

# **Congenital syphilis: opportunities for collaboration and prevention**

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# About the Oregon Perinatal Collaborative

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## **Mission**

We work together to advocate for improved maternal and childhood health outcomes through collaboration, implementation of evidence-based practices, and policy change throughout the state of Oregon.

## **Vision**

Everyone in Oregon, will have access to and receive high-quality maternal and neonatal care to optimize health.



# What brings us here today?

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- Alarming increase in syphilis and congenital syphilis in Oregon
- County Health Departments, OHA, OPC, and many others working on prevention
- Inconsistent coordination and communication between efforts
- OPC looking for areas of opportunity to increase collaboration and effectiveness to prevent congenital syphilis

# OPC congenital syphilis prevention areas of focus

## 1. Education and guidance for prenatal healthcare providers

- Update and recommendations at annual OPC summit
- Joint OHA & OPC 2023 Emerging Practices for Responding to the Congenital Syphilis Emergency in Oregon: Recommendations for Health Care Providers

### Emerging Practices for Responding to the Congenital Syphilis Emergency in Oregon: Recommendations for Health Care Providers

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*Adapted from the California Department of Public Health and Essential Access Health report [Emerging Practices for Responding to the Congenital Syphilis Crisis in California: Findings from 2021 Strategy Sessions](#).*



# OPC congenital syphilis prevention areas of focus

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## 2. Build relationships with County Health Departments to:

- Learn from your syphilis and congenital syphilis prevention work
- Identify areas for collaboration, including...



# OPC congenital syphilis prevention areas of focus

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3. Outreach to Oregon emergency departments to improve syphilis screening for pregnant people receiving care in ED
  - Missed opportunities for syphilis screening for pregnant people who don't receive regular prenatal care but are seen in the ED

