

Congenital Syphilis Epidemiology in Texas

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2022 Texas Congenital Syphilis Epidemiologic Profile



State of the State for Congenital Syphilis (CS) in Texas, 2022

- 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

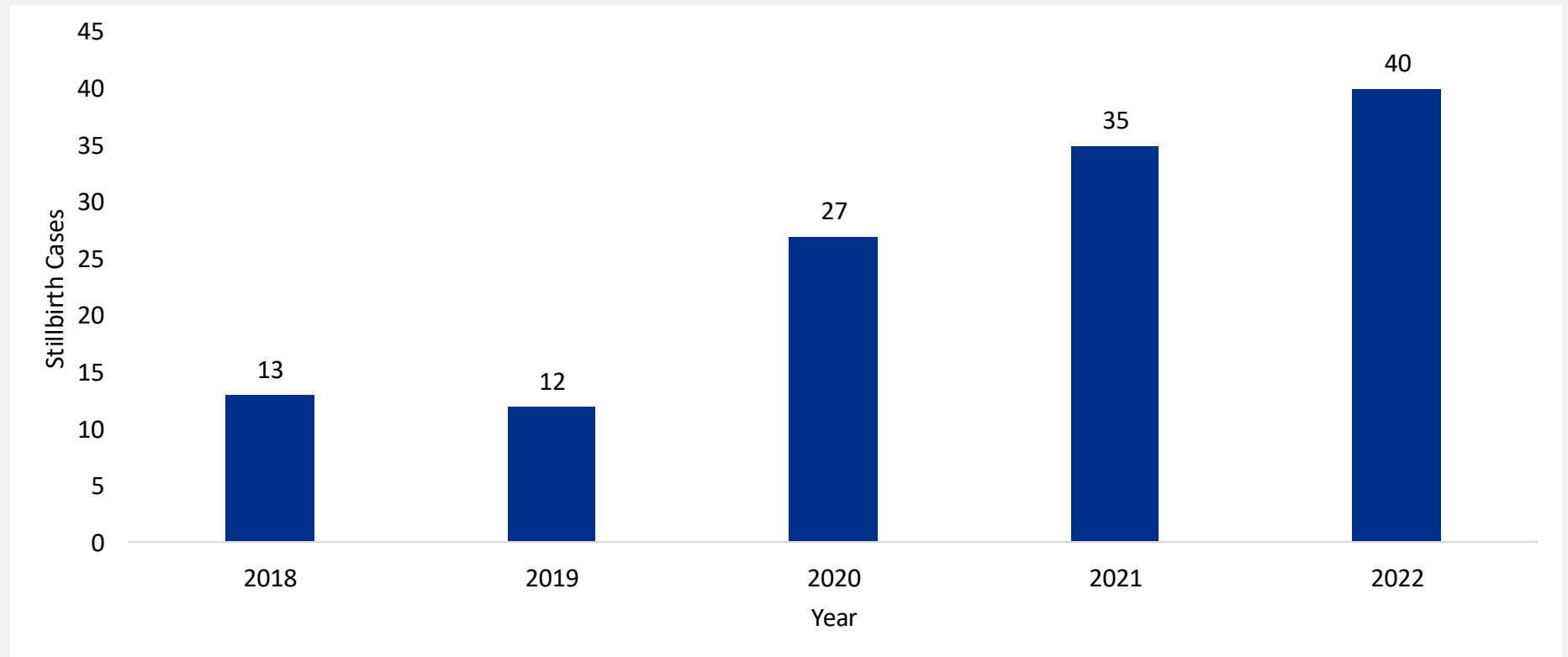


CS in Texas, Birth Year 2022

Classification	Case Count
Confirmed	4
Stillbirth	40
Probable	878
TOTAL	922

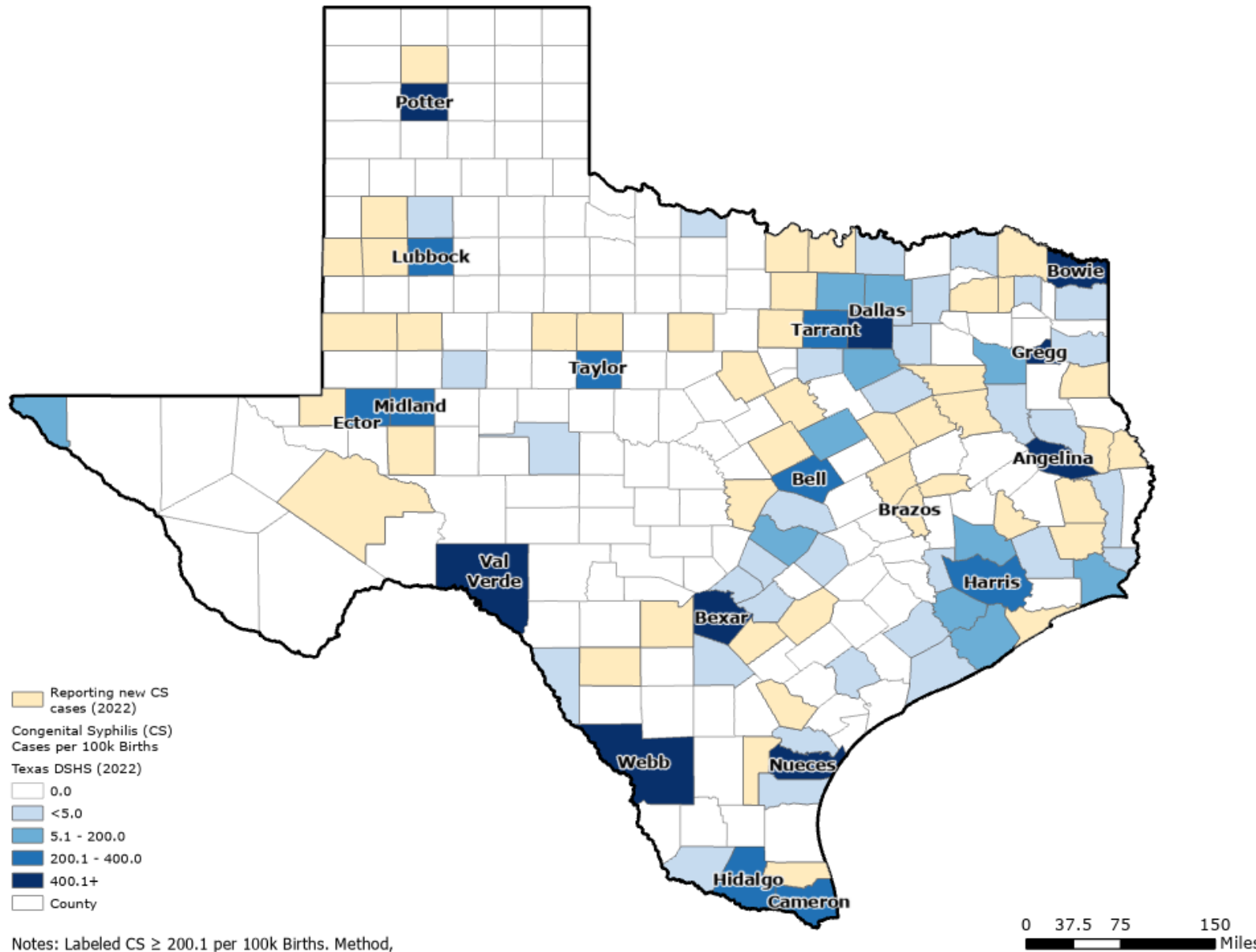


