

Congenital Syphilis Morbidity & Mortality Review Boards

What? Why? How?

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Congenital Syphilis Elimination Summit, 2018





Introductions

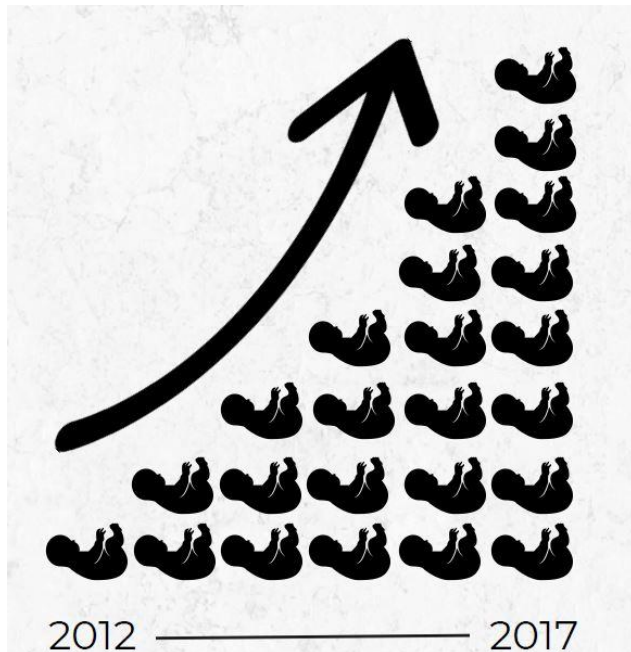
1. Name
2. Jurisdiction or Organization
3. What brings you to this breakout session?



Objectives

- Background and purpose
- CS M&M Review Board findings
- Experience a sample CS M&M Review Board session
- Share guidance for implementing a CS M&M Review Board in your jurisdiction.

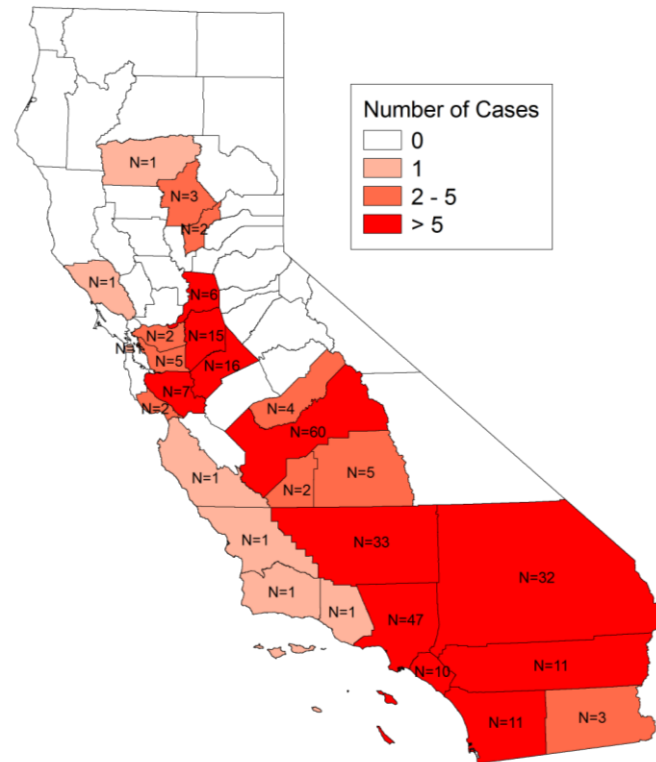
Congenital syphilis (CS) is **on the rise** in California



- **750% increase** in the number of reported CS cases from **33** in 2012 to **283** in 2017
- Increase in **syphilitic stillbirths** from **one** in 2012 to **30** in 2017
- CA contributes **one third** of the total CS cases nationally
- **Over half** of CS case moms initiated prenatal care in the third trimester or not at all

The highest morbidity counties are in **central** and **southern California**.

**Congenital Syphilis
Cases by County,
California, 2017**





Each CS case should be **examined for missed opportunities and upstream interventions** to prevent future cases.

Congenital Syphilis Morbidity & Mortality Review (CS M&M Review):
Regular in-depth multidisciplinary review of CS cases

- Identify missed opportunities for prevention
- Follow-up actions aimed at systems level changes
- Multidisciplinary team from across health department

Conducting morbidity & mortality reviews of CS cases is an **essential public health function**.



