



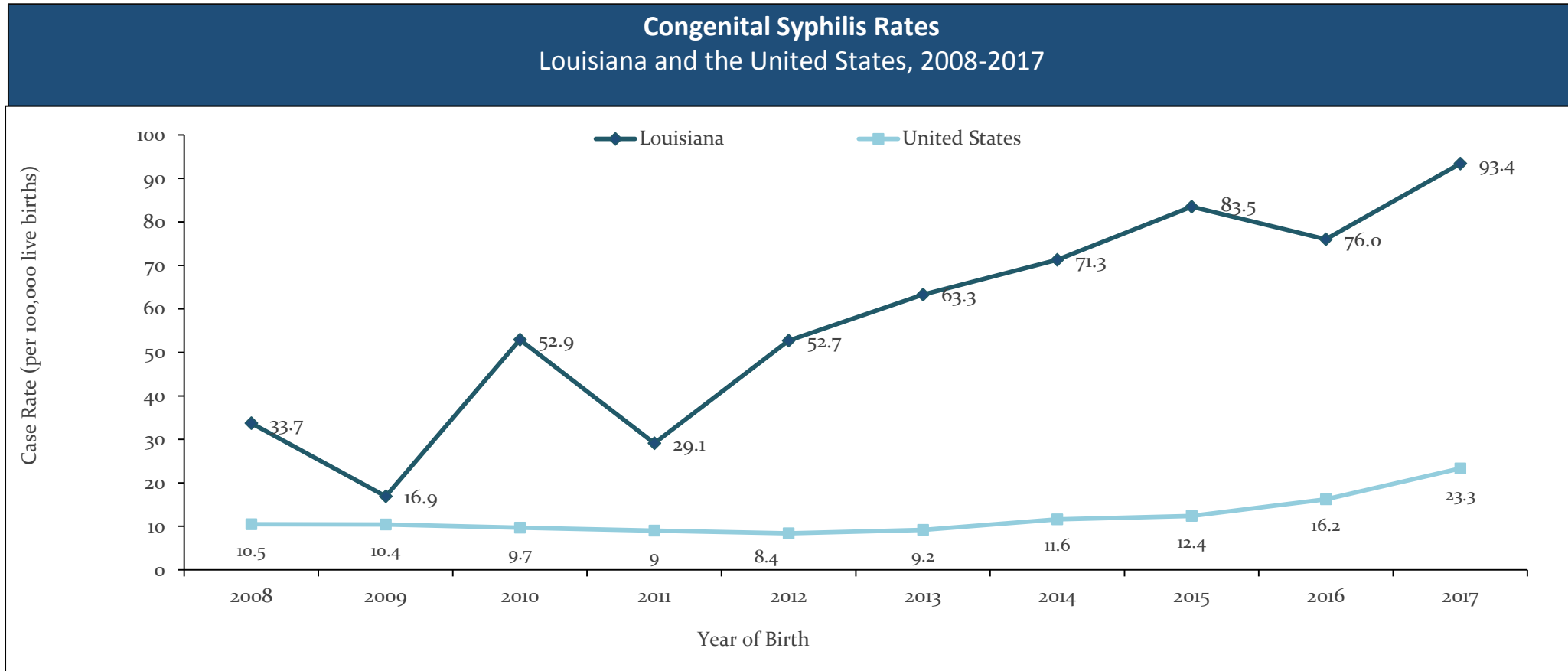
Programmatic Response to Congenital Syphilis & the Critical Role of Prenatal Care

Chaquetta Johnson, DNP, MPH, APRN, WHNP-BC
Deputy Director - Operations
Louisiana Department of Health
STD/HIV Program

Louisiana STD National Rankings 2016 vs. 2017

	2016			2017			% Change
	Ranking	# Cases	Rate	Ranking	# Cases	Rate	Rate Change
P&S Syphilis	1st	750	16.1	3rd	679	14.5	-9.9%
Congenital Syphilis	1st	48	76.0	1st	59	93.4	22.8%
Gonorrhea	2nd	10,782	230.8	3rd	12,017	256.7	11.2%
Chlamydia	2nd	31,727	679.3	2nd	34,756	742.4	9.3%