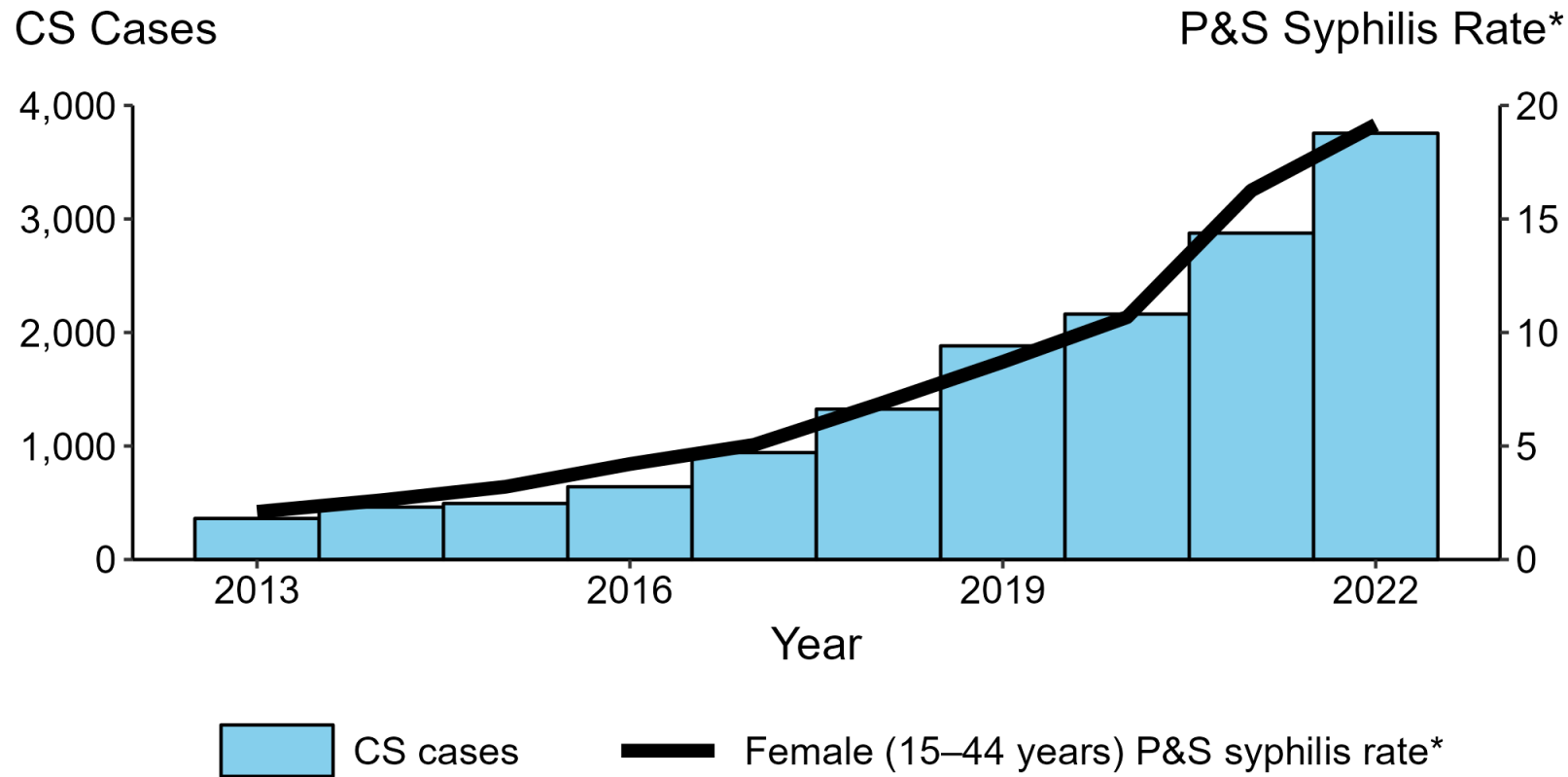


# Review of key congenital syphilis data

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*Do we have the information we need to work together to prevent congenital syphilis?*

# Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women Aged 15–44 Years, United States, 2013–2022

