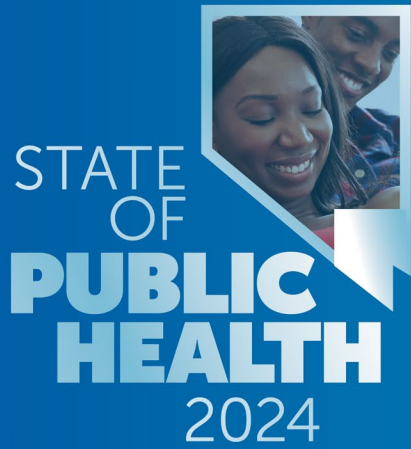


STATE  
OF  
**PUBLIC  
HEALTH**  
2024

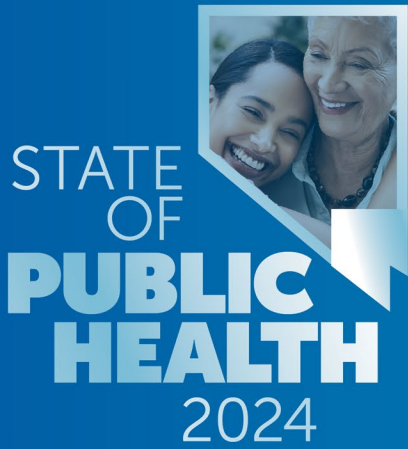




# Welcome

**Dr. Fermin Leguen, MD, MPH**  
District Health Officer





# Congenital Syphilis

**Tabby Eddleman, MPH**  
Office of Disease Surveillance

**Angel Stachnik, MPH**  
Office of Informatics and Epidemiology

**Carissa Orozco, RN, BSN**  
Sexual Health Outreach Prevention Program

# What is Congenital Syphilis?

Congenital syphilis (CS) is a disease that occurs when a mother with syphilis passes the infection on to her baby during pregnancy.

Source: [www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm](http://www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm)



# **Babies born to women with untreated syphilis maybe stillborn or die from the infection as a newborn.**

For babies born with CS, CS can cause:

Deformed bones

Severe anemia (low blood count)

Enlarged liver and spleen

Jaundice (yellowing of the skin or eyes)