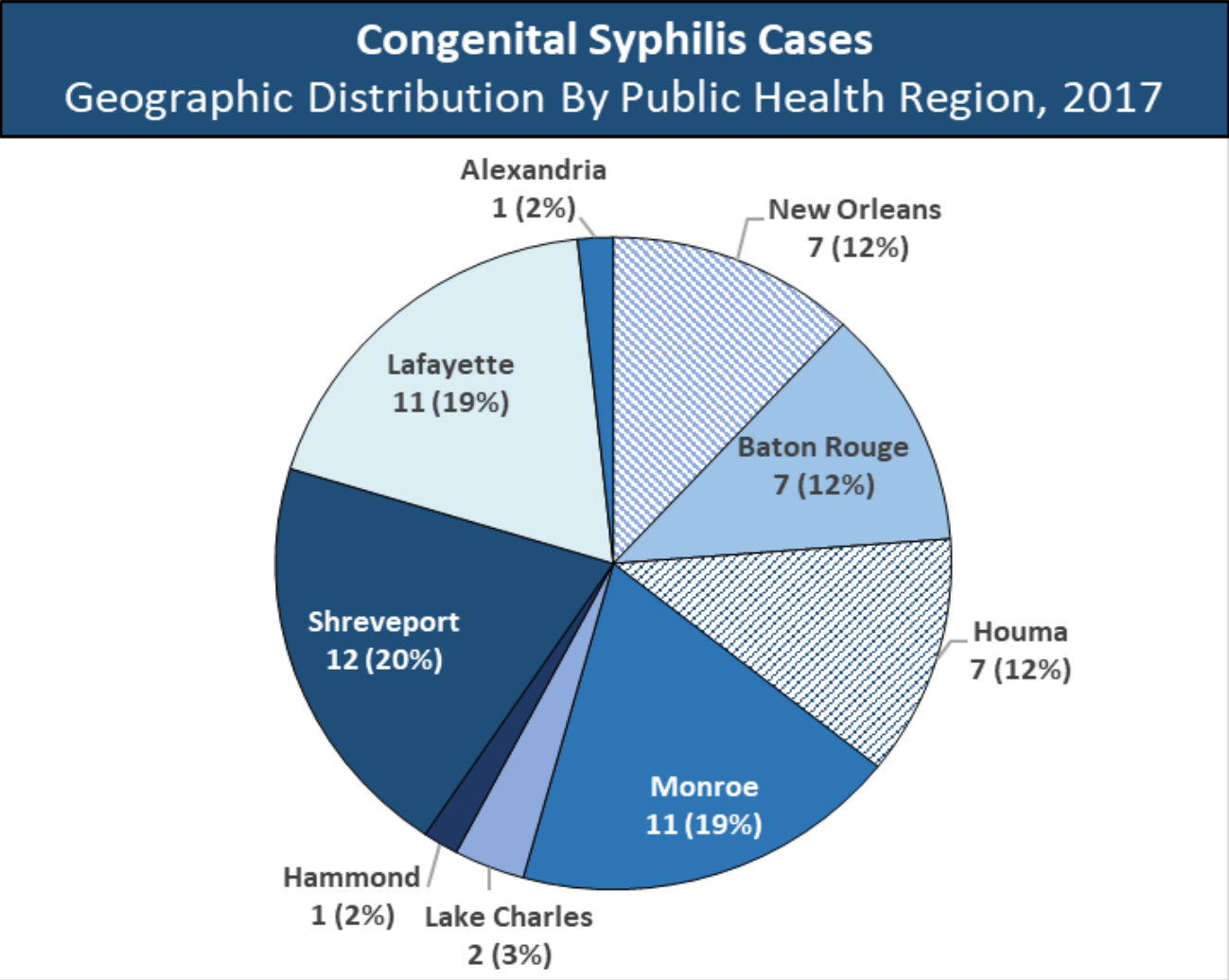
Congenital Syphilis Diagnosis Rates Louisiana and the US, 2008-2017



Louisiana Department of Health Office of Public Health (OPH) regions



Congenital Syphilis Cases by Region, 2017



Congenital Syphilis in Louisiana, 2017

- ▶ Every Public Health Region reported at least one case of congenital syphilis
- ▶ 58% of CS cases occurred in three regions: Region 4 (Lafayette), Region 7 (Shreveport), and Region 8 (Monroe)
- ▶ 85% of mothers were Black, 12% were White and 5% Hispanic/Latina
- ▶ 54% of mothers were <25 years of age at the time of delivery
- ▶ 12% of mothers had no or untimely prenatal care (prenatal care initiated at least 2 months before delivery)

Programmatic Response to Congenital Syphilis


▶ Increased Syphilis Testing

- Act 459 – Third Trimester HIV and Syphilis Testing Law
 - ◆ Louisiana law requires opt-out testing for all women during 1st trimester of pregnancy, 1st prenatal visit in 3rd trimester and at delivery (if testing/status is not noted in medical charts)
- Tripled syphilis screening across the state using rapid syphilis testing technology
- Increased the percentage of primary and secondary syphilis cases that were treated in the Parish Health Units within 14 days of specimen collection (93.5% in 2016 compared to 78.6% in 2015)

