Congenital Syphilis

Highlighting the Texas Border Regions

Amy Carter, Congenital Syphilis Coordinator

Overview

- What is Congenital Syphilis?
- State of the State
 - ► Border Data Review
- DSHS-Initiated Activities





What is Congenital Syphilis?

Congenital syphilis is an infection a mother passes on to her infant during pregnancy when she has untreated or inadequately treated syphilis.

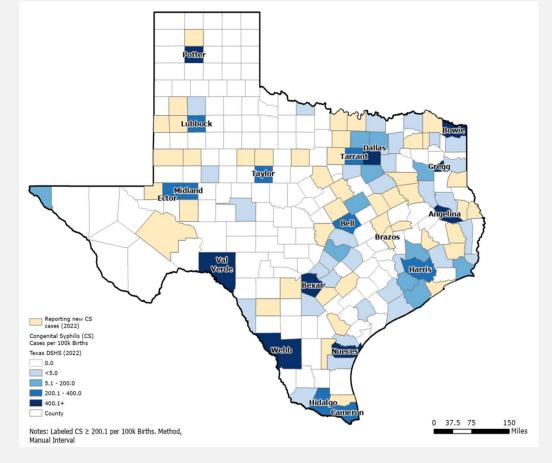
Syphilis during pregnancy can lead to:

- Miscarriage,
- Stillbirth,
- Preterm delivery,
- Birth defects, and
- Perinatal death.

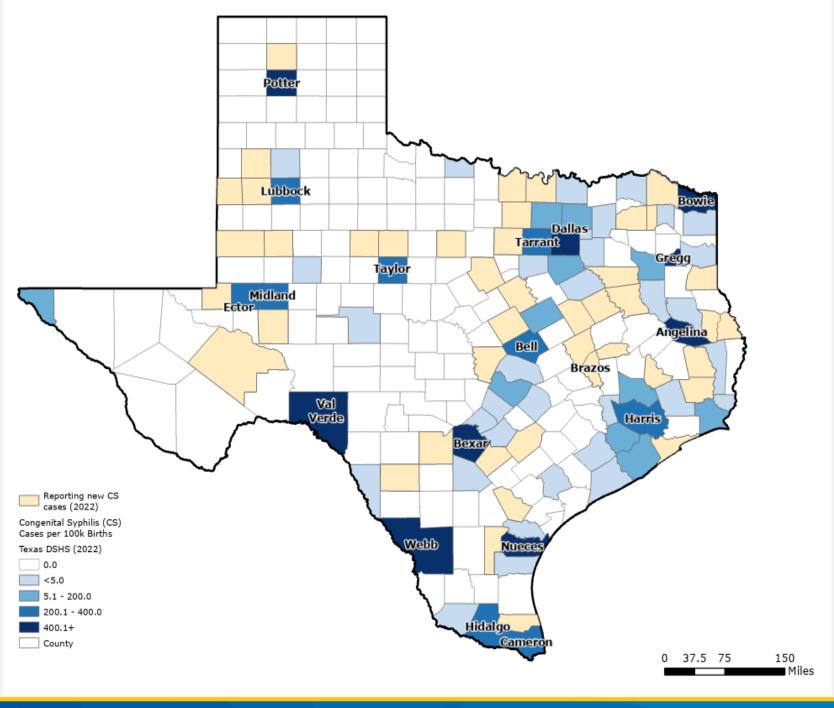


State of the State

- 922 CS Cases
 - ► 230.0 cases per 100,000*
 - ▶ 34% increase from 2021
- 107 Texas counties reported at least one case.
 - ► 19 Texas counties reported their first CS case since 1998.







