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, 2005-2015

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

Source: Division of HIV and STD Programs
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

- Latina: 54%
- PI: 10%
- Asian: 3%
- Black: 5%
- Unknown: 10%

Entry into PNC

- 59% No PNC
- 1st Tri
- 2nd Tri
- 3rd Tri
- No PNC

Drug Use During Pregnancy

- Coke+/Meth +/-Op: 2%
- Meth+:MJ: 5%
- Heroin: 3%
- MJ: 5%
- No Drug use: 5%

Unknown: 3%
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

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

**During pregnancy**
- 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

**Birth**
- Evaluation and treatment of baby
- Tx and Partner Services for mother
Next Steps & Prenatal & CS Action Plan

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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