Congenital Syphilis Prevention

Using Collaboration to Combat Congenital Syphilis in Kern County



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Kern County Demographics

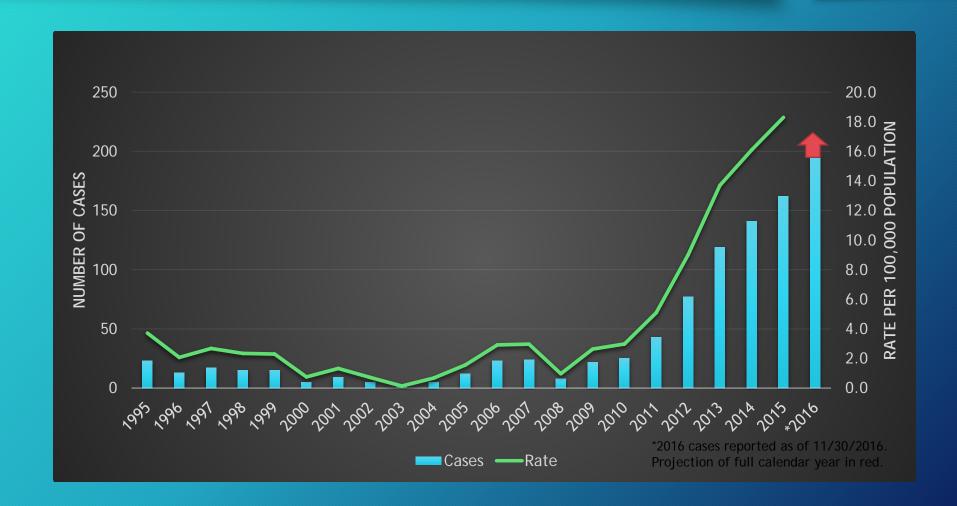
- Population: 865,736
 - 51% Hispanic, 37% White, 5% Black, 4% Asian
 - Median Household Income: \$49,026
 - Children Living Below Poverty: 33%
 - High School Education: 73%
 - Bachelors or higher: 15%
- Geography: 8,161 sq miles
 - I-5 and 99 Fwy North/South, 58 Fwy East/West
 - Valley floor, Sierra mountains, high desert
 - 4 State prisons, 2 Federal correctional facilities
 - 2 military installations
 - Oil and agriculture

Kern County Health Outcomes

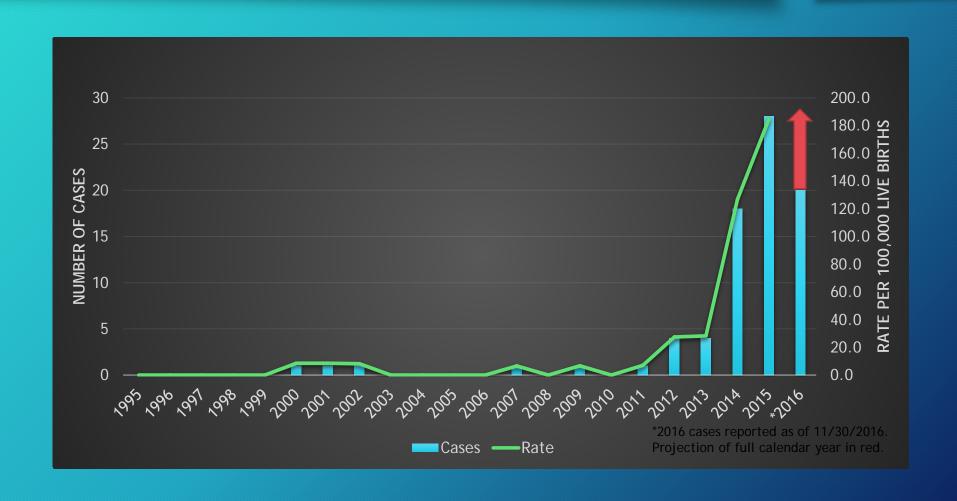


- 7th highest all-cause mortality
- Highest mortality due to diabetes
- 3rd highest mortality due to heart disease
- 7th highest incidence of infant mortality
- Highest rate of births to adolescents
- 2nd highest incidence of chlamydia
- 7th highest incidence of gonorrhea
- 3rd highest incidence of primary and secondary syphilis
- 2nd highest incidence of congenital syphilis