Brain and nerve problems, such as  
blindness or deafness

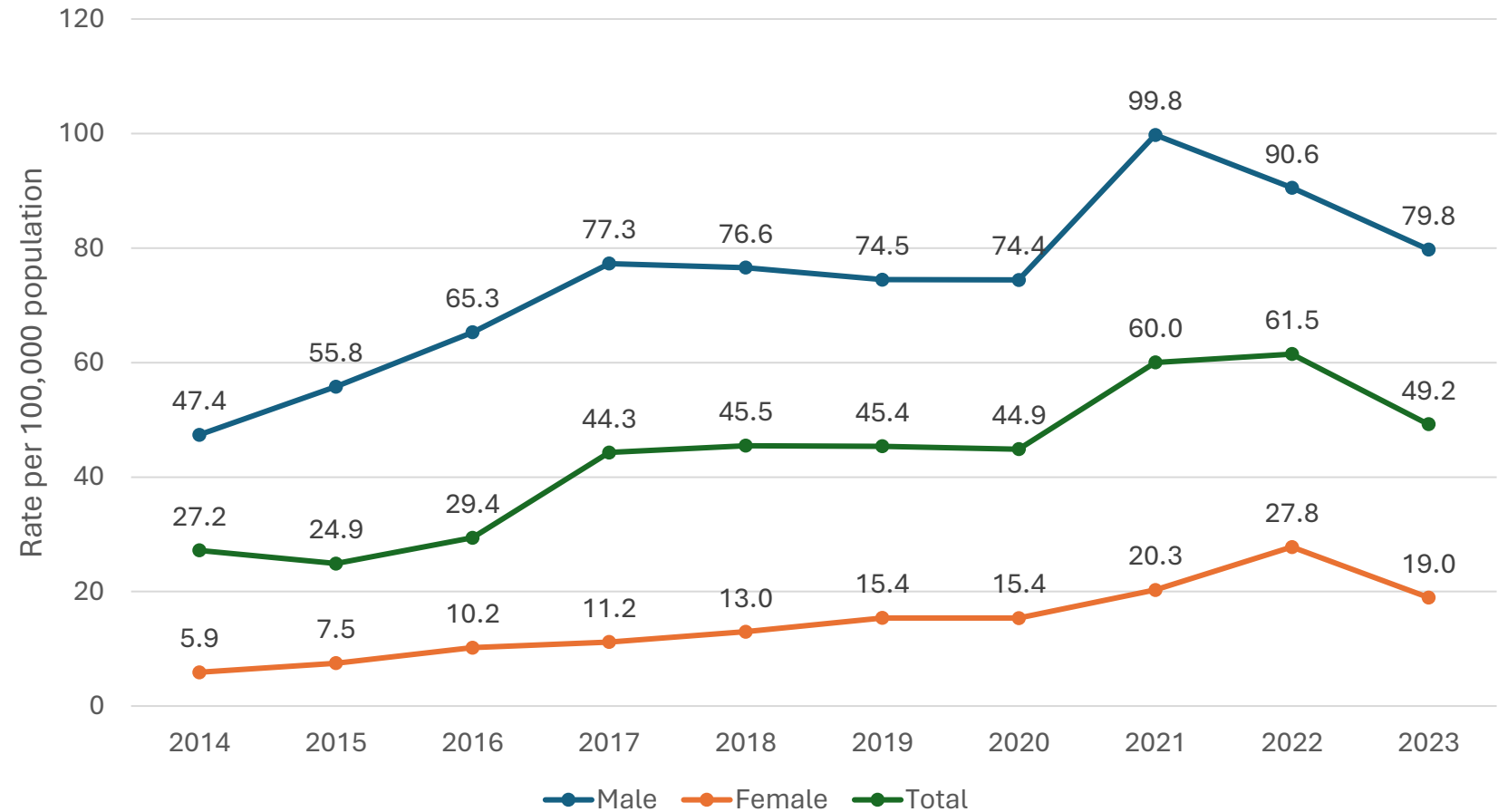
Meningitis

Skin rashes



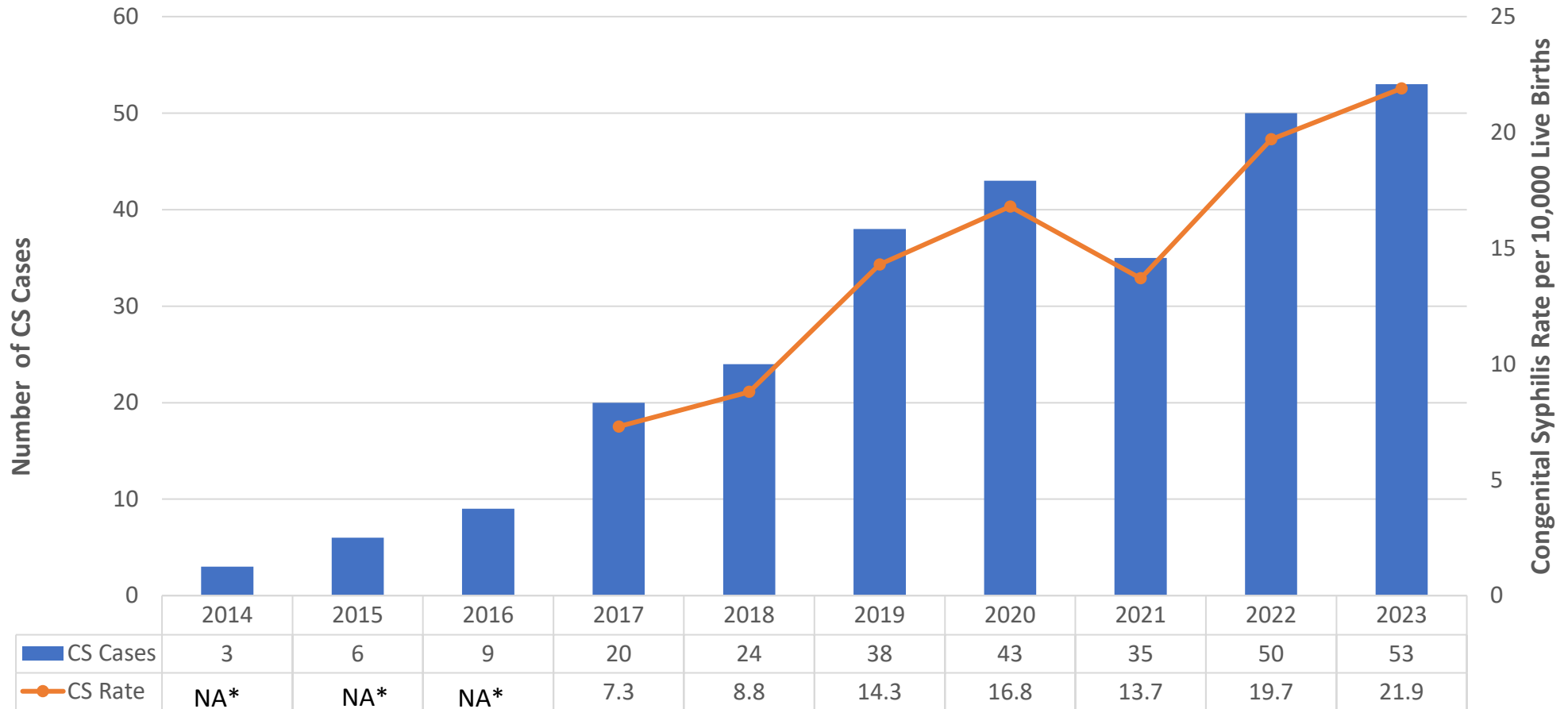


# Infectious Syphilis Rates by Birth Sex, Clark County, NV 2014-2023





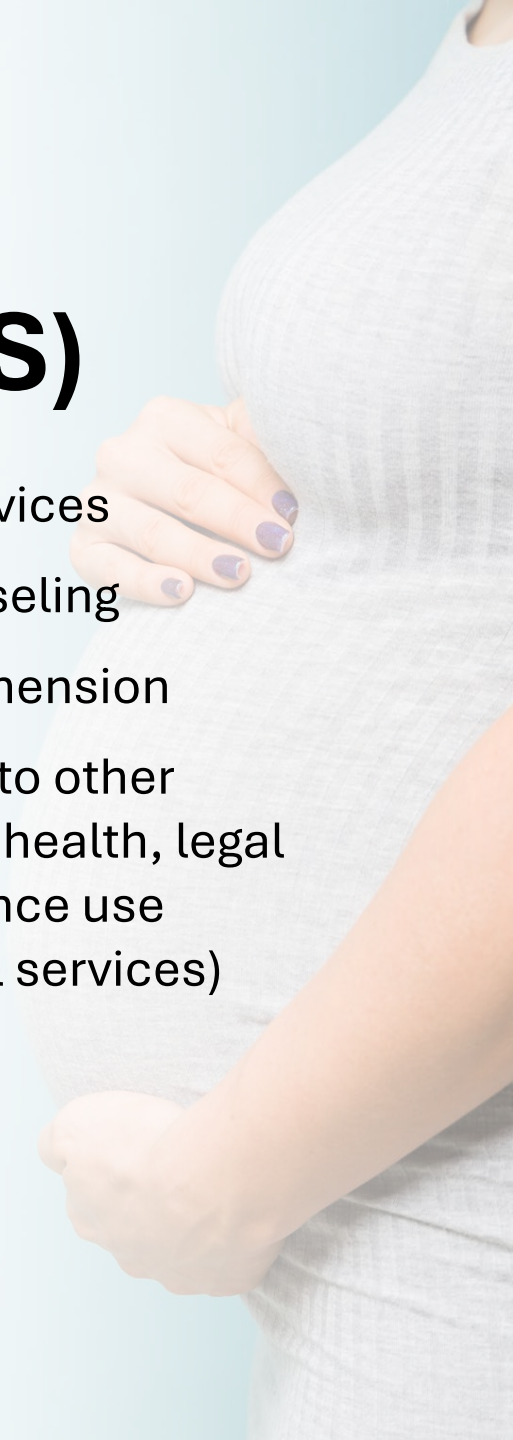
# Congenital Syphilis Cases and Rates, Clark County, NV 2014-2023



\*Rates are suppressed for counts < 12 due to high relative standard error

# Disease Investigation and Intervention Specialist (DIIS)

- DIIS help stop the spread of disease throughout communities.
- DIIS are used to respond to different infections diseases and not just STDs (Zika, Ebola, Tuberculosis).
- Ensure patients get treatment
- Offer partner services
- Prevention counseling
- Disease comprehension
- Provide referrals to other services (mental health, legal services, substance use treatment, social services)





# DIIS & Congenital Syphilis Cases

- DIIS follow all pregnant clients who have been diagnosed with syphilis up to the day of delivery.
- Treatment for patients and their partners.
- 3<sup>rd</sup> trimester testing.
- Follow-up on baby.



