PREVENTING CONGENITAL SYphilIS IN THE U.S.

CDC’s Congenital Syphilis Supplemental Funding

Total Award $4 MILLION

The only national investment in congenital syphilis prevention and surveillance for 2017–2018

**Project Areas:** California (excluding Los Angeles & San Francisco), Texas, Florida, Louisiana, Los Angeles, Georgia, Maryland (including Baltimore), Chicago, and Ohio.

In 2016, 628 cases of congenital syphilis (CS)–including 41 syphilitic stillbirths–were reported to CDC, a 28% increase from 2015. In response to the alarming rise in CS, CDC funded nine jurisdictions around the country accounting for 70% of all 2016 cases.

By the end of the project, (October 2017-December 2018) all nine jurisdictions had established CS morbidity and mortality review boards, reviewing ~200 CS cases, in order to identify missed opportunities in the public health and health care systems and to implement changes that will prevent future cases.

Each of the jurisdictions made additional great strides in establishing and activating systems to aid in identifying and preventing CS cases:

**Texas** identified 31% more CS cases through vital statistics records matching than by traditional surveillance methods alone – a process now used to enhance surveillance in all jurisdictions reporting 10+ CS cases.

**Louisiana** reached 326 healthcare providers with key clinical information at two provider conferences.

**Los Angeles County** conducted congenital syphilis trainings at 29 hospitals, teaching nursing and other clinical staff how to recognize signs of congenital syphilis, how to interpret test results for syphilis, and how to treat exposed infants.

In **California**, two high-morbidity counties review an average of 10 CS cases per month, with three additional high-morbidity counties beginning case reviews in 2019.

In **Florida** and **Chicago**, pregnancy status has been recorded in 98% and 95%, respectively, of cases of syphilis among women. Determining if a woman is pregnant for each reported syphilis case aids appropriate and timely follow-up by the health department.

**Maryland** established a new referral system that links pregnant women with syphilis to case management services offered within their Maternal & Child Health (Title V) program.

**Georgia** conducted a CS public education campaign and provided a special CS seminar to the GA chapter of the American Academy of Family Physicians.

**Ohio** updated their surveillance information system to accurately capture women’s opioid use and receipt of prenatal care as part of a syphilis investigation. This enables the STD Program to identify women who need linkage to prenatal care.

For more info visit CDC’s Syphilis Call to Action [www.cdc.gov/std](http://www.cdc.gov/std)