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Syphilis and Congenital Syphilis Update — Alaska, 2024

Background

Syphilis incidence has risen sharply in both Alaska and across the United States in recent years.<sup>1-4</sup> Particularly alarming is the increase among women of reproductive age, who accounted for 44% of cases in 2024.<sup>5</sup> As a result, congenital syphilis (CS)—which occurs when syphilis is inadequately treated during pregnancy—also surged, reaching a record high of 12 cases in 2022, after decades during which fewer than one case was reported annually.

In 2022 and 2023, the incidence of CS in Alaska was 128 and 105 cases per 100,000 live births, respectively—comparable to the 2023 U.S. incidence of 106 cases per 100,000 live births.<sup>3</sup> CS can result in fetal death or lifelong disability, but it is preventable through early detection, appropriate treatment, and timely testing and treatment of sexual partners. This *Bulletin* provides an update on the epidemiology of syphilis and CS in Alaska.

Methods

Preliminary case counts and investigation data were obtained from laboratory and case information reported to the Section of Epidemiology (SOE). Quality review of 2024 data is ongoing.

Results

As of February 11, 2025, 452 syphilis cases were reported during 2024, for an annual incidence of 61 cases per 100,000 people (Table). Most (14/21, 66%) pregnant women completed treatment prior to delivery; 7 (33%) pregnant women completed treatment after delivery.

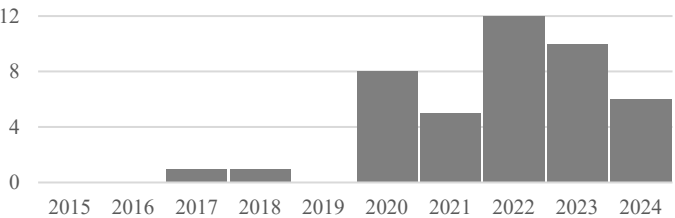
Table. Non-congenital Syphilis Cases — Alaska, 2022–2024

	2022 n (%)	2023 n (%)	2024 n (%)
All cases	412	392	452
Primary/secondary/early	276 (67%)	245 (63%)	263 (58%)
Late or unknown stage	136 (33%)	147 (38%)	189 (42%)
Median age [IQR] in yrs	35 [28-42]	35 [29-44]	35 [28-42]
Male	220 (53%)	234 (60%)	236 (52%)
Female	192 (47%)	158 (40%)	216 (48%)
aged 15-45 years	174 (42%)	142 (36%)	197 (44%)
Pregnant*	24 (6%)	18 (5%)	21 (5%)
Anchorage/Mat-Su	315 (76%)	266 (68%)	278 (62%)
Other region	97 (24%)	126 (32%)	174 (38%)
Unstably housed**	35 (8%)	93 (24%)	121 (27%)
Incarcerated*	92 (22%)	77 (20%)	83 (18%)
IV drug use**	65 (16%)	42 (11%)	44 (10%)
Methamphetamine use**	89 (22%)	59 (15%)	76 (17%)
Completed treatment	330 (80%)	328 (84%)	364 (81%)
Untreated or incomplete	82 (20%)	64 (16%)	79 (17%)
On PrEP*	4 (1%)	10 (3%)	11 (2%)

\*At the time of testing or interview. \*\*In last 12 months.

Six CS cases were reported in 2024, corresponding to an annual incidence of 66 cases per 100,000 live births (Figure). One stillbirth was attributed to syphilis. As in prior years, 90% of affected mothers had inadequate prenatal care (defined as ≤4 visits). Two visited emergency departments during pregnancy, two were unstably housed, and three used methamphetamine or opioids. Three lived in the Anchorage/Mat-Su region. All six mothers and three (50%) sexual partners completed treatment.

Figure. Congenital Syphilis Cases — Alaska, 2015–2024



Discussion

While cases of CS declined in 2024 compared to 2022 and 2023, overall syphilis cases continued to rise. This included higher counts of syphilis among women of reproductive age, people living outside the Anchorage/Mat-Su region, and people experiencing housing instability. Also, a growing proportion of cases were classified as late or unknown stage, which might reflect both expanded testing efforts and delayed identification of previously acquired infections.

All 2024 CS cases occurred in infants born to women experiencing substantial barriers to prenatal care. Enhancing access to housing, treatment for substance use disorder, and access to long-acting contraceptive options might help support healthier pregnancies.

SOE continues to collaborate with healthcare providers and community partners across Alaska to promote rapid syphilis testing and same-visit treatment in a variety of settings—including shelters, emergency departments, urgent care clinics, and other community locations. SOE also works closely with the Alaska Department of Corrections to support syphilis testing and treatment within correctional facilities.

Recommendations

1. Provide rapid syphilis testing and presumptive same-visit treatment with benzathine penicillin for patients with a syphilis risk factor: multiple partners, sexually transmitted infection in the last year, housing instability, incarceration, substance use, transactional sex, or a partner to whom any of these apply.<sup>6</sup>
2. Test for syphilis in sexually active women of reproductive age and their partners, once and again with each new partner. Test more often (e.g., every 3–6 months) if the patient has a risk factor for syphilis. Test for pregnancy if syphilis is diagnosed.
3. Test for syphilis in pregnant women at each healthcare visit, including emergency department visits and substance use treatment, unless they are receiving regular prenatal care since the first trimester, have been tested for syphilis during this pregnancy, and have no risk factors.
4. Test all pregnant women at least three times: at diagnosis of pregnancy, in the third trimester, and at delivery.
5. Ask patients with syphilis about their sexual partners in the past year and facilitate prompt partner testing and treatment. Treat partners regardless of test results if they had sexual contact with patients diagnosed with early syphilis within the past 90 days. Share partner identifying information and contact details with SOE.
6. Offer human immunodeficiency virus (HIV) pre-exposure prophylaxis (PrEP) and doxycycline post-exposure prophylaxis to eligible patients diagnosed with or at risk for syphilis to prevent HIV and bacterial sexually transmitted infections (STI).
7. Promptly report suspected and confirmed cases of syphilis, with pregnancy status, to SOE (fax: 907-561-4239, phone: 907-269-8000). Contact SOE staff for consult and STI history. Inform patients they might be contacted by SOE.

References

1. SOE *Bulletin*. “Syphilis Update – Alaska, 2021 and Recommendations for Care.” Nov. 30, 2022.  
2. SOE *Bulletin*. “Congenital Syphilis on the Rise – Alaska, 2018–2022.” Aug. 2, 23.  
3. CDC. *National Overview of STIs in 2023*. Last reviewed Nov. 12, 2024.  
4. SOE *Bulletin*. “Congenital Syphilis Update – Alaska, 2023.” Jan. 30, 2024.  
5. SOE *Bulletin*. “Syphilis Update – Alaska, 2022.” Oct. 12, 2023.  
6. SOE Letter to Clinicians. “Rapid syphilis testing & same-visit treatment for high-risk patients.” March 13, 2024