

# Congenital Syphilis in Louisiana and Related Provider Interventions

Presenters:

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# Louisiana - Overview

- Largely rural, low population density outside major cities
- Majority of Louisiana has a Health Professional Shortage Area (HPSA) or low-income population designation
  - Limited access to OB/GYN specialty in rural areas
- Poor transportation infrastructure in rural parts of the state
- STI testing and treatment services have been limited as a result of COVID-19



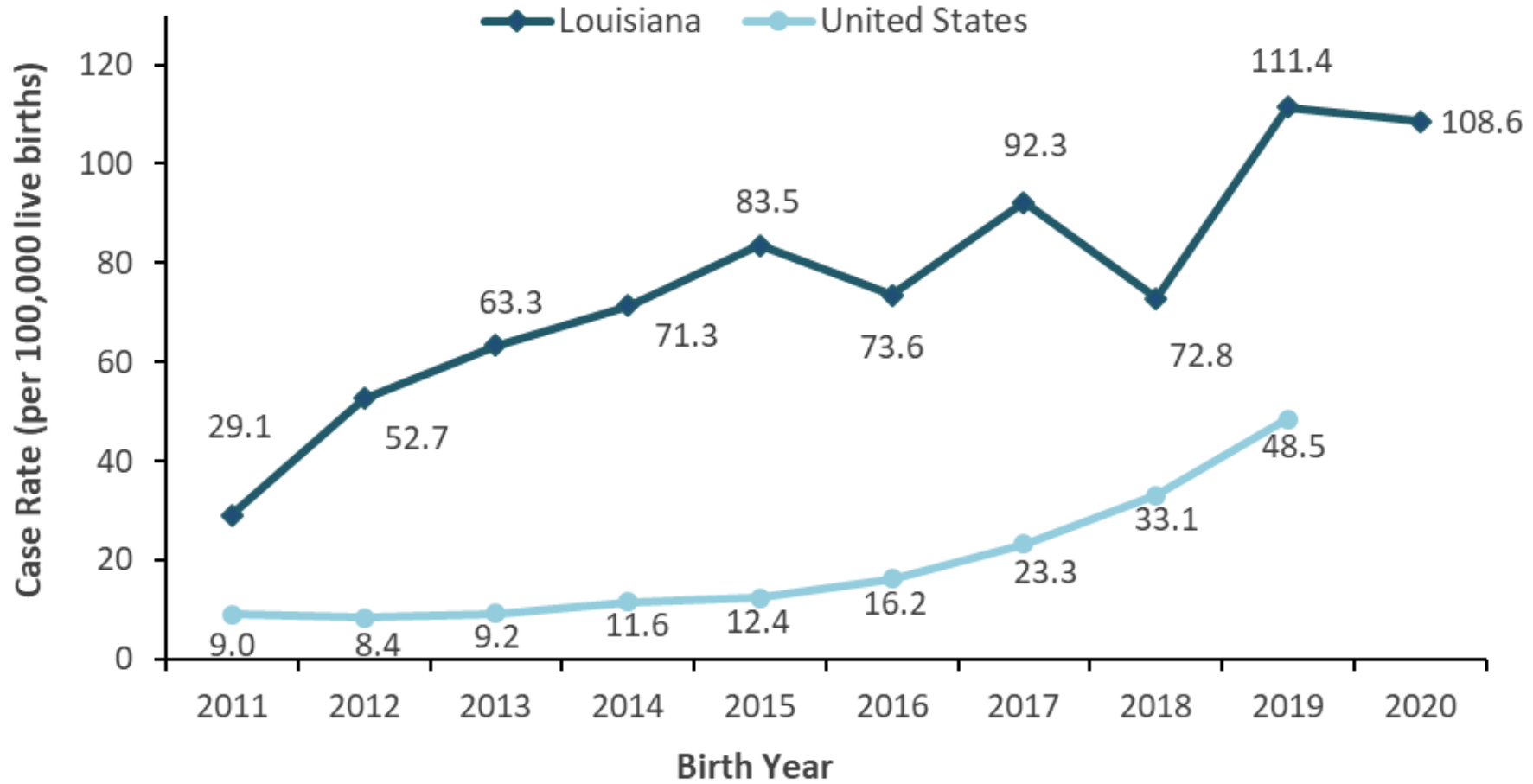
\*Data from PRISM (Patient Reporting Investigation Surveillance Manager); LDH Bureau of Infectious Diseases, Office of Public Health, United States Census Bureau