Programmatic Response to Congenital Syphilis

▶ HIV/Syphilis During Pregnancy Reporting Form

- ◆ Improve reporting of HIV and syphilis during pregnancy
- ◆ Previously only used Adult Case Report Form
- ◆ Streamline reporting process



John Bel Edwards
GOVERNOR

Rebekah E. Gee MD, MPH
SECRETARY

State of Louisiana
Department of Health and Hospitals
Office of Public Health

HIV/SYPHILIS DURING PREGNANCY REPORTING FORM

The Louisiana Sanitary Code mandates the reporting of pregnancy status for women diagnosed with HIV and/or syphilis; this reporting allows Louisiana programs to target high-risk pregnancies for follow-up.

REPORT DATE: _____ REPORTING FACILITY: _____

Patient Information			
Full Name	First	Last	Maiden
	Address		
Address	Street Address		Apartment/Unit #
	City and Zip code		Phone Number
2 nd Phone No or Emergency Contact	DOB (mm/dd/yyyy)		
Date of Pregnancy Diagnosis (mm/dd/yyyy)			
Estimated Delivery Date (mm/dd/yyyy)			
Linkage to Care			
The patient is currently diagnosed with: <input type="checkbox"/> HIV <input type="checkbox"/> Syphilis <input type="checkbox"/> Both <input type="checkbox"/> Other			
Is the patient engaged in OB and/or prenatal care?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK	If the patient is currently infected with syphilis, what is the clinical stage of diagnosis?	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Early Latent <input type="checkbox"/> Late Latent
Is the patient currently on antiretrovirals (ARVs) for HIV?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A	Has the patient been treated for the most recent infection of syphilis?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A
Is the patient currently engaged in HIV Care?	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> UNK <input type="checkbox"/> N/A	If the patient was treated for a current syphilis infection, please record treatment and dosage:	<input type="checkbox"/> 2.4 MU benzathine penicillin <input type="checkbox"/> 4.8 MU benzathine penicillin <input type="checkbox"/> 7.2 MU benzathine penicillin <input type="checkbox"/> Other <input type="checkbox"/> N/A
Are you concerned about any of the following with your patient? Check all that apply.	<input type="checkbox"/> Housing <input type="checkbox"/> Transportation <input type="checkbox"/> Nutrition/Food Assistance <input type="checkbox"/> Med Adherence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> None <input type="checkbox"/> Other (please specify): _____		
Provider Information			
Patient's Provider/Person Completing Form			
Phone Number			

Report diagnosis of HIV/syphilis during pregnancy within one business day.
Completed forms should be sent to the Perinatal STD/HIV Surveillance Supervisor at the Office of Public Health STD/HIV Program.
Report by Phone: (504) 568-3384
Confidential Fax: (504) 568-3384
Mail (completed forms must be mailed in a sealed envelope marked "Confidential"):
1450 Poydras Street, Suite 2136, New Orleans, LA 70112
STD/HIV PROGRAM • 1450 Poydras St., Suite 2136 • New Orleans, Louisiana 70112
Phone #: 504/568-7474 • Fax #: 504/568-7044 • WWW.DHHLA.GOV
An Equal Opportunity Employer

Programmatic Response to Congenital Syphilis

- ▶ CDC STD AAPPS Supplemental Funding for Enhanced Congenital Syphilis Response
 - ◆ \$ 550,000
 - ◆ Project Period - 9/29/2017 - 12/31/2018
 - ◆ Focus on women of childbearing age (ages 15-44) with concentrated efforts in Caddo (Shreveport) and East Baton Rouge Parishes

Programmatic Response to Congenital Syphilis

Enhanced Congenital Syphilis Response Grant Objectives:

- Strengthen existing data collection and surveillance efforts
- Support enhancement of the Congenital Syphilis Case Review Boards
- Implement an effective congenital syphilis case management model
- Increase provider education regarding appropriate syphilis screening, testing and treatment practices

Programmatic Response to Congenital Syphilis

- ▶ Implemented a formal CS Regional Case Review process
 - *As a high morbidity state: “Assess congenital syphilis cases to determine the epidemiological and health care factors associated with the cases to inform interventions”**
- ▶ CS Case Review Teams are comprised of STD/HIV Central Office staff, OPH Regional Medical Director, Regional Nurse, and Regional DIS staff
- ▶ Regional CS case reviews are held monthly
 - Cases are reviewed with 3 regions each month on a rotating basis

