

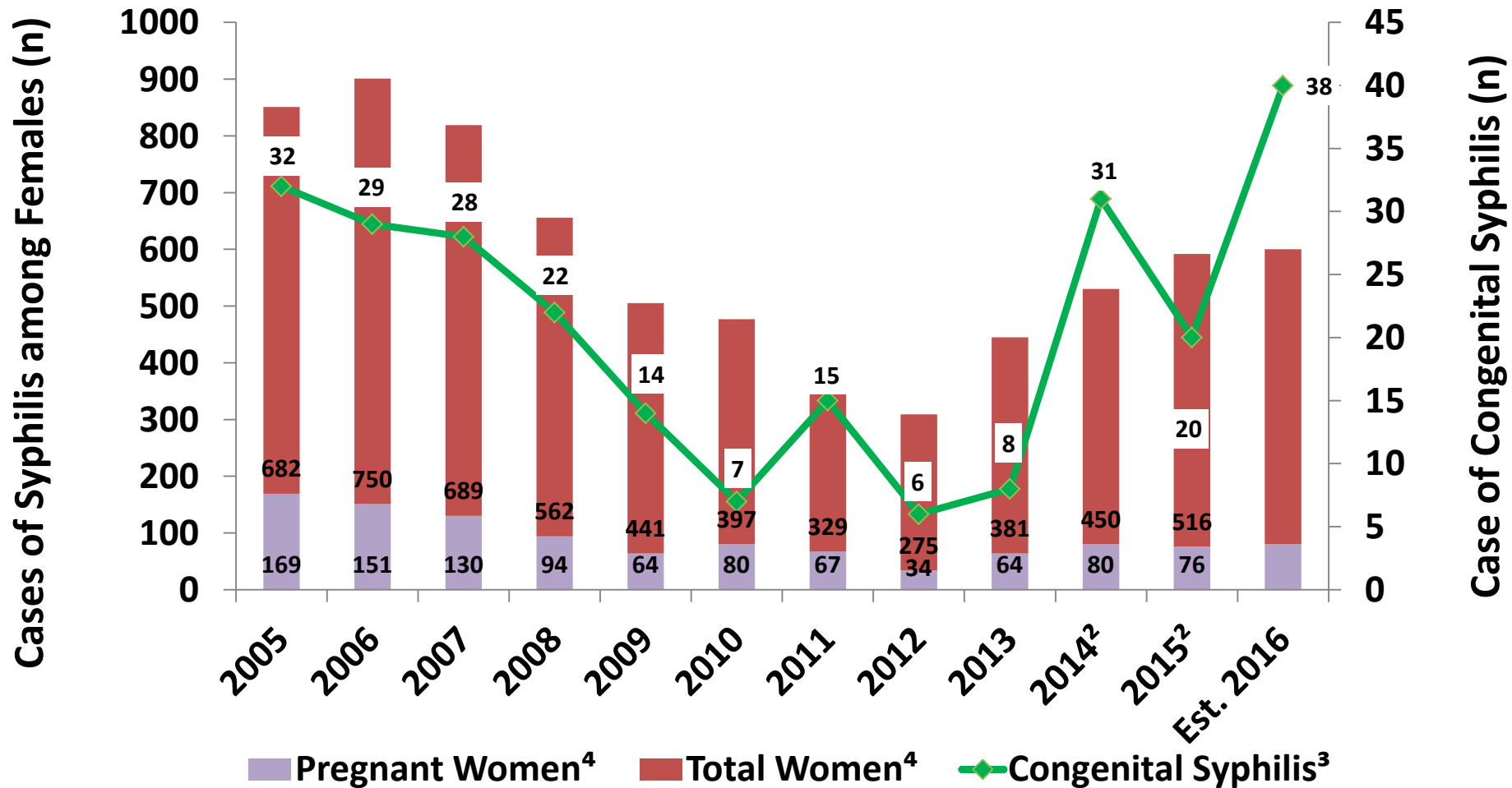


Role of Public Health Nurses in Controlling Prenatal & Congenital Syphilis in Los Angeles County

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Number of Female Syphilis Cases and Congenital Syphilis Cases, Los Angeles County, 2005-2015¹



¹ Data are from STD Casewatch as of 07/18/2016 and excludes cases in Long Beach and Pasadena

² 2014-2015 data are provisional due to reporting delay

³ Congenital Syphilis includes syphilitic stillbirths

⁴ Syphilis among females includes all cases staged as primary, secondary, early latent and late latent

Contributing Causes of PN-Syphilis, LAC

- Increasing syphilis infection among men and women
- Undiagnosed and untreated infection *before* pregnancy
- Undiagnosed and untreated infection during pregnancy
 - No prenatal care or late prenatal care
 - Missed syphilis screening opportunities
 - Reinfection during pregnancy
 - Inadequate or delayed treatment during pregnancy
- Emerging birth tourism (2014)