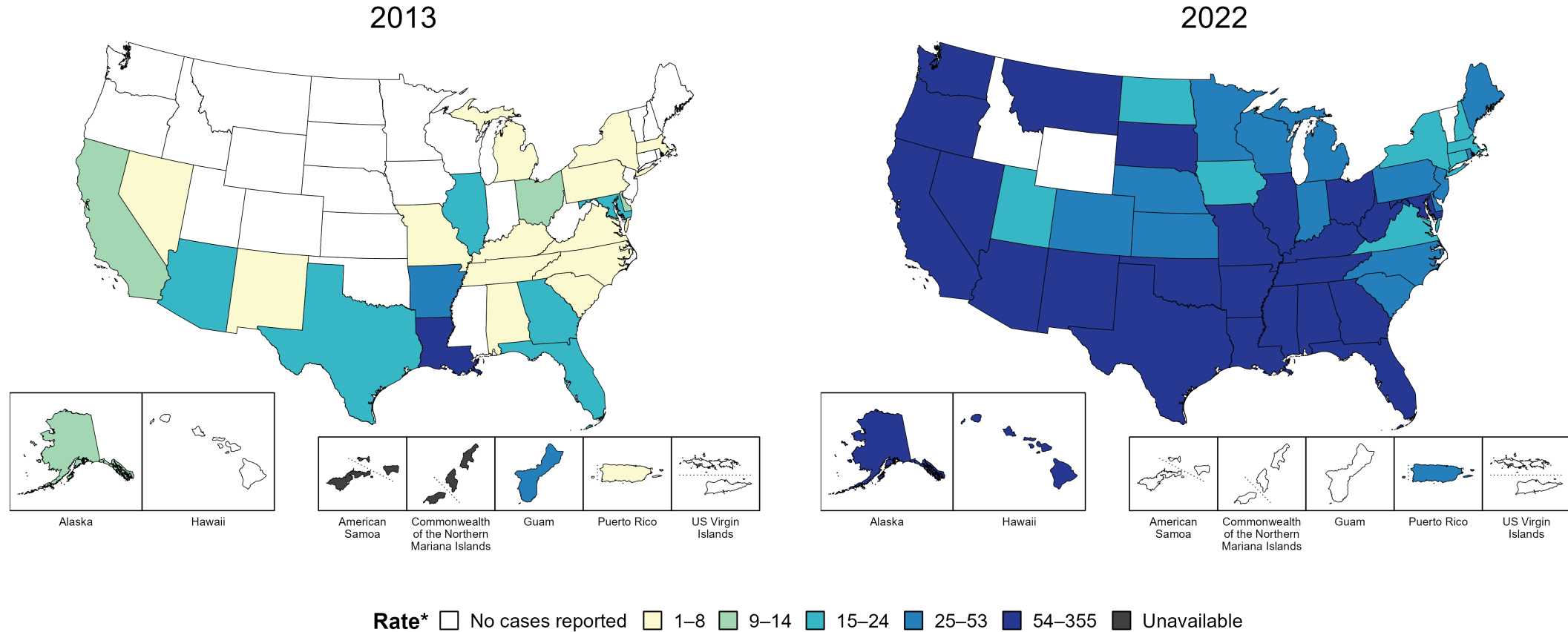


\* Per 100,000

**ACRONYMS:** CS = Congenital syphilis; P&S Syphilis = Primary and secondary syphilis

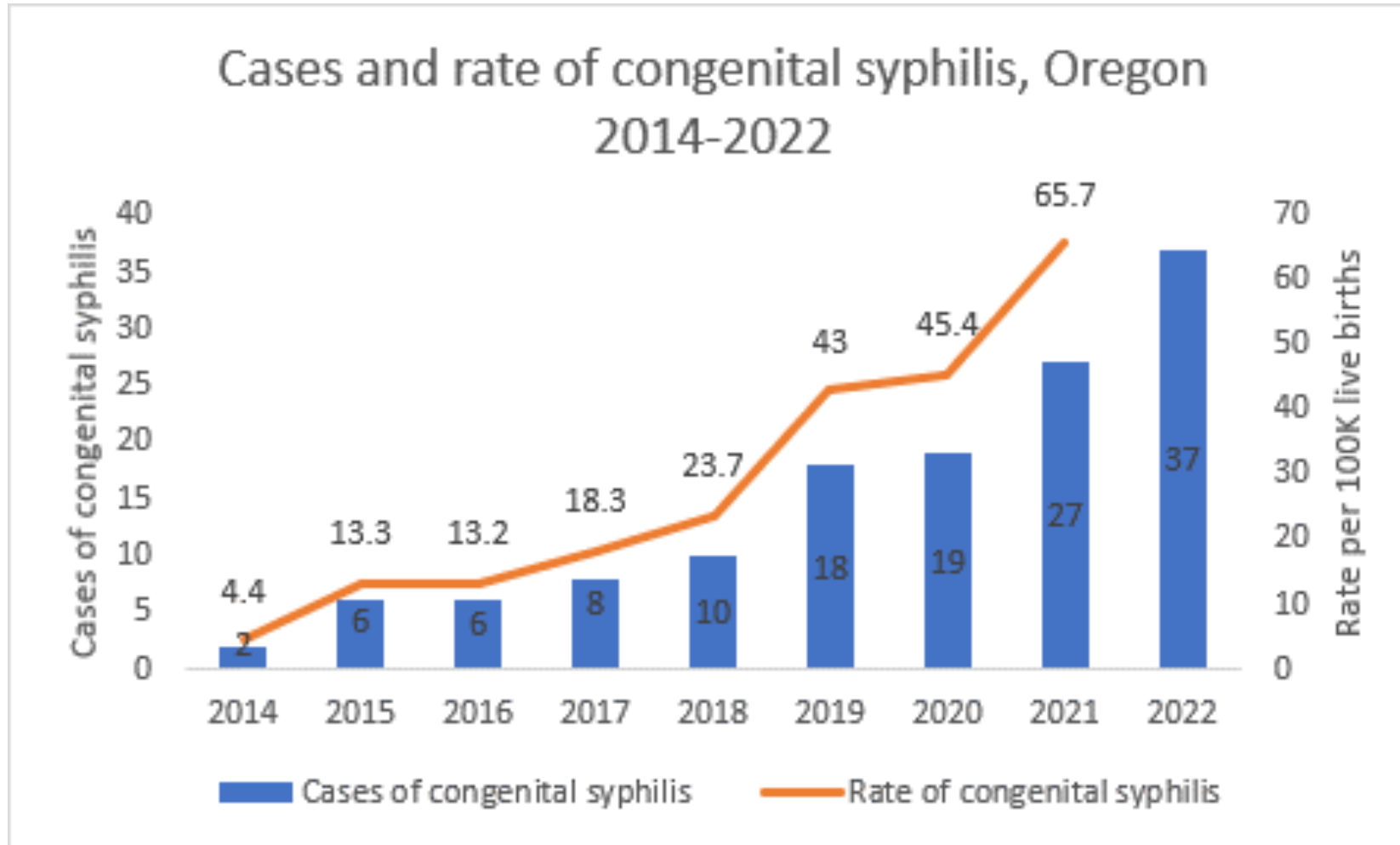


# Congenital Syphilis — Rates of Reported Cases by Year of Birth and Jurisdiction, United States and Territories, 2013 and 2022

