Congenital Syphilis Update

Dr. Jennifer Shuford, MD, MPH

Commissioner

Texas Department of State Health Services

October 2, 2024

Discussion Topics

- Data on Congenital Syphilis (CS) in Texas
- DSHS CS Prevention Efforts
- DSHS Resources for CS Prevention and Treatment
- DSHS Exceptional Item





Data on Congenital Syphilis in Texas

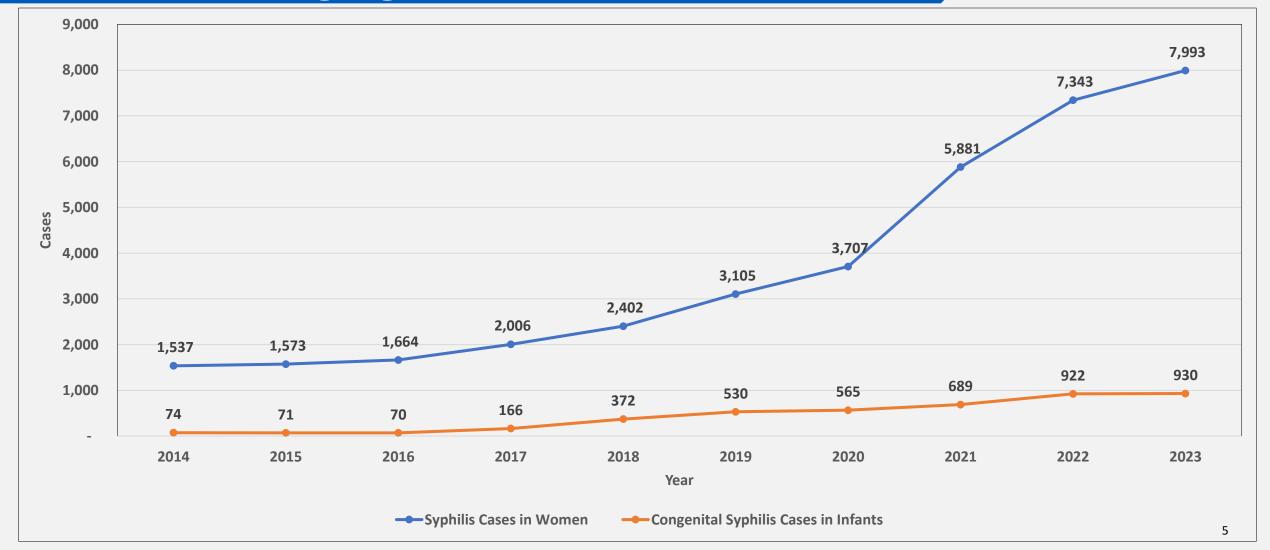
CS Case Rates in the United States and Texas by Birth Year, 2014-2023



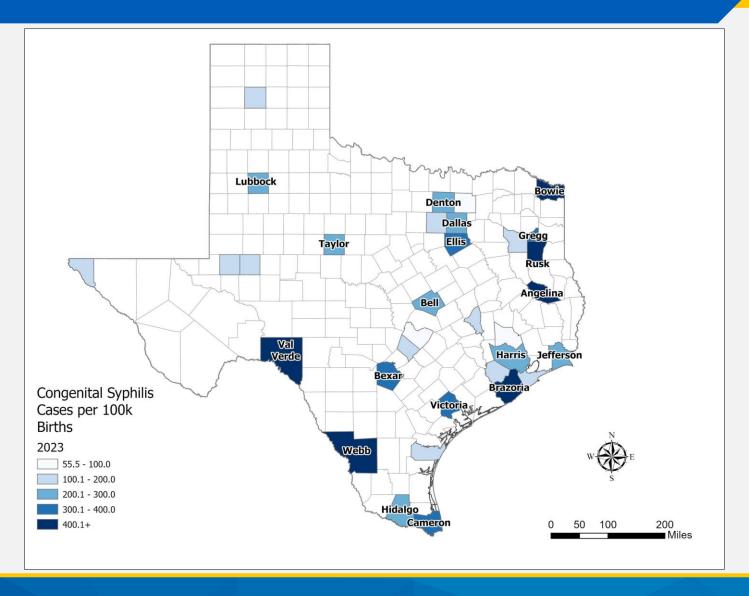
Source: CDC STD and Congenital Syphilis Disease Report

*2023 case numbers and rates are not yet published by CDC.