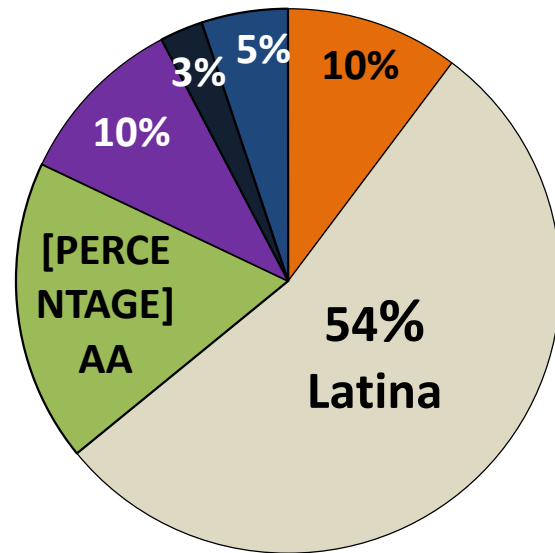
Women Considered High Risk for Syphilis, LAC

- Latina and African American women
- From certain geographic areas(SPA 4 & SPA 6)
- Partner may have other partner(s)
- Access pre-natal care late, not at all, missed visits
- Exchange sex for money/shelter/other things of value
- Drug abuse & homelessness
- Serious mental illness

Maternal Characteristics (CS Cases 2015 – October 30 2016)

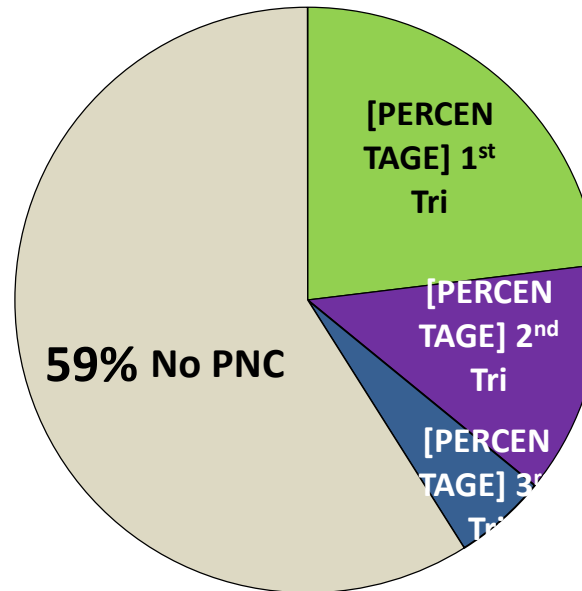
Median Age: 29.5 years(16-38y/o)

Race/Ethnicity



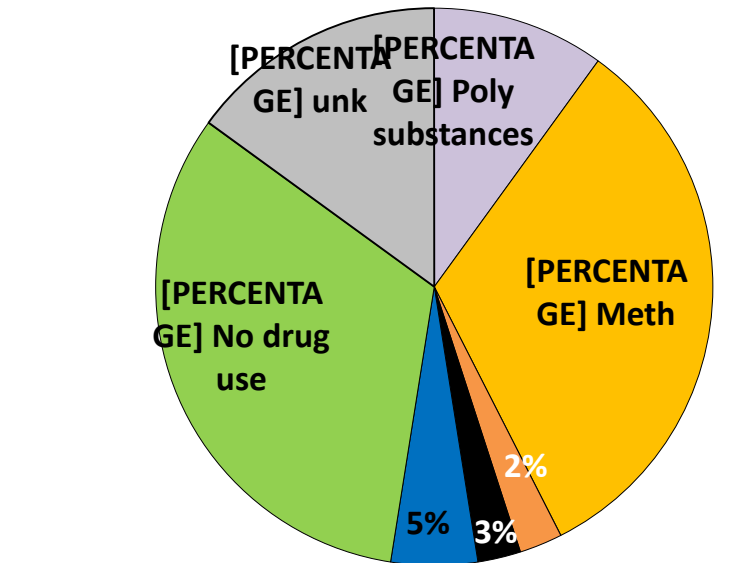
- White
- Latina
- Black
- Asian
- PI
- Unknown

