

HEALTH ALERT

Dear Humboldt County Providers,

November 2, 2021

Congenital syphilis (CS) has resurfaced in Humboldt after more than a decade. One reason for this increase is a decrease in testing opportunities in our county for sexually transmitted infections (STI). Missed/delayed perinatal STI screenings have an even higher impact on CS. Updated recommendations are that all pregnant women should be screened for syphilis in every pregnancy at specific intervals. Recent California surveillance data suggests a large increase in CS cases and syphilis among people of childbearing age in the Northern California counties. In 2019 through 2020, the number of cases of CS and syphilis among people who could become pregnant in the Northern region has increased by 29% and 28%, respectively. Data indicates a continual rise in CS from the nearly 900% increase in cases statewide between 2012-2018. Humboldt County Public Health wants to partner with our county medical providers for a unified approach to eliminate congenital syphilis from our county. In addition to routine prenatal screening, we encourage any individual that is sexually active to get tested for an STI at least once annually regardless of risk factors or symptomology (many do not have any).

Additional reasons for routine/opt-out STI testing in rural counties include:

- Smaller communities often mean less anonymity – leading to greater patient discomfort in being forthright about riskier sexual and behavioral practices.
- Higher rates of poverty and uninsured individuals unfortunately make emergency departments a main source of primary care – an opt-out model would decrease the number of missed STI screening opportunities.

Attached with this document is a health alert with state guidance sent out by the California Department of Public Health. These documents will familiarize Humboldt County medical providers with the new expanded guidance and best practices. There have been a number of changes to recommendations, and each one is vitally important in our fight to ending congenital syphilis. We thank you all for your compassion and continuous efforts in these trying times.

Best regards,



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GAVIN NEWSOM
Governor

October 2021

Health Alert:

Increasing Cases of Congenital Syphilis and Syphilis Among Females in Northern California

Dear Colleague:

Recent California surveillance data suggests an alarming increase in congenital syphilis (CS) and syphilis among females of childbearing age in counties in the northern region of California.ⁱ Northern region cases of CS and syphilis among people who could become pregnant increased by 29 and 28 percent, respectively, from 2019 through 2020. These trends continued into 2021 and echo concerning statewide findings: reported CS cases in California increased nearly 900% from 33 cases in 2012 to 329 cases in 2018. Many CS cases in California have occurred among infants whose birthing parents report: receiving late or no prenatal care, using methamphetamine and injection drugs, experiencing homelessness or unstable housing, and/or having been incarcerated within the prior 12 months.



The California Department of Public Health (CDPH) STD Control Branch (STDCB) released [Expanded Syphilis Screening Guidelines for the Prevention of Congenital Syphilis](#) in December of 2020. These recommendations aim to increase syphilis detection and allow timely treatment among people who are or could become pregnant. The ultimate goal is to prevent the devastating consequences of CS.

Within the expanded syphilis screening guidelines, CDPH recommends that:

- 1) All pregnant patients should be screened for syphilis at least twice during pregnancy: once at either confirmation of pregnancy or at the first prenatal encounter (ideally during the first trimester) – and again during the third trimester (ideally between 28-32 weeks' gestation), regardless of whether such testing was performed during the first two trimesters.
- 2) Patients should be screened for syphilis at delivery, except those at low riskⁱⁱ who have a documented negative screen in the third trimester.
- 3) Emergency department (ED) providers in local health jurisdictions with high-CS morbidityⁱⁱⁱ should consider confirming the syphilis status of all pregnant patients prior to discharge, either via documented test results in pregnancy, or a syphilis test in the ED if documentation is unavailable.
- 4) All people who are or could become pregnant entering an adult correctional facility located in a local health jurisdiction with high-CS morbidityⁱⁱⁱ should be screened for syphilis at intake, or as close to intake as feasible.
- 5) All sexually active people who could become pregnant should receive at least one lifetime screen for syphilis, with additional screening for those at increased risk.

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- 6) All sexually active people who could become pregnant should be screened for syphilis at the time of each HIV test.

