

DIS Combat Congenital Syphilis

April 22, 2020



NCS D
National Coalition
of STD Directors

Logistics



This webinar is being recorded. The recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD website.

Objectives



This webinar aims to highlight:

- DIS messaging to encourage prenatal care and syphilis testing
- Local partnerships for engaging with pregnant women and addressing congenital syphilis
- Lessons learned and best practices around congenital syphilis follow-up and DIS engagement with pregnant women

Agenda



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1. Brandi Roberts – Arkansas Department of Health
 2. Lorena Gjino – Massachusetts Department of Public Health
 3. Q&A – submit your question via the chat box

Arkansas Department of Health



Brandi Roberts, MPH, CHES
STD Prevention Program Manager



USING DIS TO ADDRESS CONGENITAL SYPHILIS IN ARKANSAS

BRANDI ROBERTS, MPH, CHES

**ARKANSAS DEPARTMENT OF
HEALTH**

**STD PREVENTION PROGRAM
MANAGER**

OBJECTIVES



OVERVIEW OF
CONGENITAL SYPHILIS IN
ARKANSAS

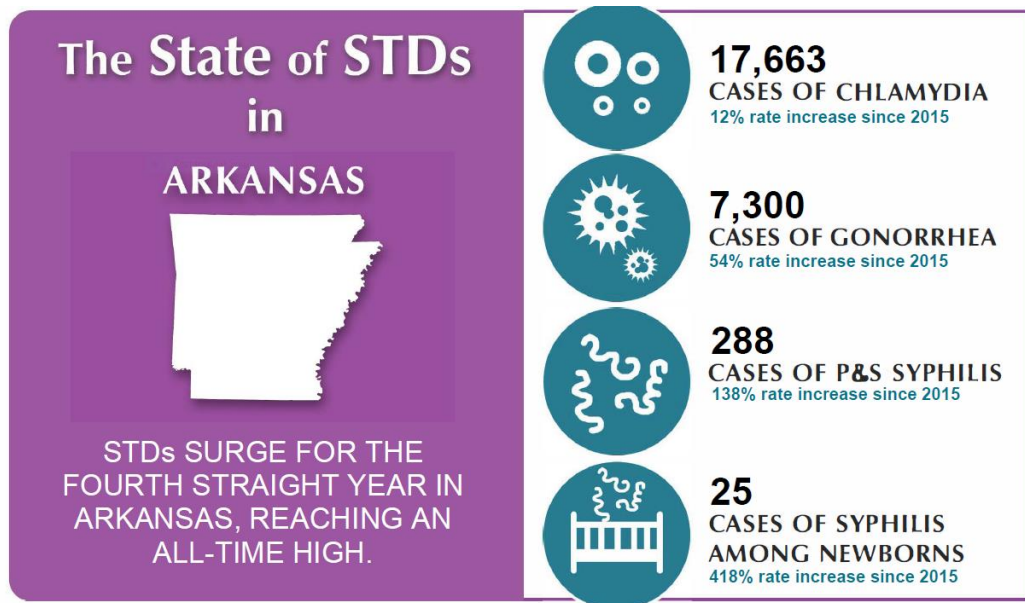


DIS ROLE IN CONGENITAL
SYPHILIS FOLLOW – UP
PROCESS

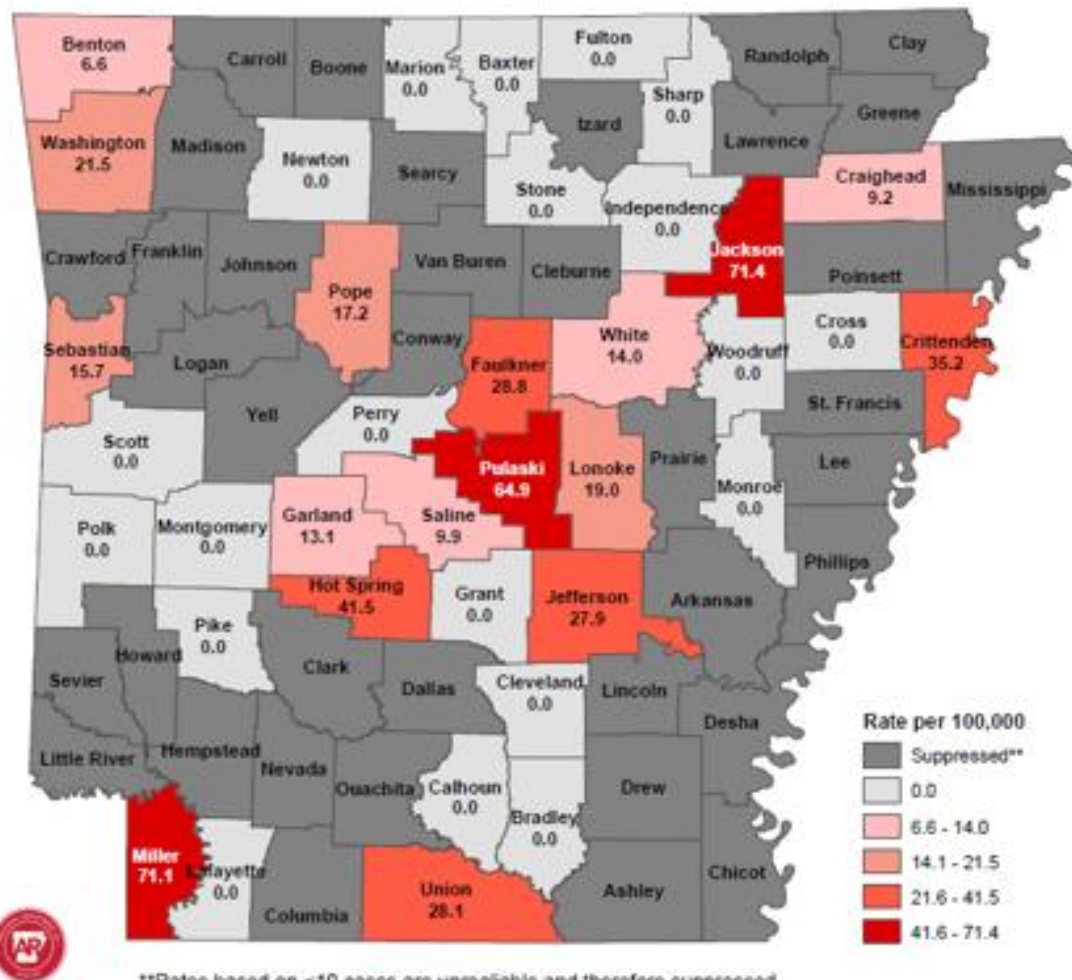


SUCCESSSES AND NEXT STEPS
FOR CS

ARKANSAS SNAPSHOT

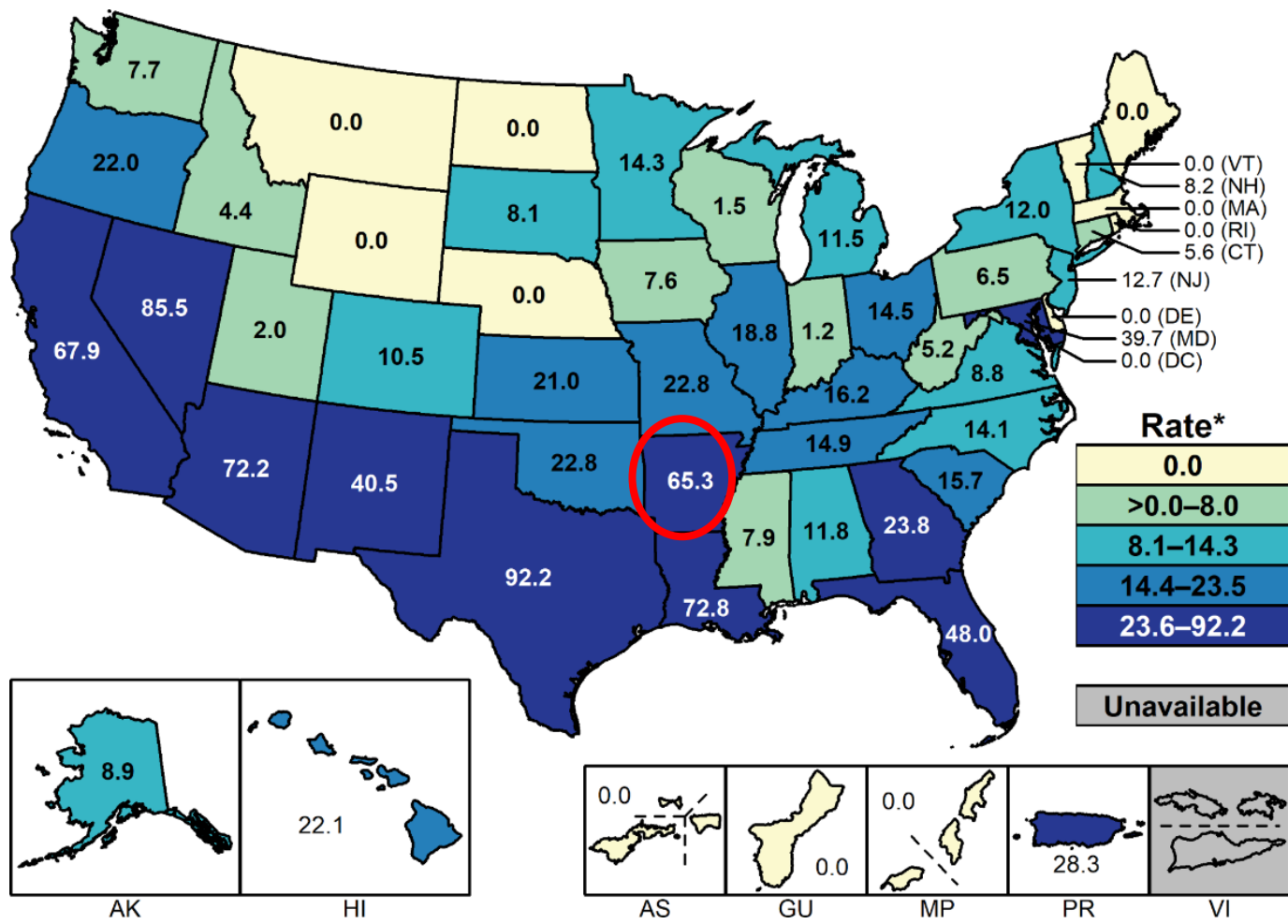


- Mostly rural, low population density.
- Medicaid expansion in 2013.
- In 2018, 20.4% of infants were born to a woman receiving inadequate prenatal care.
- Arkansas ranked #6 for rate of reported CS cases in 2018.

