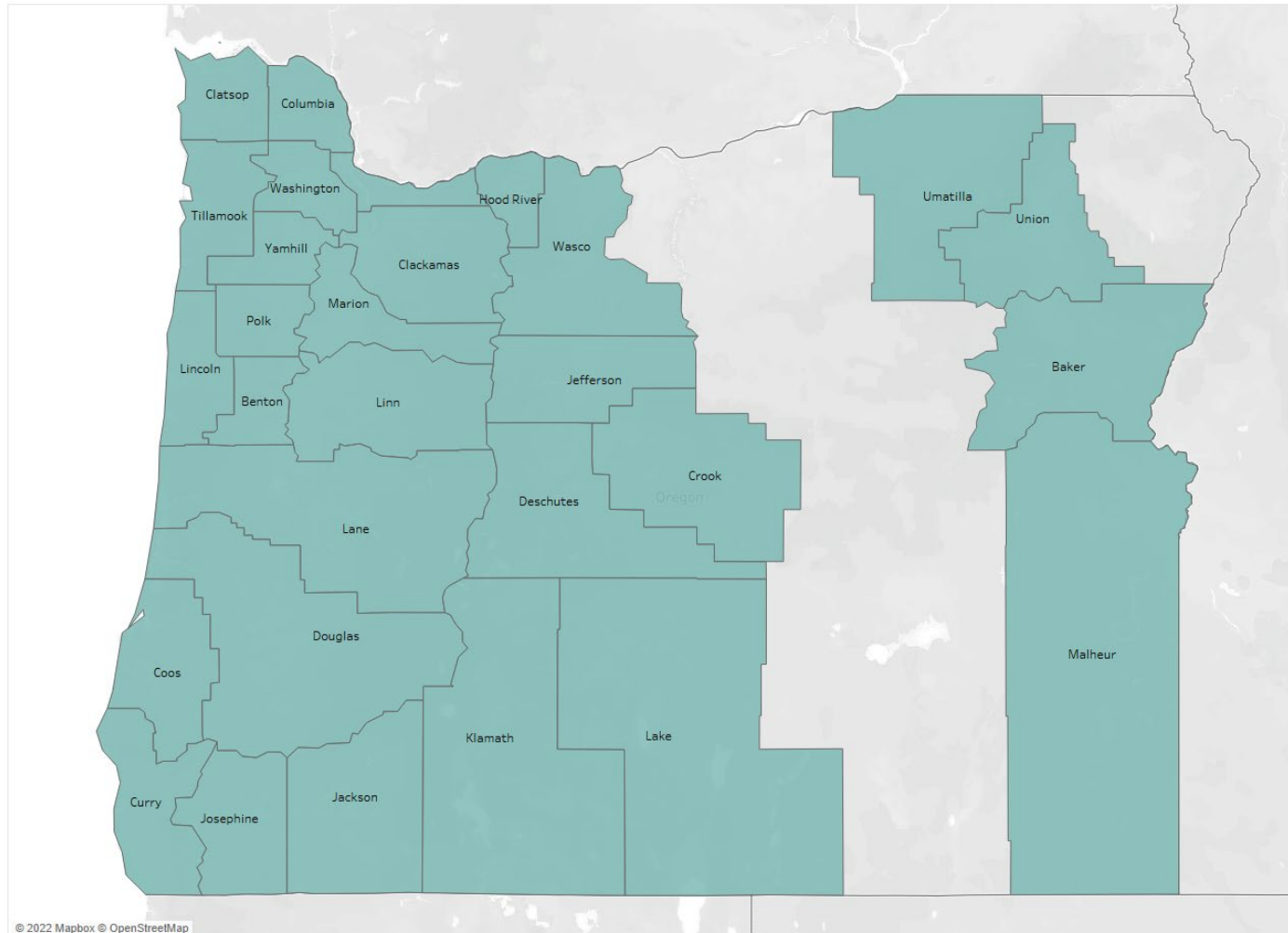


Congenital Syphilis Orpheus Training

April 6, 2022

Cases among Pregnancy-Capable People 2014-2019

2014_2019

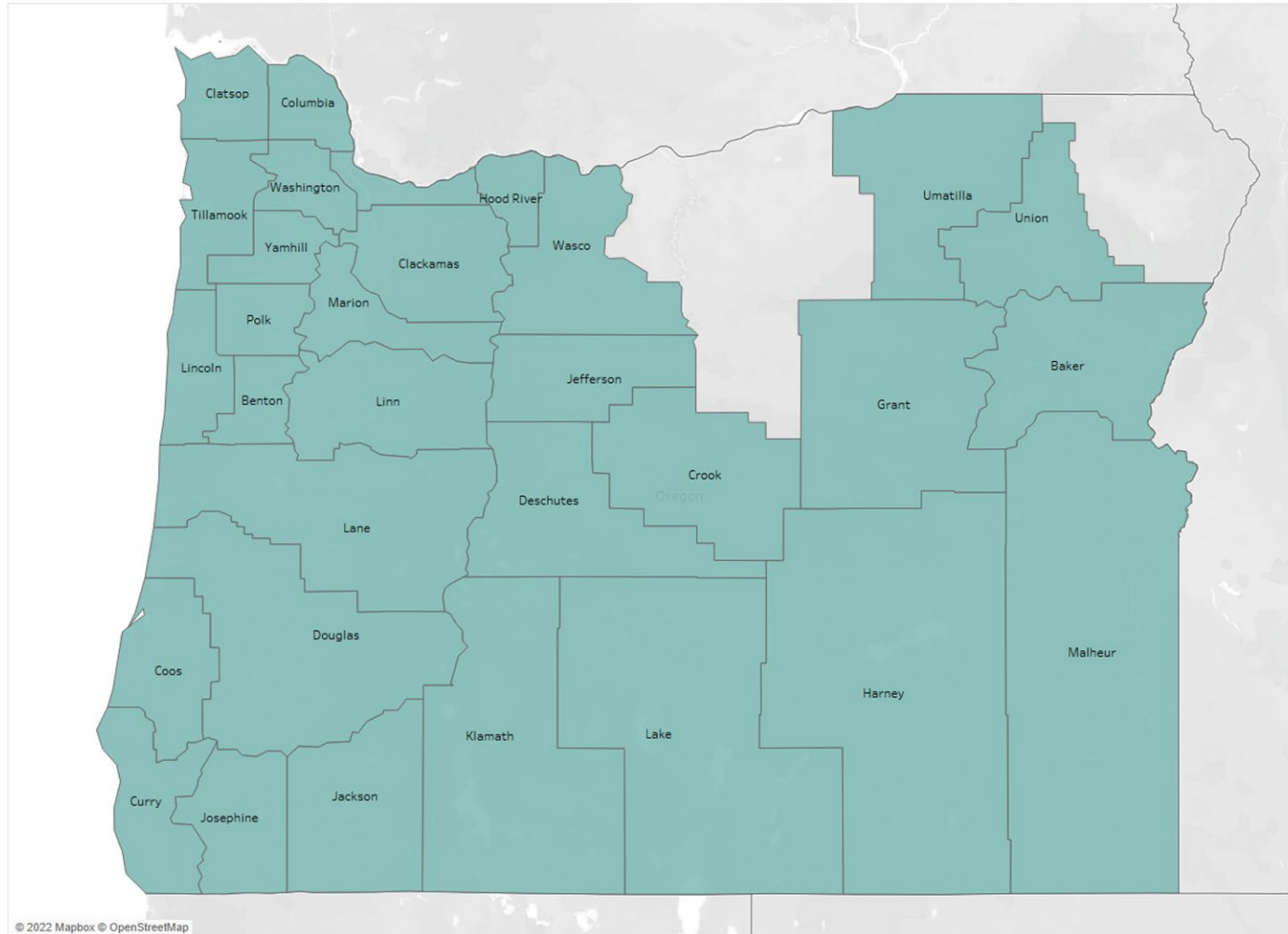


© 2022 Mapbox © OpenStreetMap

Map based on Longitude (generated) and Latitude (generated). The marks are labeled by County. Details are shown for County. The data is filtered on YearRD (copy), which excludes 2020, 2021 and 2022.

