

Congenital Syphilis and the Public Health Response in Kern County

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Kern County Public Health Services Department

Kern County Congenital Syphilis Elimination Summit

November 6, 2019



Kern STD Summary (2018)

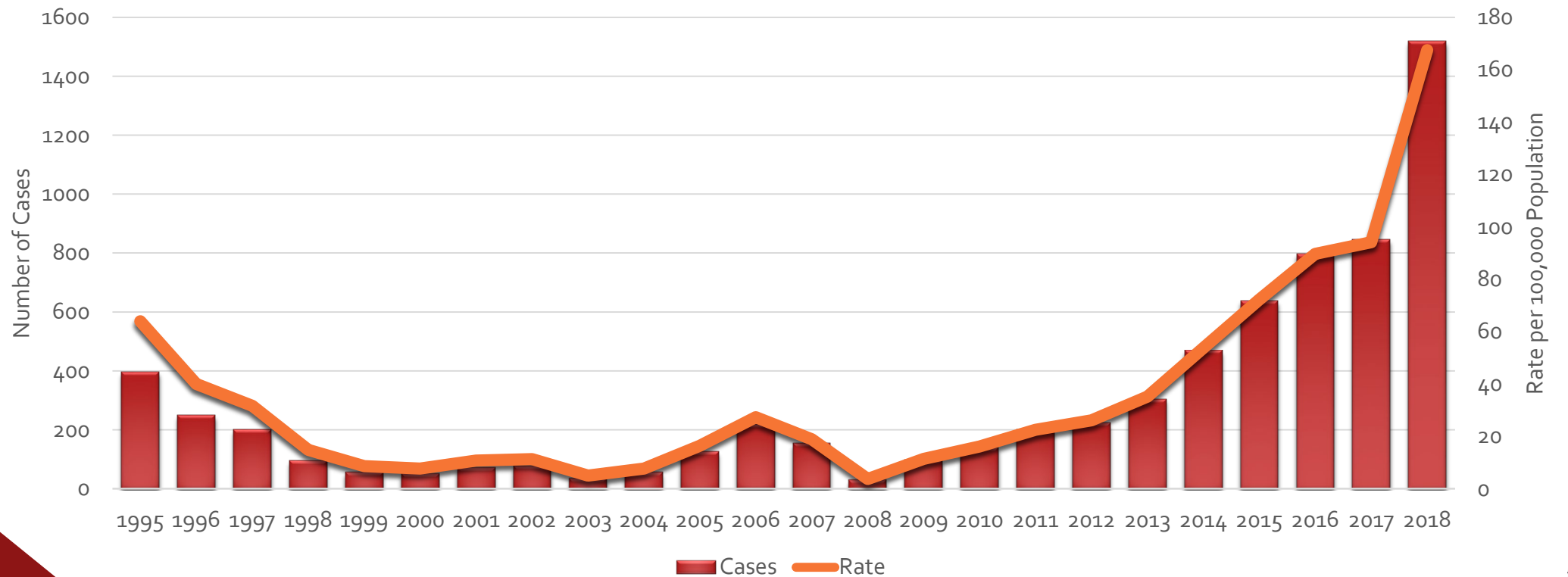
Disease	Number of Cases	Frequency
Chlamydia	6,957	19 per day
Gonorrhea	2,319	6 per day
Syphilis	1,514	4 per day
HIV	153	1 per 2.4 days (3/week)