Stillbirth Cases in Texas, 2018-2022



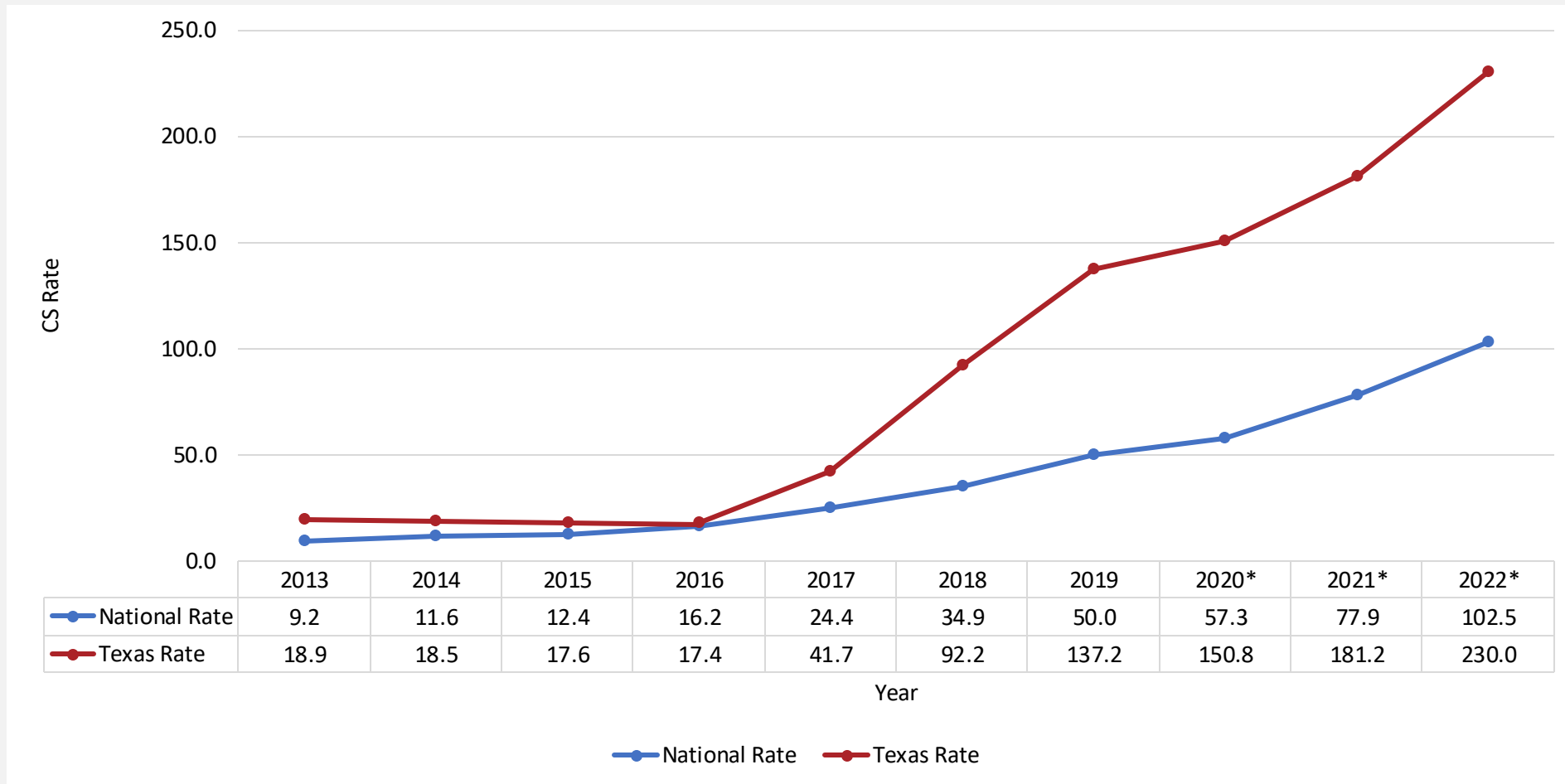
CS Case Rate in Texas by County, 2022

Number of CS Cases = 922



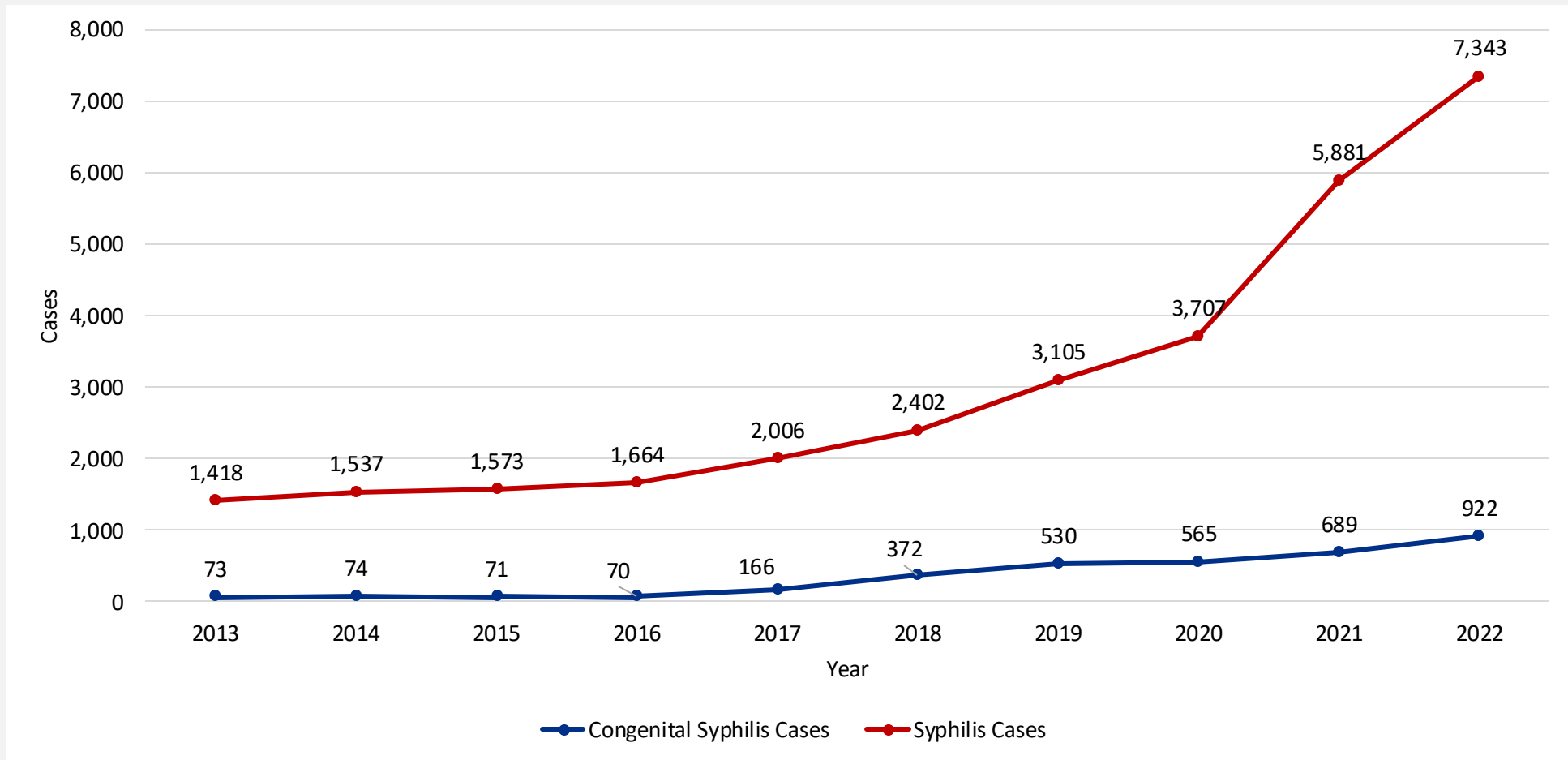
*2022 case rate is based on provisional 2022 birth data