Cases among Pregnancy-Capable People 2014-2021

2014_2021

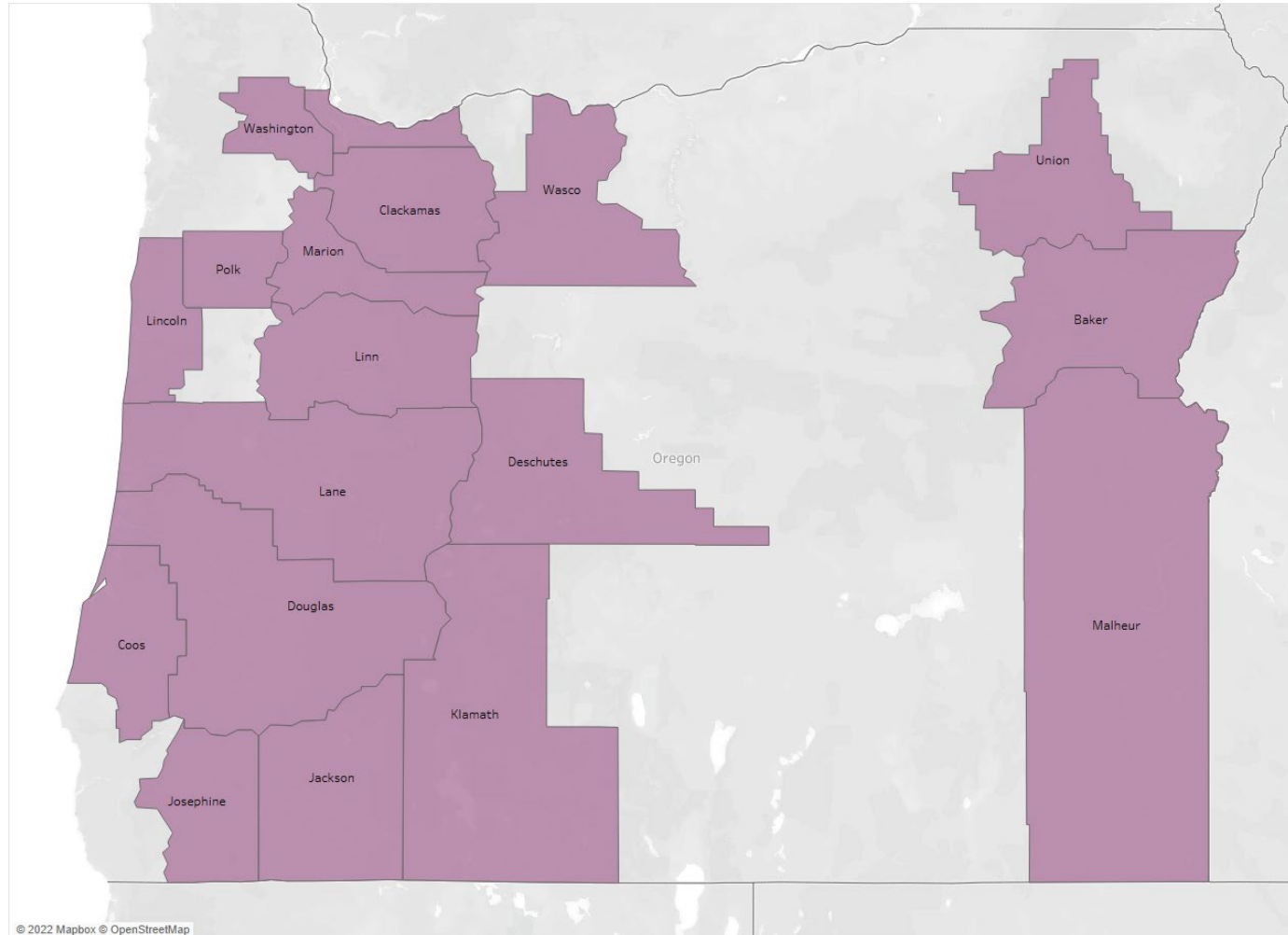


© 2022 Mapbox © OpenStreetMap

Map based on Longitude (generated) and Latitude (generated). The marks are labeled by County. Details are shown for County. The data is filtered on YearRD (copy), which excludes 2022.