CDC Call to Action: Let's Work Together to Stem the Tide of Rising Syphilis in the United States
April 2017

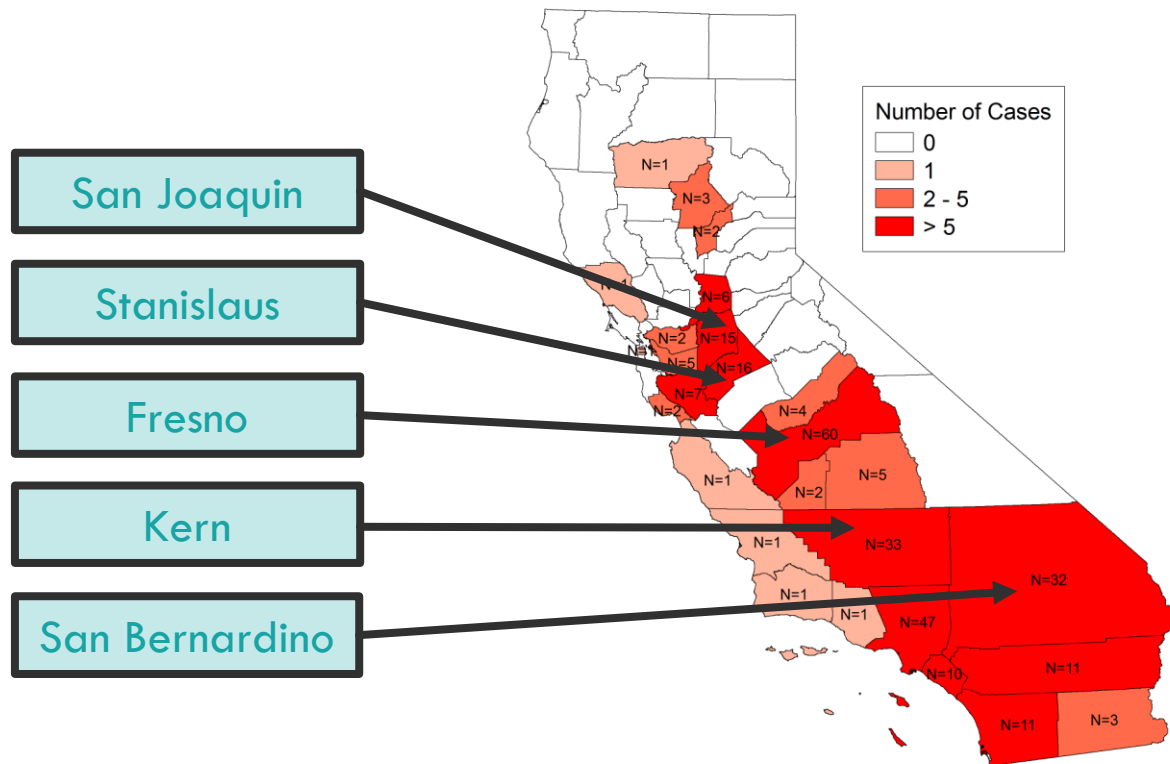


CDC STD Supplemental Funding for Enhanced CS Response
Oct 2017 – Dec 2018



Strengthening STD Prevention and Control for Health Departments (STD PCHD)
Federal STD Funding 2019-2023

The CS M&M Review Toolkit was developed and implemented in collaboration with **5 local health departments**.



The Congenital Syphilis Morbidity & Mortality Review Toolkit

Instructions

- How to conduct review
- Who should participate
- Framework to identify missed opportunities
- Considerations for associated follow-up interventions

PowerPoint Template

- Case presentation
- Case timeline
- Missed opportunities
- Proposed follow-up actions
- Bright spots

New Tools

- Notes template
- Action items spreadsheet
- Case summary sheets
- Summary table for cases presenting at delivery



Case Assessment



Maternal
factors



Infant
outcomes

Missed Opportunities



Clinical



Health dept
follow-up



Other



CS M&M Review Board Findings

- Maternal risk factors identified and enumerated
- Infant outcomes and evaluation findings enumerated
- Missed opportunities identified
- Action items identified

172 missed opportunities for prevention were identified among **69 cases reviewed**.