CS Cases and Total Syphilis Cases in Women of Childbearing Age in Texas, 2014-2023



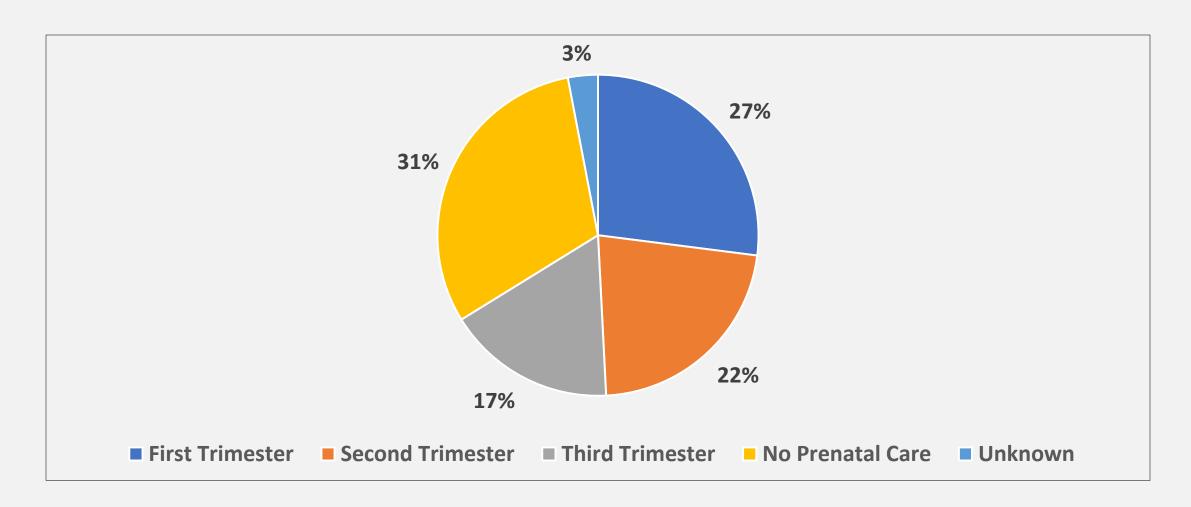
CS Rate in Texas by County, 2023



CS Rates by Race/Ethnicity in Texas, 2014-2023



Prenatal Care (PNC) Initiation in Mothers who Delivered an Infant with CS in Texas, 2023