CS Case Rates in the United States and Texas by Birth Year, 2013-2022



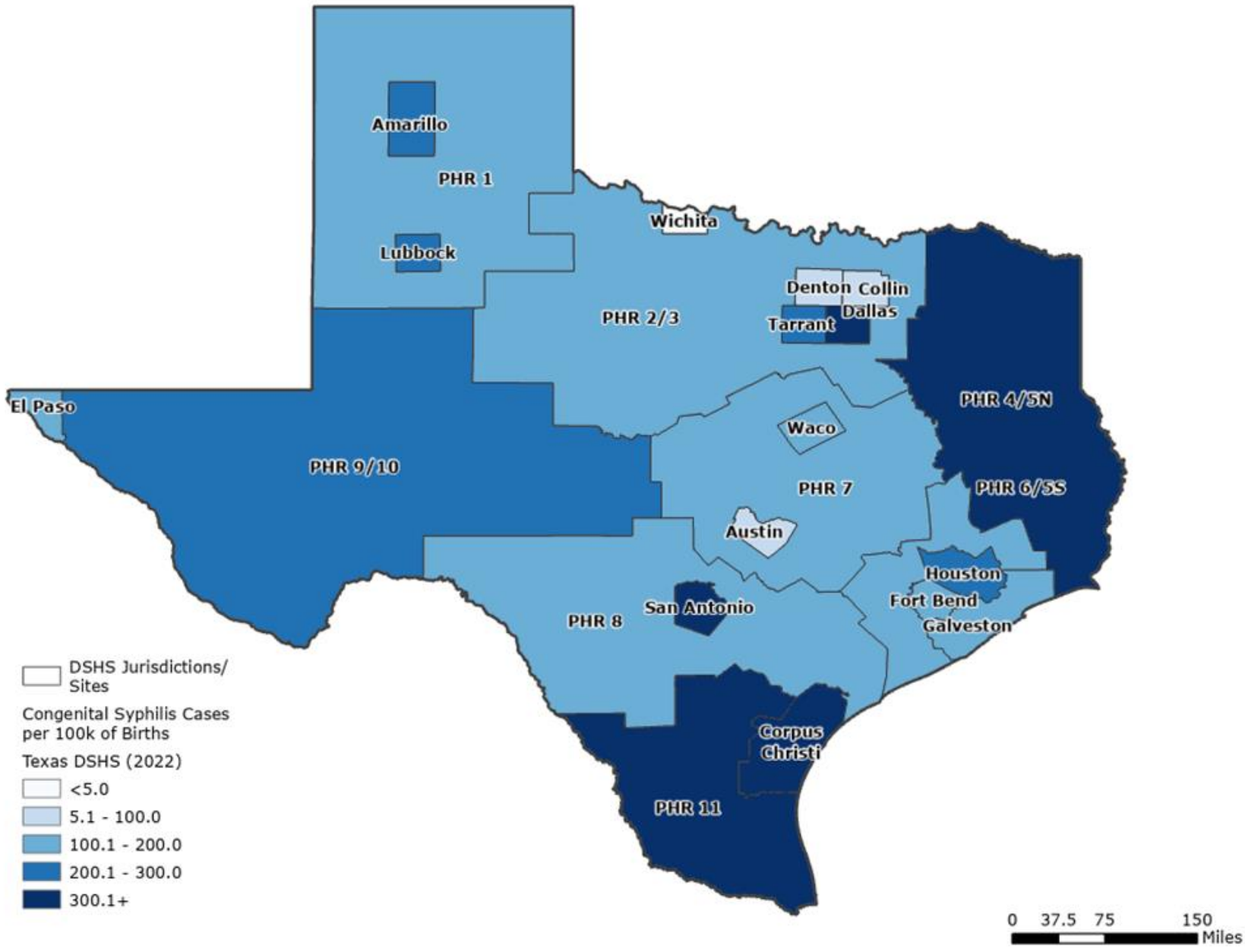
*2020, 2021, and 2022 case rates are based on provisional 2020, 2021, and 2022 birth data

CS Cases and Total Syphilis Cases in Women of Childbearing Age in Texas, 2013-2022



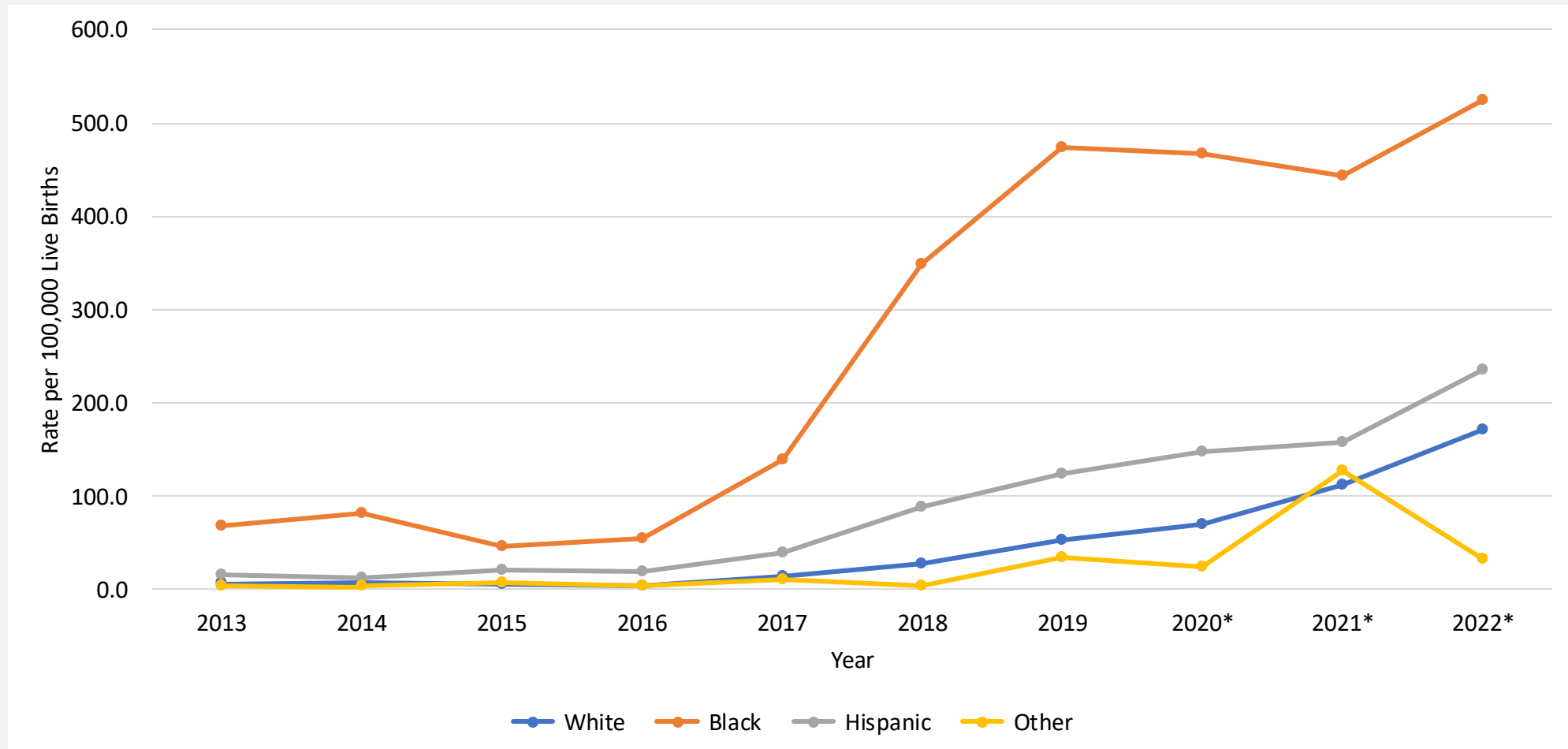
CS Cases in Texas by PHFU and STD Surveillance Site, 2022

