CONGENITAL SYPHILIS IN KERN COUNTY

Elaine Anthony, MSA-HCM, RN, PHN
MCAH Coordinator
Kern County Public Health Services Department
MCAH Action Education Day
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Kern County Syphilis Cases

*2016 data is preliminary
Kern Primary and Secondary Syphilis Cases

*2016 data is preliminary
Female Primary and Secondary Syphilis by Jurisdiction

Rate per 100,000 Population

Kern  California

2016 Kern Primary and Secondary Syphilis by Sex and Age Group

- Male incidence rate
- Female incidence rate

2016 data is preliminary
2016 Kern Primary and Secondary Syphilis Race/Ethnicity and Sex

Rate per 100,000 Population

Males

Females

Male incidence rate

Female incidence rate

*2016 data is preliminary
Kern County Congenital Syphilis

*2016 data is preliminary
Congenital Syphilis Incidence by Jurisdiction

Rate per 1,000 Live Births

- Kern
- California
- U.S.
Kern Congenital Syphilis by Mother’s Age Group, 2016

- 10, 36% (30-34 years)
- 6, 21% (20-24 years)
- 6, 21% (35-44 years)
- 6, 22% (15-19 years)

Legend:
- 15-19 years
- 20-24 years
- 25-29 years
- 30-34 years
- 35-44 years
- 45+ years
Kern Congenital Syphilis by Mother’s Diagnosis, 2016

- Primary: 1, 4%
- Secondary: 2, 7%
- Early Latent: 4, 14%
- Late Latent: 5, 18%
- Latent, Unknown Duration: 16, 57%
- Unknown Stage:
Kern Congenital Syphilis by Timing of Mother’s Diagnosis, 2016

- More than 30 Days Before Delivery: 13 (46%)
- Less than 30 Days Before Delivery: 14 (50%)
- Unknown: 1 (4%)
Kern Congenital Syphilis by Trimester of Prenatal Care, 2016

- **1st Trimester**: 16 (57%)
- **2nd Trimester**: 3 (11%)
- **3rd Trimester**: 6 (21%)
- **Unknown Trimester**: 3 (11%)
- **No Prenatal Care**: 16 (57%)
Kern Congenital Syphilis by Treatment Outcome, 2016

- No Prenatal Treatment: 17, 61%
- Incomplete Treatment: 4, 14%
- Tx Not 30 Days Before Delivery: 4, 14%
- Timely, Adequate Tx: 3, 11%
18 Probable Congenital Syphilis Cases in 2014

Identified:

- No prenatal care
- Inconsistent prenatal care
- Failure to complete treatment
  - Late Latent cases were being closed after 1st dose of Bicilin
- Substance use
Kern Congenital Syphilis Infant Outcomes, 2011-2016

75, 90%

6.7%

2.3%

Fetal Demise
Perinatal Death
Live Birth, Survived
Routine Syphilis Surveillance

- Receive provider and laboratory reports
- Reviewed by Public Health Nurse or Medical Investigator
- Verify adequate, appropriate treatment
- Interview the patient
- Partner notification
Enhanced Surveillance

- Spreadsheet of syphilis cases
- Biweekly case review
- Ensure completion of 3 doses of Bicilin
- Referral to MCAH Mommy and Me and Perinatal Outreach Program (POP) and/or Public Health Nursing
- Assistance with transport to clinic
- Determine birthing hospital and send notification prior to delivery
Case Management Advantages

- Linkage to prenatal care
- Education resources for mom
- High risk infant follow up
- Linkage to car seat for infant
- Coordination with CPS
Successes

- At least 60 infants born in 2015 and 2016 to syphilis(+) mothers NOT infected with syphilis
Successes: Coordinated Health Care

- Coordination with delivery hospital regarding mother’s treatment history

- Infant
  - Treated in hospital
  - Referred for additional services
  - Followed by pediatrician

- Mother
  - 1\textsuperscript{st} dose in hospital
  - Additional doses outpatient
  - Referred for additional services
Challenges

- Substance use: difficult clients to reach and keep in care
- Lack of transportation and childcare continue to be barriers to care
- No prenatal care, late entry into prenatal care, and inconsistent prenatal care delay diagnosis and treatment
Opportunities

- Increased collaboration with delivery hospitals
- Increased awareness in the community
- Strategies to address lack of prenatal care
- Strategies to address substance use
Congenital Syphilis Public Awareness Campaign
Questions?