Testing and Evaluation for Infants Reported with CS in Texas, 2023

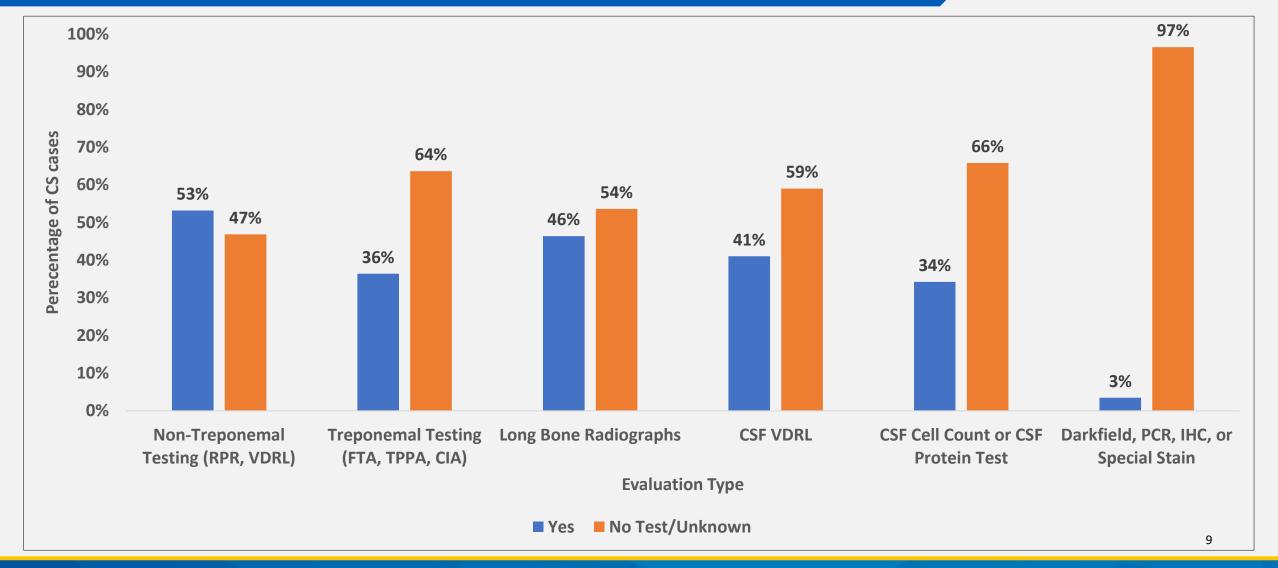
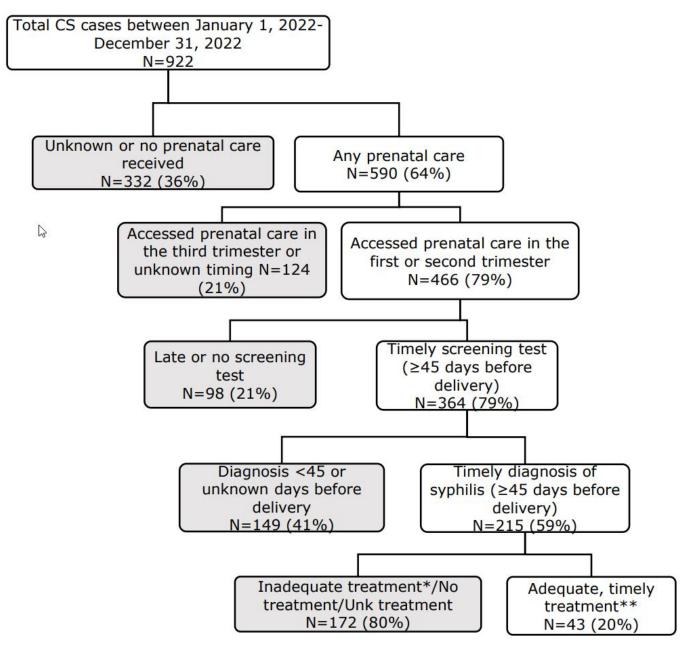