103
clinical

prenatal

41 missed screening

27 missed treatment

9 missed diagnosis

delivery

16 missed treatment
of mother

10 missed treatment
of infant



50 health
departmen
†

28 partners unable to locate

11 patients unable to locate

11 delays in follow-up



19
other

9 lack of jail screening

Action Items

CS M&M Review Board Participants

Local STD Staff

- Disease Investigation Specialist(s)
- Community Health Navigator
- Public Health Nurse
- Epidemiologist(s)
- Supervisor(s)

Local Partners

- FIMR/MCAH Nurse(s)
- Foster Care Nurse(s)
- CPS Staff

State Partners

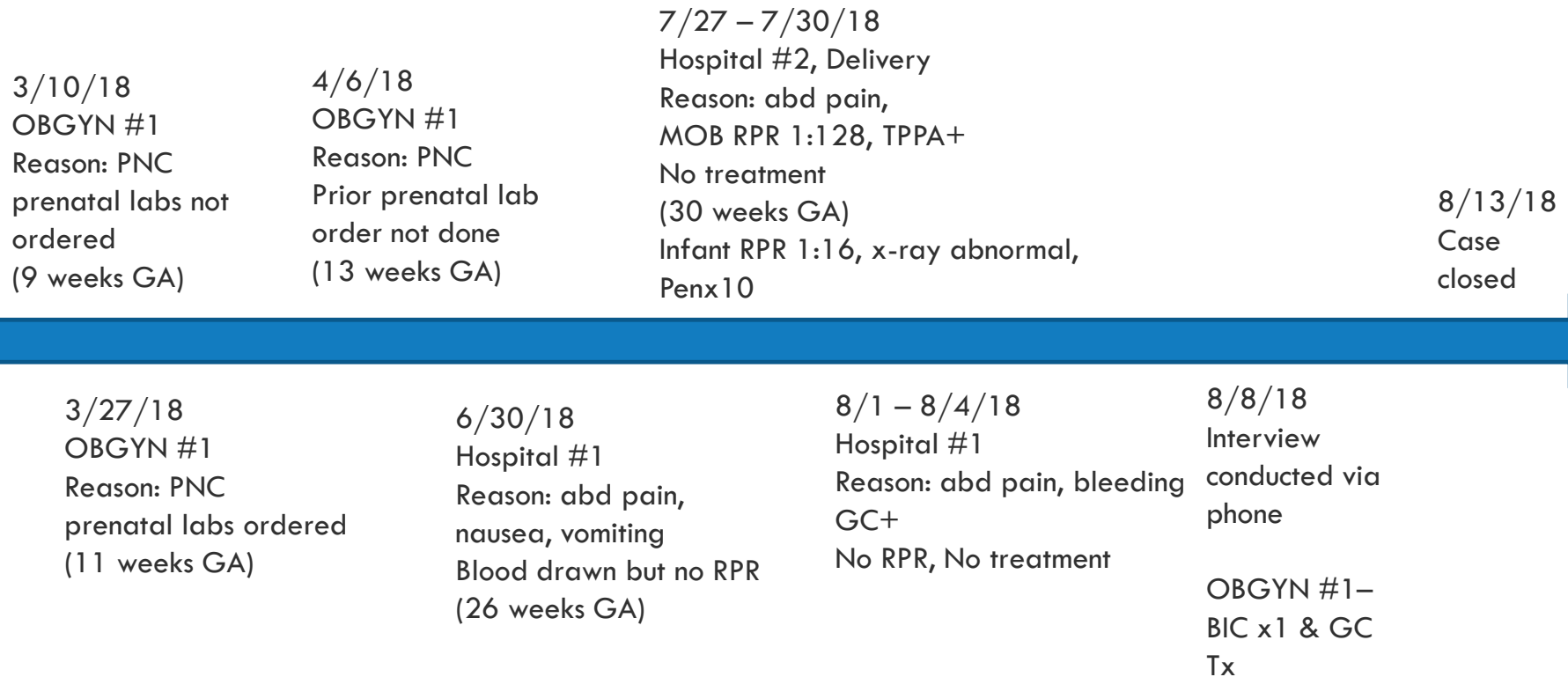
- STD Control Branch

Sample Case: Maternal Profile



- 23 yo, non-hispanic, white
- HIV Status: Negative
- Partners: Unknown
- Prenatal Care: None
- Risk factors:
 - Homelessness
 - Drug use (meth, heroin, cocaine, marijuana)
 - Sex in exchange for money/drugs
 - Sex while intoxicated/high
 - History of incarceration
 - Domestic violence

