cases¹, indicative of **significant health disparities.**

Between 2018 and 2024, risk factors such as **maternal drug use, housing instability, and incarceration increased significantly.**

47% of 2018-2024 CS cases could *potentially* have been **prevented if the mother had been tested early in the third trimester.**

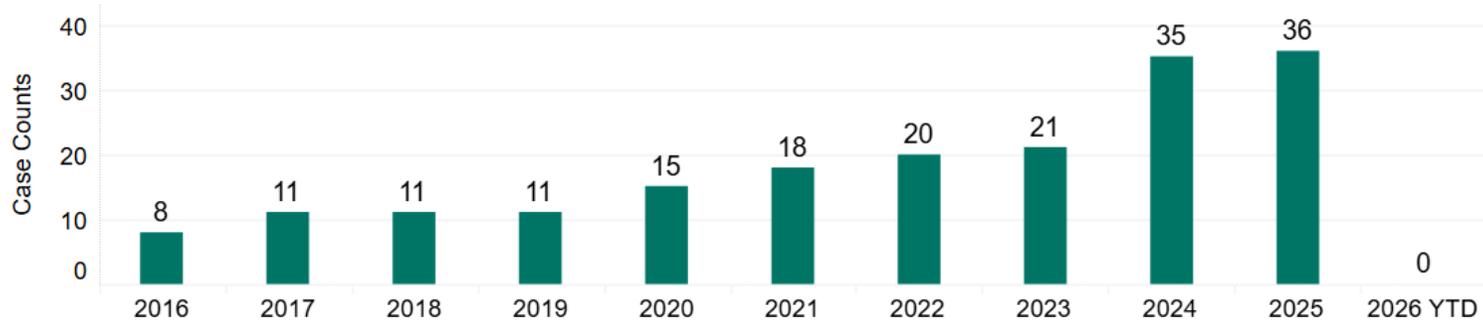
28% of 2018-2024 CS cases had no prenatal care (PNC), while 38% had inadequate PNC ².

1. "Non-Hispanic" is abbreviated as "NH". "Hispanic" includes Hispanic populations of any race.
 2. Based on the APNCU Index; inadequate prenatal care is defined as care that begins after the fourth month of the pregnancy and/or comprises less than 1 visit per month engaged in prenatal care (after the first visit).

Total Congenital Syphilis Cases 2026 YTD (Year To Date) : 0

Congenital Syphilis Cases by Year in Virginia

Annual congenital syphilis case counts are based on year of birth (or stillbirth).