# Louisiana STI/HIV Rankings 2018 to 2020

|                     | 2018 Diagnoses | Ranking         | 2019 Diagnoses | Ranking         | 2020 Diagnoses | % Change 2019 to 2020 |
|---------------------|----------------|-----------------|----------------|-----------------|----------------|-----------------------|
| P&S Syphilis        | 699            | 3 <sup>rd</sup> | 700            | 9 <sup>th</sup> | 704            | 1% ↑                  |
| Congenital Syphilis | 43             | 1 <sup>st</sup> | 68             | 5 <sup>th</sup> | 63             | 7% ↓                  |
| Gonorrhea           | 12,043         | 3 <sup>rd</sup> | 12,800         | 3 <sup>rd</sup> | 15,483         | 21% ↑                 |
| Chlamydia           | 36,293         | 2 <sup>nd</sup> | 36,131         | 2 <sup>nd</sup> | 32,997         | 9% ↓                  |
| HIV                 | 973            | 4 <sup>th</sup> | 881            | 4 <sup>th</sup> | 727            | 17% ↓                 |

# Congenital Syphilis Rates

## Louisiana and the United States, 2011-2020



# Congenital Syphilis - Louisiana

- In 2020:
  - **71%** of cases occurred in four regions of Louisiana: New Orleans (Region 1), Alexandria (Region 6), Shreveport (Region 7) and Monroe (Region 8).
  - **79%** of mothers were Black, 17% were White and 4% were Hispanic/Latina.
  - **76%** of mothers were under the age of 30 at the time of delivery.
- **89%** of mothers received timely prenatal care that began at least 2 months prior to delivery. Among them,
  - **32%** did not receive a test at their first prenatal care visit.
  - **25%** did not receive a third trimester test.



## Congenital Syphilis Louisiana, 2020

|                                   | Number    | Percent     |
|-----------------------------------|-----------|-------------|
| <b>Total Cases</b>                | <b>63</b> | <b>100%</b> |
| <b>Case Definition</b>            |           |             |
| Presumed Case                     | 60        | 95.2%       |
| Syphilitic Stillbirth             | 3         | 4.8%        |
| <b>Maternal Race/Ethnicity</b>    |           |             |
| Black/African American            | 50        | 79.4%       |
| White                             | 11        | 17.4%       |
| Hispanic/Latina                   | 2         | 4.2%        |
| <b>Maternal Age at Delivery</b>   |           |             |
| 15-19                             | 7         | 11.1%       |
| 20-24                             | 23        | 36.5%       |
| 25-29                             | 18        | 28.6%       |
| 30-34                             | 14        | 22.2%       |
| 35+                               | 1         | 1.6%        |
| <b>Frequency of Prenatal Care</b> |           |             |
| No Prenatal Care                  | 5         | 7.9%        |
| 1-4 Prenatal Visits               | 9         | 14.3%       |
| 5-8 Prenatal Visits               | 16        | 25.4%       |
| 9-13 Prenatal Visits              | 19        | 30.2%       |
| 14+ Prenatal Visits               | 14        | 22.2%       |
| <b>Insurance During Pregnancy</b> |           |             |
| Government/Public                 | 54        | 85.7%       |
| Private                           | 8         | 12.7%       |
| None/Unknown                      | 1         | 1.6%        |

# Louisiana State HIV & Syphilis Testing Laws

- **2007:** Louisiana State Law has required that every physician attending any pregnant woman offer a syphilis and HIV test to the woman at the **first examination during pregnancy**.
- ▶ **2014: Act 459 - Third Trimester Testing Law:** Louisiana law requires “**opt-out**” syphilis and HIV testing for all women at the first prenatal visit, the 1st prenatal visit in the 3rd trimester and at delivery (if testing/status is not noted in medical charts)

# Partnership with Medicaid

▶ Data sharing



▶ Provider Outreach





# Syphilis screening during pregnancy among Medicaid enrollees

- Objective: Reduce the number of congenital syphilis cases by increasing access to appropriate syphilis treatment and utilizing Medicaid syphilis testing of pregnant women to improve provider services
- Focus on syphilis screening during the 3<sup>rd</sup> trimester since data indicated many providers were not retesting during the 3<sup>rd</sup> trimester

# Federal & State Support

- ▶ **2016:** Established Regional Congenital Syphilis Case Review Boards for each OPH region to identify factors contributing to CS and opportunities for interventions
  - Strengthened collaboration between Central Office, Regional Medical Team Leadership and Disease Intervention Specialists (DIS)
- ▶ **2016:** Established Regional STD/HIV Task Forces in each OPH region
  - Increased STD/HIV awareness and engagement in communities across the state

