Congenital Syphilis Prevention Initiatives

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Outline

- Background: Congenital Syphilis in California
- Approaches to Congenital Syphilis Prevention
- Critical Partnerships
Background:
Congenital Syphilis in California
Congenital syphilis (CS) is **on the rise** in California

- 2017 was the **fifth consecutive year of CS increases**
- **750% increase** in the number of reported congenital syphilis cases from **33** in 2012 to **283** in 2017
- Increase in **syphilitic stillbirths** from **one** in 2012 to **30** in 2017
Over half of the women who gave birth to babies with congenital syphilis initiated prenatal care in the third trimester or not at all.
Maternal Risk Factors reported by mothers of CS infants

- Delayed/No PNC: 43%
- Meth use: 38%
- Sex while high: 33%
- Incarceration: 16%
- Hx syphilis: 12%
- Homeless: 9%
- Other drug use: 8%
- Sex work: 6%
- IDU: 5%

Source: 2016-2017 CPA surveillance data, N=221
Role of Social Determinants in CS

- Poverty
- Lack of access to care
- Limited transportation
- Gender inequities
- Housing instability
- Sex trafficking
- Law enforcement
- Domestic violence
- Addiction
- Fear of CPS involvement
The Congenital Syphilis Prevention Cascade

100%  
83% 79%  
74% 73% 69%  

All pregnant women  
First prenatal visit*  
Tested*  
Initiated treatment*  
Treated correctly*  
CS cases prevented  

* ≥30 days prior to delivery  
Source: 2017 CA Project Area surveillance data (excludes Los Angeles and San Francisco)
Results: Given increase in morbidity over these three years, the number of CS cases prevented over time has also increased.

CS Prevention Ratio

Number of CS cases prevented over time

* ≥30 days prior to delivery
Source: 2015-2017 CPA surveillance data
Approaches to Congenital Syphilis Prevention
Congenital syphilis can be prevented.

**Pre-pregnancy**
- Screening/dx/tx
- Timely partner services
- Accessible highly effective contraception

**During pregnancy**
- Linkage to prenatal care
- Screening/dx
- **Timely** treatment appropriate for stage
- **Timely** partner services
- Case management
- Prevent and detect new infection

**Birth**
- Evaluation and treatment of baby
CDC STD Supplemental Funding for Enhanced CS Response
Oct 2017 – Dec 2018 in Fresno and Kern Counties

**Goal**
Prevent CS through promoting effective clinical care, improved health department processes, and enhanced collaborations.

- Conduct Case Management for Pregnant Women with Syphilis
- Conduct Targeted Provider Detailing
- Conduct CS Morbidity and Mortality Review Boards
- Implement a Quality Improvement Event in Fresno on Health Dept. Processes
- Organize a Statewide CS Meeting
- Match Female Syphilis Cases to Birth & Fetal Death Data
Approaches to Congenital Syphilis Prevention:

Expand work to include Case Management
KEEP CALM AND START COLLABORATING
Approaches to Congenital Syphilis Prevention:

Use Morbidity and Mortality Review Boards to identify Structural Gaps
Poll: Which of the following have you participated in?

- Fetal Infant Mortality Review Board
- Case Morbidity and Mortality Review Board (hospital setting)
- Case Morbidity and Mortality Review Board (health department setting)
- Several of the above
- None of the above
Each CS case should be examined for missed opportunities and upstream interventions to prevent future cases.

Congenital Syphilis Morbidity & Mortality Review (CS M&M Review): Regular in-depth multidisciplinary review of CS cases

- Identify missed opportunities for prevention
- Follow-up actions aimed at systems level changes
- Multidisciplinary team from across health department
Sample Case Timeline

3/10/18
OBGYN #1
Reason: PNC
Prenatal labs not ordered
(9 weeks GA)

4/6/18
OBGYN #1
Reason: PNC
Prior prenatal lab order not done
(13 weeks GA)

7/27 – 7/30/18
Hospital #2
Reason: Abd pain, bleeding, stillbirth
RPR 1:128, TPPA+
No treatment
(30 weeks GA)

8/13/18
Case closed

3/27/18
OBGYN #1
Reason: PNC
Prenatal labs ordered
(11 weeks GA)

6/30/18
Hospital #1
Reason: Abd pain, nausea, vomiting
Blood drawn but no RPR
(26 weeks GA)

8/1 – 8/4/18
Hospital #1
Reason: Abd pain, bleeding
GC+
No RPR, No treatment

8/8/18
Interview conducted via phone
OBGYN #1 – BIC x1 & GC Tx
Poll: How many missed opportunities occurred during the course of this woman’s pregnancy?

