

Congenital Syphilis Case Management Program

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Why Is This Program Needed in Clark County?

- Congenital Syphilis (CS) cases increased 1,567% from 2014 to 2022 in the County
- During the year 2022
 - 85% of CS cases were asymptomatic in 2022
 - 66% of CS cases were drop-in deliveries in 2022
 - 63% of mothers of CS cases had no prenatal care in 2022
 - 59% of mothers of CS cases had positive toxicology screening 2022

Clark County Congenital Syphilis Cases: *Quick Stats

Nationally: **2021 STD State Ranking:

- Nevada ranks 9th for Congenital Syphilis rate
- Nevada ranks 5th in primary and secondary syphilis rate



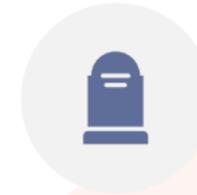
CS cases increased 1,567% from 2014 to 2022



66% of CS cases were drop-in deliveries in 2022



85% of the CS cases were asymptomatic in 2022



4 stillbirths in 2019; 3 in 2020, 2 in 2021 and 4 in 2022



63% of mothers had no prenatal care in 2022



59% of mothers had positive toxicology screening 2022

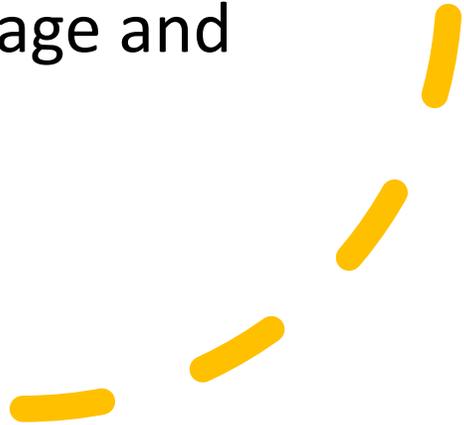
Sources: *County Quick Stats: SNHD Office of Epidemiology – 2022

** <https://www.cdc.gov/std/statistics/2021/tables/2021-STD-Surveillance-State-Ranking-Tables.pdf>

Program History and Operations

- Established in December 2021, first patient served: Feb 1, 2022
- Started with one Nurse Case Manager (NCM)
 - Added: 1 NCM and 1 Community Health Worker – both are bilingual in English/Spanish
 - Utilizes case management concepts and strategies
 - Motivational interviewing
 - Patient-centered approaches (meet patients where they're at)
- Complements the work of Disease investigators by adding a nursing component
- Free and voluntary participation
- Patient referrals may come from Sexual Health Clinic, Disease Investigators, community providers, or patient self-referral