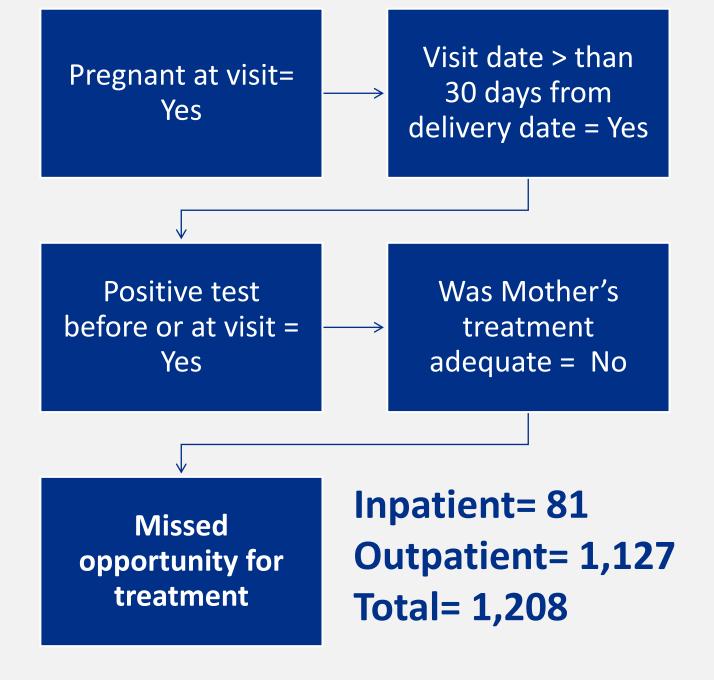
Figure 26: CS Cascade in Texas, 2022



https://www.dshs.tex as.gov/sites/default/f iles/hivstd/info/cs/fil es/CSEpiProfile.pdf

Missed Opportunities for Treatment 2018-2022

Data sources: 1. Texas Health Care Information Collection, Center for Health Statistics, 2018-2022 2. Congenital Syphilis Registry, Texas STD Surveillance, 2019-2022

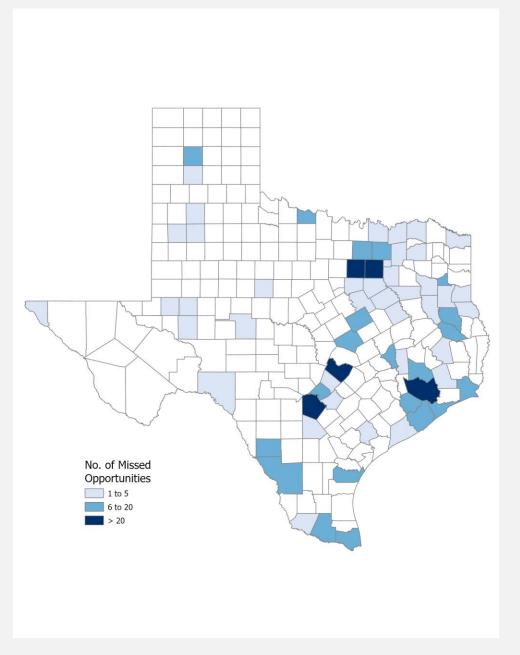


Inpatient and Outpatient Missed Opportunities by Health Care Facility County, 2018-2022

Top Counties with Missed Opportunities by Facility

Facility County	No. of Missed Opportunities
Harris	325
Dallas	303
Bexar	150
Tarrant	80
Travis	22

Data sources: 1. Texas Health Care Information Collection, Center for Health Statistics, 2018-2022 2. Congenital Syphilis Registry, Texas STD Surveillance, 2019-2022