Sample Case Timeline

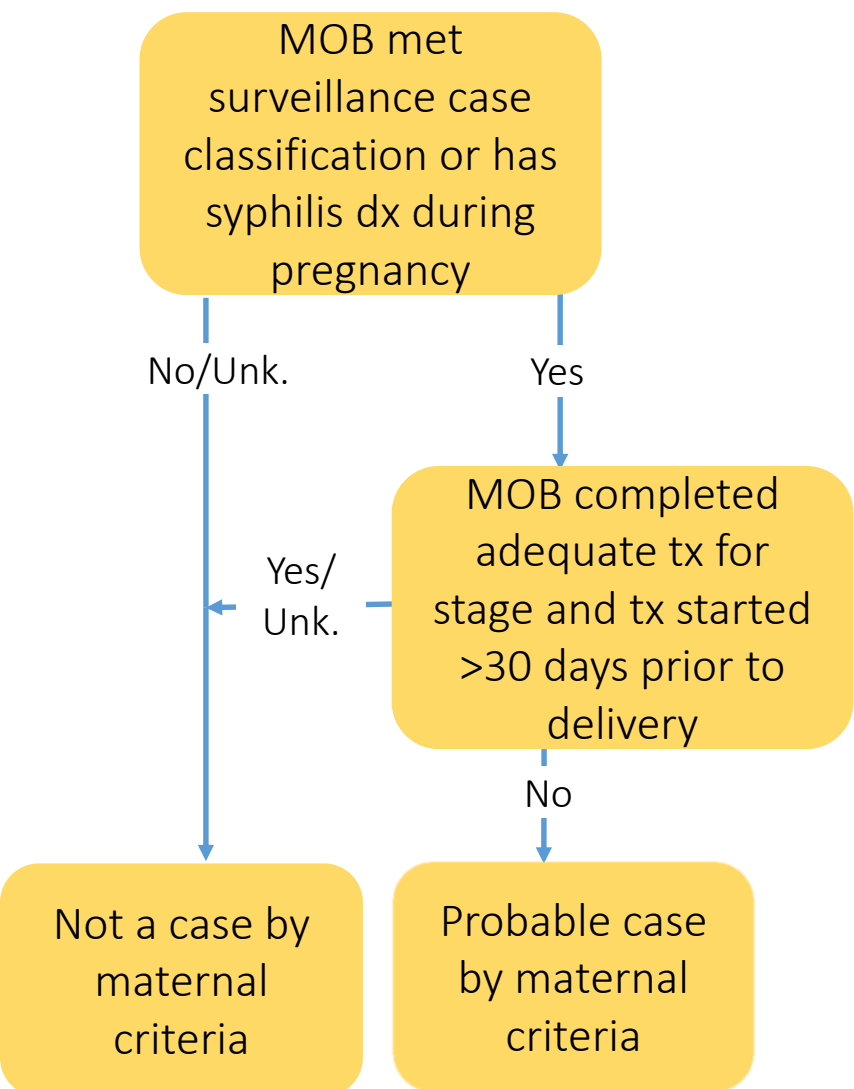


Sample Case: Justification for Maternal CS Criteria

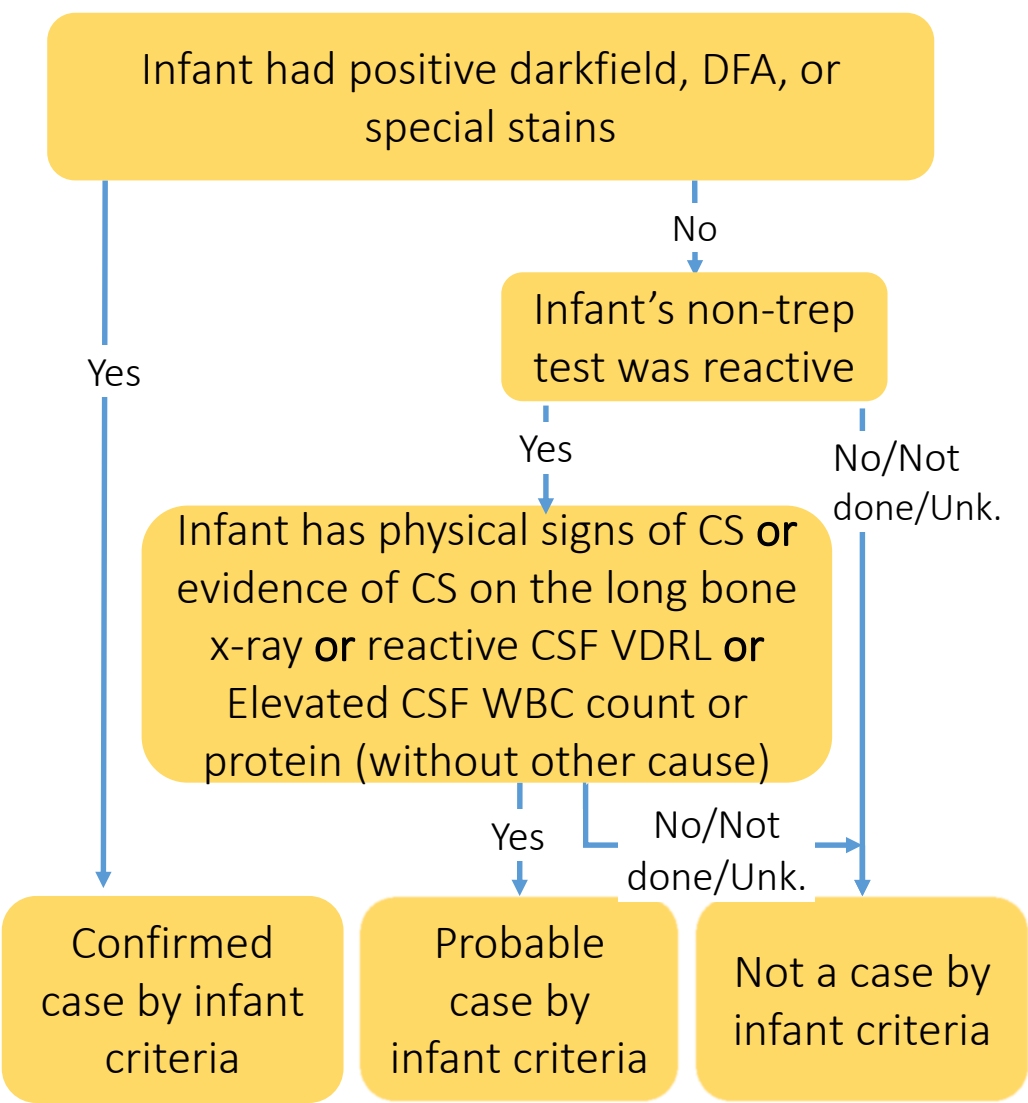
- ☐ MOB adequately treated during pregnancy
- ✓ MOB not treated or inadequately treated during pregnancy
- ☐ MOB adequately treated and reinfected
 - ☐ 4+ fold titer increase prior to delivery
 - ☐ 4+ fold titer increase at delivery
- ☐ MOB infected during pregnancy

Sample Case: Surveillance Case Classification

Maternal Criteria



Infant Criteria





Sample Case Missed Opportunities

- What were potential missed opportunities to prevent this case?
 - Disease Investigation Perspective
 - Clinical Perspective
 - Missed prenatal care screening (3)
 - Missed treatment for MOB at delivery (1)
 - Missing screening and treatment for MOB at postpartum visit (2)
 - Other perspectives

Sample Case Action Items

What are action(s) to be taken on this case?

Facility	Missed Opportunity	Follow Up Action Item
LHJ		Follow up on infant's repeat serology at 2 and 4 mos.

What are potential intervention point(s) to prevent a similar case from happening?

Facility	Missed Opportunity	Follow Up Action Item
OBGYN clinic	Missed prenatal screening	Provide education on prenatal screening
Hospital #1	Missed prenatal screening and postpartum treatment	Provide education on screening and treatment
Hospital #2	Missed treatment for MOB at delivery	Provide education on treatment



Sample Case Bright Spots

- Disease Investigation Perspective