Cases among Pregnant People 2014-2019

2014_2019 P

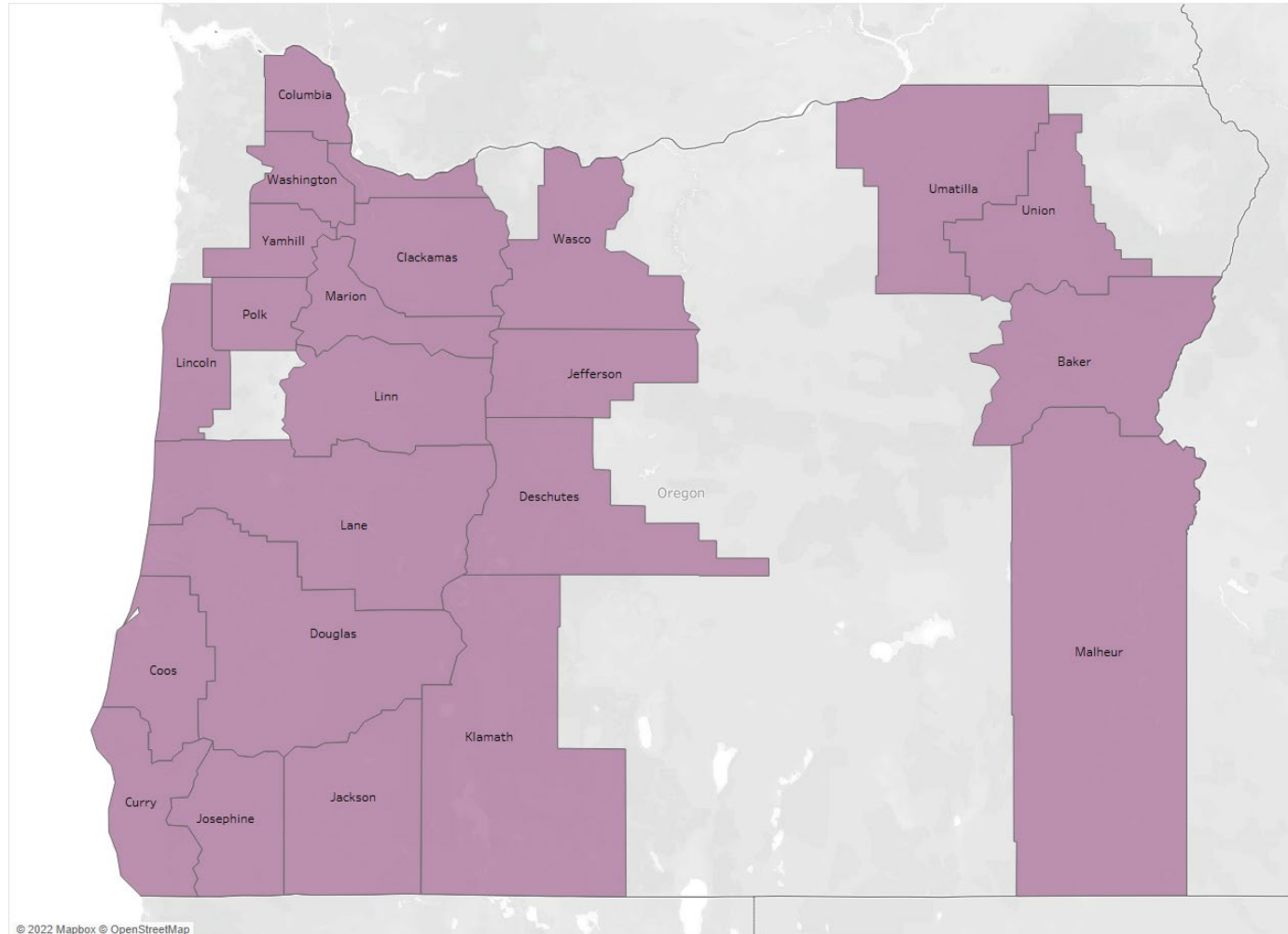


© 2022 Mapbox © OpenStreetMap

Map based on Longitude (generated) and Latitude (generated). The marks are labeled by County1. Details are shown for County and County1. The data is filtered on YearRD (copy) and Is Pregnant (copy). The YearRD (copy) filter keeps 2014, 2015, 2016, 2017 and 2018. The Is Pregnant (copy) filter keeps 1.

Cases among Pregnant People 2014-2021

2014_2021_P

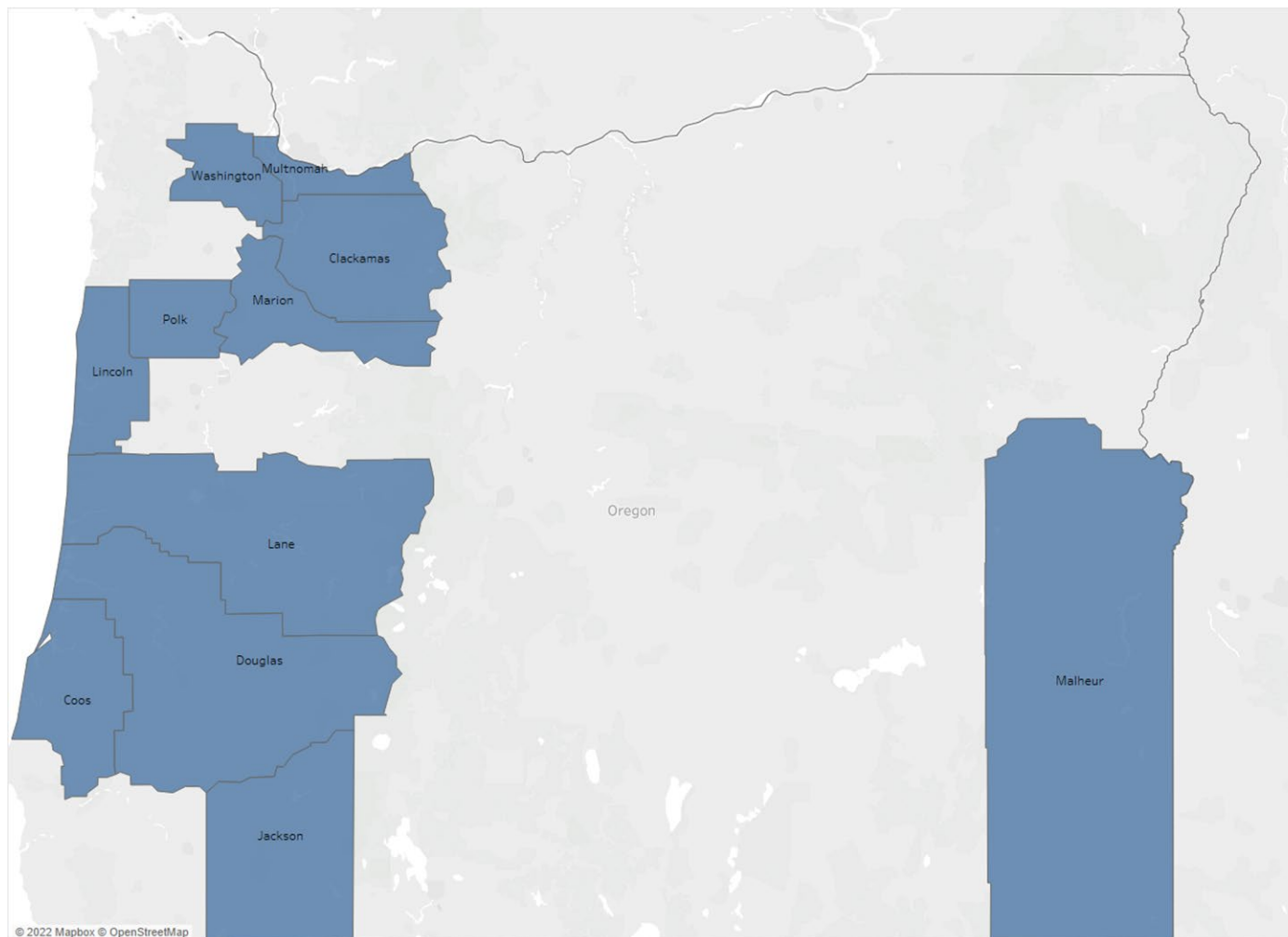


© 2022 Mapbox © OpenStreetMap

Map based on Longitude (generated) and Latitude (generated). The marks are labeled by County. Details are shown for County. The data is filtered on YearRD (copy) and Is Pregnant (copy). The YearRD (copy) filter excludes 2022. The Is Pregnant (copy) filter keeps 1.