DSHS Congenital Syphilis Prevention Efforts

Congenital Syphilis Prevention

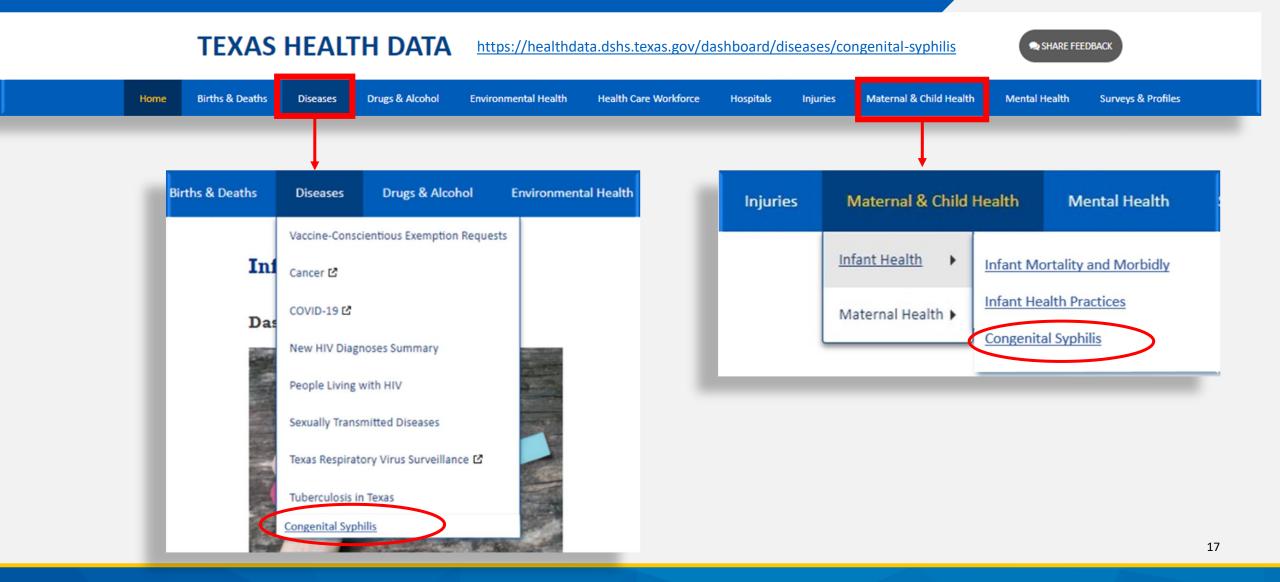
- Increased trainings for local and regional field staff
- Provided education for medical providers
- Contracted with the University of Texas Rio Grande Valley School of Medicine
- Increased pregnancy ascertainment
- Implemented a new follow-up initiative
- Produced a podcast titled "Exploring an Epidemic: CS in Texas"

Texas DSHS CS Plans

- Public Health Case Management Strategy
- Quality Improvement Toolkit for Congenital Syphilis Prevention
- Community Health Worker Trainings on Congenital Syphilis Prevention
- Health Care Provider Online Training with CME credit
- DSHS Grand Rounds Presentations

Texas DSHS Resources for Congenital Syphilis Prevention and Treatment

Texas Health Data – Congenital Syphilis Dashboard



Congenital Syphilis Data Dashboard

CONGENITAL SYPHILIS

Syphilis is a sexually transmitted infection caused by the bacteria *Treponema pallidum*. Congenital syphilis occurs when syphilis is transmitted from a pregnant woman to her baby during pregnancy or at delivery. Congenital syphilis can be life-threatening for babies but can be prevented if mothers receive adequate treatment for syphilis.

Texas law requires clinicians to test all pregnant women at their first prenatal visit, in the third trimester, and again at delivery.



WHAT IS ADEQUATE TREATMENT?

Adequate treatment is defined as completion of a penicillin-based regimen, in accordance with CDC treatment quidelines, appropriate for stage of infection, started 30 or more days before delivery.

WHAT DOES IT DO? HOW CAN I TELL IF I HAVE SYPHILIS? · Congenital syphilis may lead to miscarriage, stillbirth, premature Syphilis has common signs and birth, or death immediately after symptoms (see below), but not everyone with syphilis has those symptoms. A blood test is the usual way to determine if someone has untreated or inadequately treated syphilis. **OVERVIEW** WHAT ARE THE SIGNS AND WHAT IS THE TREATMENT? SYMPTOMS? Benzathine penicillin G is At first, a chancre (sore that is the only treatment for

