

CONGENITAL SYPHILIS IN LOUISIANA: PARTNERING FOR HEALTHY BABIES

Chaquetta Johnson, DNP, MPH
Deputy Director - Operations
Louisiana STD/HIV/Hepatitis Program

LOUISIANA STI/HIV RANKINGS 2017 VS. 2018

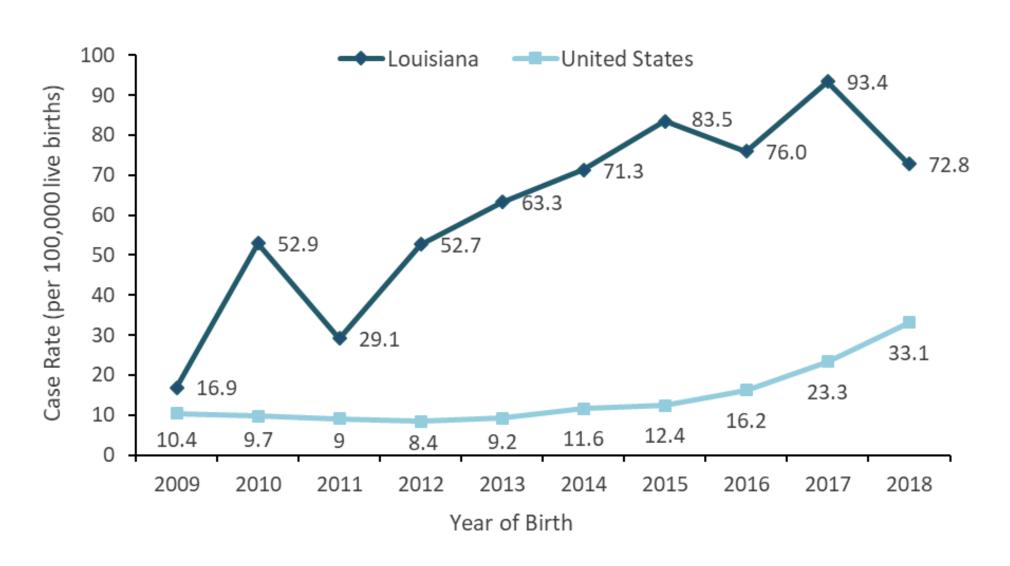
	2017 Diagnoses	2017 Ranking*	2018 Diagnoses	2018 Ranking*	% Change
P&S Syphilis	679	3 rd	669	7 .	-1.5%
Congenital Syphilis	59	1 st	46	3 rd	-22.0%
Gonorrhea	12,014	3	12,043	5 .	0.2%
Chlamydia	34,749	2 nd	36,293	2 nd	4.4%
HIV**	1,019	4 th	983		-3.5%