Congenital Syphilis Cases 2014-2019

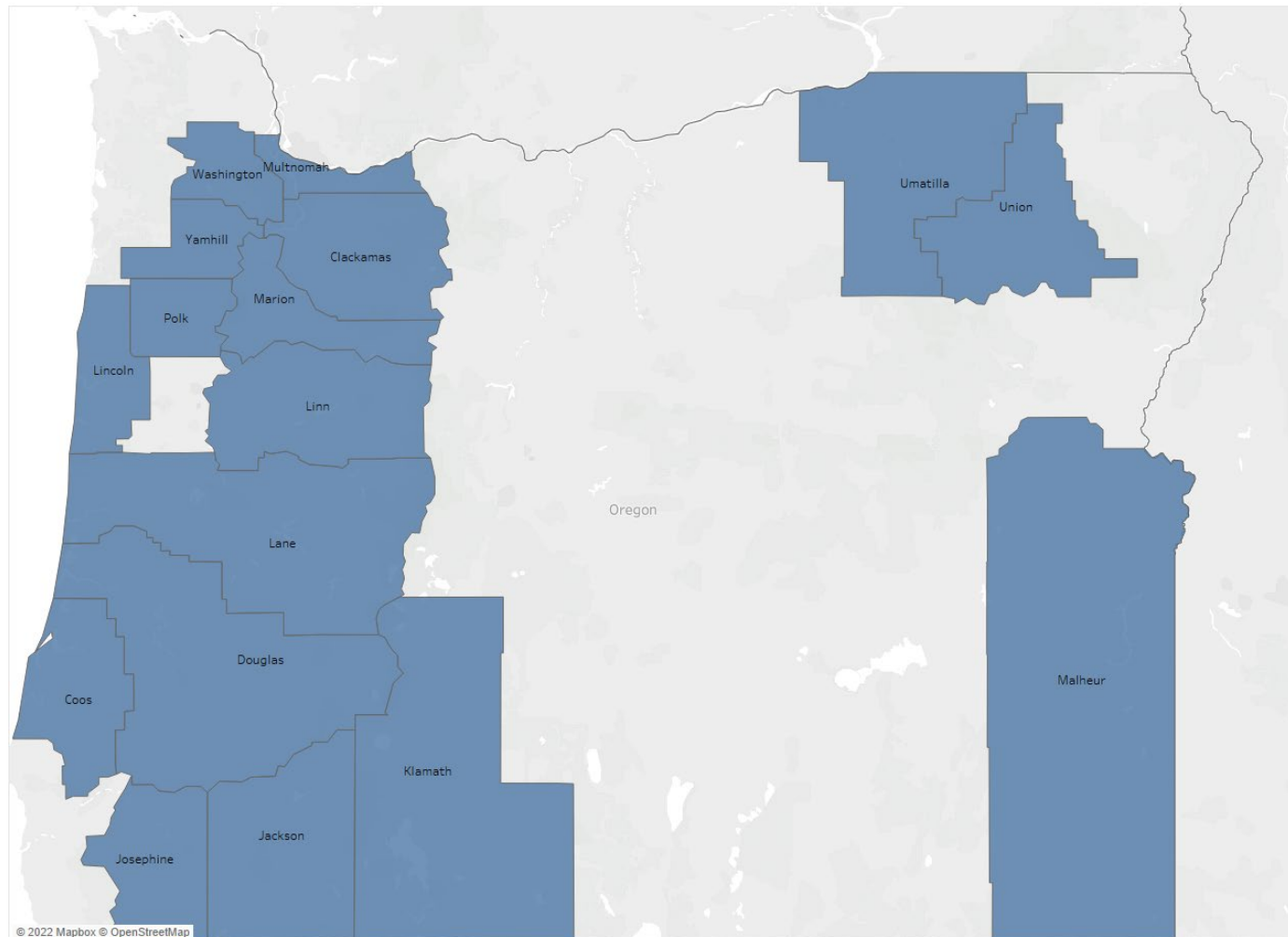
2014_2019



Map based on Longitude (generated) and Latitude (generated). The marks are labeled by County. Details are shown for County. The data is filtered on Year RD (copy), which excludes 2020, 2021 and 2022.

Congenital Syphilis Cases 2014-2021

2014_2021



Map based on Longitude (generated) and Latitude (generated). The marks are labeled by County. Details are shown for County. The data is filtered on Year RD (copy), which excludes 2022.

These cases are confusing, but a little preparation helps a lot!



Public Health and Provider Resources

PUBLIC HEALTH RESOURCES

[Clinical Interpretation of Syphilis Screening Algorithms](#) (CAPTC)

[Adult Syphilis Surveillance Staging Flowchart](#) (CSTE/CDC)

[Congenital Syphilis Case Classification Flowchart](#) (Clickable PDF) (TX HIV/STD Program)

[CDC Congenital Syphilis Case Investigation and Report Form](#) (e-form in Orpheus)

PROVIDER RESOURCES

[CDC Syphilis During Pregnancy Treatment Recommendations](#) (2021)

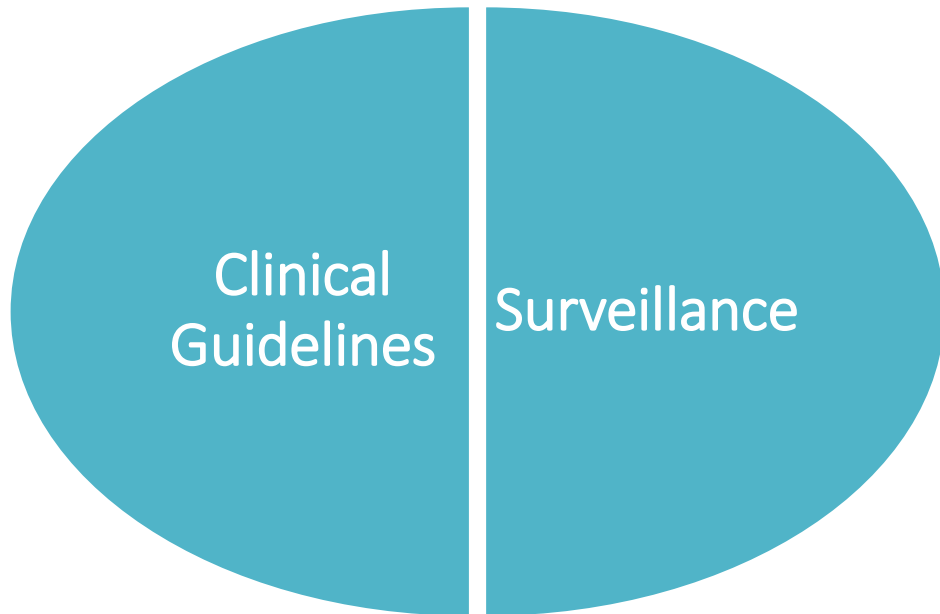
[CDC Congenital Syphilis Recommendations](#) (2021)

[Prenatal Syphilis Screening, Staging, and Management Pocket Guide](#) (OHA/AETC, 2022)

[Congenital Syphilis Evaluation and Treatment Pocket Guide](#) (OHA/AETC, 2022)

Syphilis Scope: PH and Medical Providers

PH Case Investigators



Medical Providers

Clinical
Care



How to Spot Prenatal Labs

If you're lucky, there will be clues...

Specimen Date: 12/27/2021 Lag: 7 days
Specimen Type/Site: Unknown
Order: PRENATAL Prenatal Profile IV

Test: RPR Ser QI
Result: REACTIVE

Notes: Reactive

Test: RPR Ser-Titr
1:1 (H) – Reference Range NonRea<1:
Test: T pallidum IgG+IgM Ser QI IA
Result: Non-Reactive

Notes: Non Reactive

Specimen Date: 02/03/2022 Lag: 0 days
Specimen Type/Site: Blood
Order: Obstetric 1996 Pnl Ser+Bld

Test: Treponema Ab Interp

Provider	(first, middle, last)	CARD
AMY		
	SH-OB HOSPITALIST	
	SALEM	
	County	97301
Provider	3876	Card, Amy M.D.