Kern County	10,247	1 every hour
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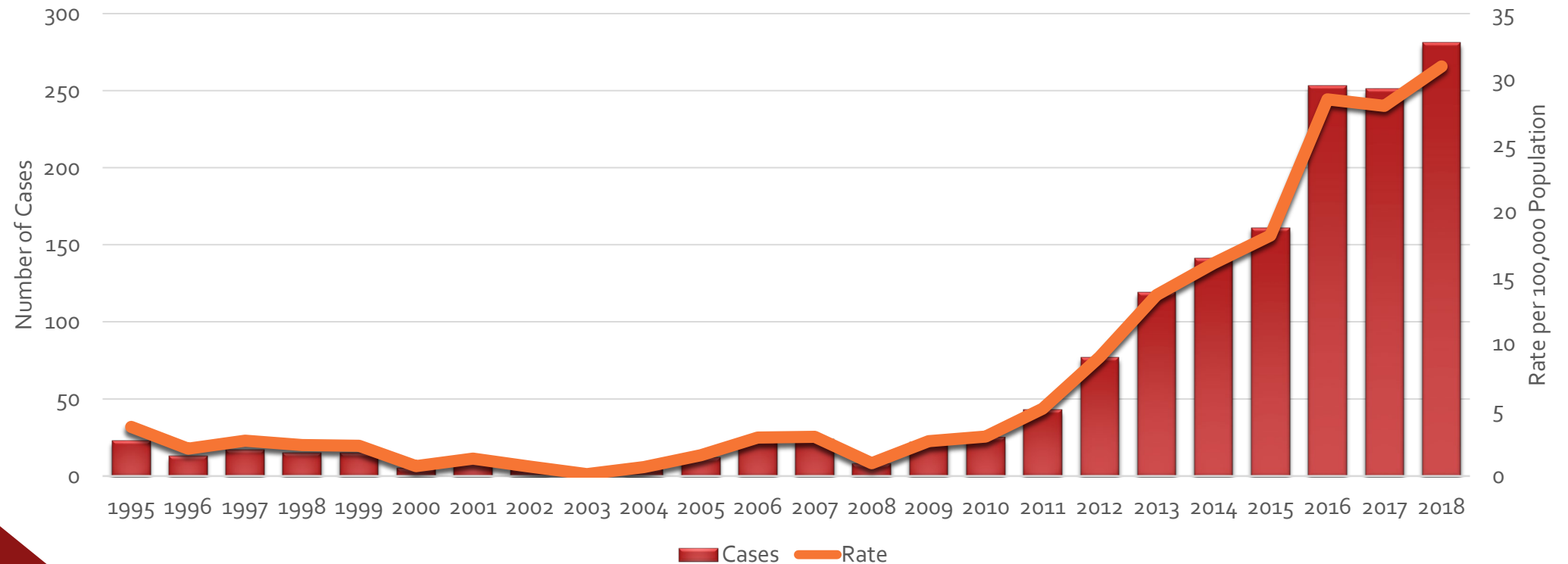
Disease	Number of Cases	Frequency
Congenital Syphilis	56	1 per week



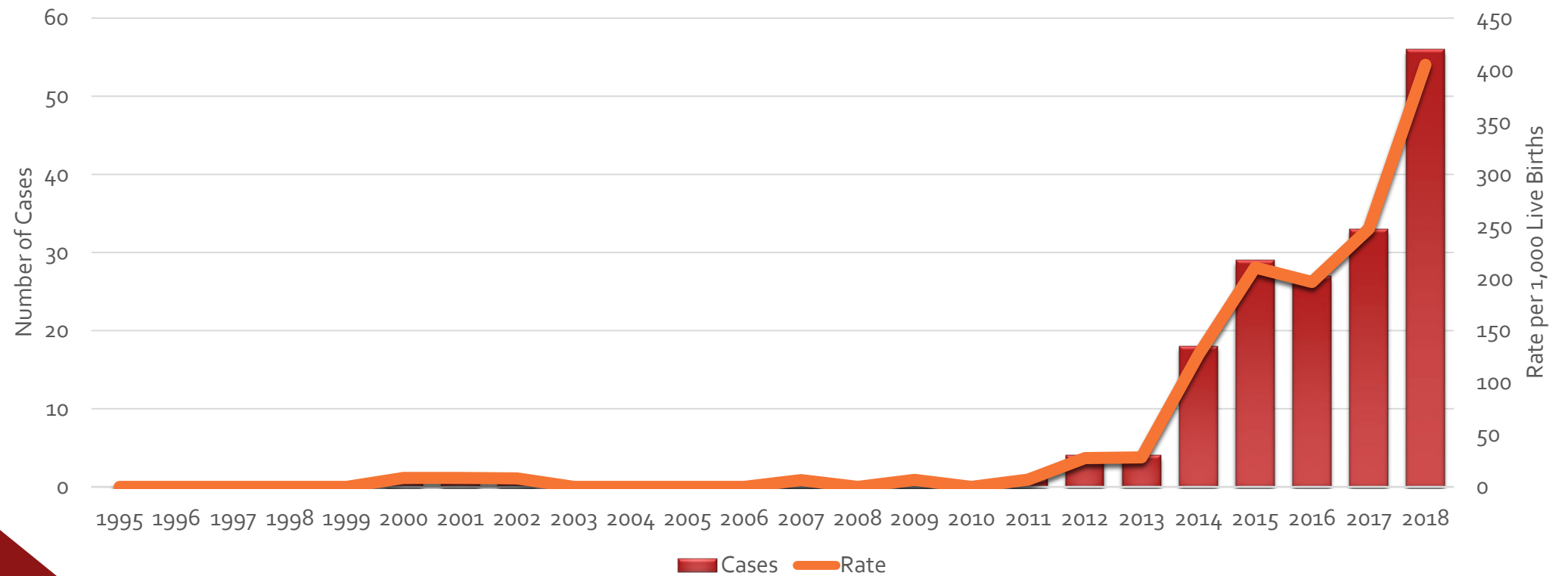
Kern County Syphilis Cases (All Stages)