Congenital Syphilis Cases by Region in Virginia

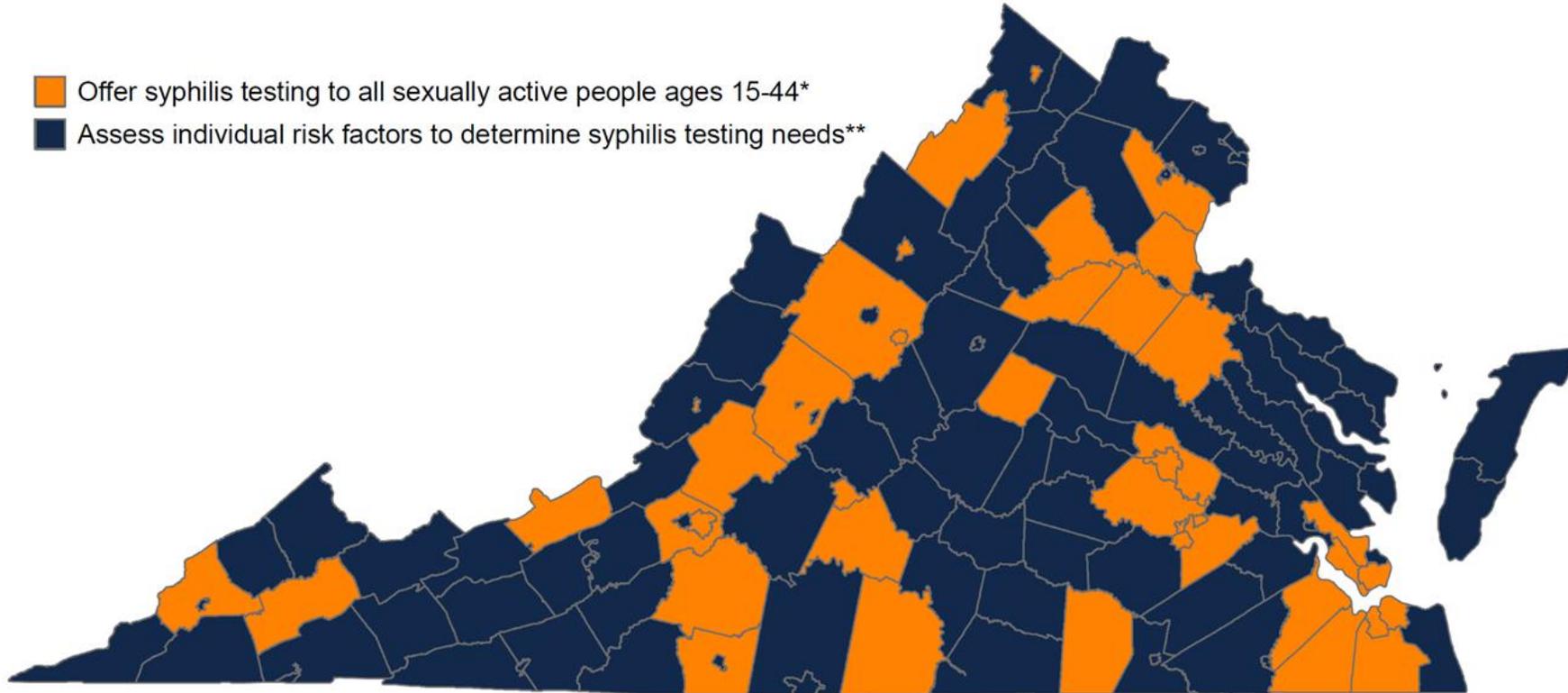
Annual congenital syphilis case counts are based on year of birth (or stillbirth). Region is based on the mother's residence at birth.

	2022	2023	2024	2025	2026 YTD
Central Region	5	7	12	15	0
Eastern Region	6	8	16	12	0
Northern Region	2	2	2	4	0
Northwest Region	2	3	0	1	0
Southwest Region	5	1	5	4	0

www.vdh.virginia.gov/syphilis/data-in-virginia/

2023 Virginia Syphilis Screening Guidelines by County/City

- Offer syphilis testing to all sexually active people ages 15-44*
- Assess individual risk factors to determine syphilis testing needs**



* In counties/cities where the rate of primary & secondary syphilis among women aged 15-44 years was greater than 4.6 per 100,000 in 2023, providers should offer syphilis testing to all sexually active people aged 15-44 years.

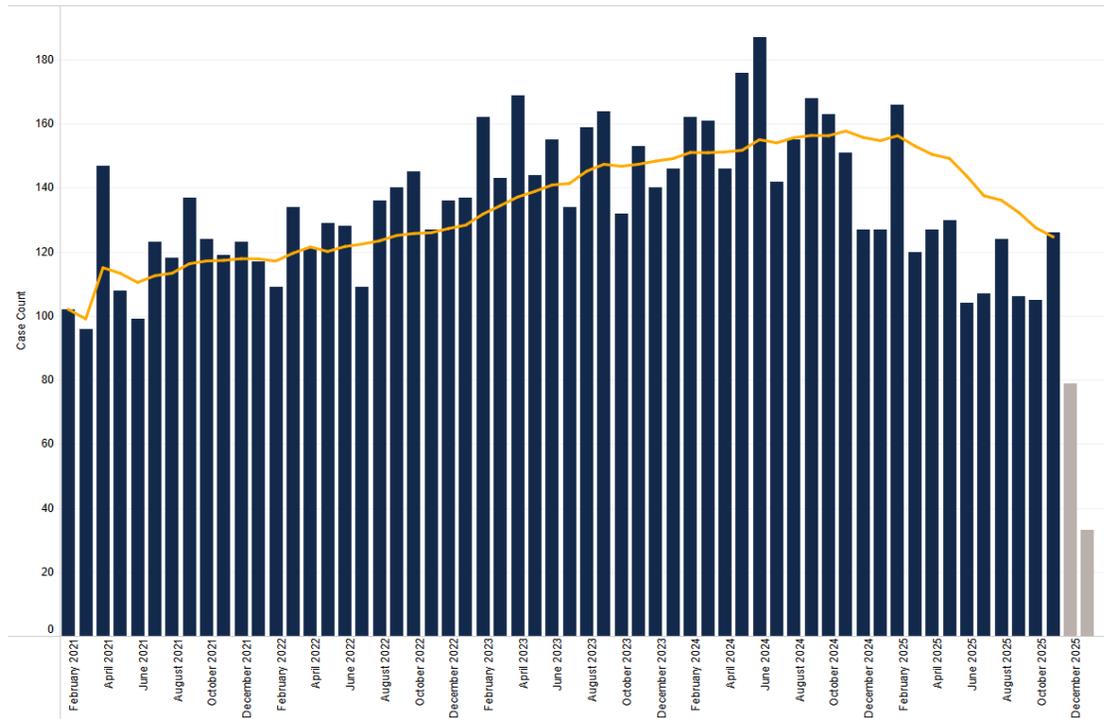
** In counties/cities where the rate of primary & secondary syphilis among women aged 15-44 years was less than or equal to 4.6 per 100,000 in 2023, providers should continue to assess individual risk factors to determine testing needs as outlined in the CDC [screening guidelines](#).