^{*}Rankings are based on the case rate for each state

^{**2018} HIV Rankings will be available by December 1, 2019

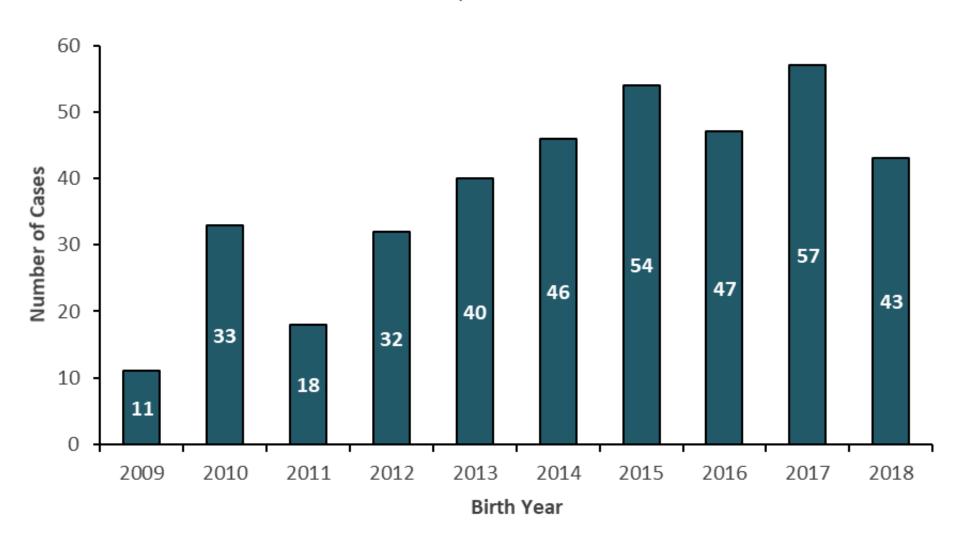
Congenital Syphilis Rates

Louisiana and the United States, 2009-2018

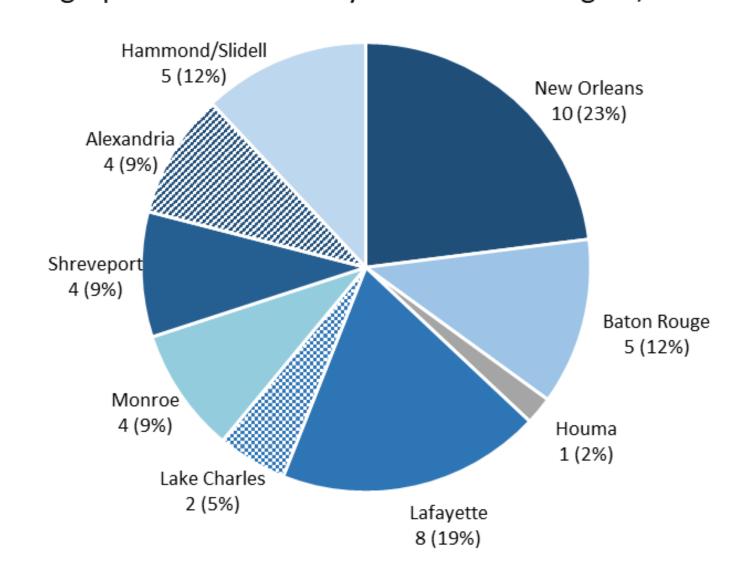


Congenital Syphilis Cases

Louisiana, 2009-2018



Congenital Syphilis Cases
Geographic Distribution By Public Health Region, 2018



Congenital Syphilis Louisiana, 2018

	Number	Percent
Total Cases	43	100%
Case Definition		
Presumed Case	40	93.0%
Syphilitic Stillbirth	3	7.0%
Maternal Race/Ethnicity		
Black/African American	33	76.7%
White	10	23.3%
Age at Delivery		
15-19	8	18.6%
20-24	15	34.9%
25-29	14	32.6%
30-34	5	11.6%
35+	1	2.3%
Frequency of Prenatal Care		
No Prenatal Care	4	9.3%
1-4 Prenatal Visits	9	20.9%
5-8 Prenatal Visits	14	32.6%
9-13 Prenatal Visits	9	20.9%
14+ Prenatal Visits	7	16.3%
Insurance During Pregnancy		
Government/Public	36	83.7%
Private	3	7.0%
None/Unknown	4	9.3%

INNOVATIONS IN CONGENITAL SYPHILIS PREVENTION

- In 2016, Louisiana implemented **Regional CS Case Review Boards** to review each CS case and identify steps which could have prevented them.
- Based on findings from CS case reviews, recurring barriers for treatment included:
 - Access to timely Bicillin treatment
 - Late term infection/reinfection
 - Inadequate treatment during pregnancy

PARTNERSHIPS FOR HEALTHY BABIES





PARTNERSHIP WITH MEDICAID

Data sharing



Provider Outreach



SYPHILIS SCREENING DURING PREGNANCY AMONG MEDICAID ENROLLEES

- In order to reduce the number of congenital syphilis cases, the Louisiana Office of Public Health, STD/HIV/Hepatitis Program (SHHP) developed a "Big Bet" to focus on this issue
- Objective: Reduce the number of congenital syphilis cases by increasing access to appropriate syphilis treatment and utilizing Medicaid syphilis testing of pregnant women to improve provider services
- •Focus on syphilis screening during the 3rd trimester since data indicated many providers were not retesting during the 3rd trimester

DATA METHODS

- Medicaid/ULM provided syphilis testing data at a provider level: number of pregnant women who were tested for syphilis during the 1st trimester, 3rd trimester, or at any point during their pregnancy
- Eligible population: Women enrolled in Medicaid who delivered in CY 2018 as evidenced by Louisiana Vital Records data linked to Medicaid Eligibility data, regardless of gestational age, who were eligible for Medicaid during the month of delivery
- OB/GYN Providers were included if they saw 5 or more women at any point during pregnancy from conception to delivery date
- Linked mothers: Mothers were linked to the provider if they had one or more visits with the provider at any point during the pregnancy
- If a mother saw multiple providers, they would be linked to the provider they saw the most during the pregnancy
- If there is still a tie, the provider they saw most recently would be chosen for the linkage

RESULTS

- •Among providers with $\geq =25$ patients:
 - 1st Trimester syphilis screening rates ranged from 5% to 83% (median: 59%)
- 3rd Trimester syphilis screening rates ranged from 0% to 96% (median: 45%)
- Syphilis screening anytime during pregnancy ranged from 66% to 100% (median: 94%)

NUMBER/PERCENT OF PROVIDERS WHO SCREENED DURING 1 ST AND 3 RD TRIMESTER					
PERCENT OF WOMEN SCREENED	1 ST TRIMESTER SCREENING	3 RD TRIMESTER SCREENING			
0% - 25%	10 (3%)	99 (32%)			
26% - 50%	72 (23%	65 (21%)			
51% - 75 %	216 (70%)	79 (25%)			
76% - 100%	12 (4%)	67 (22%)			

RESULTS

PROVIDERS WHO SCREENED <50% OF PATIENTS DURING THE 3RD TRIMESTER

PERCENT OF WOMEN	NO. OF	PERCENT
SCREENED	PROVIDERS	
Region 1 – New Orleans	45	27%
Region 2 — Baton Rouge	16	10%
Region 3 - Houma	15	9%
Region 4 - Lafayette	28	17%
Region 5 — Lake Charles	11	7%
Region 6 – Alexandria	2	1%
Region 7 – Shreveport	18	11%
Region 8 – Monroe	6	4%
Region 9 – Hammond/Slidell	23	14%

Of the 164 providers who screened less than 50% of pregnant women during the 3rd trimester, most were located in New Orleans (27%) or Lafayette (17%). The fewest were located in Alexandria (1%) or Monroe (4%).