 - MOB brought to treatment
- Clinical Perspective
 - Infant was adequately treated at delivery
- Other Perspectives



Challenges

- Reviews are incredibly resource intensive
- Benefit of reviews is not immediately apparent
- Clinical consultation is limited
- Building local capacity to evaluate complex cases is needed
- Reviewing CS cases can be upsetting
- Requires unbiased examination of health department processes



Lessons Learned

- All congenital cases need to be reviewed and can be reviewed
- Clinical, surveillance and disease intervention expertise is required for successful reviews
- A safe space facilitates productive case reviews
- Action items can be aggregated to inform provider outreach efforts
- The CS M&M Review Toolkit is useful in building local capacity



Questions/Discussion

- If you implement CS M&M Review Boards in your jurisdiction, what are some challenges you foresee in your jurisdiction?
- What is your jurisdiction's current response to congenital syphilis?

Next Steps



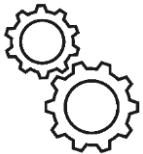
Continue CS M&M review sessions in 5 local health departments



Follow-up on action items identified during reviews



Fine tune CS M&M review tools & processes



Automate the population of case summary sheets & case timeline

Thank you!

Acknowledgements: Fresno County, Kern County, San Bernardino County, San Joaquin County, Stanislaus County

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