Based on 2023 data, Virginia counties/cities where syphilis screening is recommended for all sexually active people aged 15-44 years:

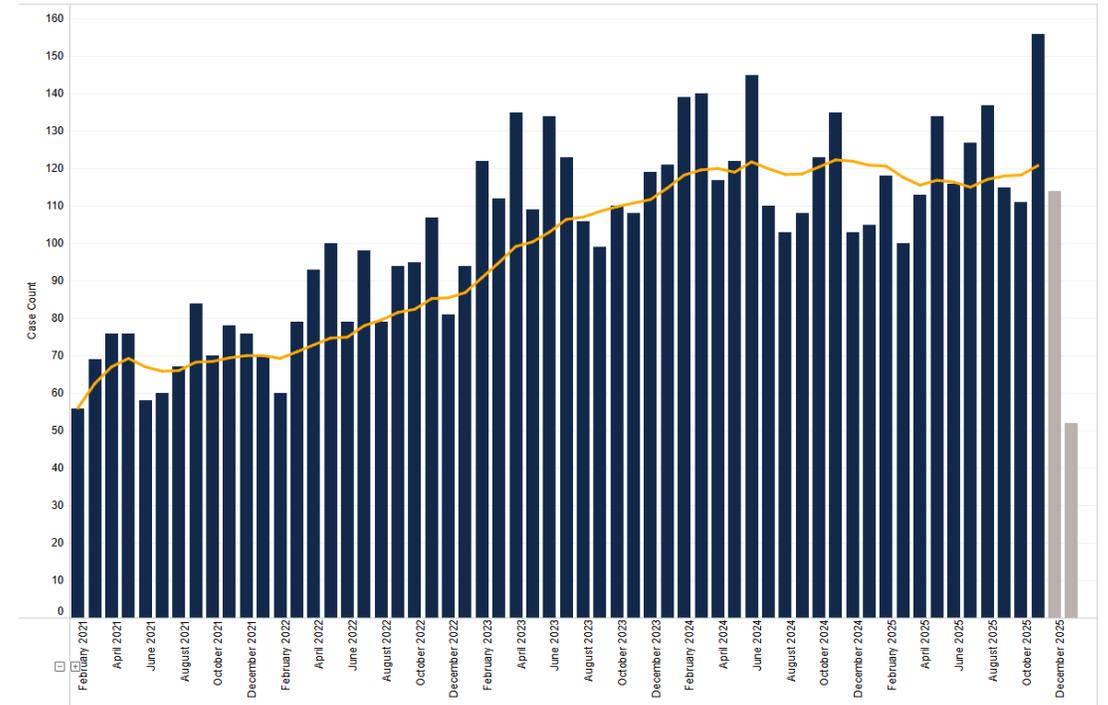
Augusta County	Colonial Heights City	Hampton City	Newport News City	Richmond City	Stafford County
Botetourt County	Covington City	Harrisonburg City	Norfolk City	Roanoke County	Suffolk City
Brunswick County	Culpeper County	Henrico County	Orange County	Roanoke City	Waynesboro City
Campbell County	Fluvanna County	Henry County	Petersburg City	Rockbridge County	Winchester City
Caroline County	Franklin County	Hopewell City	Portsmouth City	Russell County	Wise County
Chesapeake City	Giles County	Isle of Wight County	Prince George County	Shenandoah County	York County
Chesterfield County	Halifax County	Lynchburg City	Prince William County	Spotsylvania County	