CS Case Rate in Texas by County, 2022

Total Number of CS Cases

Texas: 922 cases

PHR 8: 24 cases

PHR 9/10: 27 cases

PHR 11: 96 cases

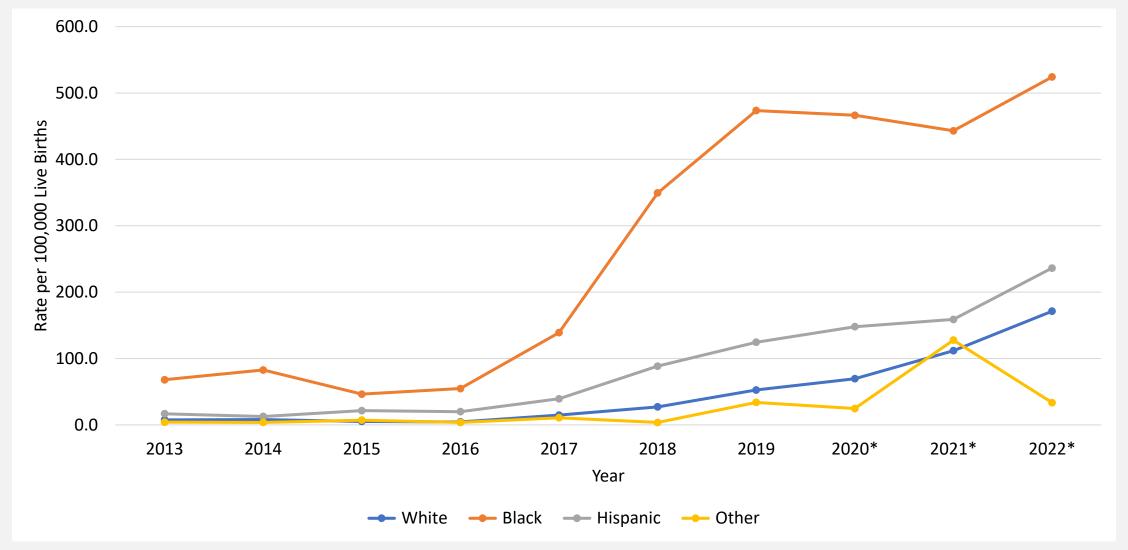
CS in Texas, Birth Year 2022

Classification	Case Count	
Confirmed	4	
Stillbirth	40	
Probable	878	
TOTAL	922	

Classification	PHR 8	PHR 9/10	PHR 11
Confirmed	0	0	0
Stillbirth	1	0	3
Probable	23	27	93
Total	24	27	96



CS Rates by Race/Ethnicity in Texas, 2013-2022*

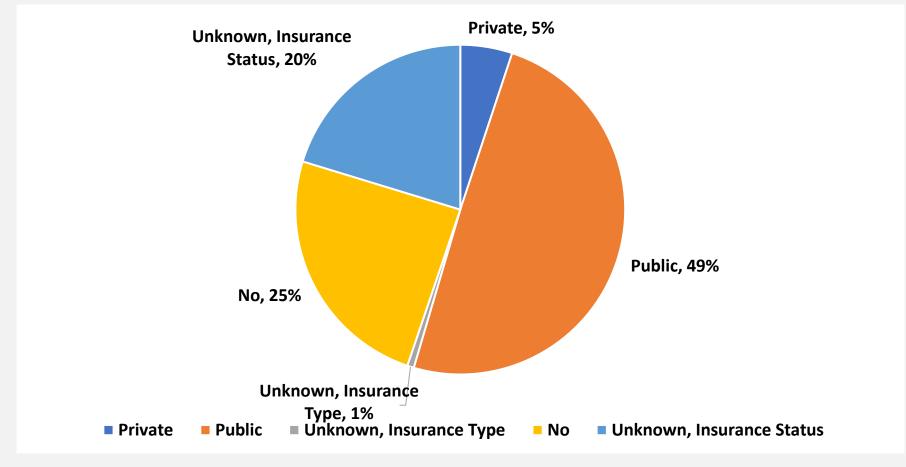


Treatment Adequacy Among Women Delivering an Infant with CS in Texas, 2022





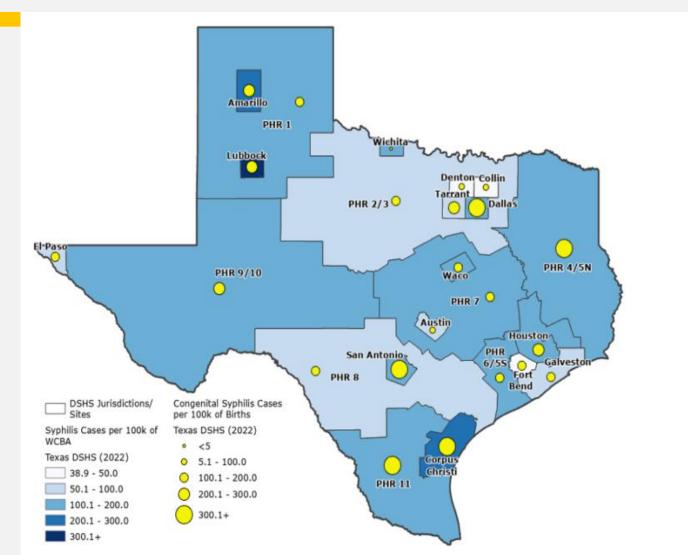
Percentage of CS Cases by Maternal Insurance Status in Texas, 2022