Number of CS Cases = 922



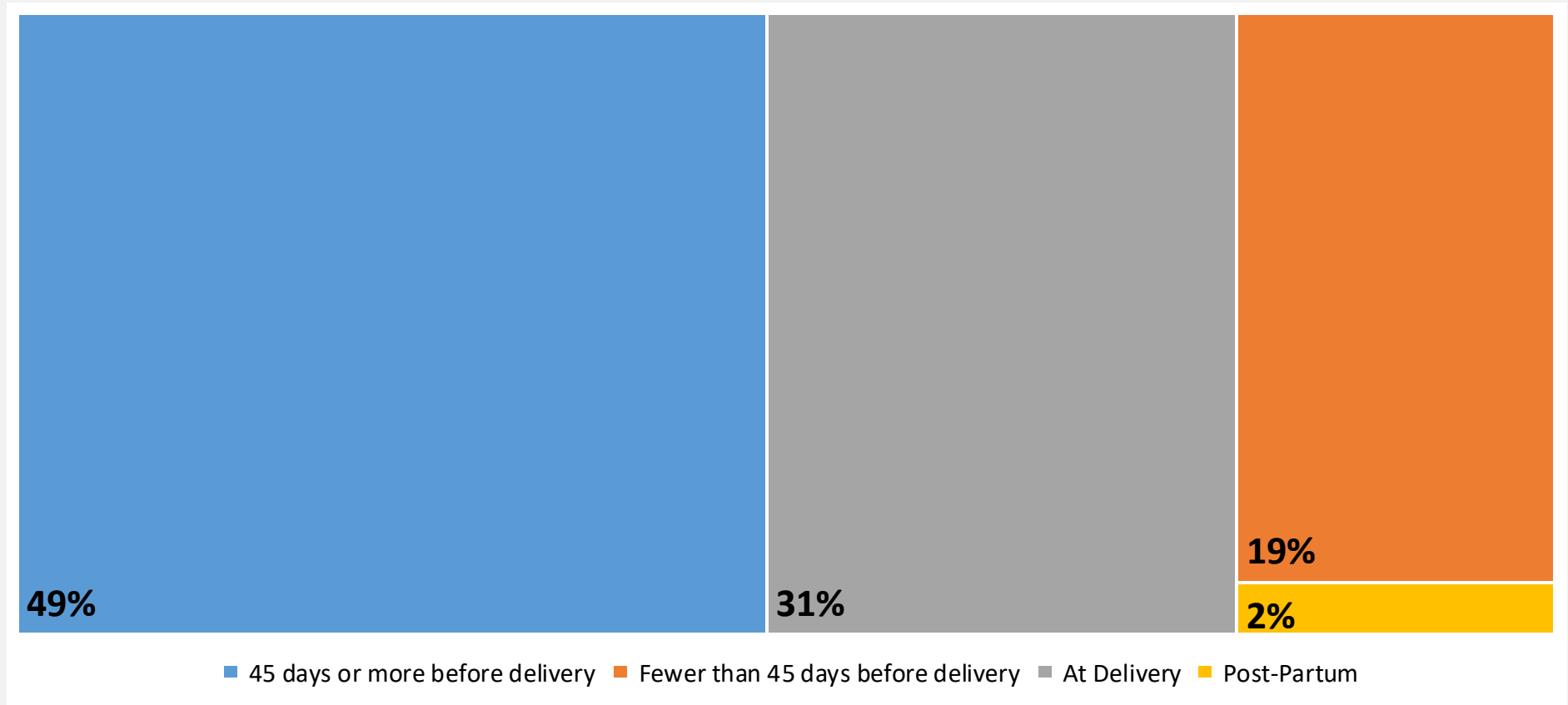
*2022 case rate is based on provisional 2022 birth data

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



*2020, 2021, and 2022 case rates are based on provisional 2020, 2021, and 2022 birth data