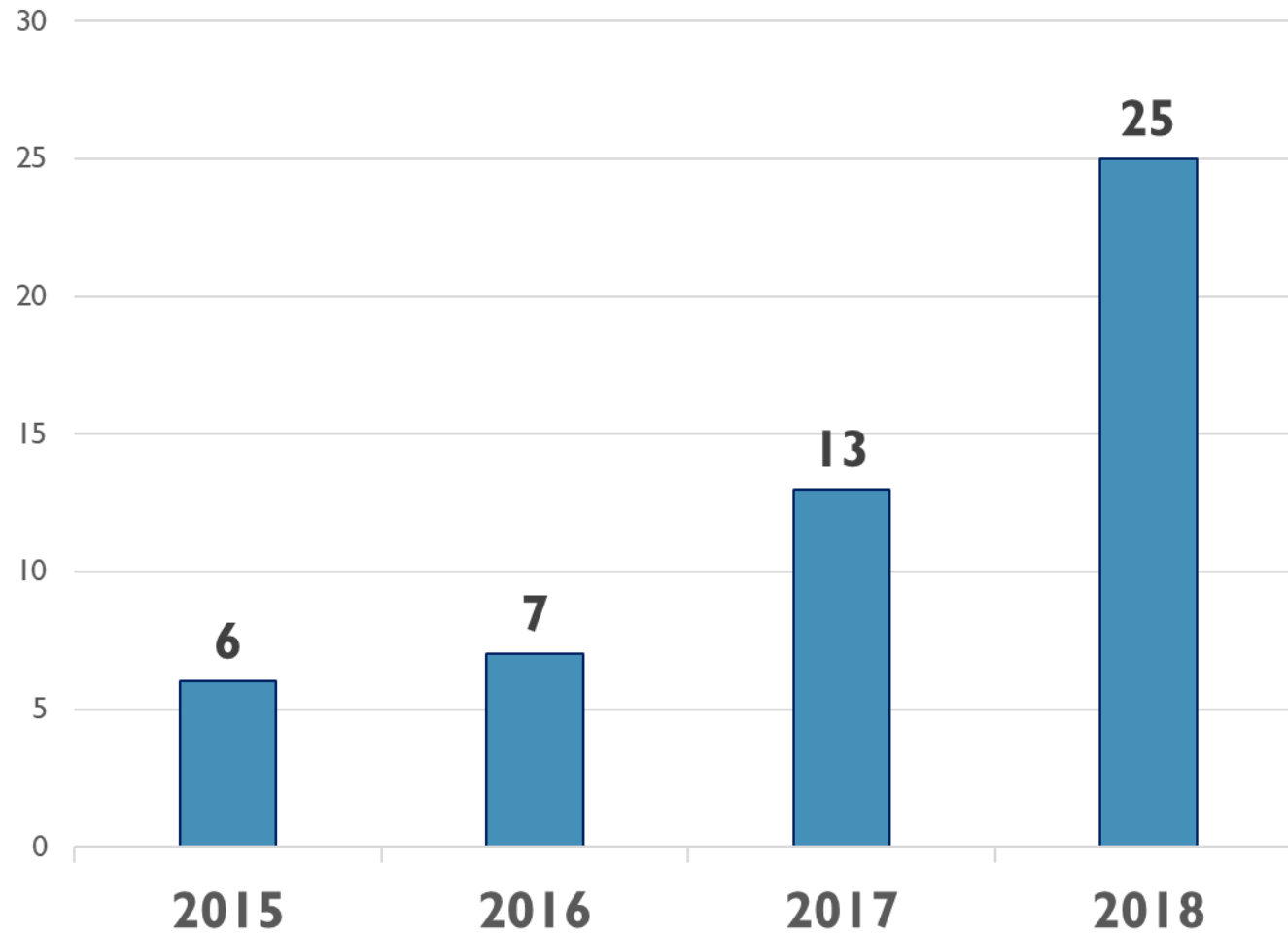


**Rates based on <10 cases are unreliable and therefore suppressed.

EARLY SYPHILIS – RATE OF REPORTED CASES PER 100,000 