Texas accounts for 25% of national congenital syphilis cases in 2022

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In the wake of the SARS-CoV-2 pandemic, the medical community has been struggling with another, albeit less publicized, health crisis: the resurgence of syphilis. Syphilis, a once-declining sexually transmitted disease, has had a startling revival. In Texas, the City of Lubbock Health Department reported a 500% increase in syphilis cases from 2019 to 2023. This trend is not isolated to Lubbock but reflects a state-wide and national crisis, with a 6.8% increase in primary and secondary syphilis cases across the United States in 2020 alone, and an even greater 28% increase in all syphilis cases from 2020 to 2021.[1,2] These statistics are not merely numbers; they represent a growing public health threat that demands immediate attention.

The demographics of this resurgence are significant. Men who have sex with men accounted for over half of the reported cases in 2020, highlighting a group disproportionately affected by this epidemic. In addition, the intersection of syphilis with substance abuse, particularly among those who engage in high-risk sexual behaviors, is notable.[2] In Lubbock, over 60% of syphilis cases reported substance use in 2022, signaling a complex interplay of social and behavioral factors fueling this increase and highlighting the need to address the critical gaps in access of the healthcare system.

This resurgence is not without consequence. The rise in congenital syphilis cases, with Texas reporting a substantial increase to 922 cases in 2022, is particularly alarming.[3] Data from the Centers for Disease Control and Prevention (CDC) reveal more than 3,700 babies were born with syphilis nationally in 2022,[4] with Texas accounting for roughly 25% of all cases nationally.[3] Congenital syphilis, transmitted from mother to child during pregnancy, can lead to devastating outcomes for newborns, including stillbirth, neonatal death, and long-term physical and neurological issues in surviving infants. This underscores the wider consequences of syphilis, which not only impact those directly infected but also extend to future generations.

The challenges in managing this epidemic are multi-faceted. Diagnostic complexities necessitate a multi-step testing process, and with syphilis being a reportable disease in Texas, there is an added layer of public health responsibility; all physicians (not only infectious disease specialists) should familiarize themselves with testing and treatment. The Lubbock Public Health Department's recommendations emphasize the critical nature of screening, timely and accurate diagnosis, appropriate treatment following CDC guidelines, and effective contact tracing (Table 1). However, challenges, such as the nationwide shortage of benzathine penicillin, complicate treatment. The medical community must adjust, and current guidance suggests using second line treatments like doxycycline for non-pregnant individuals while prioritizing benzathine penicillin for pregnant patients to prevent congenital syphilis.

The call to action is clear. It requires a concerted effort from healthcare experts who share available resources, public awareness campaigns, and collaborative efforts. We must prioritize education, preventative strategies, and effective treatment protocols. The medical community must lead these efforts, armed with knowledge and a commitment to public health, to stop this epidemic. The resurgence of syphilis is a stark reminder of the evolving landscape of infectious diseases and serves as a wakeup call for collaborative action.

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Table 1. Recommended Screening Guidelines for Syphilis

High Risk Groups for Screening		
Population		**Screening Recommendation**
Women	Non-pregnant	Screen asymptomatic women if risk factors present[1]
	Pregnant	Screen all pregnant women on first prenatal visit Retest at 28 weeks gestation and at delivery if at high risk[2]
Men	Men who have sex with men	Screen asymptomatic adults if risk factors present[1] Screen every 3–6 months if at increased risk[1] Screen at least annually if sexually active
	Men who have sex with women	Screen asymptomatic adults if risk factors present[1]
Transgender or Gender Diverse		Consider screening at least annually based on reported sexual behaviors and risk factors[1]
HIV (+) Individuals		Screen at first HIV evaluation and at least annually while sexually active More frequent screening recommended if risk factors present[1]

1. History of incarceration, engaging in transactional sex work, living in community with high syphilis morbidity or being a male younger than 29 years old.
2. Living in community with high syphilis morbidity. Drug misuse, STIs during pregnancy, new partners, or partners with STIs.
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