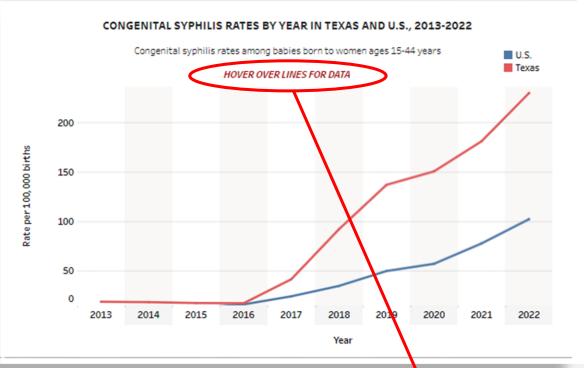
- At first, a chancre (sore that is usually round and painless) may appear in the location where syphilis entered the body.
 - The second phase of syphilis can include a lot of different symptoms, like fever, fatigue, skin rash, and sores in the mouth.
 - These syphilis symptoms go away on their own, but the disease can continue to cause damage to the body for years unless it is treated.
- Women diagnosed with and treated for syphilis before they become pregnant are less likely to pass syphilis to the infant during pregnancy.

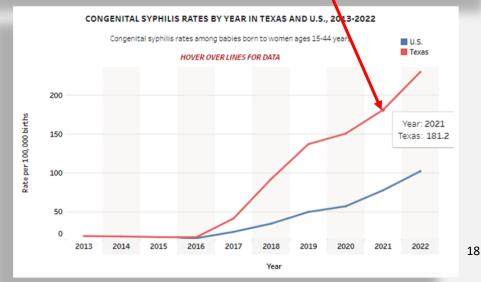
syphilis during pregnancy.

 Adequate treatment can prevent congenital syphilis 98 times out of 100 in mothers who deliver their baby after 20 weeks' gestation.

https://healthdata.dshs.texa s.gov/dashboard/diseases/co ngenital-syphilis Want to know more about syphilis?

CLICK FOR MORE INFO

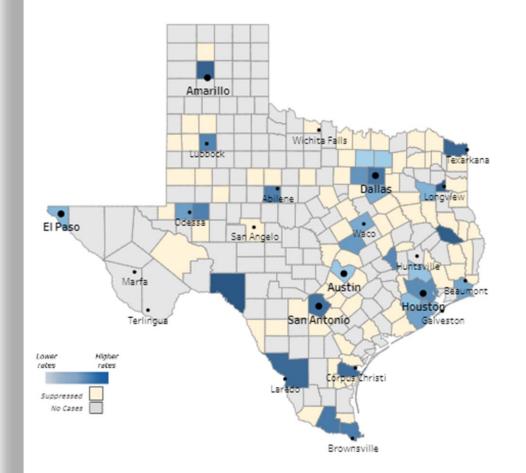




Congenital Syphilis Data Dashboard

CONGENITAL SYPHILIS CASES AND RATES BY COUNTY, 2022

HOVER OVER COUNTIES FOR DATA



County	Cases
Anderson	-
Andrews	No Cases
Angelina	7
Aransas	No Cases
Archer	No Cases
Armstrong	No Cases
Atascosa	
Austin	No Cases
Bailey	No Cases
Bandera	No Cases
Bastrop	
Baylor	No Cases
Bee	
Bell	13
Bexar	116
Blanco	No Cases
Borden	No Cases
Bosque	-
Bowie	5
Brazoria	9
Brazos	7
Brewster	No Cases
Briscoe	No Cases

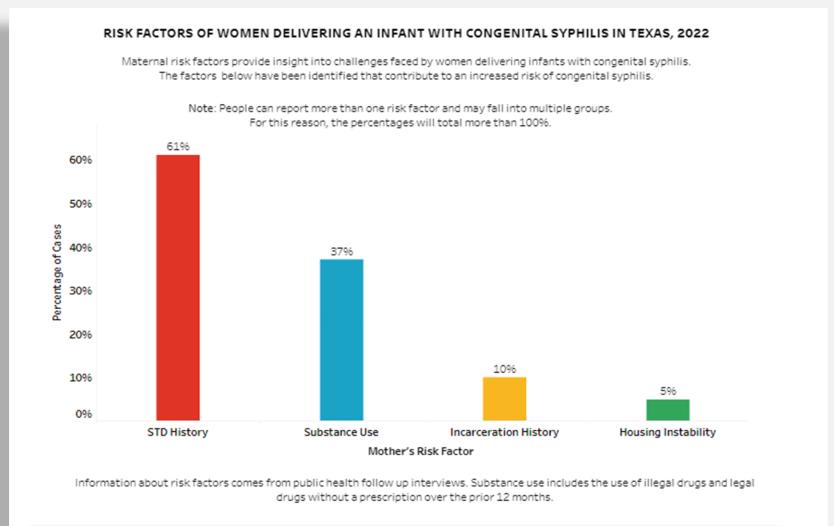
https://healthdata.dshs.texas.gov/dashboard/diseases/congenital-syphilis