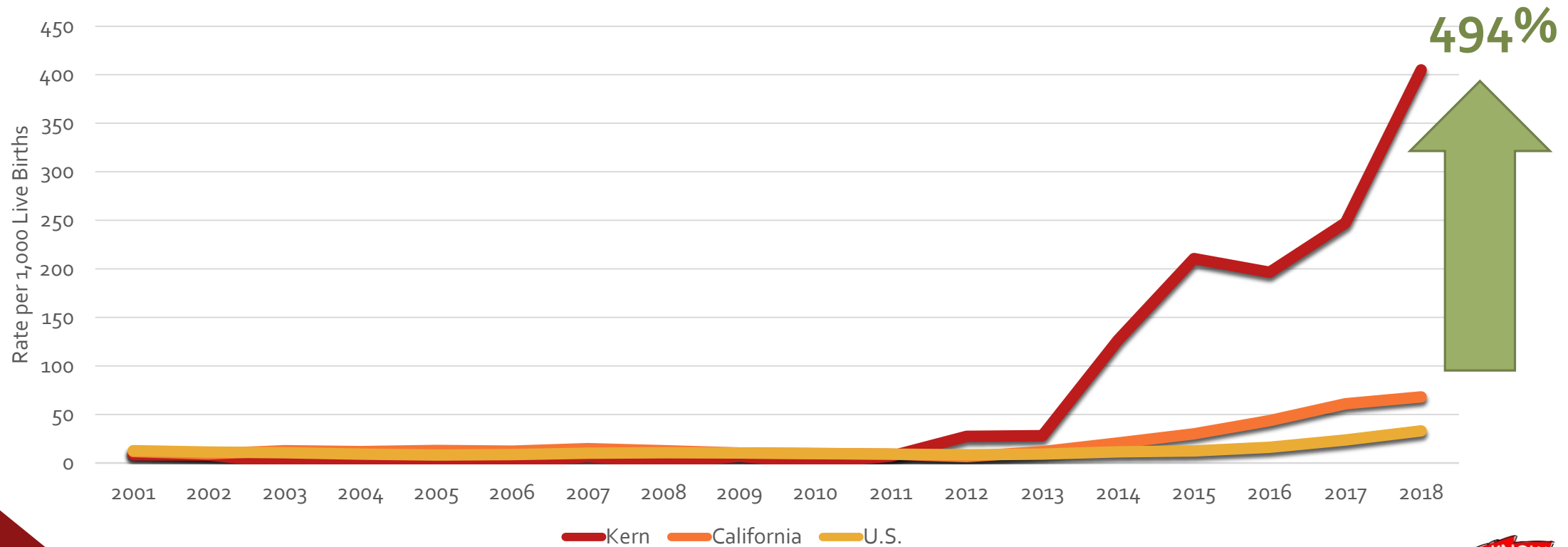
Kern County Primary and Secondary Syphilis Cases