## Why is a Congenital Syphilis Case Management Program Needed in Clark County?

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



# Patient Eligibility

- Regardless of insurance status.
- Pregnant persons diagnosed with syphilis at any stage.
- Post-partum persons within six weeks of delivery and diagnosed with syphilis.

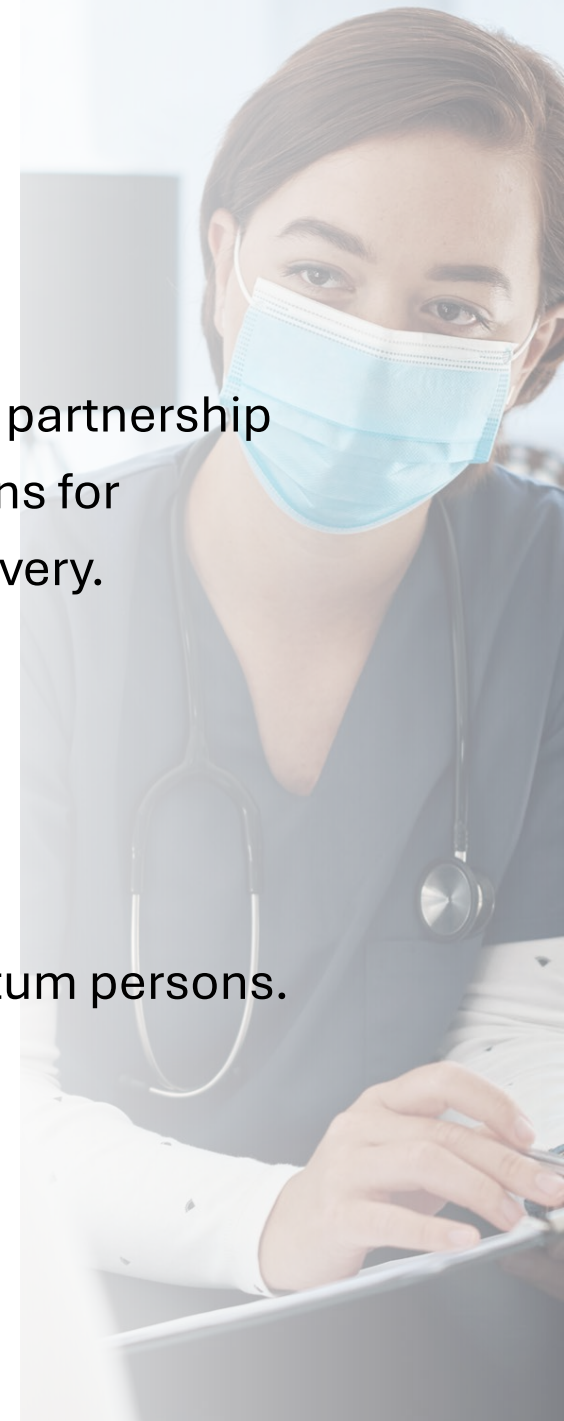


# Nurse Case Management Activities

**Participated in Academic Detailing to OB providers** (in partnership with the Office of Disease Surveillance) – AB192 provisions for syphilis testing requirement during pregnancy and at delivery.