*CDC STD AAPPS Grant workplan objective for high morbidity states

Programmatic Response to Congenital Syphilis

Louisiana Congenital Syphilis Case Review Findings

- ▶ Lack of patient/partner education regarding STIs and safe sex practices during pregnancy to prevent late pregnancy infection/re-infection
- ▶ Need for increased communication between Regional DIS staff and Regional Medical Directors during case investigations for pregnant women diagnosed with syphilis
- ▶ Lack of repeat/third trimester testing of syphilis among pregnant women
- ▶ Inadequate treatment for women diagnosed with syphilis during pregnancy
- ▶ Late/no initiation of prenatal care

Critical Role of Prenatal Care

▶ In 2017, Louisiana reported 59 cases of congenital syphilis

- **88% (52 cases) of these mothers received timely prenatal care that began at least 2 months prior to delivery**
 - ◆ 13% (7/52) did not have a timely syphilis test (at least 45 days prior to delivery)*
 - ◆ 10% (5/52) did not have a syphilis test at all during pregnancy*
 - ◆ 10% (5/52) were adequately treated during pregnancy (all 5 were reported as CS cases based on infant criteria)*
 - ◆ 56% (29/52) did not have a third trimester test*

- **76% (45 cases) of mothers who received timely prenatal care had at least one timely syphilis test during pregnancy***
 - ◆ 36% (16/45) had at least one timely re-test (an additional syphilis test at least 45 days prior to delivery performed after the first syphilis test during pregnancy)
 - ◆ 64% (29/45) did not have a timely re-test

*These reported CS cases are not mutually exclusive

Critical Role of Prenatal Care

- ▶ Prenatal care visits are an optimal time to educate mothers about their health and the health of the baby
- ▶ Prenatal visits, including syphilis testing and treatment, are covered by most insurances and Medicaid programs
- ▶ Appropriate screening, testing, and treatment for syphilis during pregnancy, following recommended guidelines, can effectively reduce the number of CS cases dramatically



Programmatic Response to Congenital Syphilis

- ▶ Developed and implemented a CS case management model
 - Case managers located in Baton Rouge and Shreveport
 - Max caseload of 25 clients
 - Eligible clients are women of childbearing age that have been diagnosed with syphilis (priority given to pregnant women)
 - Assist clients with connecting to prenatal care and other community-based supportive services and navigation of services to promote adequate and timely syphilis treatment
 - Support the efforts of DIS/Partner Services to reduce the risk of reinfection, especially in pregnant women

Programmatic Response to Congenital Syphilis

- ▶ Increased Provider Education and Outreach efforts
 - Hired a CS Nurse Educator
 - Developed a Prenatal Care Provider Education Packet and provider education tools (webinars, flip cards)
- ▶ Host two statewide Congenital Syphilis Conferences in Baton Rouge and Shreveport (October 2018)
 - Partnering with Denver Prevention Training Center
 - More than 120 attendees at the Baton Rouge CS Conference held in April 2018

What's Next??

- ▶ Provider Detailing and Engagement
 - Prenatal care and OB providers – High Priority
 - Individual and group presentations to providers by the CS Nurse Educator and CS Case Managers
 - Targeted education for MD resident programs - Louisiana State University Health Sciences Center in Baton Rouge and Shreveport
- ▶ Closer collaboration with Medicaid to advocate for appropriate syphilis screening, testing and treatment of pregnant women
 - Medicaid representation on the CS case review team
 - STD/HIV Program staff participation on the Medicaid Quality Committee and OB Subcommittee
- ▶ Increased collaboration with community partners focused on improving birth outcomes to incorporate congenital syphilis prevention in their messaging and efforts

Acknowledgements

- ▶ DeAnn Gruber, Director - Bureau of Infectious Diseases
- ▶ Ashley Hoover, SHP Perinatal Surveillance Supervisor
- ▶ Jessica Fridge, SHP Surveillance Manager
- ▶ Javone Davis Charles, SHP Field Operations Manager
- ▶ Mohammad Rahman, CDC STD Epidemiologist
- ▶ Joy Ewell, CDC Lead Public Health Advisor
- ▶ Regional CS case managers
- ▶ Regional DIS
- ▶ Regional Medical Team Leadership





Chaquetta Johnson, DNP, MPH, APRN, WHNP-BC

Deputy Director, STD/HIV Program

Louisiana Department of Health/Office of Public Health

Chaquetta.Johnson@la.gov