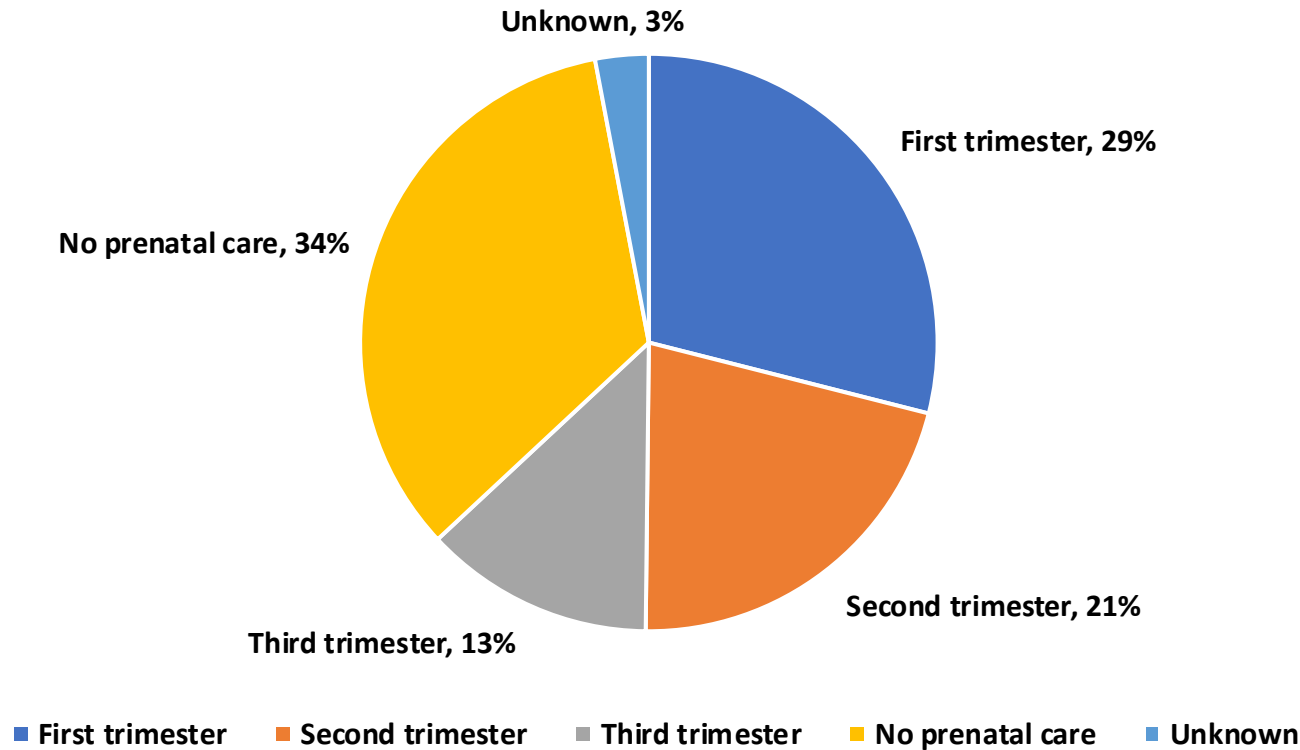
CS Cases by Mother's Timing of Diagnosis in Texas, 2022



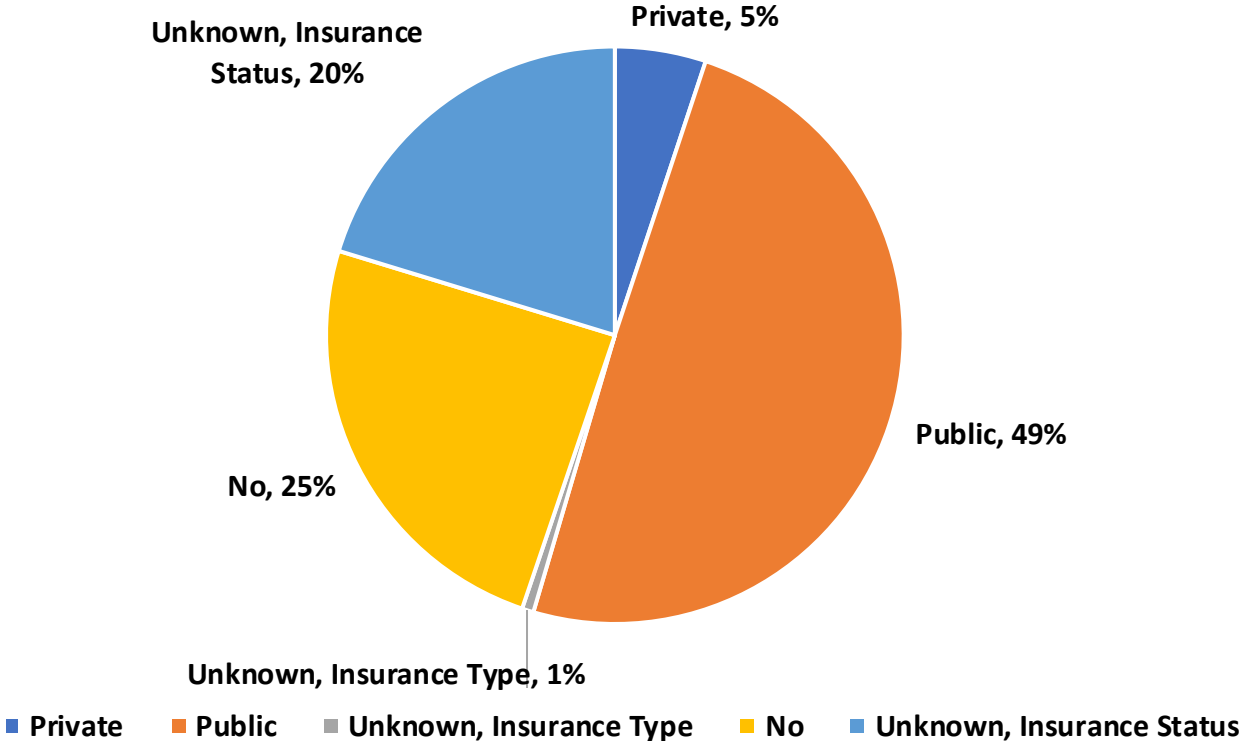
Treatment Adequacy Among Women Delivering an Infant with CS in Texas, 2022