Kern County Congenital Syphilis Cases



Congenital Syphilis by Jurisdiction





Kern County Congenital Syphilis Cases (2012-2018)

- 171 infants with congenital syphilis
- 14 fetal demises (20-37 weeks gestation)
- 3 perinatal deaths
- Most mothers have no syphilis symptoms during pregnancy (latent syphilis)
- Many mothers have little, late, or no prenatal care
 - Homelessness, unstable housing, drug use, domestic violence
- Multiple missed opportunities for treatment (lost to follow up)

Syphilis Reporting Requirement

- Healthcare providers: 7 calendar days
- Laboratory: 1 working day

State of California—Health and Human Services Agency
California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except HIV/AIDS, Tuberculosis, and conditions reportable to DMV.

DISEASE BEING REPORTED

Patient Name - Last Name		First Name		MI	Ethnicity (check one)	
Home Address: Number, Street		Apt./Unit No.		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown		
City		State	ZIP Code		Race (check all that apply)	
Home Telephone Number		Cell Telephone Number	Work Telephone Number		<input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (check all that apply) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other (specify): <input type="checkbox"/> Pacific Islander (check all that apply) <input type="checkbox"/> Samoan <input type="checkbox"/> Vietnamese <input type="checkbox"/> White <input type="checkbox"/> Other (specify): <input type="checkbox"/> Unknown	
Email Address		Primary Language		<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other:		
Birth Date (mm/dd/yyyy)	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months <input type="checkbox"/> Days		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> M to F Transgender <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Other:		
Pregnant?	Est. Delivery Date (mm/dd/yyyy)	Country of Birth		Occupational or Exposure Setting (check all that apply):		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				<input type="checkbox"/> Correctional Facility <input type="checkbox"/> School <input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Other (specify):		
Date of Onset (mm/dd/yyyy)		Date of First Specimen Collection (mm/dd/yyyy)		Date of Diagnosis (mm/dd/yyyy)		Date of Death (mm/dd/yyyy)

LAB REPORT

Monday, November 04, 2019

1:44:05 PM



SENDING LAB

ACCESSION #

SPECIMEN COLLECTED DATE

SPECIMEN SOURCE

SPECIMEN NOTES

RELEVANT CLINICAL INFORMATION

REPORTED

RESULTED

PLACER ORDER #

SPECIMEN RECEIVED DATE

RESULT

Order Status: Final

PATIENT NAME

PATIENT ID #

ETHNICITY

PATIENT ADDRESS

PATIENT PHONE #

ORDERING FACILITY

REFERRING PHYSICIAN

D.O.B

AGE

RACE

WORK PHONE #

TEST ORDERED: 0050777~Treponema pallidum Ab by TP-PA

RESULT	VALUE	UNITS	REFERENCE RANGES	ABNORMAL	RESULT STATUS
0050777 ~ Treponema pallidum Ab by TP-PA	Reactive		Non Reactive	Abnormal	Final
24312-1 ~ Treponema pallidum Ab by TP-PA	Reactive		Non Reactive	Abnormal	Final



Public Health Syphilis Surveillance Follow Up

- Triage to identify new or untreated infections
 - Document pregnancy status
 - Document treatment status
 - Review for history of syphilis
 - Compare labs to previous results (where applicable)
 - Request and review medical records for symptoms

Public Health Syphilis Surveillance Follow Up

- Contact patient
 - Provide health education
 - Interview patient for risk factors
 - Identify partners in need of testing and/or treatment
 - Schedule follow up appointment for additional testing and/or treatment (if necessary)
 - Connect to other resources



Public Health Syphilis Clinical Follow Up

- Health Officer's Clinic at Public Health Building on Mt Vernon operates during business hours (last appointment at 4 pm)
- Mobile Health Unit visits various locations 4 days per week



Public Health Syphilis Clinical Follow Up

- Health education
- Pregnancy prevention
- Additional testing for reportable STDs
- Onsite treatment
- Partner Delivered Therapy available for chlamydia and gonorrhea

Public Health Syphilis Clinical Follow Up

- Field administration of benzathine penicillin G for high priority patients only
 - Pregnant women
 - Partners of pregnant women
 - Women of childbearing age
 - Primary and secondary cases
- Dose #1 preferably in clinic

