State of Alaska Epidemiology **Bulletin**

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Bulletin No. 8
July 15, 2026

Syphilis and Congenital Syphilis Update — Alaska, 2025

Background

Syphilis incidence has continued to rise in Alaska and nationwide in recent years.[1-4] Correspondingly, congenital syphilis (CS), transmitted during pregnancy or delivery, has also increased.[1-4] CS can result in fetal death or lifelong disability but is preventable through timely testing and treatment. This *Bulletin* provides a 2025 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 Alaska Section of Epidemiology (SOE). Surveillance data for 2025 remain under review; therefore, the findings presented here are preliminary and may be revised.

Results

As of May 30, 2026, 503 syphilis cases were reported during 2025, corresponding to an annual incidence of 68 cases per 100,000 population. Early-stage syphilis accounted for 56% of cases, while 44% were classified as late or unknown stage; most cases occurred in the Anchorage/Mat-Su region (74%; Table). Housing instability was reported by 30% of people diagnosed with syphilis in 2025, compared with 24% in 2023 (Table). Treatment completion decreased to 75% in 2025, compared with 84% in 2023 (Table).

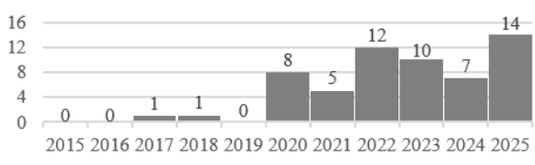
Table. Non-congenital Syphilis Cases — Alaska, 2022–2025

	2023 n (%)	2024 n (%)	2025 n (%)
All cases	392	452	503
Primary/secondary/ early	245 (63%)	263 (58%)	280 (56%)
Late or unknown stage	147 (38%)	189 (42%)	223 (44%)
Median age [IQR] in yrs	35 [29–44]	35 [28–42]	36 [28–44]
Male	234 (60%)	236 (52%)	267 (53%)
Female	158 (40%)	216 (48%)	236 (47%)
Aged 15–45 years	142 (36%)	197 (44%)	211 (42%)
Pregnant*	18 (5%)	21 (5%)	20 (4%)
Anchorage/Mat-Su	266 (68%)	278 (62%)	373 (74%)
Other region	126 (32%)	174 (38%)	130 (26%)
Unstably housed†	93 (24%)	121 (27%)	153 (30%)
Incarcerated*	77 (20%)	83 (18%)	71 (14%)
IV drug use†	42 (11%)	44 (10%)	37 (7%)
Methamphetamine use†	59 (15%)	76 (17%)	69 (14%)
Completed treatment	328 (84%)	364 (81%)	378 (75%)
Untreated or incomplete	64 (16%)	79 (17%)	111 (22%)
On PrEP*	10 (3%)	11 (2%)	12 (2%)

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

Fourteen CS cases were reported in 2025 (Figure), yielding a statewide incidence of 153 CS cases per 100,000 live births. Most (10/14, 71%) CS cases occurred in Anchorage/Mat-Su. Rates by race were highest for Alaska Native infants (9/14, 64%), followed by multi-race (2/14, 14%).

Figure. Congenital Syphilis Cases — Alaska, 2015–2025



Discussion

Syphilis cases in Alaska continued to increase during 2023–2025. The proportion of cases classified as late or unknown duration also increased, likely reflecting a combination of ongoing transmission, expanded screening efforts, and incomplete clinical evaluation at the time of diagnosis, which may limit accurate staging. Housing instability remained common among persons diagnosed with syphilis, highlighting populations that may face barriers to care.

In 2025, Alaska experienced the highest CS case count on record. Opportunities for intervention include improving access to prenatal care, providing substance use treatment, ensuring treatment completion, treating sexual partners, and leveraging health care encounters (e.g., emergency department visits) during pregnancy to offer syphilis screening or treatment.

Recommendations

1. Screen for syphilis at least once in sexually active adults, and repeat testing with each new partner. If positive for syphilis, test for pregnancy in women of childbearing age.
2. Offer rapid syphilis screening every 3–6 months for patients with ≥1 risk factors: sexually transmitted infection in the last year, multiple partners, incarceration, housing instability, substance use, transactional sex, or a partner to whom any of these apply.[5] If positive, provide presumptive same-visit treatment with Bicillin® L-A or Lentocilin©.
3. Until domestic production improves, facilities experiencing Bicillin shortages should strongly consider using FDA-authorized imported Lentocilin obtained through Cost Plus Marketplace. Alaska Medicaid will reimburse Lentocilin at the applicable Medicaid rate (the package price is currently $14.70) for the duration of FDA's temporary authorization. Bill using HCPCS code J3490 and NDC 84383-110-01.
4. Test pregnant women for syphilis at each health care visit (including emergency department visits and substance use treatment settings) unless they received regular prenatal care since the first trimester, have been tested for syphilis during this pregnancy, and have no identified risk factors.
5. Test all pregnant women at least three times: at diagnosis of pregnancy, in the third trimester, and at delivery.
6. 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.
7. 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.
8. 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, 2023.
3. CDC. Sexually Transmitted Infections Surveillance, 2024. Sep. 24, 2025.
4. SOE *Bulletin*. "Congenital Syphilis Update – Alaska, 2024." Apr. 28, 2025.
5. SOE Letter to Clinicians. "Rapid syphilis testing & same-visit treatment for high-risk patients." March 13, 2024

(Contributed by: Tomas Hernandez and Tamara Davis, Alaska Section of Epidemiology.)