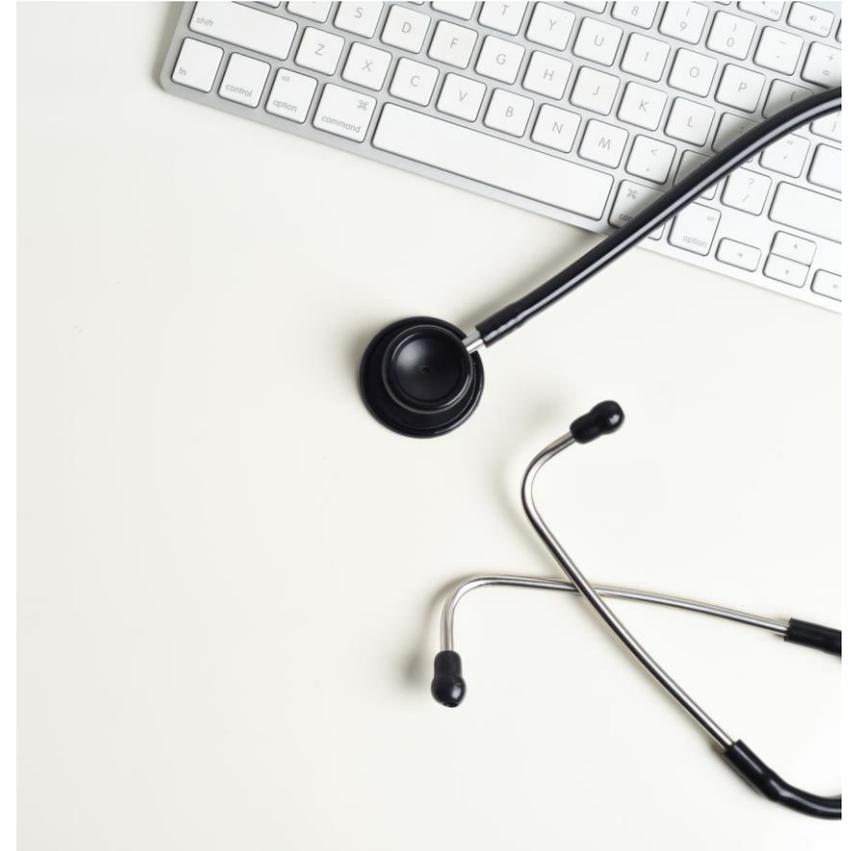
Patient Eligibility

- Regardless of insurance status
 - Pregnant persons diagnosed with Syphilis at any stage
 - Post-partum persons within 6 weeks of delivery and diagnosed with syphilis
 - Newborns diagnosed with or exposed to syphilis during mother's pregnancy, regardless of maternal syphilis stage and treatment status
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Nurse Case Manager Activities (1)

Case Management activities

- Increase access to syphilis treatment for pregnant persons diagnosed with syphilis and their partner/s
- Provide prevention education to pregnant and post-partum persons
- Referral to comprehensive core medical and psychosocial services

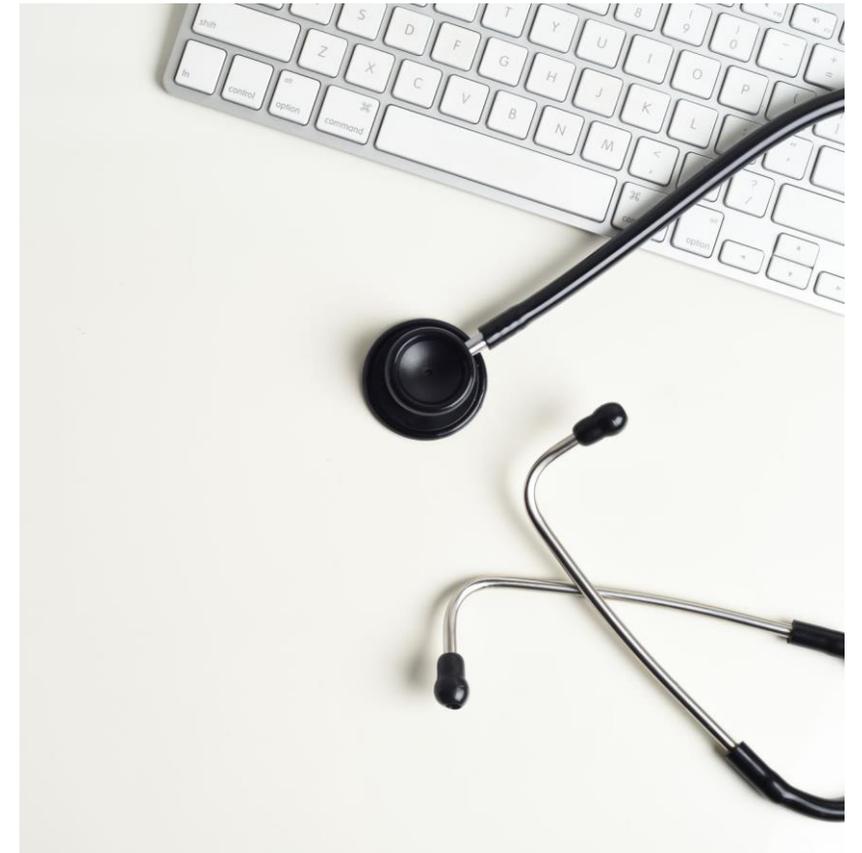


Nurse Case Manager Activities (2)

Participate in Academic Detailing to OB providers (in partnership with Office of Disease Surveillance) – AB 192 provisions for syphilis testing requirement during pregnancy and at delivery

Participate in Congenital Syphilis Review Board

- Quarterly meetings to review cases of Congenital Syphilis and brainstorm missed opportunities for prevention