Entry into PNC

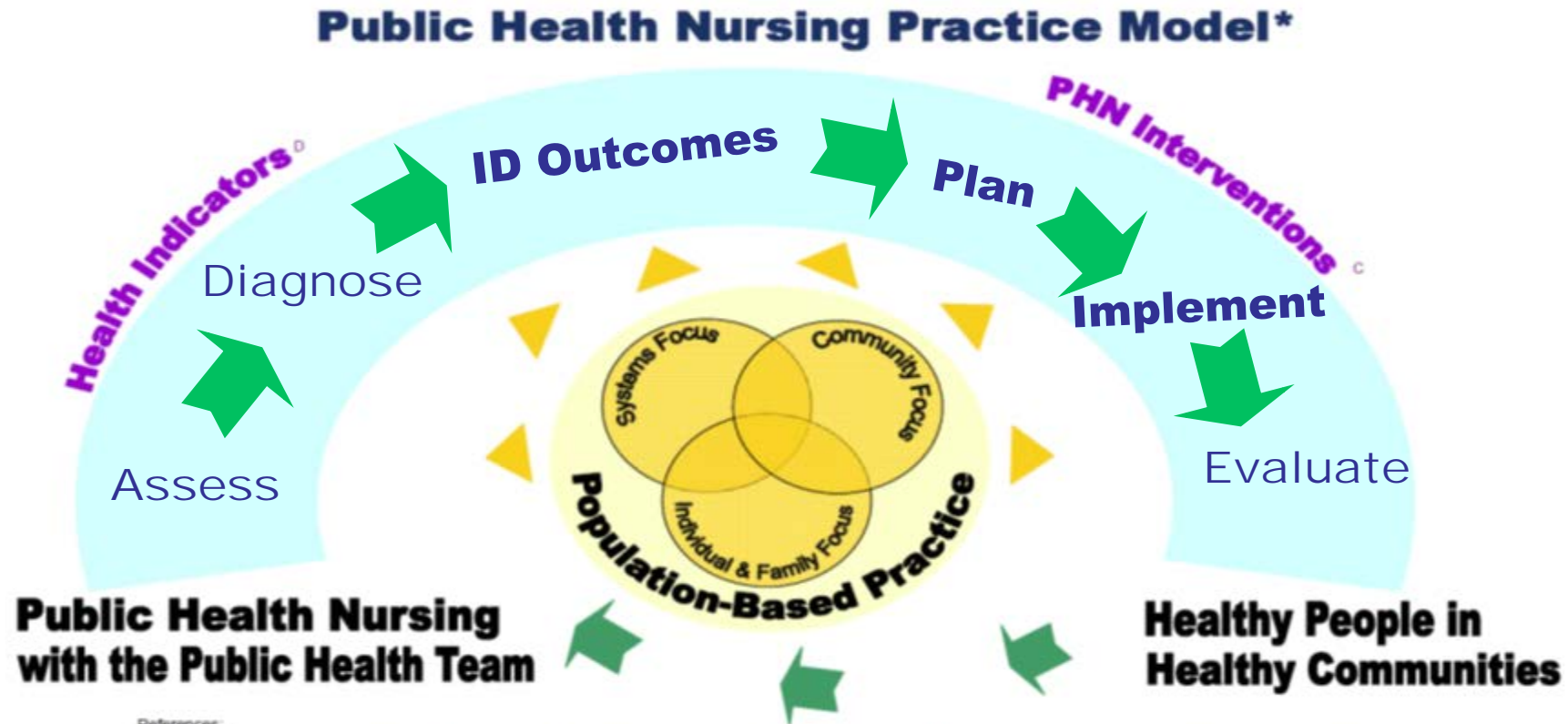


- 1st Tri
- 2nd Tri
- 3rd Tri
- No PNC

Drug Use During Pregnancy



- Coke+/- Meth +/-Op
- Heroin
- Yes, type unk
- Unknown
- Meth+/- MJ
- MJ
- No Drug use



References:

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- (D) U.S. Department of Health and Human Services. (2000). *Healthy People 2010*. (Vol. 1). McLean, VA: International Medical Publishing, Inc.

*Created by Los Angeles County DPH, Public Health Nursing with input from CCLHDND-Southern Region. This model serves as the basis for the CCLHDND California PHN Practice Model (04-2007).
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LAC Public Health Nursing

Div. of HIV & STD Programs (DHSP) Public Health Nursing

- Prenatal Syphilis Routed by DHSP within 1-2 d of receipt to DOR/PHN.
- All cases are sent with recommendations on necessary treatment and follow-up.
- Each cases reviewed to ensure appropriate management and follow-up.

Community Health Services(CHS) District Public Health Nursing

- PN and CS Cases are considered high priority must be worked within 1- 2 days of assignment
- PHN ensures pt. is treated per CDC Guidelines & provides complete Case Management Services.
- All PN and CS Cases per PHN Standard Case must closed within 30 days of assignment

PHN Points of Intervention

Potential Barriers/Potential Successes



- Screening/dx/tx
- Partner services
- Linkage to effective contraception
- Linkage to mental health services
- Linkage to drug rehabilitation treatment

- Linkage to prenatal care
- Screening/dx
- Timely treatment appropriate to stage
- Partner services
- Prevent and detect new and repeat infection
- Linkages to mental health services/drug rehabilitation tx

- Evaluation and treatment of baby
- Tx and Partner Services for mother



Next Steps & Prenatal & CS Action Plan





Congenital & Prenatal Syphilis Action Plan (2014-present)

Los Angeles Public Health Nursing Goals:

- Improve timely follow-up, coordination and linkage to prenatal care
- Improve PHN partner elicitation skills
- Increase STD case management trainings to include other DPH Programs
- Improve tracking activities to identify opportunities for intervention.
- Create a DHSP/PHN Prenatal Syphilis Coordinator item for follow-up activities
- Increase LAC provider trainings and clinical consultations
- Enhanced collaboration and coordination with birthing hospitals/agencies

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