List of Results
Specimen Date: 01/31/2022 Lag: 4 days
Specimen Type/Site: Unknown
Order: CBC/D/Plt+Rh+ABO+Rub Ab+Ab

Test: T pallidum IgG+IgM Ser QI IA
REACTIVE

Notes: Reactive

Test: RPR Ser QI
REACTIVE

Notes: Reactive

but often there are no clues.

Determining Pregnancy Status

Chart notes/Case interview

Sexual history

β hCG/BetaHCG

Last menstrual period

Contraceptive use

Medication/vitamin use

Recent childbirth/nursing



**HELPFUL
TIPS**

Documenting Pregnancy

Required!

Yes No Unknown



Pregnancy History





Cur.	Preg#	Est. Due Dt	Trimester	Delivery Hospital:	MC	End Date	
<input checked="" type="checkbox"/>	1	08/28/22	1st	Select Hospital -->	<input type="checkbox"/>	Birth or	
Note: 12w3d on 2/13/2022		Related Case ID: Related CaseID					

+ Pregnancy

Use the "Note" box to document GA at time of syphilis testing.
GA based on ultrasound is more accurate than GA based on LMP!
Use a pregnancy due date calendar if you can't find EDD in the chart:
<https://www.whattoexpect.com/due-date-calculator/>

Don't Export

Diagnosing Provider Field

Summary	517009  SI
	Kendra Simmonds 
⚠ Labs	Disease: Syphilis
eCR	Stage:
	Status: Presumptive 
⚠ Clinical	Deceased: No
	DOB: 9/4/1990 Age: 31
Treatment	SOGI: incomplete Pregnant: Yes Sex: F Gender:
⚠ Risks	REALD: Incomplete
Comorb 3	Language: *English Race: Multiple
⚠ Contacts	Housing: Columbia River Correctional Housing at Dx:
Epilinks	Columbia River Correctional  27328 Any St Portland OR 97239 MULTNOMAH
Docs	Home: 503-123-4567
Letters	Provider: [none added]

Providers, Facilities & Labs

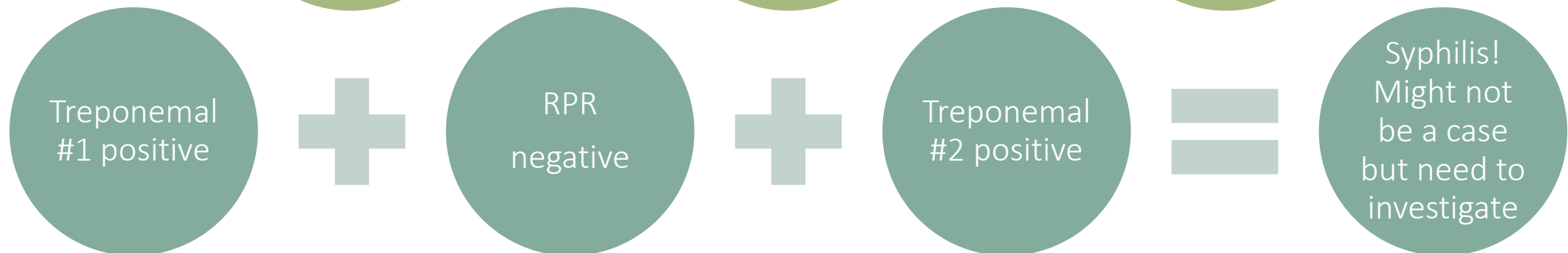
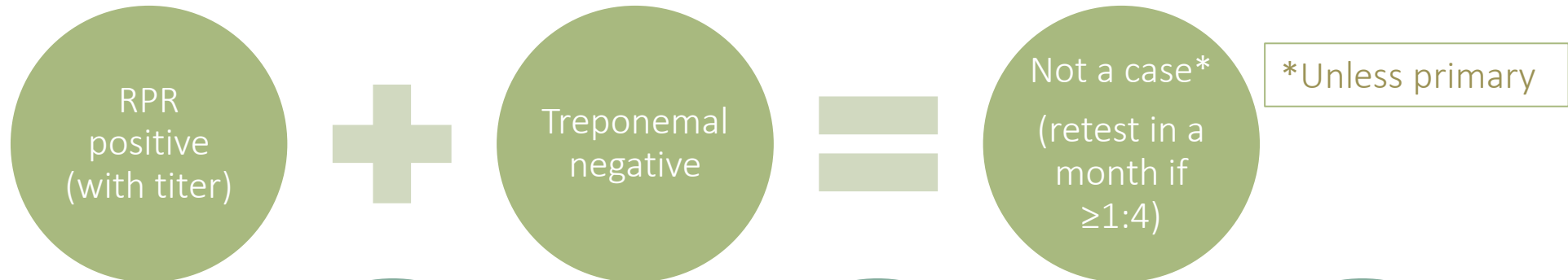
+ Provider

Current

	Dx Facility	Dx Facility Type
<input type="checkbox"/> Columbia River Corr Institute (Crci)	<input checked="" type="checkbox"/>	11 - Correctional Facility

OK to contact Patient

Interpreting Labs in Pregnancy



First Thought: TREATMENT

No waiting! If unsure of staging, give a first dose while figuring it out.

[Adult Syphilis
Surveillance
Staging
Flowchart](#)

Primary, Secondary, ENPNS

Bicillin x1 (2.4 million units)

One dose is adequate treatment

Second dose 7 days later is optional

Late/Unknown Duration

Bicillin x3 (2.4 million units each, total of 7.2 million units)

Ideal dosing interval is 7 days (6-9 days is acceptable range)

If <6 days or >9 days between any two doses, series must be restarted!

Evidence of Early Infection?

In prior 12 months:

- Previous syphilis testing

- Partner with documented early syphilis

- Convincing recent history of early syphilis symptoms

- Recent STI diagnosis

- Recent ED/clinic visit



**HELPFUL
TIPS**

Treatment Provider Field

Add provider facility
for each treatment

TREATMENT

TREATMENTS + Treatment

Drug Name /Comment Size / Dose / Frequency

Enter Drug *To enter dosage, select "Other..."* Start: Start Date End Date ✕

Comments Course: *Treatment Course* Lgth End: End Date End Date ✕

+ Provider

Medical Contacts

Providers
(Hospitals, Facilities, Labs & Doctors)

+ Provider / Clinic

[Show All](#) [Show Link Counts](#)

Display Name	City	Lab	Hosp	Facility		
Ashland Community Hospital - ER	Ashland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i	Edit
Bay Area Hospital	Coos Bay	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i	Edit
Columbia Memorial Hospital - Astoria	Astoria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	i	Edit
Coquille Valley Hospital	Coquille	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i	Edit
Doernbecher Children's Hospital	Portland	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i	Edit
Good Samaritan RMC Hosp - Corvallis	Corvallis	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i	Edit
St Alphonsus Ontario (formerly Holy Rosary)	Ontario	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i	Edit
Kaiser - Mt Talbert	Clackamas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	i	Edit
Kennewick General Hospital	Kennewick	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	i	Edit