POPULATION BY COUNTY, ARKANSAS, 2018



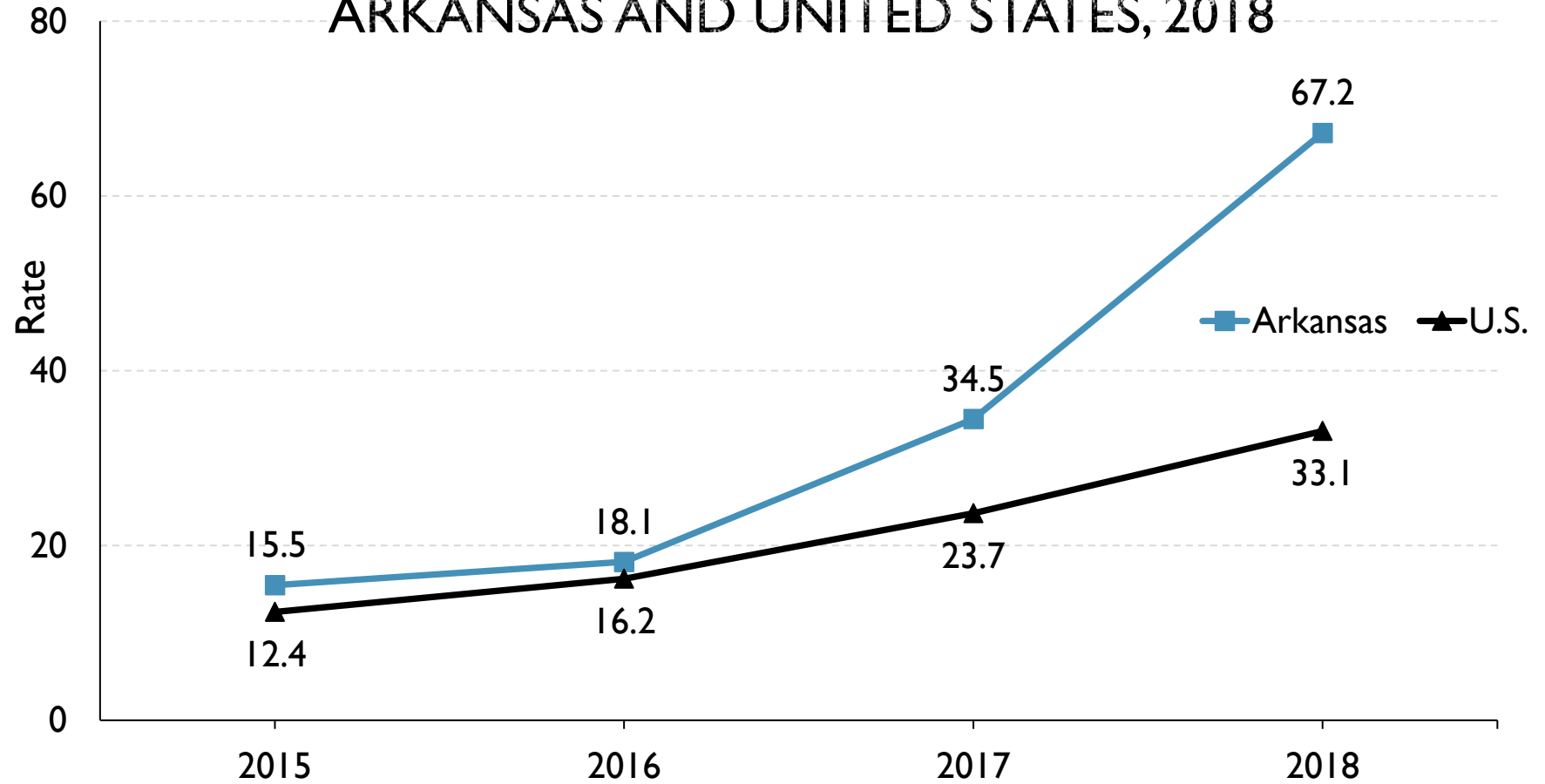
CONGENITAL SYPHILIS – RATES OF REPORTED CASES BY STATE AND TERRITORY, U.S., 2018