Public Health Syphilis Follow Up for Pregnant Women

- Referral to Public Health Nursing for case management
 - Nurse Family Partnership (NFP)
 - Perinatal Outreach Program (POP)
 - Black Infant Health (BIH)
 - Child Protective Services (CPS), when applicable
 - “Mommy & Me” catch-all program

Public Health Syphilis Follow Up for Pregnant Women

- Follow mother through pregnancy
 - Support early, consistent prenatal care
 - Ensure retesting of syphilis at third trimester
 - Provide delivery alert to birthing hospital
- Follow up with infant titers
 - Until negative RPR

 **KERN COUNTY**
Public Health Services
DEPARTMENT

MATTHEW CONSTANTINE
DIRECTOR

1800 MT. VERNON AVENUE BAKERSFIELD, CALIFORNIA, 93306-3302 661-321-3000 WWW.KERNPUBLICHEALTH.COM

DELIVERY ALERT

CONGENITAL SYPHILIS PREVENTION PROGRAM

Today's Date: _____

The patient listed below is due to deliver at your hospital soon. She has been identified as a + Syphilis Case. Upon delivery of her infant please fax this completed form to Kern County Public Health Services Department at (661) 868-0261, attention Shantell Waldo.

Patient Name: _____ DOB: _____ EDC: _____

OB Physician/Prenatal Care Provider: _____

Syphilis Stage: ☐ Primary ☐ Secondary ☐ Early (Non-Primary Non-Secondary) ☐ Latent ☐ Late
☐ Unknown Duration ☐ Neurosyphilis ☐ Other: _____

Recommended Treatment for Stage: ☐ BICx1 ☐ BICx3 Treatment Date(s): _____

Most recent syphilis titer Date: _____ RPR Titer: _____

To be completed by Hospital Staff

Hospital Name: _____	Name of Person Completing Form: _____
Date of Delivery: _____	Time of Delivery: _____
Sex of infant(s): _____	Infant Name(s) (if known): _____
Date of Serologic Test for Syphilis in Infant: _____	RPR Titer: _____
EIA <input type="checkbox"/> positive/reactive <input type="checkbox"/> negative/nonreactive	TP-PA <input type="checkbox"/> positive/reactive <input type="checkbox"/> negative/nonreactive
FTA <input type="checkbox"/> positive/reactive <input type="checkbox"/> negative/nonreactive	Other Treponemal <input type="checkbox"/> positive/reactive <input type="checkbox"/> negative/nonreactive

Please refer to the attached CDPH Guidelines for Evaluation and Management of Neonates Exposed to Syphilis for further information concerning the initial evaluation, further evaluation, treatment and follow-up of this infant.

Thank you for helping to prevent congenital syphilis complications in our community.