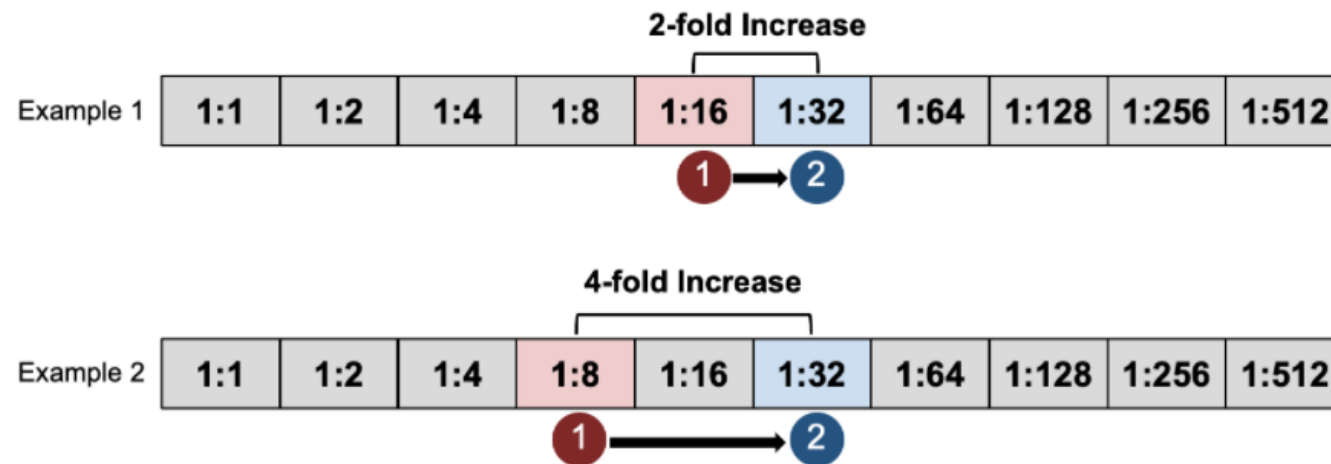
What to Expect After Treatment

Not much!

Do not expect the RPR to become negative during the pregnancy

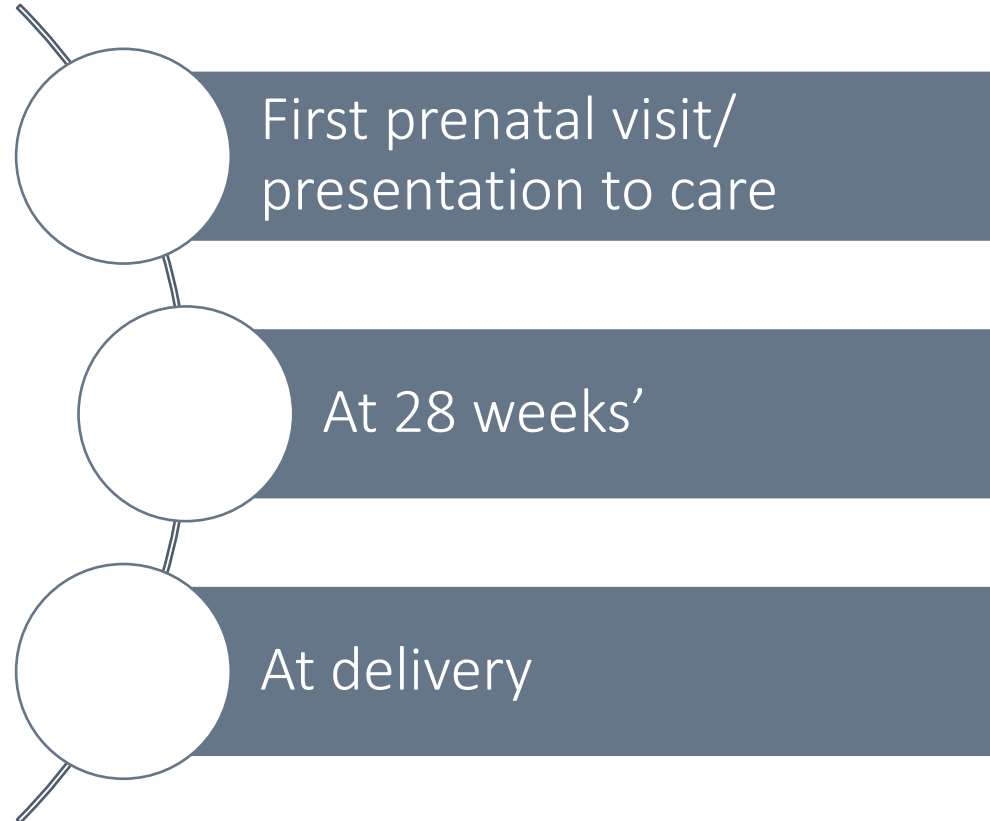
Do not expect a fourfold drop during the pregnancy—it can take 12 months or longer to achieve a fourfold drop (depends on many factors)

No action needed if there is a drop, no change, or a twofold increase. Anything besides a fourfold *increase* is ok.



Screening and Monitoring

SCREENING



MONITORING

Syphilis treated at/before 24 weeks' → repeat titer no sooner than 8 weeks post-treatment, and again at delivery (at minimum)

Syphilis treated after 24 weeks' → repeat titer at delivery

Retest and retreat if reinfection is suspected

Plan for Delivery (if possible)

A lot needs to happen at delivery, so it helps to make sure everyone is prepared!

Educate everyone involved with pregnant patients about CS evaluation/treatment:

- Prenatal provider

- Hospital L&D

- Hospital pediatricians

RPR is required for birthing person and baby at delivery

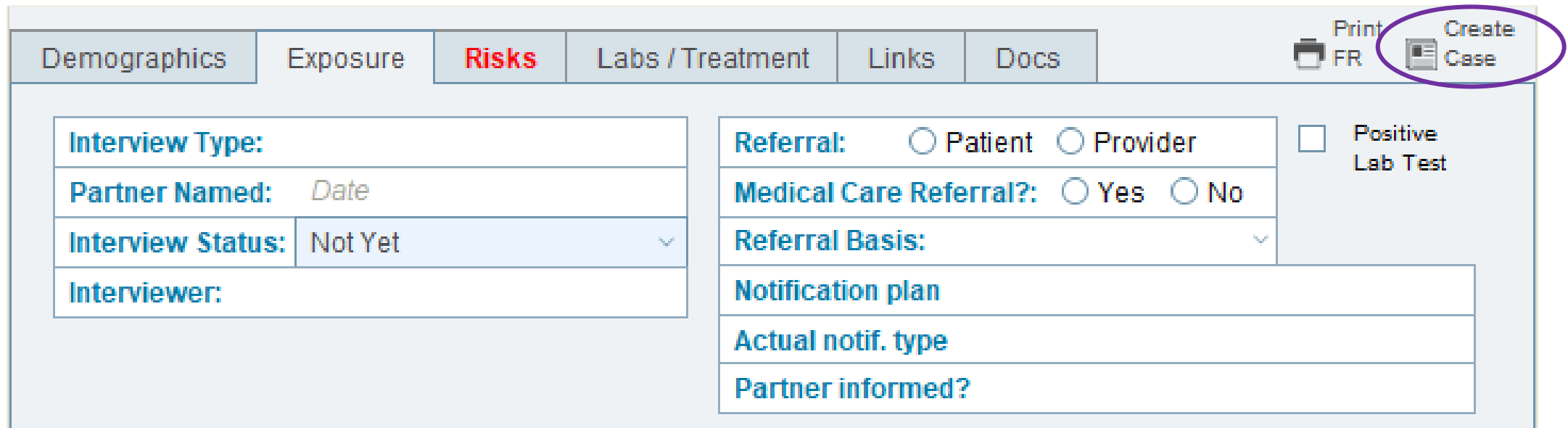
Infant treatment is recommended in almost all cases involving a mother with syphilis