CONGENITAL
SYPHILIS –
REPORTED CASES
BY YEAR
ARKANSAS, 2015-
2018

CONGENITAL SYPHILIS - RATE PER 100,000 LIVE BIRTHS

ARKANSAS AND UNITED STATES, 2018

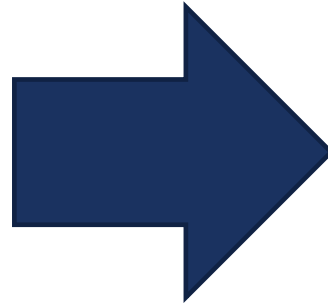


CHALLENGES

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- Competing program priorities
 - Delayed reporting
 - Duplication of efforts
 - Training on surveillance systems
 - Utilization of perinatal coordinator in dual role as CS coordinator.

...OUR SOLUTION!

DIS



Congenital Syphilis DIS



TRANSITION FROM DIS TO CS DIS

DIS

- Partner Services – HIV/STD
- Referral and LTC
- Congenital Syphilis
 - Obtain pregnancy status.
 - Interviews pregnant mom and partners.
 - Surveillance staging.
 - Initiates maternal records in PRISM.
 - Referrals to prenatal care.

CS DIS

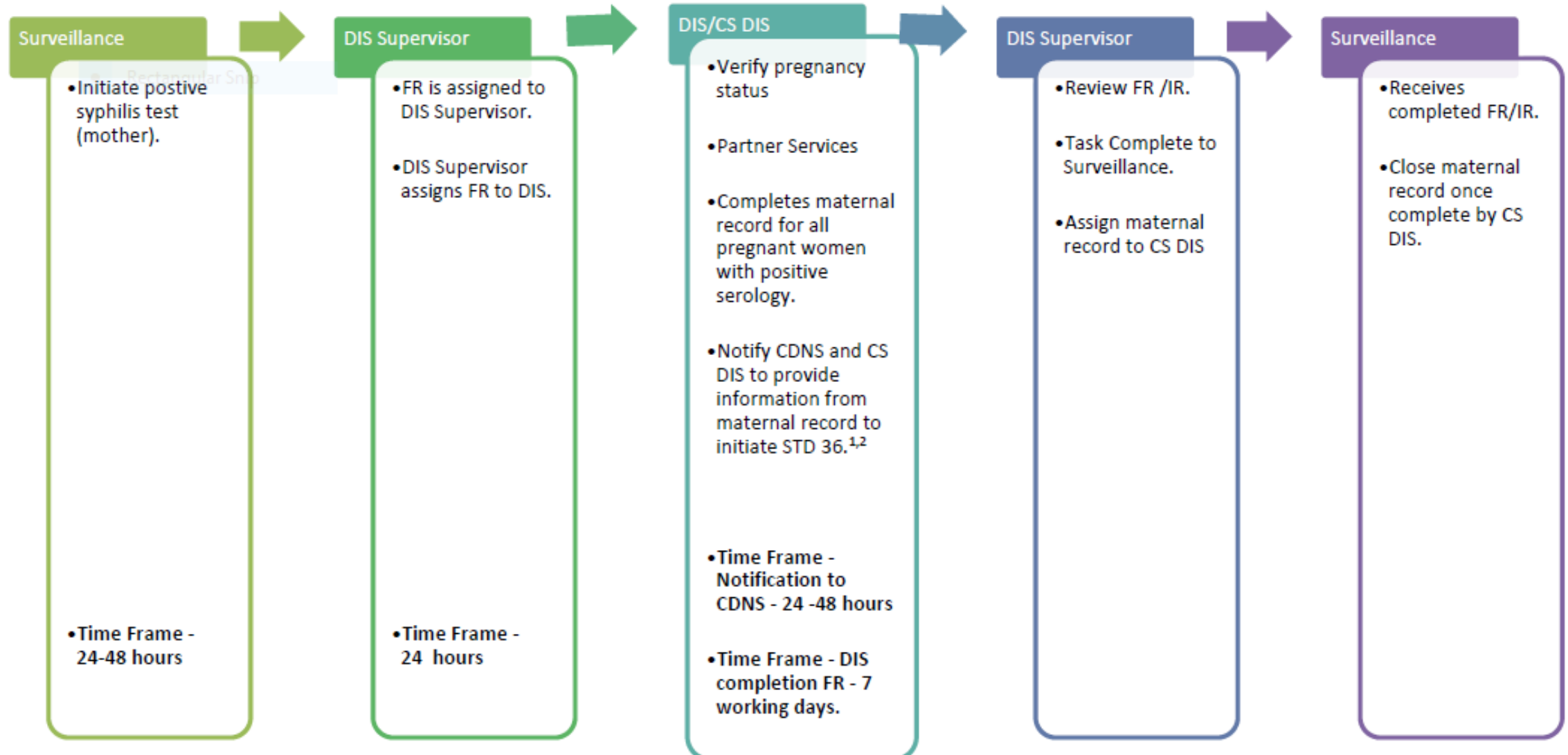
- Completion of CS Reporting Form.
- Follow – up on pregnant women with previous and current syphilis infection.
- Pregnancy status ascertainment.
- Primary contact person for medical providers.
- Partnership with DIS to obtain required maternal information or additional follow-up for pregnant women.