- 1
- 3
- 5
- 6
- 8
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4/6/18  
OBGYN #1  
Reason: PNC  
Prior prenatal lab order not done  
(13 weeks GA)

7/27 – 7/30/18  
Hospital #2  
Reason: abd pain, bleeding, stillbirth  
RPR 1:128, TPPA+  
No treatment  
(30 weeks GA)

6/30/18  
Hospital #1  
Reason: abd pain, nausea, vomiting  
Blood drawn but no RPR  
(26 weeks GA)

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172 missed opportunities for prevention were identified among 69 cases reviewed.

- **Clinical**
  - 103 missed opportunities
    - 41 missed screening
    - 27 missed treatment
    - 9 missed diagnosis

- **Prenatal**
  - 16 missed treatment of mother
  - 10 missed treatment of infant

- **Delivery**
  - 28 partners unable to locate
  - 11 patients unable to locate
  - 11 delays in follow-up

- **Health department**
  - 50 missed opportunities

- **Other**
  - 19 missed opportunities
    - 9 lack of jail screening

Source: Ashley Dockter, 2016-June 2018
CPA M&M Review Data
Approaches to Congenital Syphilis Prevention:

Improve provider knowledge through public health detailing
Goal of Provider Detailing: Strengthen the healthcare provider and public health partnership in congenital syphilis prevention
Public Health Action Kit

- Includes both patient and provider resources
  - Provider resources: LA County screening/staging/treatment recommendations, Taking a Sexual History card
  - Patient resources: Posters, Syphilis FAQ, Congenital Syphilis FAQ

Slide Courtesy: Monica Munoz
CS Provider Resources Webpage

SEXUALLY TRANSMITTED DISEASES CONTROL BRANCH

Congenital Syphilis

Congenital syphilis is an infection transmitted from mother to child during pregnancy and/or delivery caused by the bacterium Treponema pallidum. Congenital syphilis can cause severe illness in babies including premature birth, low birth weight, birth defects, blindness, and hearing loss. It can also lead to stillbirth and infant death. Tests and treatment for pregnant women are readily available. Over the last several years, California has experienced a steep increase in syphilis among women and congenital syphilis.

Resources for Providers

- Congenital Syphilis Update for California Health Care Providers (PDF)
- CDC Syphilis Pocket Guide
- CDPH STD Clinical Guidelines
  - California STD Screening and Treatment Recommendations in Pregnancy, 2017 (PDF)
- CDC STD Treatment Guidelines
  - CDC STD Treatment Guidelines App: Apple devices and Android devices
  - California Prevention Training Center (PTC)
  - Evaluating Patients for Primary Syphilis (PDF)
  - Evaluating Patients for Secondary Syphilis (PDF)
  - CPTC Webinars on Syphilis
- STD Clinical Consultation Network (STDCCN) website and postcard
- STD Clinical Toolbox Application for Apple devices (iPad or iPhone)
- National STD Curriculum website and postcard
- CDPH STD Program

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx
Quality Improvement Event: Fresno County
Additional Congenital Syphilis Prevention Initiatives

- CS QA reviews and data feedback to LHJs
- Syphilis screening in jails
- Guidance, mentoring, training, TA
- Patient and provider education materials
- Ongoing data reports to LHJs
- Collaborations/partnerships
- Clinical training, consultation
- Outbreak/cluster response
What can STD Clinics do?

- Consider every clinic visit a conception or preconception visit.
  - Ask **female** partners about pregnancy status, intention, and contraceptive methods.
  - Ask **male** patients if they have any pregnant partners, pregnancy intention, and make appropriate referrals.

- Partner with MCAH/public health nursing, family planning, and HIV care or PrEP providers.

- Screen all STD patients for syphilis, regardless of gender or sexual orientation.
Addressing CS will require collaboration across all sectors of public health, health care delivery, and communities.

**Partners**
- Maternal, Child & Adolescent Health
- CA Prevention Training Center
- Family planning programs
- HIV programs
- CBOs who work with people experiencing homelessness
- CBOs who work with people who use drugs
- Community health centers/FQHCs
- Many more…
Thank you!

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