If mom is untreated/inadequately treated, they should receive Bicillin in hospital

Creating Baby Case in Orpheus

Two Ways:

1. Create case from baby's ELRs and add mother in Contact tab as reverse contact **OR**
2. Add baby in the Contact tab in mom's case. Then click "create case" to make an Orpheus case for baby



The screenshot displays the Orpheus software interface for creating a case. The top navigation bar includes tabs for Demographics, Exposure, Risks (highlighted in red), Labs / Treatment, Links, and Docs. On the right side of the navigation bar, there are icons for Print FR and a 'Create Case' button, which is circled in purple. Below the navigation bar, the main content area is divided into two columns. The left column contains fields for Interview Type, Partner Named (with a Date input), Interview Status (set to Not Yet), and Interviewer. The right column contains fields for Referral (with radio buttons for Patient and Provider), Medical Care Referral? (with radio buttons for Yes and No), Referral Basis (with a dropdown arrow), Notification plan, Actual notif. type, and Partner informed?. A checkbox for Positive Lab Test is also visible on the right side.

When to Breathe a Sigh of Relief...

If you see CDC or Red Book congenital syphilis recommendations mentioned in chart notes, that is good news!

They might not follow recommendations to a T. Providers also use clinical decision making!

You just want to be sure they know what the recommendations are and that they are making well-informed clinical decisions.

When to Act...

Hospital is not aware of the maternal syphilis or wrongly thinks the birthing person was appropriately treated

RPRs are not drawn for birthing person and/or baby

Hospital has no plans to treat the baby (despite CDC recommendations) and follow-up is not assured

Baby is treated with single-dose Bicillin when a 10-day PCN regimen is preferable:

- Full CS evaluation not done

- Follow-up is uncertain

Consult with your Health Officer!

Maternal Diagnosis at Delivery

Common scenarios:

- No prior testing in pregnancy

- Reinfection

- Recent infection

Baby is automatically a CS case

Priority is treatment for all

- Most convenient for birthing person to be treated in hospital

CS Clinical Scenarios and Surveillance Definition Do Not Match

CLINICAL CS SCENARIOS*

Confirmed or Highly Probable
Possible
Less Likely
Unlikely

** Based on CDC 2021 STI Treatment Guidelines*



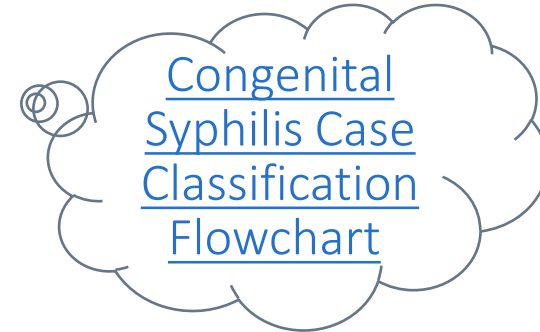
SURVEILLANCE CS CLASSIFICATION**

Confirmed
Probable/Presumptive
Syphilitic Stillbirth

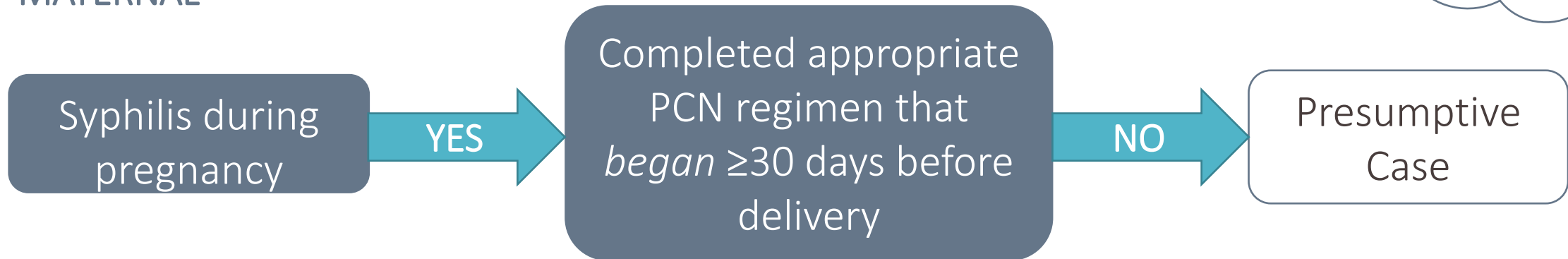
*** Based on CDC 2018 Syphilis Case Definition*

Clinical guidelines do not dictate surveillance classification and surveillance classification does not dictate clinical management

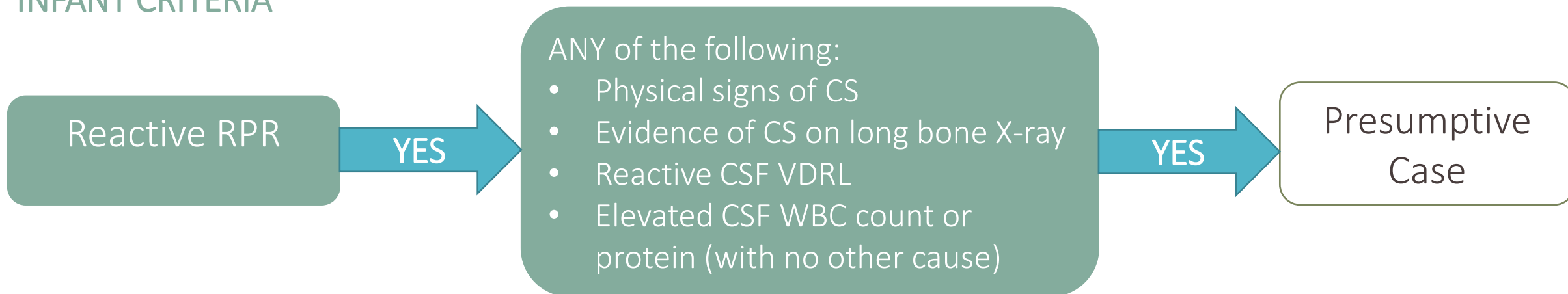
CS Case Definition: Must meet maternal and/or infant criteria to be a case



MATERNAL



INFANT CRITERIA



Stillbirth and Infant Death

Syphilitic stillbirth: a fetal death in which birthing person had untreated/inadequately treated syphilis at delivery of a fetus after a 20-week gestation or weighing >500 g