In accordance with these screening guidelines and in response to the increasing number of CS cases in the northern region of California, CDPH supports efforts to expand syphilis screening and treatment including but not limited to the following:

- Use opt-out strategies when offering syphilis screening
- Offer syphilis screening to all individuals at the time of pregnancy diagnosis
- Perform pregnancy testing for any person who tests positive for syphilis and could be pregnant
- Incorporate syphilis screening into routine emergency department care for all patients who are pregnant
- Use rapid syphilis screening tests to screen all incarcerated persons at the time of intake or as close to intake as possible
- Offer rapid syphilis screening at locations frequented by people who inject drugs, including drug treatment and syringe service programs
- Include rapid syphilis screening as part of street medicine or homeless outreach programs
- Continue to screen men for syphilis per [CDC/CDPH STDCB screening guidelines](#),^{iv} including in any of the settings described above

To ensure appropriate treatment of all individuals diagnosed with syphilis, the CDPH STDCB also encourages the following:

- Empirically treat persons who have a preliminary positive treponemal or non-treponemal syphilis test while awaiting confirmatory testing, especially if patient follow-up is uncertain
- Arrange field delivery of Bicillin-LA where necessary to reach patients with syphilis who have difficulty accessing routine healthcare services

Additionally, since syphilis can be challenging to recognize or adequately treat, providers should reinforce their knowledge of the [clinical presentation and treatment of syphilis](#), including via the [National STD Curriculum](#), or via [virtual syphilis training videos](#) available from the California Prevention Training Center

STD programs and providers in the northern region of California are encouraged to enact as many of the above recommendations as possible, as we work together to find creative solutions aimed at reversing the concerning trajectory of increasing CS and syphilis. As a reminder, always report all suspected or confirmed cases of syphilis (including pregnancy status) to your local health department, who can also provide information on prior syphilis serologies/treatment, notify partners, find patients who are lost to follow-up, and provide access to syphilis treatment.

Sincerely,



Kathy Jacobson, MD

Chief, Sexually Transmitted Diseases Control Branch, California Department of Public Health

Footnotes:

ⁱ The northern region of California is depicted on the map above and includes the following counties: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Tehama, Trinity, and Yuba.

ⁱⁱ Syphilis among mothers of infants with CS has been associated with the following: recreational drug use, especially methamphetamine use, homelessness or unstable housing, limited or no prenatal care, incarceration within the prior 12 months, and/or having a partner who is incarcerated, among other factors. For a full set of risk factors, see Table 2 in the CDPH [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis: Guidelines for California Medical Providers 2020](#).

ⁱⁱⁱ CDPH defines local health jurisdictions with high-CS morbidity as those with a rate greater than 8.4 cases per 100,000 live births for any of the past three consecutive years. This “threshold” reflects the national rate of CS in 2012, prior to recent increases in California and the United States, when California’s CS rate was below that of the national rate.

^{iv} Current Centers for Disease Control and Prevention syphilis screening guidelines include: screening asymptomatic adults at increased risk (e.g., history of incarceration or commercial sex work, being a male younger than 29) and at least annual screening for sexually active men who have sex with men (MSM) and persons living with HIV, with more frequent screening (every 3-6 months) if-at increased risk of syphilis exposure.

Resources:

1. Centers for Disease Control and Prevention (CDC). 2021 Sexually transmitted infections treatment guidelines. Available at: <https://www.cdc.gov/std/treatment-guidelines/toc.htm>.
 - a. Centers for Disease Control and Prevention. Screening recommendations and considerations referenced in treatment guidelines. Available at: <https://www.cdc.gov/std/treatment-guidelines/screening-recommendations.htm>.
2. STD Control Branch, California Department of Public Health. Expanded syphilis screening recommendations for the prevention of congenital syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Expanded-Syphilis-Screening-Recommendations.pdf>.
3. Centers for Disease Control and Prevention. Syphilis – CDC fact sheet (detailed). Available at: <https://www.cdc.gov/std/syphilis/stdfact-syphilis-detailed.htm>.
4. University of Washington, National STD Curriculum. STD modules: Syphilis. Available at: <https://www.std.uw.edu/custom/self-study/syphilis>.
5. California Prevention Training Center. Online learning – syphilis and congenital syphilis. Available at: https://californiapctc.com/online-learning/?_topics=congenital-syphilis%2Csyphilis&_training_types=webinar.
6. California Department of Public Health. Screening for syphilis in emergency departments – resource guide. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/Screening-for-Syphilis-in-Emergency-Departments-Resource-Guide.pdf>.
7. STD Control Branch, California Department of Public Health. Congenital syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/CongenitalSyphilis.aspx>.
8. STD Control Branch, California Department of Public Health. Syphilis. Available at: <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Syphilis.aspx>.