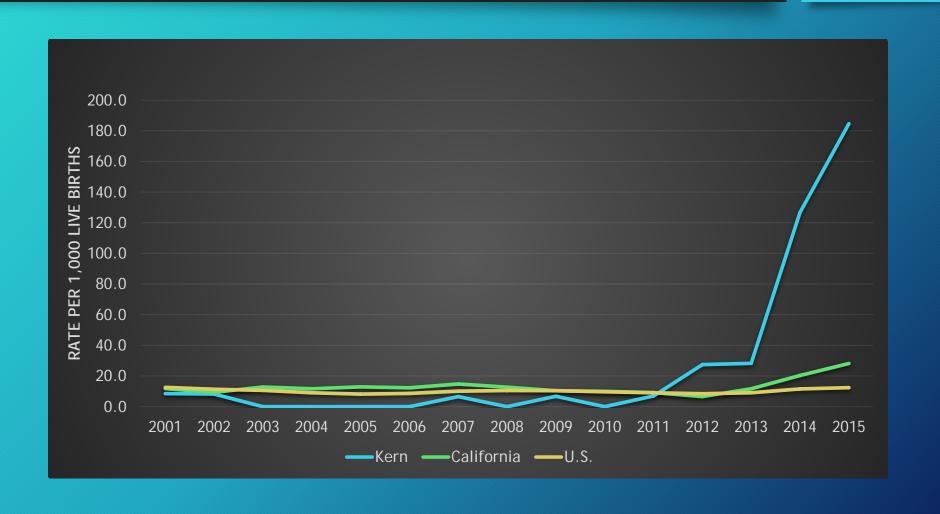
Kern County Primary and Secondary Syphilis Cases



Kern County Congenital Syphilis Cases



Congenital Syphilis Incidence by Jurisdiction



18 Probable Congenital Syphilis Cases in 2014

Identified:

- ➤ No prenatal care
- >Inconsistent prenatal care
- > Failure to complete treatment
 - Late Latent cases were being closed after 1st dose of Bicilin
- >Substance use

Enhanced Surveillance

- Spreadsheet of syphilis cases
- ➤ Biweekly case review
- Ensure completion of 3 doses of Bicilin
- Referral to Prenatal Case
 Management programs and/or Public
 Health Nursing
- > Assistance with transport to clinic

Case Management Benefits

- Ensured completion of treatment
- Syphilis Education and Dangers of reinfection
- Provide transportation to clinic for treatment
- Determine birthing hospital and send notification

Case Management Benefits

- Ensure completion of treatment for partners
- Coordination with local jail to ensure treatment
- Coordination with local substance abuse treatment programs

Advantages of Case Management

- Linkage to prenatal care
- Education resources for mom
- High risk infant follow-up
- Linkage to car seat for infant
- Coordination with CPS

28 Probable Congenital Syphilis Cases in 2015

- ➤ 5 fetal demises, 1 perinatal death
- >79% mothers with late stage syphilis (asymptomatic)
- >54% mothers with no prenatal care

25 Probable Congenital Syphilis Cases in 2016

As of 11/30/16

- ➤1 fetal demise (32 weeks gestation)
- >68% mothers with late stage syphilis (asymptomatic)

30 Congenital Syphilis Cases Ruled Out in 2016

- ➤ 30 syphilis(+) females whose infants did NOT develop congenital syphilis
- Mother was adequately treated for stage at least 30 days prior to delivery and infant had no S/S of congenital syphilis

Successes: Coordinated Health Care

- Coordination with delivery hospital regarding mother's treatment history
 - **≻**Infant
 - Treated in hospital
 - Referred for additional services
 - Followed by pediatrician
 - **≻**Mother
 - 1st dose in hospital
 - Additional doses outpatient
 - Referred for additional services

Successes

At least 60 infants born in 2015 and 2016 to syphilis(+) mothers NOT infected with syphilis

Congenital syphilis public awareness campaign



Challenges

- Substance use: difficult clients to reach and keep in care
- Lack of transportation and childcare continue to be barriers to care
- No prenatal care and late entry into prenatal care delay diagnosis and treatment

Opportunities

- Increased collaboration with delivery hospitals
- Increased awareness in the community
- Strategies to address lack of prenatal care
- >Strategies to address substance use