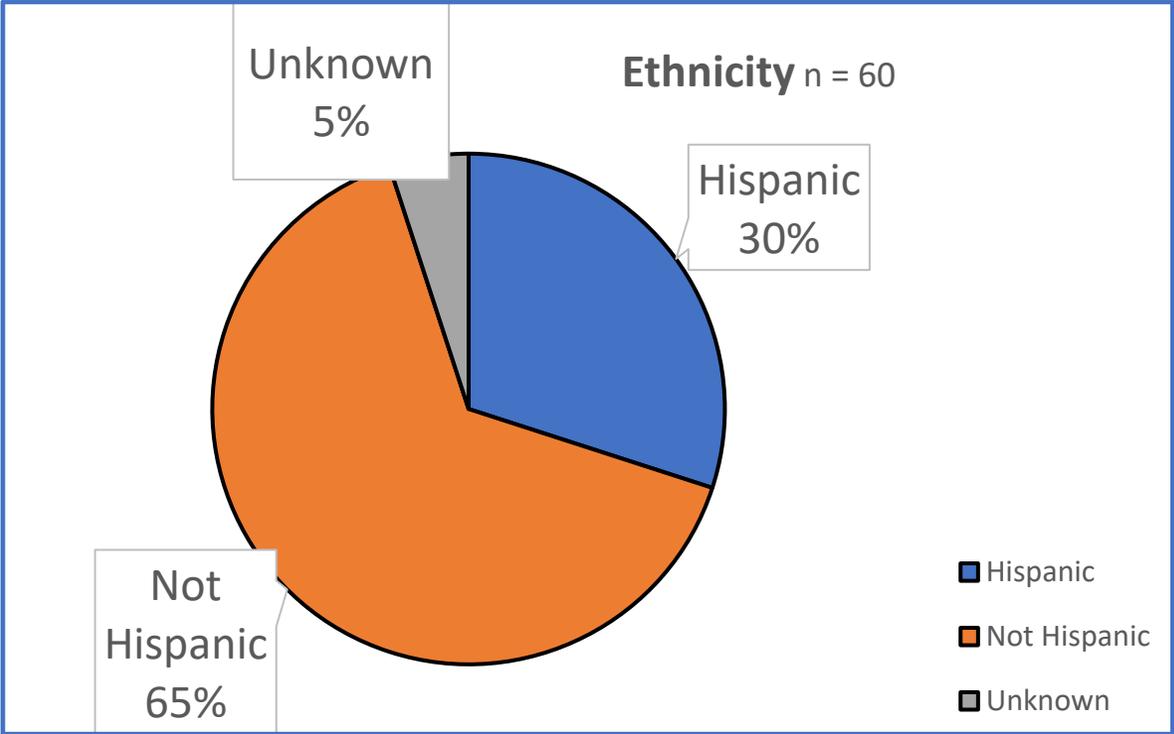
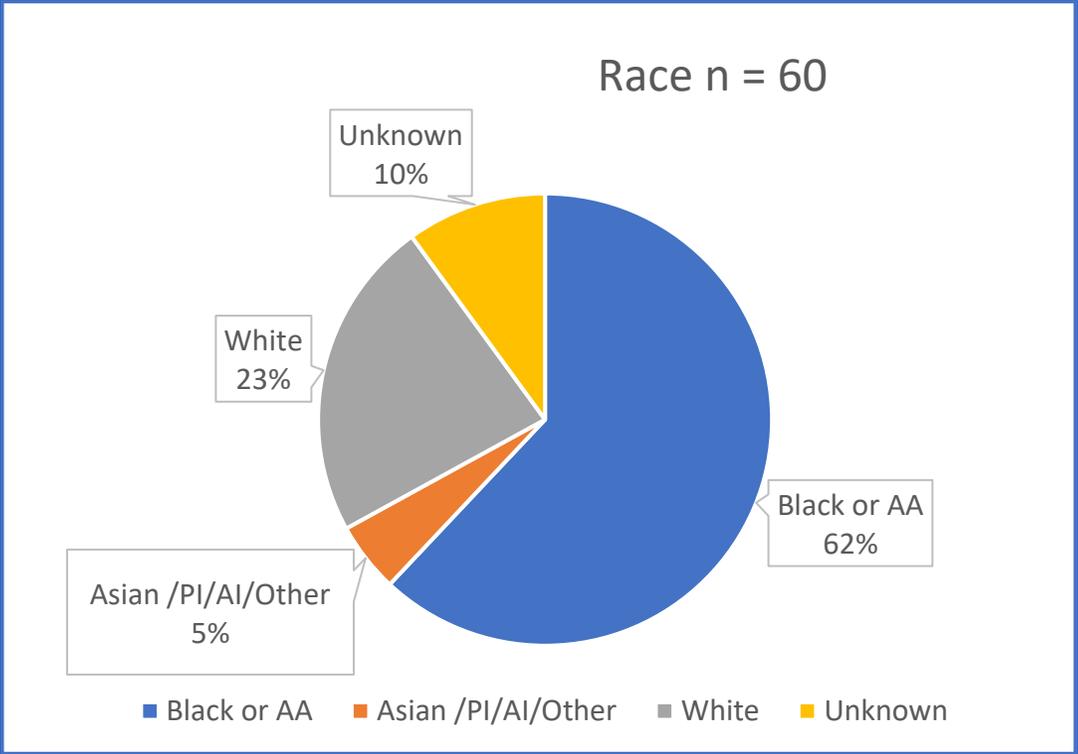