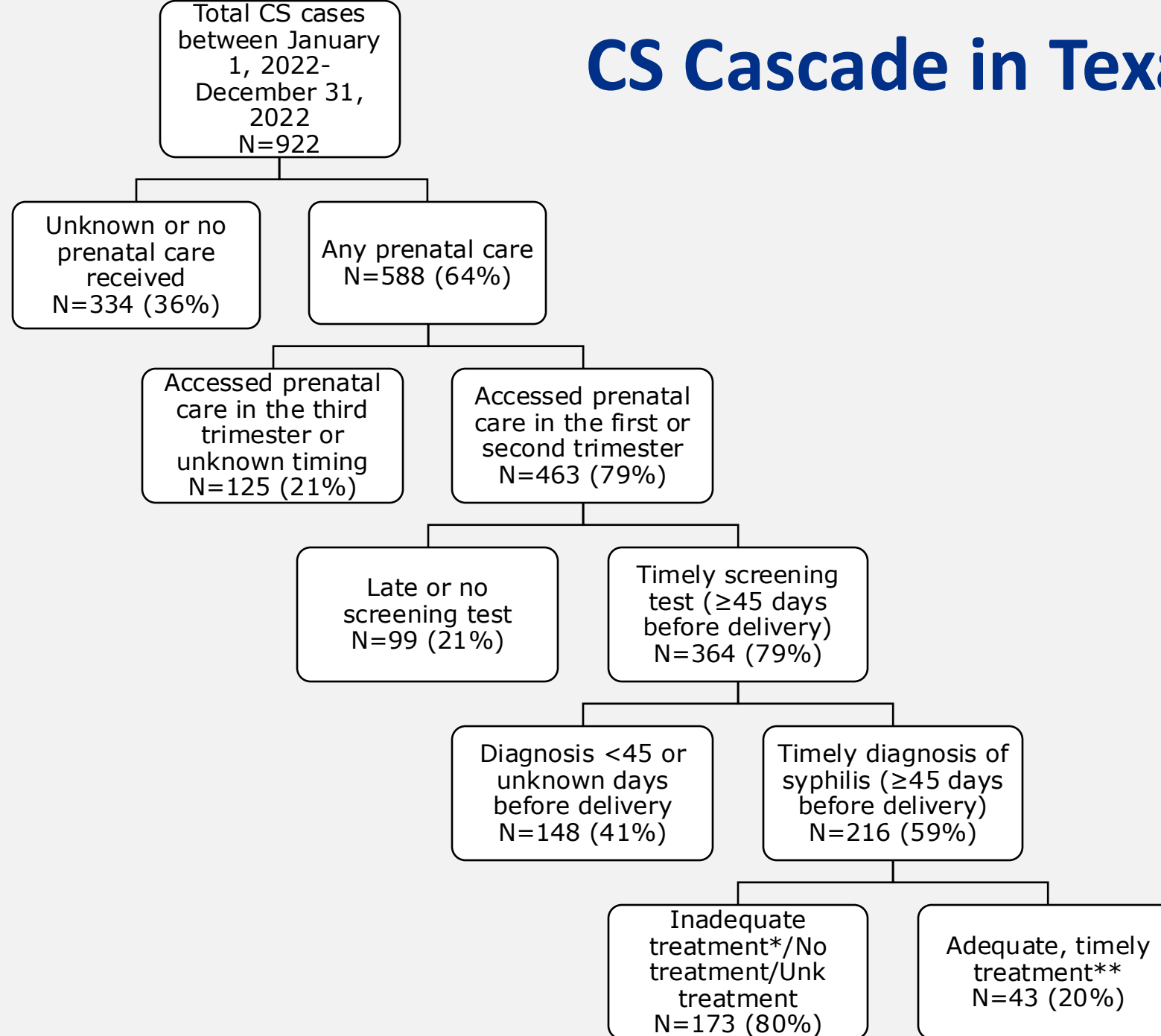
Prenatal Care (PNC) Initiation in Mothers who Delivered an Infant with CS in Texas, 2022



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



CS Cascade in Texas, 2022



Reasons for Treatment Inadequacy Among Mothers Who Received Timely Prenatal Care, Testing, and Diagnosis of Syphilis in Texas, 2022

Reasons for Inadequate Treatment	No. of CS Cases	Percent
Treated after delivery	3	2%
Incorrect medication and/or dosage	29	17%
Incorrect treatment intervals	40	23%
Treated less than 30 days prior to delivery	11	6%
Did not receive full treatment for stage of syphilis	37	21%
Treated after delivery	6	3%
No treatment	46	27%
Unknown	1	1%
Total	173	100%



Congenital Syphilis DSHS Activities



Efforts to Decrease Congenital Syphilis

Enhanced
Surveillance and
Reporting

Increase Pregnancy
Ascertainment and
Referrals

Capacity Building
and Partnerships

Identification of
Barriers to Care
and Missed
Opportunities



Enhanced Surveillance and Reporting

Quality Assurance

- Four step CS case review process

Increase Disease Identification and Reporting

- Vital Statistics data matching
- Birth Defects data matching

Identify Historical Treatment

- Medicaid services data matching



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**
2. In the **third trimester** (no sooner than 28 weeks gestation), and
3. Again at **delivery**.

