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

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STD/HIV Program
## Louisiana STD National Rankings
### 2016 vs. 2017

<table>
<thead>
<tr>
<th></th>
<th>2016</th>
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<th>2017</th>
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<th>% Change</th>
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<tbody>
<tr>
<td></td>
<td>Ranking</td>
<td># Cases</td>
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<tr>
<td><strong>P&amp;S Syphilis</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>750</td>
<td>16.1</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>679</td>
<td>14.5</td>
<td><strong>-9.9%</strong></td>
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<tr>
<td><strong>Congenital Syphilis</strong></td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>48</td>
<td>76.0</td>
<td>1&lt;sup&gt;st&lt;/sup&gt;</td>
<td>59</td>
<td>93.4</td>
<td><strong>22.8%</strong></td>
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<tr>
<td><strong>Gonorrhea</strong></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>10,782</td>
<td>230.8</td>
<td>3&lt;sup&gt;rd&lt;/sup&gt;</td>
<td>12,017</td>
<td>256.7</td>
<td><strong>11.2%</strong></td>
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<tr>
<td><strong>Chlamydia</strong></td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>31,727</td>
<td>679.3</td>
<td>2&lt;sup&gt;nd&lt;/sup&gt;</td>
<td>34,756</td>
<td>742.4</td>
<td><strong>9.3%</strong></td>
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Congenital Syphilis Diagnosis Rates
Louisiana and the US, 2008-2017

Congenital Syphilis Rates
Louisiana and the United States, 2008-2017

Case Rate (per 100,000 live births)

Year of Birth

10.5 10.4 9.7 9 8.4 9.2 11.6 12.4 16.2 23.3

Louisiana

United States

3.3 16.9 52.9 29.1 52.7 63.3 71.3 83.5 76.0 93.4
Louisiana Department of Health
Office of Public Health (OPH) regions
Congenital Syphilis Cases by Region, 2017

- Alexandria: 1 (2%)
- Lafayette: 11 (19%)
- Shreveport: 12 (20%)
- Monroe: 11 (19%)
- New Orleans: 7 (12%)
- Houma: 7 (12%)
- Hammond: 1 (2%)
- Lake Charles: 2 (3%)
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
Programmatic Response to Congenital Syphilis

- CDC STD AAPPLES 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 AAPPSS 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

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- Regional CS case managers
- Regional DIS
- Regional Medical Team Leadership
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