Case Management Program Outcomes

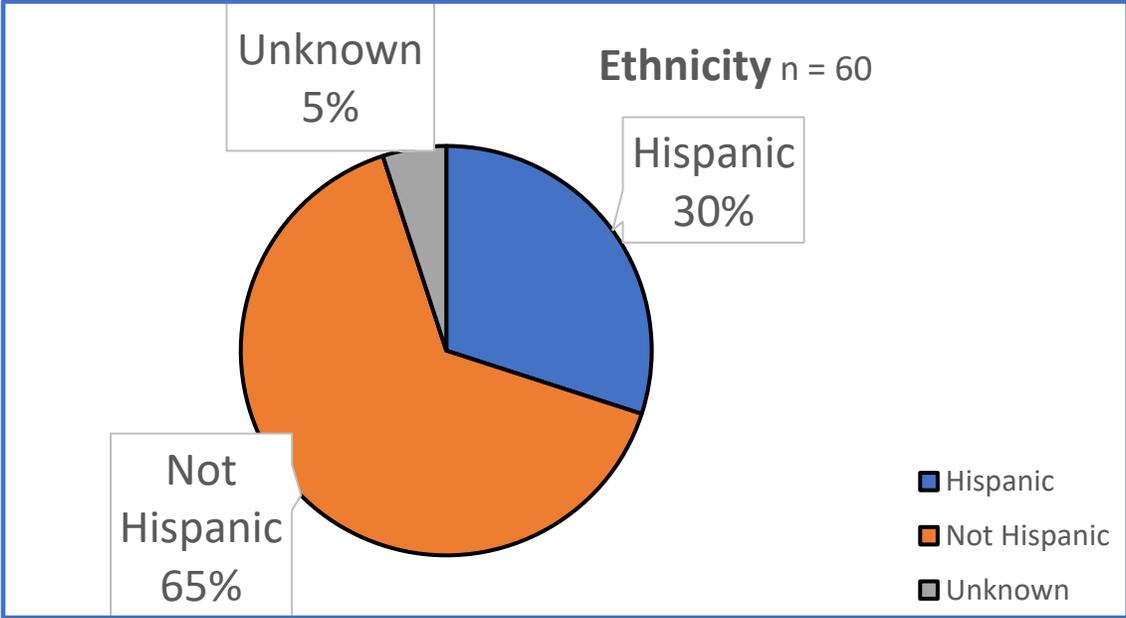
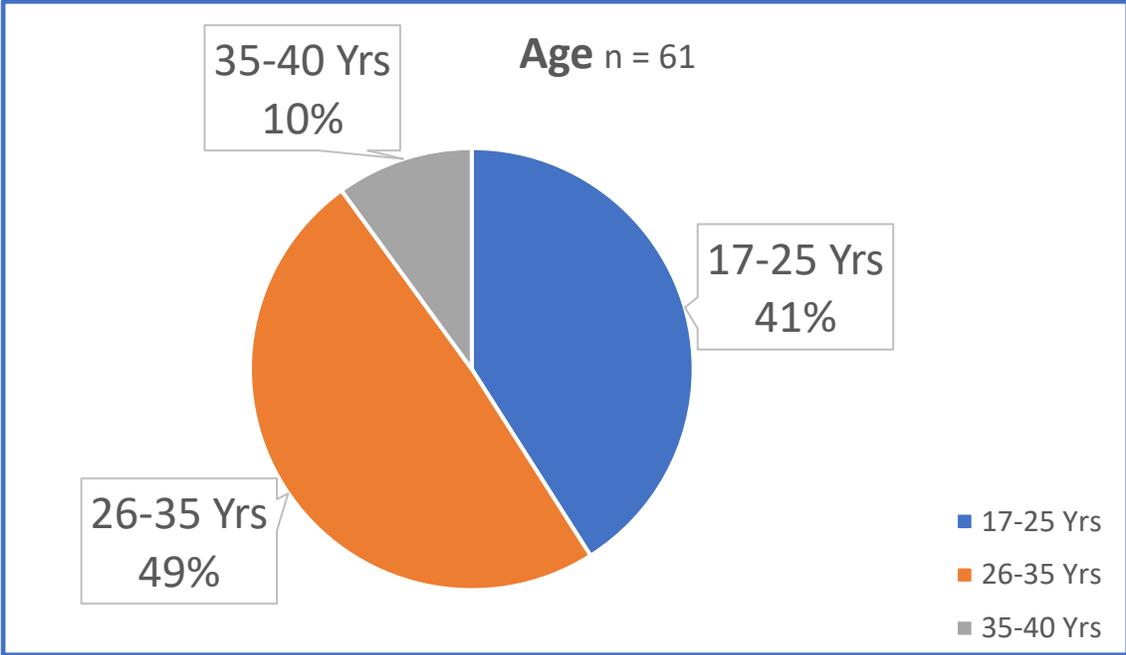
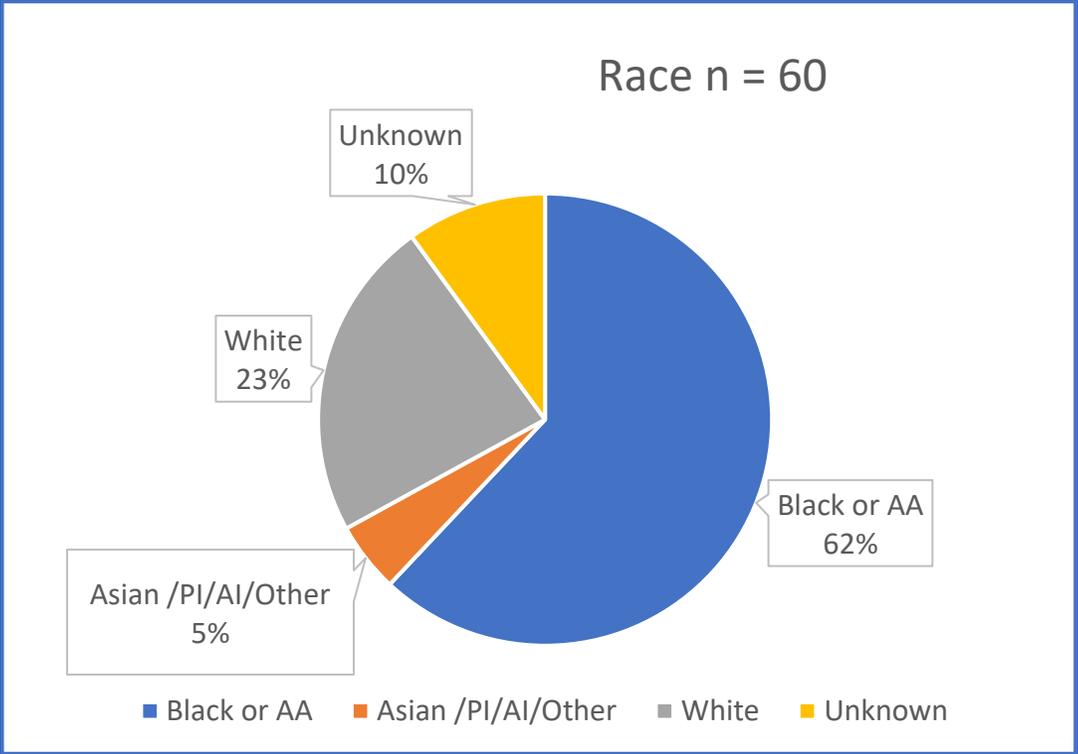
- 168 patients referred and contacted
- 66 patients enrolled
- 62 patients completed treatment
 - (2 delivered early before completion; 2 unhouseed and lost to follow up) -DIIS referral for follow-up
- 33 transported; 3 of these were partners
- NCM average active case load 24-25 at any given time
 - CHW assignment based on patient acuity
- 31 infants served
- 15 infants currently enrolled
- 14 Provider letters sent
 - Follow-up recommendations per CDC