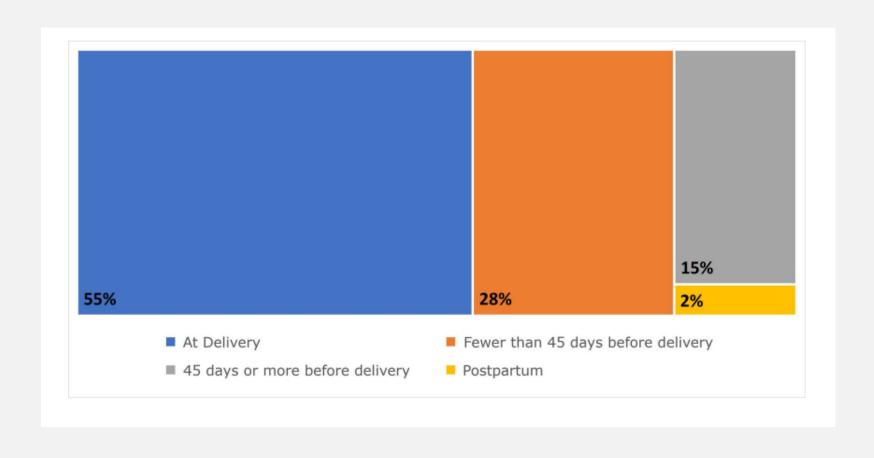


Health Services

Proportion of Women of Childbearing Age with Syphilis and the Proportion of CS cases by STD Surveillance Site in Texas, 2022



Percentage of Syphilitic Stillbirths Grouped by Time to Delivery at Diagnosis in Texas, 2022





Texas' Efforts to Decrease CS

Capacity Building and Partnerships

Enhanced
Surveillance and
Reporting

Increase Pregnancy
Ascertainment and
Referrals

Identification of Barriers to Care and Missed Opportunities



Capacity Building and Partnerships

Communication

Trainings

Internal CS

Partnerships

Innovative **Activities**

Monthly and bimonthly calls with LHDs and RHDs

Virtual and inperson trainings with each LHD and **RHD**

Pregnancy Point of Care Testing

Workplan

testing law: Texas Health and Safety Code §81.090

Pregnancy

Provider

Education

2021 CDC STD Treatment Guidelines

Increase syphilis testing

University of Texas Rio **Grande Valley** School of Medicine

Council of State and Territorial **Epidemiologists** (CSTE)

Texas DSHS Agencies

Exploring an Epidemic: CS in Texas

Fetal Infant Morbidity Review Board (FIMR)

Syphilis Treatment Restart Assignments

Quarterly Texas CS calls

Texas CS Symposium for LHDs and RHDs

Treatment Restart Assignments

> Policy Revisions

Enhanced Surveillance and Reporting

CS Quality Assurance and Analysis

- Four-step CS case review process
- Risk factors for CS

Increase Disease Identification and Reporting

- Vital statistics data matching
- Birth defects data matching

Identify Historical Treatment

Medicaid services data matching

Adherence to CDC CS Case Definition

2018 CDC case definition

Data Reports

- 2023 CS and STD Epi Profiles
- 2023 STD Surveillance Report



Increase Pregnancy Ascertainment and Referrals

Laboratory Data

Texas Database Tracking

Local and Regional Health Department Training

Resources

Congenital Syphilis is on the Rise

What Is Congenital Syphilis?

Syphilis is a sexually transmitted disease (STD). Congenital syphilis occurs when syphilis is transmitted from mother to infant during pregnancy and/or at delivery.

Congenital syphilis can cause serious health problems for the baby like premature birth, birth defects, miscarriage, or stillbirth. Not all babies born with congenital syphilis will show symptoms at birth.

There is treatment for babies with congenital syphilis but they need to be treated right away or they could develop serious health problems, even months or years later. It is also important that babies get the proper follow-up care based on medical advice.

How Common Is Congenital Syphilis?

In the United States, congenital syphilis has been on the rise since 2012. In 2018, the number of cases in the U.S. was the highest since 1995.

In Texas, 2018 saw the highest number of congenital syphilis cases in over 10 years. **Approximately 1** in 1,000 Texas babies were born with congenital syphilis.