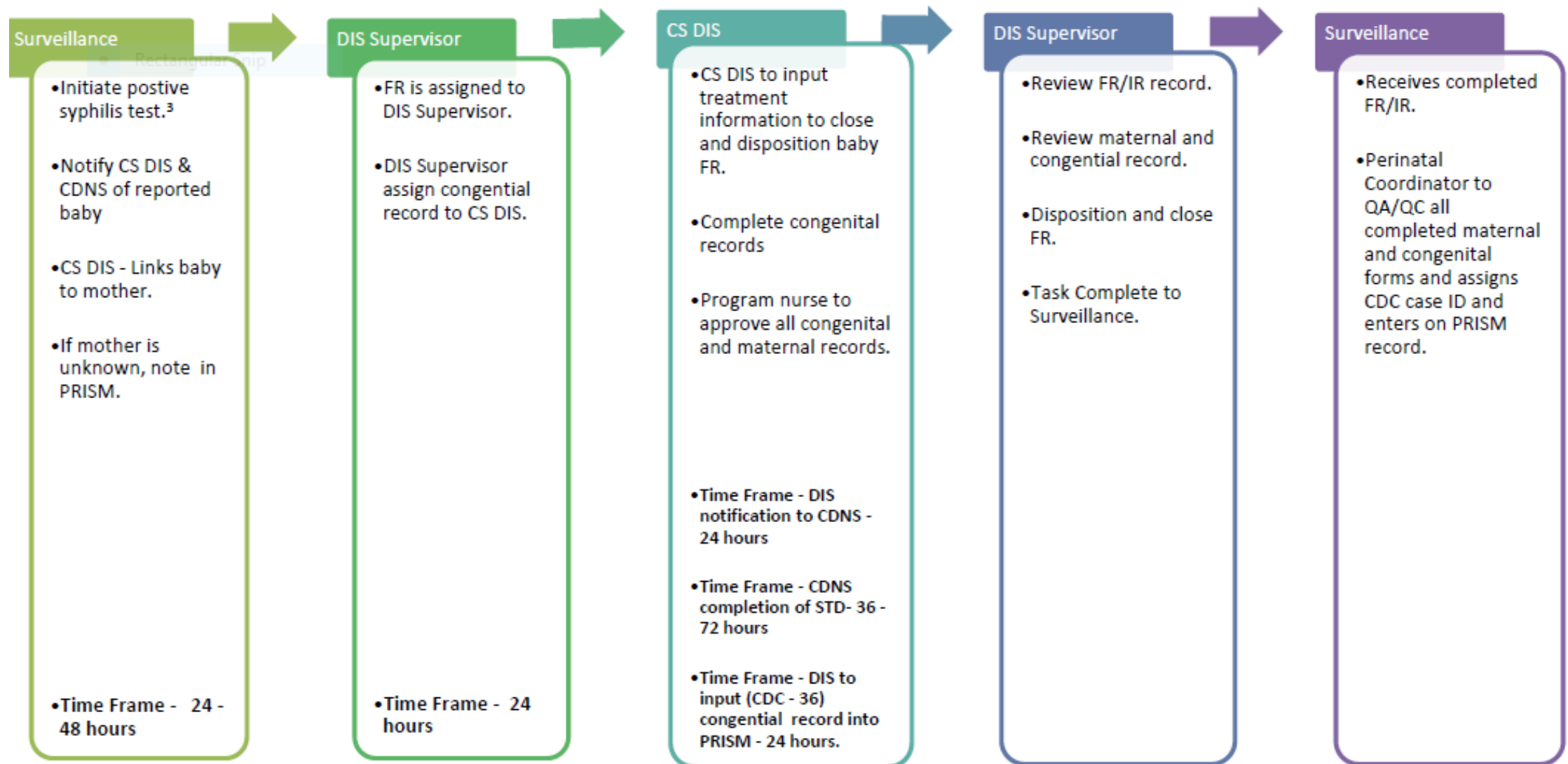
CS DIS FOLLOW – UP PROCESS



Pregnant Mother



Child



PARTNERSHIPS



Hospitals



OB/GYNs



Maternal and
Child Health
Program



FQHC



Pregnancy Crisis
Centers



Congenital
Syphilis Review
Board



STREAMLINED CS
WORKFLOW



IMPROVED
COMMUNICATION
S WITH PROVIDERS



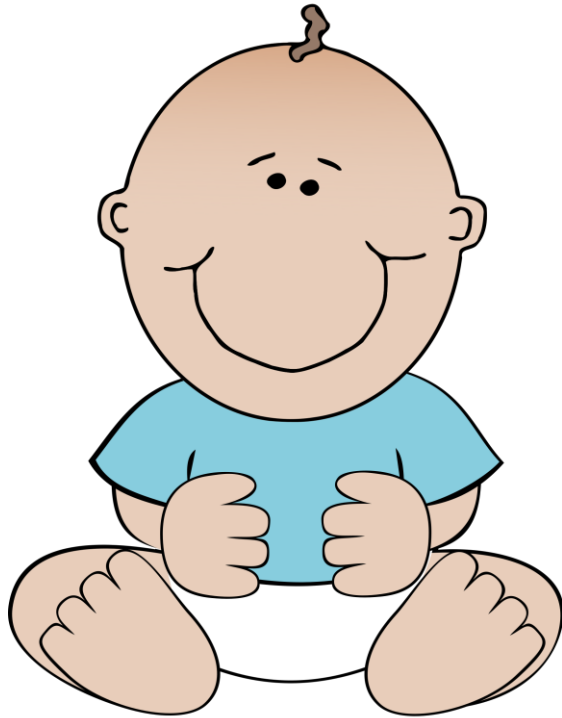
MORE TIMELY
REPORTING OF CS
CASES TO CDC



IMPROVED
ACCURACY OF
INFORMATION

SUCCESSSES

NEXT STEPS



- Congenital Syphilis Awareness Campaign
- Congenital Syphilis Symposium – Provider Education
- Electronic Reporting – CS Reporting Form
- Improved CS Process



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Addressing Congenital Syphilis in Massachusetts

Lorena Gjino
Field Epidemiologist
Massachusetts Department of Public Health



MADPH STD Prevention Division

- 18 Field Epidemiologists (FE) formerly known as DIS
- 4 Field Operations Managers
- 1 Public Health nurse Lila Coverstone, RN
- 1 Medical Director Kathy Hsu, MD, MPH

Landscape of Congenital Syphilis in MA in 2019

- 7 presumptive congenital cases
- 3 syphilitic still births
 - 2 born to infectious staged mothers, both early latent
 - 1 born to late latent
- The main contributing factors were late entry into prenatal care . These included late entry into the US and comorbidity with substance use disorder.

Ensuring adequate follow-up of individuals biologically capable of pregnancy

- All reproductive age individuals biologically capable of pregnancy (age 14 to 49) receive follow-up when MDPH receives positive syphilis serologic test results to obtain current pregnancy status (in addition to other routine field follow-up).
 - Field initiated cases
 - Provider calls through the reactor desk for non-field assigned cases
 - If no pregnancy test we ask about birth control and menstrual cycle, last period
- Field initiated cases require FE follow-up with an emphasis on documentation of medication, dose and dates of treatment well as interviewing and partner elicitation.