ABOUT SUPPRESSED DATA

Counties with 1-4 congenital syphilis cases are suppressed from view to ensure patient confidentiality.

Congenital Syphilis Data Dashboard



https://healthdata.dshs.texas.go v/dashboard/diseases/congenita l-syphilis Download this page

HOVER OVER BUTTONS FOR INSTRUCTIONS

CSV IMAGE PDF & POWERPOINT FA

Download the data in the desired format

Congenital **Syphilis** Website

https://www.dshs.texas.gov /congenital-syphilis



Texas Department of State

Data & Case Reporting

Home / Congenital Syphilis



Congenital Syphilis

Congenital Syphilis in Texas

Congenital Syphilis Resources

CS Frequently Asked Ouestions

What Is Congenital Syphilis?

Syphilis is a sexually transmitted disease (STD). Congenital syphilis (CS) occurs when a mother transmits syphilis to her infant during pregnancy or at delivery. Congenital syphilis is preventable if pregnant women get the correct treatment during their pregnancy.

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

Treatment for babies with CS exists. But they need to get treatment right away, or they could develop serious health problems months or even years later. It is also important that babies get the proper followup care based on medical advice.

Congenital Syphilis Prevention and Treatment

In 2022, CS affected 922 infants born in Texas. In the same year, 3,125 Texas women of childbearing age were diagnosed with early syphilis. DSHS implemented a multifaceted approach to reduce the number of reported CS cases by promoting syphilis screening and testing and providing adequate treatment.

Addressing the continuing rise of CS and syphilis in women depends not only on the public health system but also on our partnerships with providers and community organizations like yours.

This page provides resources like current syphilis data, tools for evaluation and treatment, and opportunities to learn more about CS in your area of Texas.

DSHS Efforts

The Texas Department of State Health Services (DSHS) supports regional and local health departments in Texas to conduct comprehensive syphilis and HIV partner services. Disease Intervention Specialists (DIS), who are highly trained field epidemiologists, provide confidential notification to people diagnosed or exposed to syphilis. Partner notification contributes to preventing further transmission and connects individuals to necessary care and support. These programs also investigate and report all births to women with a history of syphilis. Visit the DSHS HIV/STD program website to learn more.

The additional divisions and programs included in DSHS' multifaceted approach are:

DSHS Maternal Child Health Programs

Community Health Worker or Promotor(a) Training and Certification Program Office of Border Public Health Community Health Worker Training Center



Texas Department of State Health Services

Jennifer A. Shuford, M.D., M.P.H.
Commissioner

September 17, 2024

Subject: Diagnosing and Preventing Congenital Syphilis

Dear Healthcare Provider,

Over the last several years, Texas has experienced a significant increase in syphilis, including cases of congenital syphilis (CS). As you know, CS can have profound effects on babies and is completely preventable with appropriate treatment. This issue is a priority for me, for DSHS, and for public health in Texas, and we need your help to turn the tide and protect some of our most vulnerable Texans.

Background

The number of CS cases in Texas increased more than four-fold over five years, from **166 cases** in 2017 to **922 cases** in 2022, mirroring the increase seen in early syphilis cases among women of child-bearing age. When we look at the national picture for 2022, Texas accounted for 10% of the births in the U.S. but reported 25% of the CS cases. An in-depth review of 2022 Texas data showed that many of the women who delivered babies with CS got care in the first or second trimester and a timely syphilis diagnosis, but they did not receive adequate treatment.

