NORTH Dakota | Health & Human Services
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Health Alert Network | Health Advisory | July 20, 2026

Updated Syphilis Screening Recommendations

The North Dakota Department of Health and Human Services (ND HHS) recommends North Dakota emergency department providers screen for syphilis in patients at increased risk.

Current Situation:

North Dakota continues to experience elevated rates of syphilis, with 168 reported cases including seven cases of congenital syphilis in 2026. Upon reviewing existing cases, emergency departments often serve as the primary or only point of healthcare access for many of the individuals subsequently diagnosed with syphilis, especially those who are pregnant and deliver without other prenatal care or testing. This makes the emergency department a critical setting for identifying undiagnosed syphilis and preventing congenital syphilis.

Screening and Treatment Recommendations:

Due to increased risk, ND HHS recommends increased screening and testing for the following at-risk individuals:

1. Pregnant women or women of childbearing age who have not been previously screened or status is unknown.
2. People who report injection drug use or other substance use.
3. People who present with symptoms consistent with syphilis.

Screening and Testing Recommendations

Syphilis can present with a wide range of symptoms and should be considered in patients with unexplained or atypical clinical findings. Primary syphilis typically presents as a painless ulcer (chancre) at the site of infection, which may go unnoticed, particularly if located in the mouth, rectum, or cervix. Secondary syphilis may manifest as a diffuse, nonpruritic rash that often involves the palms of the hands and soles of the feet, mucous patches, condyloma lata, generalized lymphadenopathy, fever, malaise, sore throat, patchy alopecia, or unexplained weight loss. Patients presenting with unexplained vision changes, hearing loss, tinnitus, cranial neve deficits, altered mental status, meningitis, stroke in a young adult, or other neurologic symptoms should be evaluated for ocular, otic, or neurosyphilis. Because symptoms can be subtle, intermittent, or absent, emergency department providers should maintain a high index of suspicion and obtain appropriate sexual and social histories, particularly among patients with risk factors or compatible clinical presentations.

In patients who are at increased risk for syphilis, it is a ND HHS recommendation that you order a serological test according to your facility's laboratory testing algorithm. For patients who present with symptoms consistent with syphilis, it is a ND HHS recommendation that you do not wait for test results to initiate treatment. It is also recommended that patients who test positive receive timely treatment, counseling, and linkage to care.

Treatment Recommendations

Due to the ongoing bicillin shortage, it is recommended that all persons are properly staged and treated according to the CDC Treatment Guidelines. The only treatment for pregnant women continues to be Bicillin® L-A (penicillin G benzathine injectable suspension). It is recommended that facility pharmacies apply for emergency requests of medication. This can ensure that bicillin is available at the time of diagnosis without waiting to order medication after diagnosis. Please refer to the FDA Treatment website

To address the shortages of Bicillin® L-A, the Food and Drug Administration has allowed for the temporary importation of Lentocilin© (Benzathine Benzylpenicillin Tetrahydrate) for the treatment of syphilis. Medical facilities can order this medication through this medication order form. North Dakota is in the process of procuring this

medication for distribution, if you would like to be notified when it is available, please reach out to disease@nd.gov

For more up to date information about syphilis rates in North Dakota, please visit the ND HHS website.