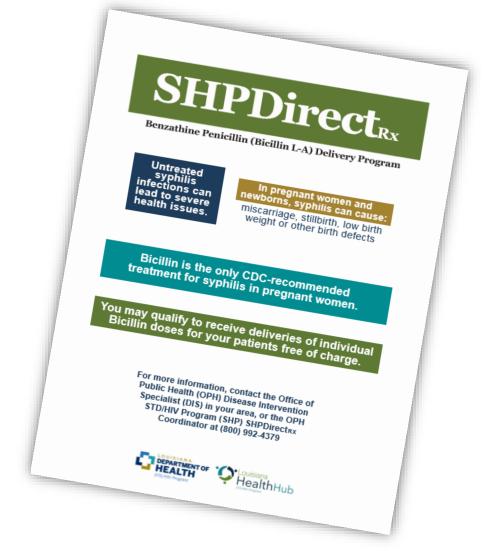
NEXT STEPS

- SHHP Nurse Educator is following up with providers who have low syphilis screening rates to provide additional education
- Pilot in New Orleans and Shreveport regions
- •CY 2019 data will be requested from Medicaid to determine if screening rates have improved and to analyze trends



PARTNERSHIP WITH PRIVATE PROVIDERS







Louisiana ranks #1 in the nation for congenital syphilis case rates.

Louisiana's rate is 4x the national average.

Untreated syphilis infections can lead to severe health issues.

In pregnant women and newborns, syphilis can cause:

miscarriage, stillbirth, low birth weight or other birth defects

Syphilis can be treated and cured with antibiotics

If you are diagnosed with syphilis, your healthcare provider may be able to refer you for treatment at home.





- Pilot project in Regions 4, 6, and 7 for pregnant women and their partners
- Eligible patients are those with no history of penicillin allergy and, for women, no complications of pregnancy which would preclude treatment in the home
- Must have access to working telephone landline or cellular service and availability of 911 and EMS services
- Home visits conducted by OPH Nurses accompanied by Disease Investigation Specialists and/or CS Case Managers

SHPDirect_{Rx}

Benzathine Penicillin (Bicillin L-A) Delivery Program

Untreated syphilis infections can lead to severe health issues.

In pregnant women and newborns, syphilis can cause:

miscarriage, stillbirth, low birth weight or other birth defects

Bicillin is the only CDC-recommended treatment for syphilis in pregnant women.

You may qualify to receive deliveries of individual Bicillin doses for your patients free of charge.

For more information, contact the Office of Public Health (OPH) Disease Intervention Specialist (DIS) in your area, or the OPH STD/HIV Program (SHP) SHPDirectex Coordinator at (800) 992-4379

•Facilitate timely syphilis treatment by utilizing Disease Intervention

Specialists to deliver Bicillin to private OB/GYN providers and community health centers that do not maintain the medication on-site







SHPDIRECT_{RX}

- Implemented in October, 2019
- Piloted in Regions 4, 6, and 7 and limited to OB providers
- Providers and testing facilities who do not maintain Bicillin in their on-site medication stock
- Medical providers are responsible for administering the injections, as well as assuring that patients are suitable candidates for Bicillin injections

FOR MORE INFORMATION ABOUT SHOT OR SHPDIRECTRX, PLEASE CONTACT:

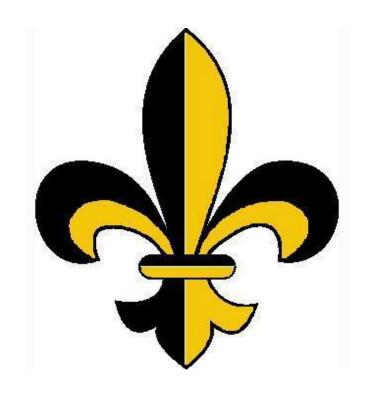
MARION DEMING, RN, MSN
Congenital Syphilis Nurse Educator
Louisiana STD/HIV/Hepatitis Program
marion.deming@la.gov



ACKNOWLEDGEMENTS

- Debbie Wendell, SHHP Data Management & Analysis Unit Manager
- Kolynda Parker & the Medicaid/ULM staff
- Ashley Hoover, SHHP Perinatal Surveillance Supervisor
- Marion Deming, SHHP Congenital Syphilis Nurse Educator





CHAQUETTA JOHNSON, DNP, MPH
DEPUTY DIRECTOR – OPERATIONS
LOUISIANA STD/HIV/HEPATITIS PROGRAM
CHAQUETTA.JOHNSON@LA.GOV