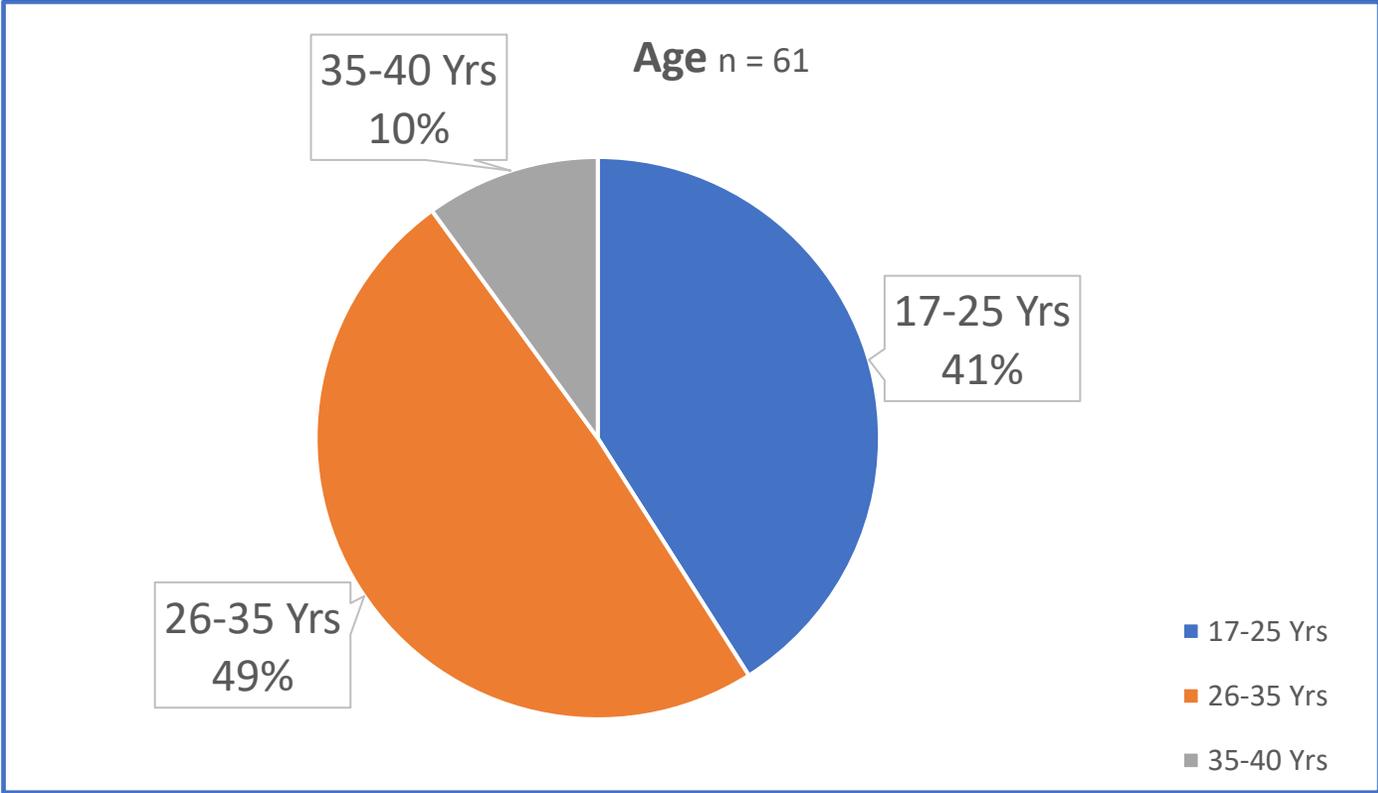
Maternal Demographics (Race/Ethnicity)



Maternal Demographics



Maternal Demographics (Age)