According to preliminary data for 2023, the number of CS cases in Texas stayed roughly flat compared with 2022, which is great news. However, Texas continues to have an average of 2-3 babies born every day with CS. Thankfully, there are ways that we can work together to prevent, detect, and treat syphilis and improve health outcomes in our communities.

Provider Best Practices

Texas state law changed in 2019 [Texas Health & Safety Code 81.090] and now requires routine syphilis screening at least three times during pregnancy:

- At the first prenatal examination and visit,
- During the third trimester visit (no sooner than 28 weeks gestation), and
- · At delivery.

Other steps providers can take:

 Screen more frequently when clinically indicated or when a patient requests it, regardless of the healthcare setting. Health Care Provider Letter September 17, 2024

- Complete a sexual health history as part of initial and annual primary care visits and anytime there are reproductive, genital, or urological issues.⁴
- Provide or arrange for treatment for any patient diagnosed with syphilis.
 Appropriate treatment depends on the patient's stage of syphilis. Treatment guidelines may be found at: https://www.cdc.gov/std/treatment-guidelines/syphilis.htm.
- Encourage any patient diagnosed with syphilis to notify their sexual partners about the need for testing and treatment.^{4,5} When possible and appropriate, provide expedited partner therapy.⁶ These interventions can break chains of transmission and prevent reinfection.
- Keep in mind that a patient may need to be re-tested due to a new exposure to syphilis.
- Confirm the mother's syphilis test result is available and reviewed before a
 newborn is discharged from the hospital to ensure that the newborn receives
 any evaluation, treatment, and follow up needed.

Coordination with Public Health

All syphilis infections, including CS, must be reported within seven days to the <u>appropriate public health department</u> for the patient's residence.

- Please use <u>Form STD-27</u> to report positive test results, information about the patient's sexual partners, and details of treatment.
- Please tell the patient diagnosed with syphilis that public health staff will be calling them to follow up on their syphilis diagnosis and to help ensure sexual partners are notified, tested, and treated.

Resources

More information is available on our website by visiting our <u>Congenital Syphilis Provider Resources</u> page at <u>dshs.texas.gov/congenital-syphilis/providers</u>. For questions about syphilis screening, diagnosis, or treatment in pregnancy, please contact DSHS at (737) 255-4300 or <u>hivstd@dshs.texas.gov</u>.

Sincerely,

Jennifer A. Shuford, M.D., M.P.H.

DSHS Commissioner

Dear Healthcare Provider Letter

DSHS Exceptional Item

Exceptional Item: Improve Child Mortality and Morbidity Due to Congenital Syphilis

- Congenital Syphilis Prevention and Treatment, \$13.3 M, 25 FTEs:
 - Increase provider education through community health worker training and a congenital syphilis treatment and referral toolkit for maternal care providers.
 - Stand up a congenital syphilis consultation hotline to support maternal and pediatric care providers making complex syphilis diagnoses and treatment decisions and to help connect women to care.
 - Establish rapid response regional nurse teams to ensure mothers in all areas of the state can easily access and complete treatment to protect their babies from congenital syphilis.
 - Create a congenital syphilis public awareness campaign and online resources for women and families who may be at risk.

Method of Finance	FY 2026	FY 2027	Biennium
GR	\$6.8 M	\$6.5 M	\$13.3 M
All Funds	\$6.8 M	\$6.5 M	\$13.3 M

FTEs	
FY 2026	25
FY 2027	25

Program Data	
Congenital Syphilis (CS) Case Growth Since 2019	74%
CS Babies Born with Low Birth Weight, 2022	239
Congenital Syphilis Perinatal Deaths or Stillbirth, 2022	52

Thank you