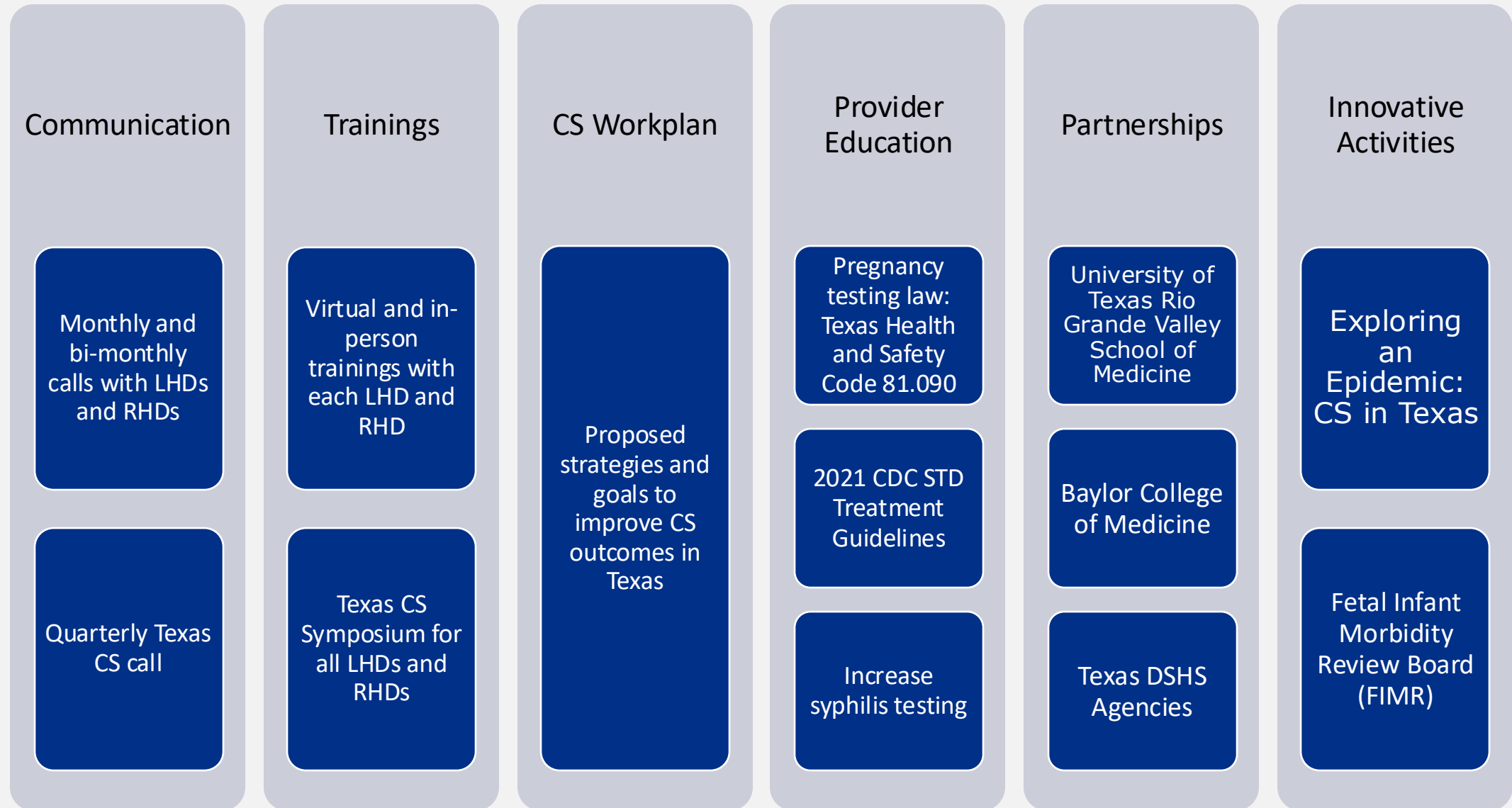
If you haven't been tested during these visits, make sure you talk to your doctor about getting tested at your next check-up.

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.



Texas Department of State Health Services

Capacity Building and Partnerships



Identification of Barriers to Care and Missed Opportunities

Texas uses the 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

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

Community Action

Identifying case-specific, local, state, and even systemic changes that were led to these CS cases and what actions can we take?

FIMR Identified Barriers to Care and Missed Opportunities

Barriers to Care

- Delayed or No Prenatal Care
- Limited or No Childcare
- Access to Transportation
- Intimate Partner Violence
- Health Literacy
- Substance Use
- Child Protective Services (CPS) Involvement
- Incarceration History

Missed Opportunities for Disease Intervention

- Public knowledge of sexual health and syphilis
- Provider knowledge of syphilis, CDC STI Treatment Guidelines, and mandated syphilis screening during pregnancy (Texas Health and Safety Code §81.090)
- Treatment Delays
 - Access to Benzathine Penicillin G
 - Delay Medicaid enrollment
 - Delayed notification of positive syphilis results

Community Action Items

Provider Education

- Explore reasons people with reported social factors are not accessing prenatal care.
- Review testing laws and reporting process; 1-on-1 provider education w/ OBGYNs.
- Identify maternal mental health providers.

Direct community outreach

- Engage with community health organizations that work with individuals that experience housing instability.
- Consult with law enforcement and CPS subject matter experts to gain insight into ways their procedures intersect with medical requirements for clients.
- Identify maternal mental health provider resources.

Organizational Changes

- Local and regional PHFU programs will review their process for assigning field records to DIS. The goal is to improve timeliness.
- PHFU programs will review substance use services in the area and the DIS will make appropriate referrals to the mother of the baby.
- Complete PHFU Re-Interviews for all investigations and inquire about the need for medical and non-medical services.
- Improve documentation of symptoms for the baby.

Systematic Changes

- Inquire about HIV/Syphilis testing opt-out options at hospitals.
- Inquire about testing opportunities during ultrasound appointments.
- Inquire about law enforcement criteria for "outcry", a request for law enforcement to assist due to abuse or trafficking.
- Inquire about jail STI screenings.
- Coordinate with jail/criminal justice partners to access medical records.

Texas Health and Safety Code 81.090



As of September 1st, 2019, Texas Health and Safety Code §81.090 mandates syphilis screening:

- At the **first prenatal** care examination,
- During **third trimester** (no earlier than 28 weeks gestation), **and**
- At **delivery**.

This represents a change from previous testing requirements, which mandated syphilis testing two times during pregnancy: at the first prenatal care examination and again during the third trimester.

Thank you!

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