Do I Need to Get Tested for Syphilis?

Yes. Getting tested for syphilis and other STDs is part of routine prenatal care. All persons who are pregnant are required by Texas law (HSC 81.090) to be tested for syphilis three times during pregnancy:

- 1. At the first prenatal visit
- In the third trimester (no sooner than 28 weeks gestation), and
- 3. Again at delivery

If you haven't been tested during these visits, make sure you talk to your doctor about getting tested at your next check-up.

Many people can have syphilis and not know it. Some people have symptoms like a sore or a rash but the only way to know for sure if you have syphilis is to get a simple blood test.







Trainings

Fundamentals of STD Intervention (FSTDI)

- Introductory training for disease intervention specialists
- Occurs four times a year in different parts of the state
- Creates the foundation for DIS work, including interviewing techniques, case management, partner elicitation, field investigation documentation, field safety, visual case analysis (VCA), and knowledge of required performance standards

Biannual CS Basics Training

- For new and existing staff
- Held in June and December
- Aims to foster consistency across sites and facilitate the workforce development and professional growth of CS investigators

CS Training with Individual Programs

- Virtual or in-person
- As needed
- Review CS investigation processes and reporting, pregnancy ascertainment, treatment adequacy, and syphilis testing

Biannual CS Symposium

• Allows DSHS Central Office and the LHDs and RHDs to collaborate and share prevention and intervention efforts



UTGV Partnership

- DSHS contracts with the University of Texas Rio Grande Valley for activities in the Rio Grande Valley
- Public Outreach
 - ► Billboards in McAllen, Brownsville, and Harlingen bring awareness to CS and opportunities for testing
 - ► UTRGV Health Connect Facebook Page
- Provider Surveys
 - ► Currently offer a survey for providers in the area to gather information on what providers in the area need
- Community Health Worker Training
 - ► Developed the CS training for CHWs in partnership with the South Texas Promatora Association
 - ▶ Curriculum updated in 2024 and is now shareable across Texas



Additional Activities

Pregnancy Point of Care Testing

- DSHS provides pregnancy tests for DIS and CS Investigators to obtain an accurate pregnancy status
- Obtaining pregnancy status increases the ability for field staff to provide referrals for reproductive health care, prenatal care, and other supportive services as needed
- Pregnancy status facilitates treatment decisions for clients exposed to or diagnosed with syphilis

Syphilis Treatment Restart Assignment

- Facilitate the treatment of pregnant women with a history of inadequately treated syphilis
- Includes DSHS conducting additional trainings for PHFU staff on contacting providers to increase the likelihood of retreatment
- These activities will result in decreasing the number of births reported as probable cases



Texas Department of State Health Services **Policy Revisions**

- Internal policies and procedures
- Texas Health and Safety Code §81.090
 - Updated September 01, 2019
 - Mandates syphilis screening at the first prenatal care examination, during third trimester (no earlier than 28 weeks gestation), <u>and</u> at delivery

Case Review Board

Texas uses the Fetal Infant Morbidity Review (FIMR) tools for enhanced congenital syphilis case reviews.



Houston (Public Health Region 6/5)

• Established December 2015



San Antonio, Bexar County

• Established November 2018



Dallas- Fort Worth

• Established July 2020

FIMR Workshop

Involve subject matter experts from the community and public health programs.



Case Review

Recognize the missed opportunities for CS prevention through the missed opportunities for disease intervention and barriers to engagement in care within the reviewed cases.



Community Action

Identify case-specific, local, state, and even systemic changes needed to prevent these types of CS cases. Answering the question, "What actions can we take?"

Statewide Fetal Infant Morbidity Review Board Meeting

- June 28, 2024
 - ► 1:00 p.m. to 5:00 p.m.
 - ► Hybrid
 - ♦ In person in Austin
 - ♦ Online on Teams
 - ► Reviewing 5 Cases
 - ♦ Public Health Region 1
 - ♦ Public Health Region 4/5
 - ♦ Public Health Region 7
 - ♦ Public Health Region 9/10
 - ♦ Public Health Region 11



Register for the Statewide FIMR here.



Contact Information

Congenital Syphilis Coordinator,

Amy Carter – <u>Amy.carter@dshs.texas.gov</u>

CS Epidemiology and Surveillance Team,

Mercedes Torres – <u>Mercedes.torres@dshs.texas.gov</u>

Data Requests - <u>HIVSTDdata@dshs.texas.gov</u>