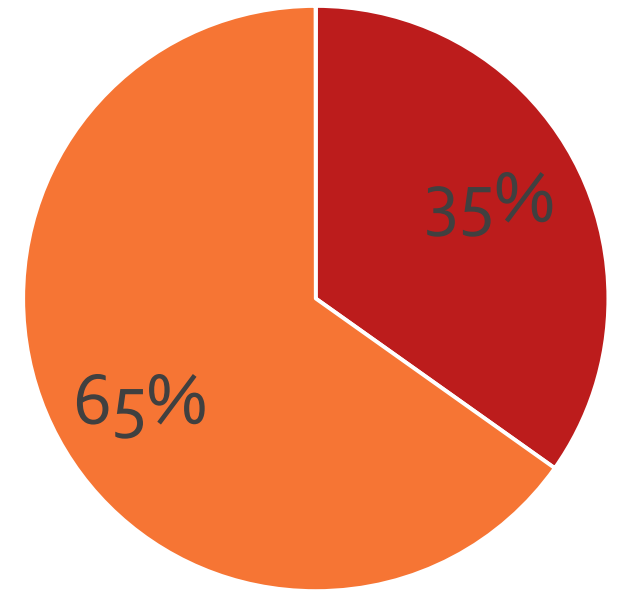
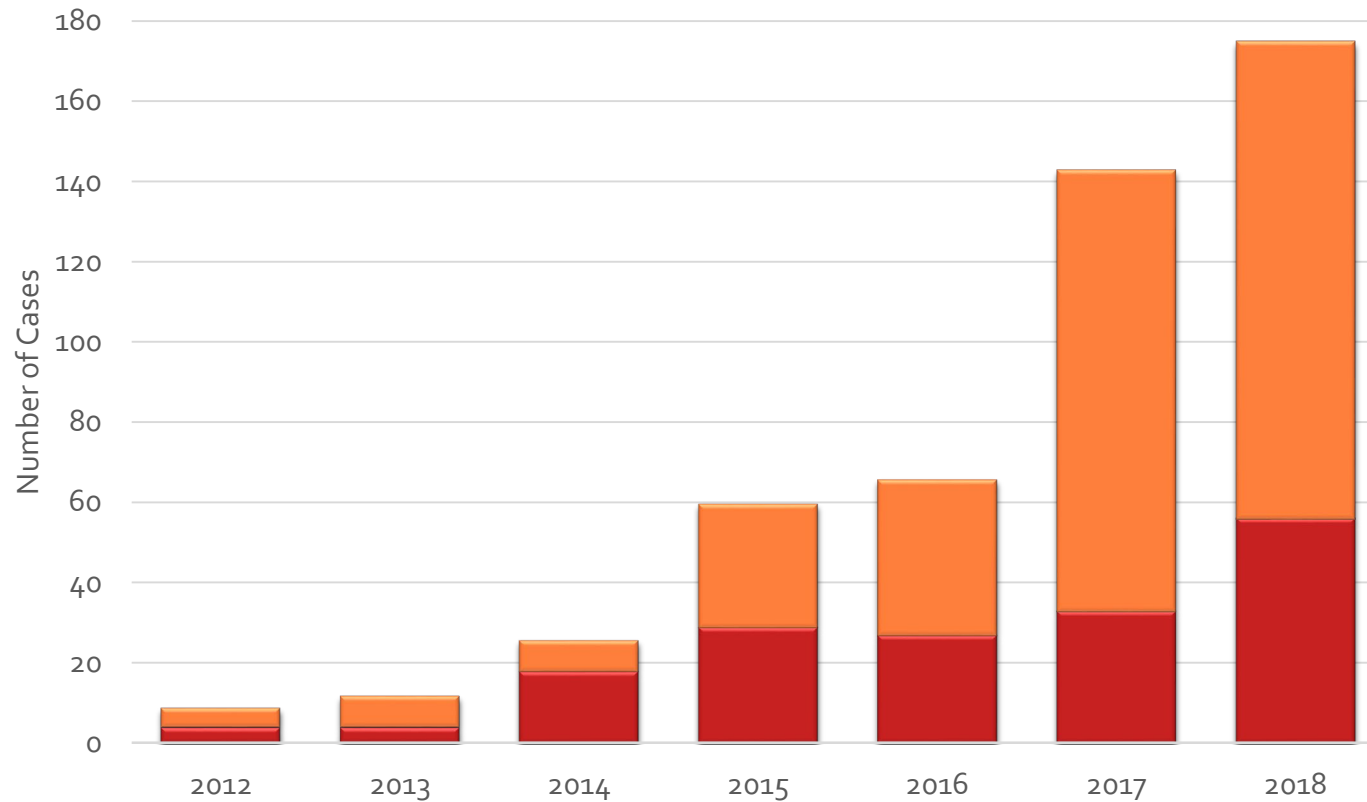
Shantell Waldo, Public Health Project Specialist
Kern County Department of Public Health
Disease Control Department
Phone: (661) 868-0585 Fax: (661) 868-0261