Ensuring adequate syphilis treatment of pregnant women

- Pregnant women are identified as pregnant through the reactor desk, investigation of sexual partners or by case report form submission.
- Case prioritization – high priority
- Clinical information from provider must be thorough
 - Stage and symptoms of syphilis, HIV status, number of weeks pregnant when positive syphilis serology is determined, treatment and treatment dates (documented weekly if multiple doses are prescribed), expected date of delivery and partner testing and treatment information.
- Notify public health nurse of case
- We encourage interviews to be done in clinic at the time of treatment (buy in with the patient)
- Encourage patients to bring partner at the next appointment
- Importance of transportation. Great opportunity for patients to be introduced to the STD clinics and get tested as often as they want and a means to connect to care
- Bicillin Distribution Program

MA Public Health Nurse Follow-up

- PNH is a resource for field staff and clinicians if questions or problems are incurred during the investigation process. Provide clinical guidance as requested
- For routine cases the PHN engages with prenatal care providers to support the treatment and follow-up testing of the pregnant case
 - This follow-up includes ensuring the timely treatment with Bicillin and 3rd trimester screening
- Additionally the PHN obtains information on the planned delivery hospital and send a informational letter to the labor and delivery ward to prepare them for the required testing, monitoring, and reporting of a possible congenital cases.
 - This letter includes instructions for clinician to notify PHN by cell phone at time of delivery

Following up on CS cases

- All infants reported to MDPH are reviewed and follow-up on by our PHN
- Many of these cases are expected/known to our PHN prior to reporting, as they have already received follow-up through the maternal follow-up process (pregnant case).
- For cases that are not known to the PHN prior to delivery, priority follow-up is initiated as soon as possible after the report is received. Many providers are aware of the public health nurse and reach out to her prior to MDPH receiving reports of lab results for the infant.
- Nurse will provide letter to hospital with guidelines on testing and treatment for mom and baby
- Post delivery PHN works with the delivery hospital and pediatricians to ensure complete maternal and infant evaluations at time of birth and monitoring testing of the infant by the pediatrician as needed. Usually 3-6 month check in with pediatrician

Following up on CS cases cont...

- In case of syphilitic still birth the PHN communicates with the delivery hospital and medical examiners office to obtain all necessary testing/evaluation/reports for complete documentation.
- PHN is responsible for complete documentation of all required maternal and infant variables for CDC reporting.

Encouraging prenatal care and STD testing (to pregnant women and OB/GYNs)

- Encourage STI screening at initial prenatal visit
- Create rapport with providers
- Education for providers
- Test and test often
- Partner Services pamphlets for providers in waiting area
- FE and PHN presentations
- Creating rapport with patient
- Patient education through the interviewing. Addressing their needs to get tested

Local partnerships to engage with pregnant women and address CS

- FEs are located in different regions of the state and have created partnerships with the providers in those areas of the state.
- We have the ability to offer direct provider support for clinical issues around uncertainty of congenital syphilis and other STDs. Providers call into the BIDLS and are given direct access to PHN for their concerns or questions.
- We have also initiated technical assistance protocols when providers use treatments that are not standard or do not offer treatment to contacts as recommended in the guidelines. PHN will assess the situation and offer guidance.
- Requires time to build partnerships

Challenges

- Lack of prenatal care. Opportunity for intervention
 - Homelessness
 - Opioid use
 - Health Disparities
 - Undocumented status
 - No communication, lack of phone
 - Language barriers
 - Transportation
 - Mental Health Issues
 - Domestic Violence
- Insurance issues not being able to receive preferred treatment and not having access

The secret sauce ingredients

- Electronic Laboratory Reporting (ELR) access
- 100 % assentation of women in childbearing ages
- Exchange of information with providers. Ability to provide historical data such as past labs and treatment records.
- Clinician to clinician relationships
 - Public health nurse with experience in clinical care
 - Sylvie Ratelle PTC Training Center. Kathy Hsu MD creating trainings for local providers to inform and make them aware of recent updates on CS cases with direct access to providers
- FE creating better relationships with CHC and private providers
 - Prioritization of all pregnant untreated STIs
 - Quick response and intervention
 - Bicillin Distribution Program



Questions

Submit your question in the chat box!

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Leandra Lacy

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- If you are a DIS and want to connect with peers around the country and share tips and resources, you can join NCSD's DIS Slack workspace at the link below. It is also in the chat box. <http://bit.ly/ncsd-dis>
- Please complete the webinar evaluation once the webinar ends.
- The webinar recording and presentation slides will be emailed to those that registered. These materials will also be placed on the NCSD website.