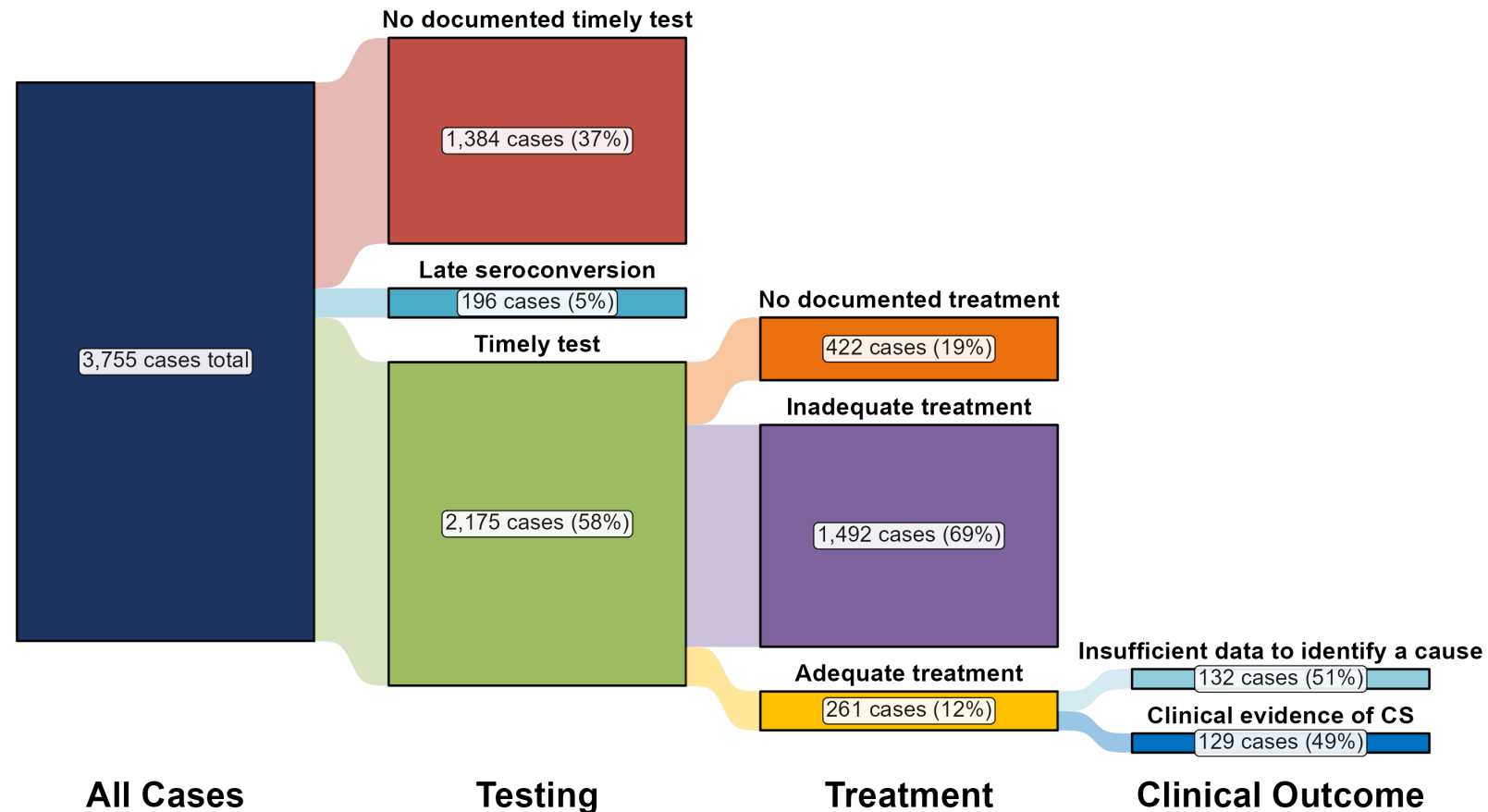


\* Per 100,000 live births

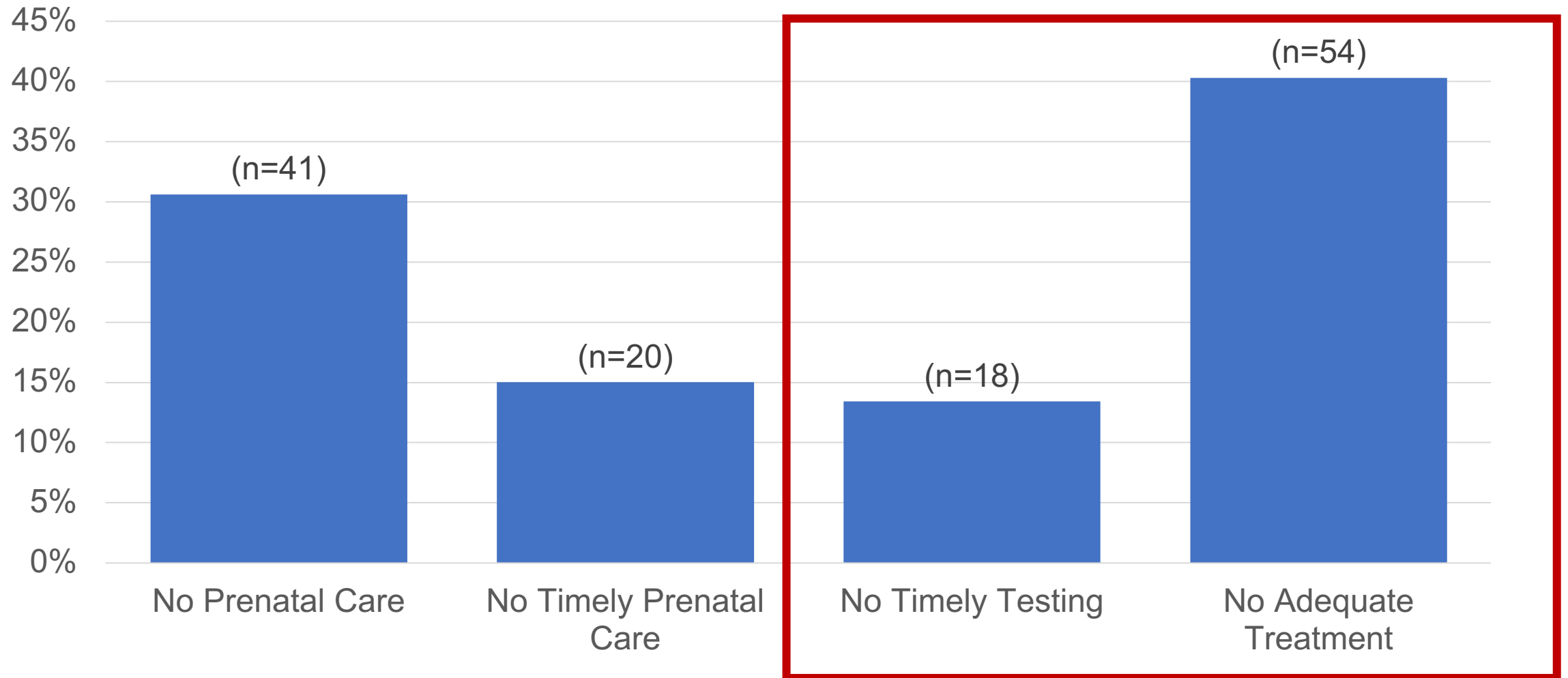
There were 2 cases of CS in 2014 and 37 cases of CS in 2022 (n=133)



# Congenital Syphilis — Distribution of Receipt of Testing and Treatment by Pregnant Persons with a Congenital Syphilis Outcome, United States, 2022



# Lack of access to prenatal care and inadequate treatment are the most common missed opportunities to prevent CS



# Individual and community-level factors that exacerbate the risk of CS

## Individual-level factors

- Lack of health insurance, diagnosis in inpatient or ER settings
- Substance use (esp, methamphetamine and injection drug use)
- Housing instability
- Transactional sex
- Educational opportunity
- Mental health

## Community-level factors

- Poverty and educational attainment among women
- Income inequality
- Urbanicity
- Violent crime
- Insurance status
- Population proportions of Latinx, Black, and Native Hawaiian/Pacific Islander people

# Recommendations for syphilis screening in pregnancy

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Boodman et al. CJPH, 2023: triple screening is highly cost-avoidant  
Hersh et al. Obs Gyn, 2018: third trimester screening is cost effective

- Screen at first presentation to care
- Screen again at 24-28 weeks (early third trimester)
  - Pair with an oral glucose tolerance test
  - Allows enough time to arrange for treatment
  - Detects seroconversion and re-infection
- Screen at delivery

**All visits are prenatal visits:** ER & urgent care, carceral settings, and SUD treatment when syphilis/prenatal care status is unknown

# ED Role in congenital syphilis prevention

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- **ED is primary site of care for significant portion of pregnant people at high risk of syphilis**
  - Important site for screening and treatment to prevent congenital syphilis
- **Focus of ED communication:**
  - Screen for pregnancy in all ED encounters
  - Every visit with a pregnant person is a prenatal visit
  - Screen pregnant people with limited prenatal care at any presentation to care
  - All syphilis screening should be a two-step process (nontreponemal and treponemal)
  - All positive screens are reported to the county health department
  - County health department will follow up on all positive results
  - Treat empirically if positive or with symptoms of primary or secondary syphilis

# Next steps

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- What are we missing?
- What does OPC need to know about County Health Departments to work well with you?
- What makes sense to you for next steps?



# Thank you!

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