Congenital Syphilis Delivery Alert

Updated June 2019

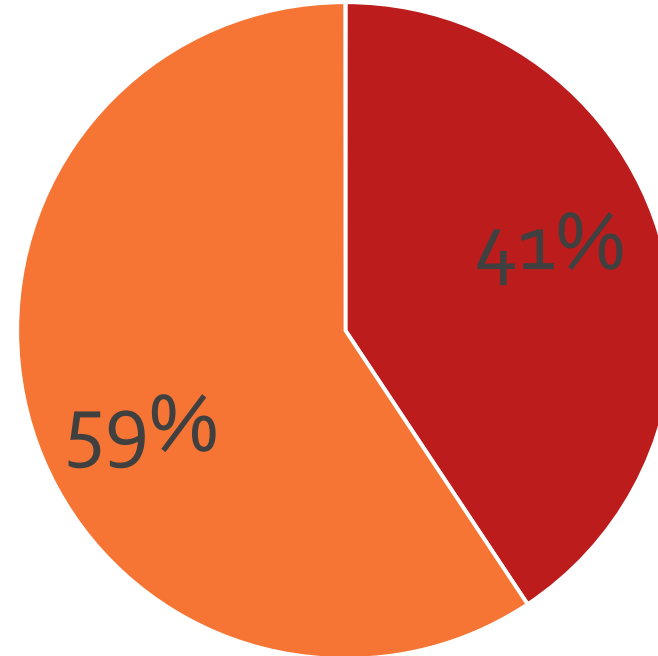


Infants Evaluated for Congenital Syphilis



■ Congenital Syphilis ■ Not a Case

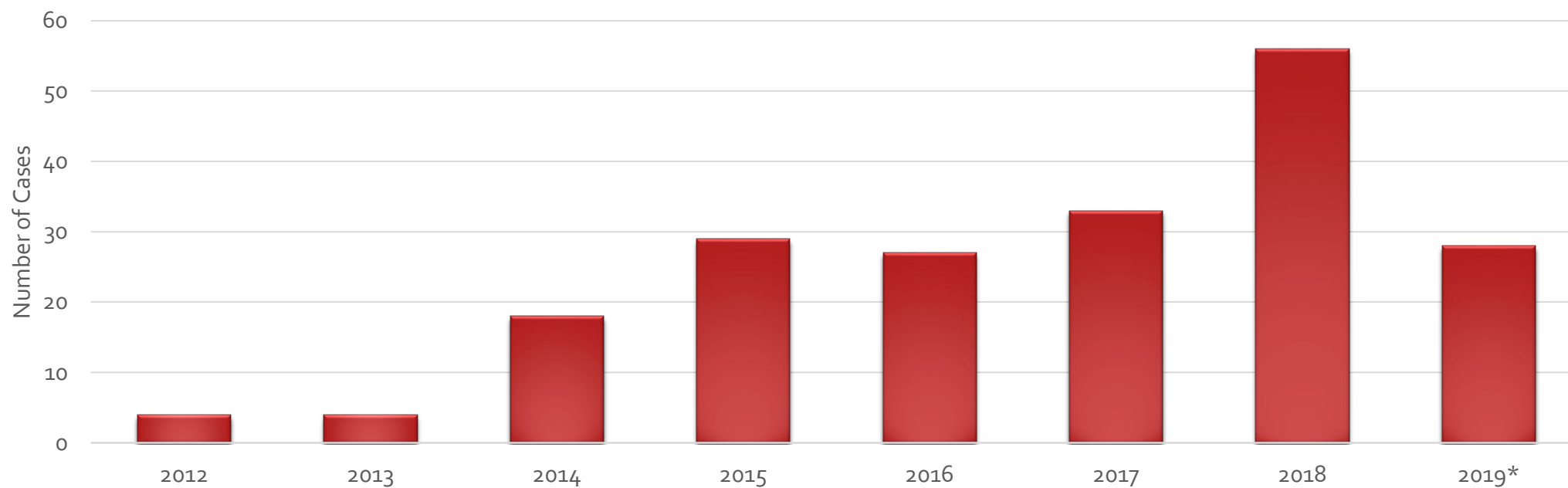
Initial Treatment of Pregnant Women



■ Public Health ■ Community Provider



Congenital Syphilis Cases



*As of 11/5/2019

Need More? Call Us!

- (661)-321-3000
- Clinical After Hours: (661) 324-6553 – Ask for Public Health On Call

Kimberly Hernandez

(661) 868-0407

hernankim@kerncounty.com