Successes

- Case Manager built trust and engagement with healthcare providers
- Improved Access to Care through Transportation and referrals
- Safe sleep training & provision of cribs and supplies
- Access to treatment for comorbidities for both mother and baby
- Linkage to community resources:
 - Prenatal care,
 - WIC, Car Seats for Christie,
 - Trac B needle exchange, SA Treatment programs,
 - Housing Assistance programs, Food pantries
- Expansion of SNHD/Community Partnerships



Challenges

Homeless population difficult to track down and keep engaged in care

Limited resources for personnel (intensive case management; average caseload is 25 per nurse for best practice)

Accessing healthcare with bus transportation can be harrowing during pregnancy and during the summer and winter months

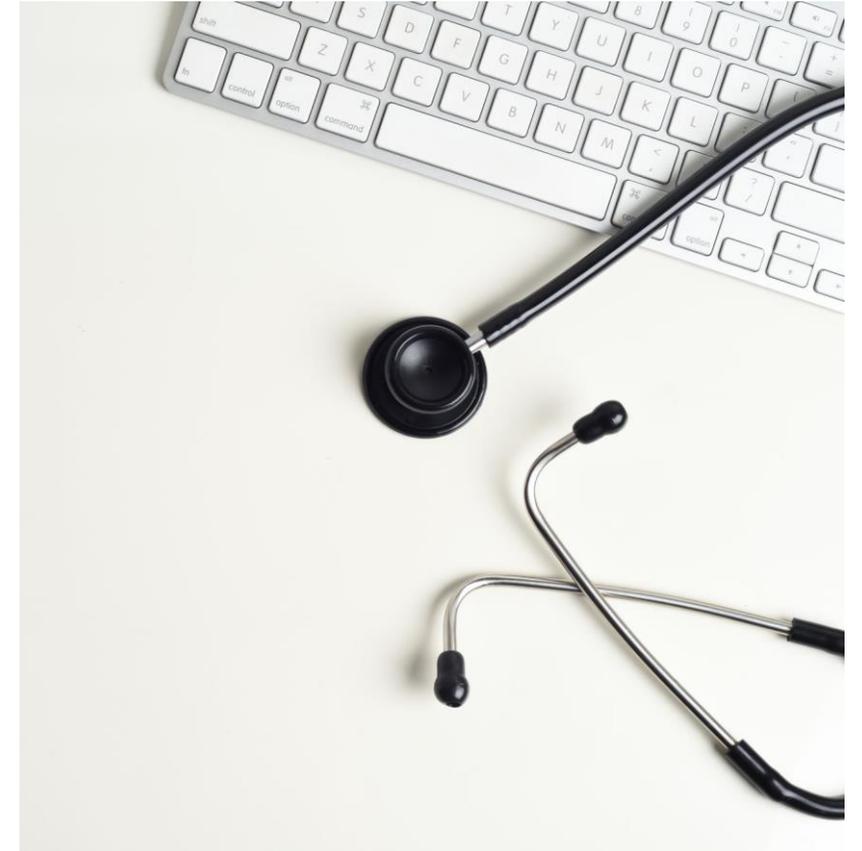
General reluctance to engage with healthcare system

Testing not being performed on all deliveries

Language barrier (patients who are Spanish-speaking only)

Next steps

- Implement Home Administered Treatment for Syphilis (HATS) – planning phase
 - Policy/procedure in development
- Additional funding received for another Nurse Case Manager (bilingual in English/Spanish)
 - currently on orientation and training
 - increase capacity for caseload
- Addition of one Community Health Worker (bilingual in English/Spanish)
 - Culturally and linguistically appropriate care



Voice from the field

- Client with daily IV drug use, Hep C co-infect, not ready for Substance Abuse treatment, wanted to give child up for adoption. This case was intensive, required additional time for linkage to care.
- Received full and timely treatment needed for syphilis, educated on risks for re-infection.
- Linked to Trac B Needle exchange, she introduced needle sharing friends to this service.
- Per patient preference, was linked to adoption agency, who was also supportive of needs during pregnancy; child successfully adopted to a loving family.
- Linked to Hep C tx, needed ride for liver U/S, completed full course of tx and is now negative for Hep C.
- Client declined SA treatment programs at the time but has reportedly stopped using and has subsequently enrolled in a drug treatment program



Questions?

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