Infant death

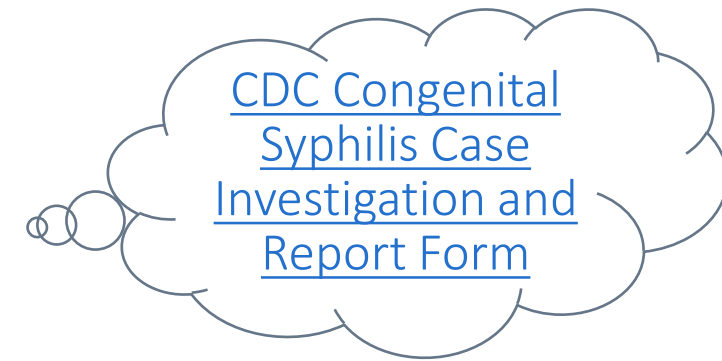
PH Priorities:

- Birthing person's and partners' treatment

- Orpheus case needs to be created for fetus/infant

- CDC CS report form needs to be completed

CDC CS Report Form

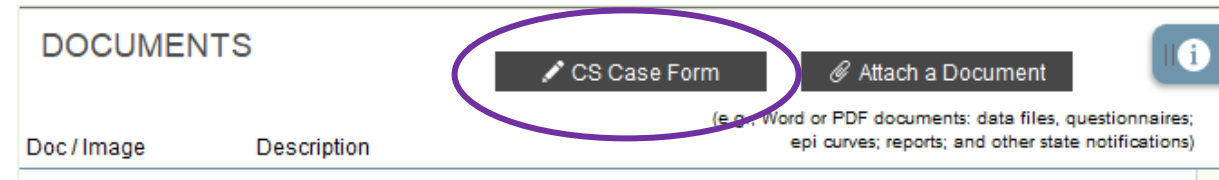


Report form is in the Docs tab in baby's record only

Only visible if 3 conditions are met:

- 1) Stage=Congenital Syphilis
- 2) Mother is a Contact
- 3) Referral Basis=Mother in Contact field

Only needs to be completed for cases that meet CS criteria

A screenshot of the CDC CS Report Form. The "Risks" tab is selected and highlighted in red. The form contains several fields: "Interview Type:", "Partner Named:" (with a "Date" label), "Interview Status:" (with a dropdown menu showing "Not Yet"), "Interviewer:", "Referral:" (with radio buttons for "Patient" and "Provider"), "Medical Care Referral?:" (with radio buttons for "Yes" and "No"), "Referral Basis:" (with a dropdown menu showing "Mother", circled in purple), "Notification plan", "Actual notif. type", and "Partner informed?". There are also "Print FR" and "Create Case" buttons at the top right.

Baby Follow-Up

Baby with reactive RPR at birth:

Retest and examine every 2–3 months until RPR becomes nonreactive

Baby with non-reactive RPR and birthing person had reactive RPR at birth:

Retest at 3 months to rule out incubating congenital syphilis at birth

State does not currently expect LPHAs to proactively track baby's RPR after birth. If a reactive RPR is reported, LPHA is expected to contact provider to discuss plan.

Orpheus Case Closure

STD Program, unlike other state programs, does not monitor case closures. We have no preference about when/whether you close or inactivate a case if you are still occasionally working it.

If you close/inactivate a case to remove it from your queue, you can use future-dated To Dos to remind yourself to check on something (e.g., repeat RPR, delivery)

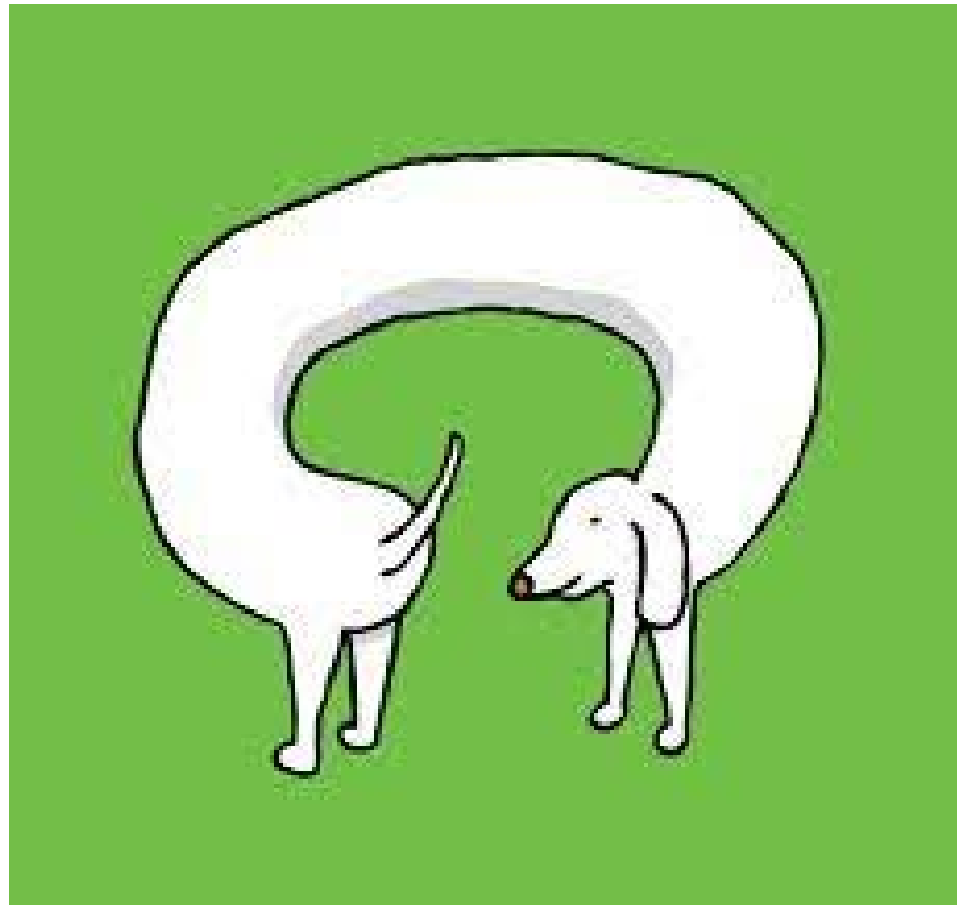


#SchittsCreek



FEEL LIKE THERE'S AN
ELEPHANT IN THE ROOM

If Current Partners Aren't Treated, Reinfection is a Constant Risk



OHA CS Prevention Team

Jillian Garai, RN, STD/HIV Prevention Nurse Consultant

jillian.d.garai@dhsoha.state.or.us 503.358.5176

Yuritzzy Gonzalez Pena, STD Epidemiologist

yuritzzy.a.gonzalez-pena@dhsoha.state.or.us 503.269.0305

Dr. Tim Menza, HIV/STD/TB Medical Director—available for provider-to-provider consults

timothy.w.menza@dhsoha.state.or.us 503.358.3377

Case Studies



Case Study #1

RPR 1:1 and reactive treponemal

No syphilis signs/symptoms at time of testing, no recall of any ever

No known syphilis history

9 weeks' pregnant by U/S (first prenatal visit)

Married for 5 years, both swear monogamy

What now?

Case Study #2

RPR 1:128 and reactive treponemal

Rash, condyloma lata at time of testing

No known syphilis history

16 weeks' pregnant by LMP

Diagnosed in ED, not engaged in prenatal care

What now?

Case Study #3

Tested at delivery

RPR 1:16 and reactive treponemal

No prenatal care, no syphilis history in Orpheus

No documentation of symptoms

What now?