

Innovations in Congenital Syphilis Prevention



In partnership with CDC's Division of STD Prevention (DSTDP), the National Association of City and County Health Officials (NACCHO) is supporting six local jurisdictions/health departments to implement and evaluate a program strategy to improve congenital syphilis prevention and control efforts in their areas. The objective is to help galvanize local efforts to address rising rates of congenital syphilis and syphilis among pregnant individuals and individuals of child-bearing capacity and focus on one or more of the following areas of congenital syphilis prevention:

- Improving support for pregnant individuals who have syphilis
- Improving support for pregnant individuals who do not have syphilis
- Improving support for individuals with syphilis who could become pregnant but are not currently pregnant

Innovations and improvements incorporate components such as, pregnancy testing, pregnancy intention ascertainment, syphilis testing and treatment, partner services, case management, and referral to care.

Congenital syphilis is:



Increasing in the U.S.



A source of major health problems, even death



Preventable

The project is guided by the following questions:

- How feasible was the innovation or improvement to implement?
- What barriers and facilitators affected successful implementation?
- To what extent did the innovation or improvement reach its intended targets and outcomes?

The six funded jurisdictions selected through a competitive process to collaborate on this project are as follows:



Gwinnett, Newtown, and Rockdale Counties, GA:

The goal of GNR's project is to routinize STI testing with pregnancy testing to increase syphilis screening, case identification, and referrals. All individuals presenting at the GNR counties' clinic requesting a pregnancy test are also tested for STIs, including HIV and syphilis. Pregnant patients receive case management about preventing STIs, future testing, linkage, and/or referral to prenatal care and HD programs (WIC, Immunizations, and Family Planning). Follow-up is conducted to ensure future recommended testing and treatment are completed.



Evaluation activities include: 1) measuring the impact of COVID-19 on staff turnover and capacity and its impact on patients' willingness to seek STI services, and 2) determining the effectiveness of the pregnancy panel in identifying syphilis and HIV among pregnant persons and connecting patients to wrap-around services.



Maricopa County, AZ: The goal of the project in Maricopa County Department of Public Health (MCDPH) is to expand health services to underserved populations to include syphilis testing and treatment, and to increase syphilis screening, case identification, and treatment. MCDPH is collaborating with a community partner, CAN Community Health, to utilize their mobile and brick-and-mortar healthcare clinics to serve individuals

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experiencing homelessness, engaging in drug use, and those recently incarcerated. MCDPH will provide supplies and support to integrate point-of-care (POC) syphilis testing/treatment into CAN's existing clinic services.



Evaluation activities include 1) assessing CAN provider and key stakeholder's satisfaction with the program, and 2) determining whether program outcomes and patient characteristics differ among those CAN tested and treated in the field, those treated in CAN's clinic, and those referred to Maricopa County's services.



Miami-Dade County, FL: The Florida Department of Health (FDOH)'s goal is to automate syphilis screening of hospital emergency department patients to increase syphilis screening and case identification, and appropriate follow-up to individuals with syphilis (treatment, partner services, referrals). FDOH is expanding routine syphilis screening to existing routine, "opt-out" HIV & HCV screening in a major hospital, using hospital EMR algorithms to flag individuals presenting at the emergency department who are pregnant, who are symptomatic for STDs, or who have prior history of STDs. FDOH piloted this model in one hospital and now is expanding it to a second facility which had 50% of total congenital syphilis cases reported in 2018.



Evaluation activities include 1) improving treatment rates for syphilis for pregnant people and high-risk people of reproductive age, and 2) assessing effects of the program on number of people served through partner services.



New York City, NY: The Bureau of Sexually Transmitted Infections (BSTI) is piloting a Congenital Syphilis Prevention Investigator (CPI) Model. BSTI will designate one CPI per region, for a total of eight, rather than ask all DIS to work investigations of women of reproductive age with syphilis. The goal is to improve disease investigation and intervention outcomes through this more

specialized staffing model.



Evaluation activities include 1) estimating the extent to which the CPI model increases BSTI staff knowledge and confidence in conducting investigations among persons who are, or could become, pregnant, and 2) assessing the extent to which the CPI model improves case investigation outcomes among pregnant persons with syphilis in NYC.



San Antonio, TX: The San Antonio Metropolitan Health District (SAMHD) is enhancing various efforts initiated through the development of the Fetal-Infant Mortality Review & Healthy Beats Program (HBP). SAMHD will assess pregnancy intention, increase syphilis testing, ensure treatment, and expand case management referrals/linkage to prenatal care services for 120 pregnant people. SAMHD will incentivize syphilis treatment among people of childbearing age to prevent future congenital syphilis diagnosis. SAMHD will strengthen relationships with Bexar County providers to increase syphilis testing and ensure treatment by conducting 24 provider education sessions to 1) expand case management referrals/linkage to prenatal care services, increase syphilis testing and ensure treatment during pregnancy, and increase assessment of postpartum pregnancy intention, and 2) improve treatment completion rates for late latent syphilis.



Evaluation activities include 1) assessing how HBP linked patients to prenatal care, how many patients attended their 1st appointment, and what were the barriers, and 2) assessing which referrals the HBP provide patients, how referrals change from enrollment to post-partem, the extent to which patients initiate services upon referral, and which services were most beneficial.



Tulare County, CA: Tulare is implementing telehealth by DIS to provide case management, referrals, and linkage to care support for pregnant and non-

The COVID Impact

COVID-19 led to extensive reductions in these local health departments' STI services and IS and STD program staff being pulled away to work on COVID-19. Also, planned outreach and mobile services were scaled back or discontinued, with staff not being in the field. Despite these challenges, all six sites have been able to continue their work on this project, though the timeframes for completion have all been pushed back.

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pregnant syphilis cases. The Communicable Disease unit will provide communication/counseling through telehealth to expand services to monitor patients for syphilis and confirm their treatment. The goal is to adopt telemedicine to reduce transportation barriers to accessing case management and disease investigation for syphilis patients to improve engagement in case management and disease investigation processes, treatment, and referrals.



Evaluation activities include 1) measuring the utilization of and access to case syphilis and CS management/care (referral care), and 2) measuring the cost reduction (time and monetary) associated with delivering care to syphilis and CS clients (telehealth vs non-telehealth).

We are looking for more LHDs who would like to implement and/or evaluate new approaches to congenital syphilis prevention!

If you are a jurisdiction that is interested or know one that is, please see the Request for Applications for cohort 2 [here](#). Applications are due January 27, 2021.

Evaluation Methods

The following table highlights the various data sources and evaluation methods that each site plans to use to answer their evaluation questions.

	Gwinnett, Newton, Rockdale Counties, GA	Maricopa County, AZ	Miami-Dade County, FL	New York City, NY	San Antonio, TX	Tulare County, CA
Patient Records						
Patient Survey						
Staff Focus Group						
Budget Analysis						
Staff Records						
Staff Survey						
Staff Interview						
Patient Interview						
Incentive tracker						

Findings from the evaluations of these projects should be available by mid-2021. NACCHO and CDC will work with each site to disseminate the results across their networks.

FOR MORE INFORMATION OR QUESTIONS, PLEASE CONTACT:

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National Association of County & City Health Officials

The National Connection for Local Public Health



The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice with local health departments.

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