Latest Trends: Monthly Syphilis Diagnoses Jan 2021- Dec 2025

Total Early Syphilis



Late Syphilis



- 12-Month Average Case Count
- Case Count

VDH Syphilis IMT Objectives

Overall Objective: Reduce the Incidence of Syphilis and Congenital Syphilis

Priority 1: Stabilize Financial Resources and Develop a Long-term Plan

Priority 2: Increase Surveillance Capacity

Priority 3: Develop Testing and Treatment Plans & Resources

Priority 4: Examine and Standardize Best Practices Across Existing Resources

Priority 5: Work to Expand Conventional and Rapid Testing for Syphilis

Priority 6: Develop a Plan to Help Eliminate Access Barriers to Treatment for Syphilis

Priority 7: Develop a Syphilis Communication Campaign for the Public and Providers

Priority 8: Develop and track metrics for case investigation that will help determine successful completion of activities surrounding priorities

Priority 9: Align Virginia Regulatory Language with Federal Language

VDH Syphilis Incident Management Team

- **Regional STI task force efforts**
- Clinician communications
- New partnerships
- Public awareness social media campaigns
- Virginia [syphilis resource page](#)
 - Resources for patients
 - Resources for providers
 - Most recent data

Syphilis During Pregnancy- VDH Follow Up

- VDH continues to maintain **100% follow up for all syphilis reactive lab results for women of reproductive age**
- Goals: obtain pregnancy status, establish infection status, conduct partner services, ensure prompt adequate treatment
- Perinatal Surveillance Coordinator position- monitors open investigations and ensures appropriate follow up occurs
- Congenital Syphilis (CS) Case Review Board (CRB)
 - Statewide meeting with private providers, health department staff, other stakeholders
 - Meets biannually to review congenital syphilis cases and identify missed opportunities that could be corrected with systemic changes
 - Future goal: transition to regional CS CRBs

Disease Intervention - Greater Need, Fewer Resources

- DIS follow up on syphilis and HIV infections reported to VDH
- The DIS workforce received an infusion of federal funding from 2021-2023, which has been removed in 2023
- In FY2025, VDH received \$1,000,000 in state funds to continue to support the DIS program
- Also in FY2025, Ryan White funding was removed from DIS positions
- VDH working on funding allocations for DIS positions, hoping to increase the stability of the program

National Shortage of Bicillin-LA®

- June 2025: Manufacturer recall of some Bicillin L-A lots
- VDH released [clinical guidance to clinicians](#)
- VDH continues to have sufficient supply for LHD clients at this time
 - Private providers should prioritize Bicillin for pregnant women
 - Doxycycline is alternative for patients not pregnant
- VDH has a small supply of Bicillin that private providers may request to treat pregnant and other high-priority patients

Partnerships

- New STI/HIV/hepatitis prevention agreement with the Virginia Department of Corrections in the works
- Virginia Sheriff's Association and the Regional Jail Superintendents
 - Goals:
 - Increase syphilis and congenital syphilis awareness
 - Increase STI prevention services in jails and prisons
 - Collaborate on new initiatives
- Reached out to the Virginia Association of Free and Charitable Clinics – identified potential for collaboration to increase testing availability
- Doula Association of Virginia- presented at Annual Meeting
- VDH is funding 24 Community-Based Organizations (CBO) to conduct STI, HIV and hepatitis testing

DoxyPEP

- **Post-exposure prophylaxis for bacterial STIs** (chlamydia, gonorrhea, syphilis)
 - 200mg oral doxycycline as soon as possible within 72 hours of unprotected sex
- Very effective- reduces the risk of syphilis in men who have sex with men, and transgender women by upwards of 80%.
 - Cisgender heterosexual men may also benefit based on individual risk behaviors.
 - DoxyPEP has not been approved for cisgender women.

Wrap Up

- STD Prevention federal grant to be extended for 12 months through 2/28/27
- Decreasing resources
- Increased partnerships
- Local initiatives are driving progress

Questions?

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