# Federal & State Support contd.

- ▶ **2017 -18:** CDC STD AAPPS Supplemental Funding for Enhanced Congenital Syphilis Response
  - Developed an effective CS case management model and hired 2 Perinatal Case Managers
  - Hired a CS Nurse Educator to promote provider awareness of LA screening and testing laws and adherence to CDC-recommended screening and treatment guidelines
  - Hosted 2 CS conferences with support from Denver Prevention Training Center in two high morbidity regions
- ▶ **2019:** Louisiana Sanitary Code §107 (Laboratory and Healthcare Facility Reporting Requirements) updated with required reporting of negative results for specific disease conditions, including HIV, hepatitis C and syphilis.
- ▶ **2021-2022:** Perinatal Case Management program expanded to two additional regions
  - Plan to expand program state-wide

# Perinatal Case Management

- Specific focus on women of childbearing age (15-44 years) living with syphilis
- Currently located in central and northern Louisiana
- Support access to transportation services, housing assistance, and food banks
- Support engagement in prenatal care, WIC, and Nurse-Family Partnership (NFP)
- More one-on-one sexual and reproductive health education, with focus on syphilis and congenital syphilis prevention
- Strengthened outreach efforts for PrEP and HIV prevention among women of childbearing age.
- Strengthened communication and relationships with local providers, internal/external partners, and community-based agencies

# Bicillin Delivery Programs (2019)

**SHOT**  
Syphilis Home Observed Treatment

There has been a continued increase in the number of women with syphilis in Louisiana.

Louisiana ranks #1 in the nation for congenital syphilis case rates.

Louisiana's rate is 4x the national average.

Untreated syphilis infections can lead to severe health issues.

In pregnant women and newborns, syphilis can cause: miscarriage, stillbirth, low birth weight or other birth defects.

Syphilis can be treated and cured with antibiotics.

If you are diagnosed with syphilis, your healthcare provider may be able to refer you for treatment at home.

LOUISIANA DEPARTMENT OF HEALTH  
STD/HIV Program

Louisiana HealthHub  
www.louisianahub.org

**SHPDirectRx**  
Benzathine Penicillin (Bicillin L-A) Delivery Program

Untreated syphilis infections can lead to severe health issues.

In pregnant women and newborns, syphilis can cause: miscarriage, stillbirth, low birth weight or other birth defects.

Bicillin is the only CDC-recommended treatment for syphilis in pregnant women.

You may qualify to receive deliveries of individual Bicillin doses for your patients free of charge.

For more information, contact the Office of Public Health (OPH) Disease Intervention Specialist (DIS) in your area, or the OPH STD/HIV Program (SHP) SHPDirectRx Coordinator at (800) 992-4379.

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- Pilot project in Regions 4, 6, and 7 for pregnant women and their partners.
  - Project now active in four regions
- Primary goal: increase access to appropriate treatment
- Eligible patients meet the following criteria
  - No history of penicillin allergy
  - Must have access to working telephone landline or cellular service
  - Live in an area with 911 and EMS
- Any pregnant women must also have no complications of pregnancy which would preclude treatment in the home
- Home visits conducted by OPH Nurses accompanied by Disease Investigation Specialists and/or Perinatal Case Managers

# Successes

- Increased treatment adherence/compliance
- Collaboration with healthcare providers
- Cases of congenital syphilis averted

# Challenges

- Difficult to locate clients/establish contact
- Not all staff were comfortable entering select neighborhoods where clients resided.
- Clients who are not eligible to receive home treatment (i.e. PCN allergy, no home phone service, decreased availability to EMS in the area, clients with complicated pregnancies).



# SHPDirect<sub>Rx</sub>

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- Facilitate timely syphilis treatment by utilizing Disease Intervention Specialists to deliver Bicillin to private OB/GYN providers and community health centers that do not maintain the medication on-site



# SHPDirectRX

- Implemented in October 2019 through a partnership with the Centers for Disease Control and Prevention
- Piloted in Regions 4, 6, and 7 and limited to OB providers
  - Expanded statewide during COVID-19 response.
- Medical providers are responsible for administering the injections, as well as assuring that patients are suitable candidates for bicillin injections
- Lifts burden of cost from provider (one dose ~\$1,500)
  - 360 syringes of bicillin provided through this program; over 70 patients treated

## Successes

- ▶ Smooth, efficient process
- ▶ Increased cooperation from community providers due to removal of financial liability
- ▶ Increased treatment accessibility for patients.

## Challenges

- ▶ Disagreement among providers over proper treatment protocol.
- ▶ Clients who require multiple Bicillin doses.

# Acknowledgements

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- ▶ Dr. Mohammad Rahman, CDC Epidemiologist
- ▶ Dr. Stephanie Taylor, STD Medical Director
- ▶ Jessica Fridge, STD/HIV/Hepatitis Surveillance Manager
- ▶ LDH Regional Medical Directors
- ▶ All Perinatal Case Managers
- ▶ All LDH Disease Intervention Specialists

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