State of Alaska Epidemiology **Bulletin**

**Department of Health**
Heidi Hedberg, Commissioner
Robert Lawrence, MD, MA, CMO

3601 C Street, Suite 540
Anchorage, Alaska 99503

**Division of Public Health**
Lindsey Kato, MPH, Director

https://health.alaska.gov/dph/Epi
24 Hour Emergency (800) 478-0084
Local (907) 269-8000

**Editors:**
Joe McLaughlin, MD, MPH
Louisa Castrodale, DVM, MPH

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# Update on Opt-Out Syphilis Testing in Alaska Department of Corrections Facilities

## Background

Syphilis has reached historic highs in Alaska, with a statewide incidence of 61 cases per 100,000 people in 2024.[1] Notably, 44% of cases in 2024 were in women of reproductive age. High case counts in women contributed to a record high of 12 cases of congenital syphilis (CS) or inadequately treated syphilis during pregnancy in 2022, after decades of ≤1 case per year.[2] CS can cause fetal death or disability. Timely testing and treatment of patients and their partners is key to preventing CS.

Most CS cases in Alaska have occurred in infants born to women experiencing substantial barriers to prenatal care during pregnancy (e.g., substance use disorder and housing instability).[1] Many of these women, or their partners, have also been involved with the justice system. Given that the Alaska Department of Corrections (DOC) provides health care to incarcerated individuals, it plays a key role in reaching populations at higher risk. This *Bulletin* describes a partnership between the Alaska Division of Public Health and DOC to implement voluntary, opt-out syphilis testing and treatment for people in DOC custody, as a broader effort to prevent CS cases.

## Methods

Adults in DOC custody were offered opt-out testing for syphilis and other sexually transmitted infections (STIs) during routine medical visits conducted within 14 days of intake beginning in October 2023. Initial syphilis screening was performed using a rapid plasma reagin (RPR) test; reactive results were followed by a confirmatory treponemal test. Syphilis infections were treated per Centers for Disease Control and Prevention (CDC) guidelines. Patients who left DOC before completing treatment were contacted (or contact was attempted) for follow-up treatment and partner services.[3] Investigation data were obtained from Section of Epidemiology (SOE) case records.

## Results

During October 2023 through September 2025, a total of 5,163 adults were tested for syphilis in Alaska correctional facilities, representing an estimated 85% of individuals in DOC custody for >14 consecutive days during that period. Of those tested, 240 (4.6%) had reactive RPR results, including 95 (9.3%) of the 1,020 women tested (Table). Among the 240 adults with reactive RPRs, 114 (48%) were newly diagnosed with syphilis. Of these, 37 (15%) were in women of reproductive age, including one who was pregnant at the time of testing. The overall syphilis detection rate was 2,208 cases per 100,000 persons during this period.

In total, 87 (76%) patients are known to have completed syphilis treatment. Of these, 73 (64%) completed treatment while in DOC custody and 14 (12%) completed treatment after being discharged. An additional 13 (11%) patients began treatment in DOC custody but are not known to have completed it. Fourteen (12%) remain untreated or have an unknown treatment status.

## Discussion

The high prevalence of syphilis detected through routine screening in Alaska correctional facilities underscores the value of targeted testing and treatment in high-risk populations. The timely diagnosis and treatment of at least one syphilis infection during pregnancy likely averted a case of CS. Additional CS cases may have been prevented through this effort by treating syphilis among incarcerated women of reproductive age and their partners.

Continued expansion of opt-out testing and treatment in DOC facilities could help reach those passing through DOC too quickly to receive regular intake care. Strengthening linkage to care upon release would also help ensure treatment completion, facilitate partner services, and provide appropriate follow-up.

**Table. Syphilis Testing Results — Alaska Correctional Facilities, October 2023–September 2025**

| | Number | Percent |
|---|---|---|
| **Total unique persons tested** | **5,163** | **100%** |
| Median age in years (interquartile range) | 35 (28–41) | - |
| Female | 1,022 | 20% |
| Male | 4,141 | 80% |
| Any reactive RPR | 240 | 4.6% |
| **All (n=240) with reactive RPR** | | |
| New syphilis case | 114 | 48% |
| Not a new case | 126 | 53% |
| Female | 95 | 40% |
| *Female aged 15–45 years* | *88* | *37%* |
| Male | 145 | 60% |
| **All new cases (n=114)** | | |
| Primary/secondary/early | 42 | 37% |
| Late/unknown stage | 72 | 63% |
| Completed treatment in DOC custody | 73 | 64% |
| Completed treatment after leaving DOC | 14 | 12% |
| Some treatment in DOC, incomplete | 13 | 11% |
| Untreated or unknown | 14 | 12% |
| Female & age 15–45 yrs | 37 | 32% |
| **All cases in women aged 15–45 years (n=37)** | | |
| Pregnant | 1 | 2.7% |
| Not pregnant | 31 | 84% |
| Unknown pregnancy status | 5 | 14% |

## Recommendations

1. Offer rapid syphilis testing and presumptive benzathine penicillin treatment during the same visit for patients with ≥1 syphilis risk factor: incarceration, multiple partners, STI in the last year, housing instability, substance use, transactional sex, or a partner to whom any of these apply.[4]
2. Test sexually active women of reproductive age (and their partners) for syphilis once, and again with each new partner. Test more often (e.g., every 3–6 months) if the patient has a known risk factor for syphilis. Test for pregnancy if diagnosed with syphilis.
3. Test all pregnant women at least three times, including at diagnosis of pregnancy, in the third trimester, and at delivery. For those without established and consistent prenatal care, test at every healthcare encounter (including emergency department visits).
4. Arrange prompt testing and treatment for partners of syphilis-positive patients. If exposure to early syphilis occurred within the past 90 days, treat partners regardless of test results. Provide identifying information and contact(s) to SOE to support partner services.
5. Offer ongoing HIV pre-exposure prophylaxis and doxycycline post-exposure prophylaxis to eligible patients.
6. Promptly report suspected and confirmed cases of syphilis, including their pregnancy status, via fax to 907-561-4239 or by calling 907-269-8000. Contact SOE staff for STI history. Notify patients that they may be contacted by SOE.

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**References**

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3. CDC. 2021 Sexually Transmitted Infections Treatment Guidelines, 2021. *MMWR Recomm Report* 2021;RR-70(4).
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(Contributed by: Elizabeth Ohlsen, MD, Sara Clark, MPH, Julia Rogers, PhD, MPH, Alaska Section of Epidemiology; and Alexandria Steele, MS, BSN, RN, Alaska Department of Corrections.)