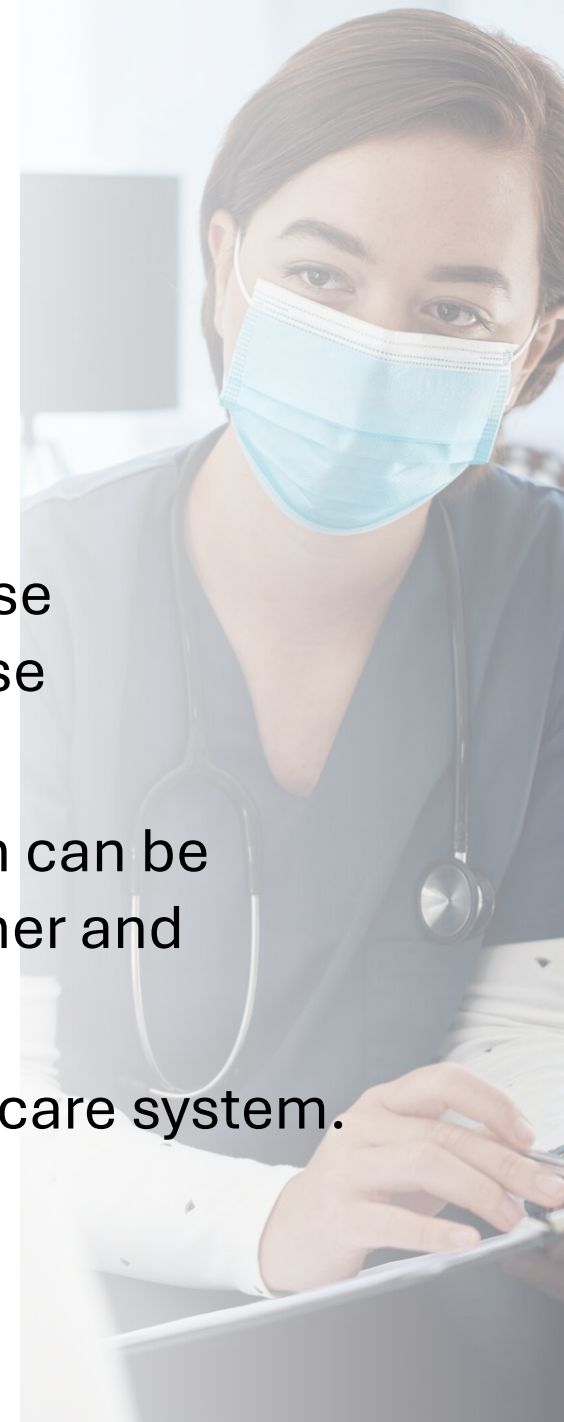
## **Case management activities**

- Increase access to care (Mom/Baby).
- Provide prevention education to pregnant and postpartum persons.
- Referral to community partners (Trac-B, WIC, etc.).
- Navigate patients to community partners for adequate care and treatment.



# Challenges

- Homeless population is difficult to track and keep engaged in care.
- Limited resources for personnel (intensive case management; average caseload is 25 per nurse for best practice).
- Accessing health care with bus transportation can be harrowing during pregnancy and during summer and winter months.
- General reluctance to engage with the health care system.
- Testing not being performed on all deliveries.



# Next Steps

- Implement Home Administered Treatment for Syphilis (HATS) – planning phase.

Goal of HATS is to provide “street medicine” and treat the clients where they are at.



# Case Review Team

- The Case Review Team's primary responsibility is to review cases for systems issues.
- The CRT is multidisciplinary.
- The CRT looks at how community resources and services were provided to a woman and family and identifies gaps in services.
- The CRT develops and reports its recommendations to the Community Action team.



# Missed Opportunities & Possible Solutions

- **Access to Health care:**

Clients do not have health insurance and do not have the resources to obtain health insurance.

- **Provider Knowledge:**

Missed Opportunities to test for STI's, cost and availability . There is misunderstanding about treatment for syphilis with primary providers.

- **Individual Knowledge:**

Lack of Awareness about STI's, and low perceived risk for patients.

- Met our clients where they are at. We need more outreach events.
- Academic detailing, Inform providers about SB211. (In an ER or primary care setting, providers can consult with a patient 15 years of age to ascertain if the client would like to get tested for STIs.) SB192 (Testing all pregnant people for certain STIs). Sexual Health Questionnaires/trauma informed care in medical school curriculums or continuing education credits.
- Improve Health literacy on educational resources. Sex education in schools. Leverage social media.



# Common Themes & Possible Solutions

- **Social Factors:**

Single mothers, domestic violence from partners, involvement in the justice system, loss of confidence with U.S. health care system, childcare, client show are unhoused and have transportation obstacles.

- **Substance Use/  
Mental Health:**

Improve access.

- **Other:**

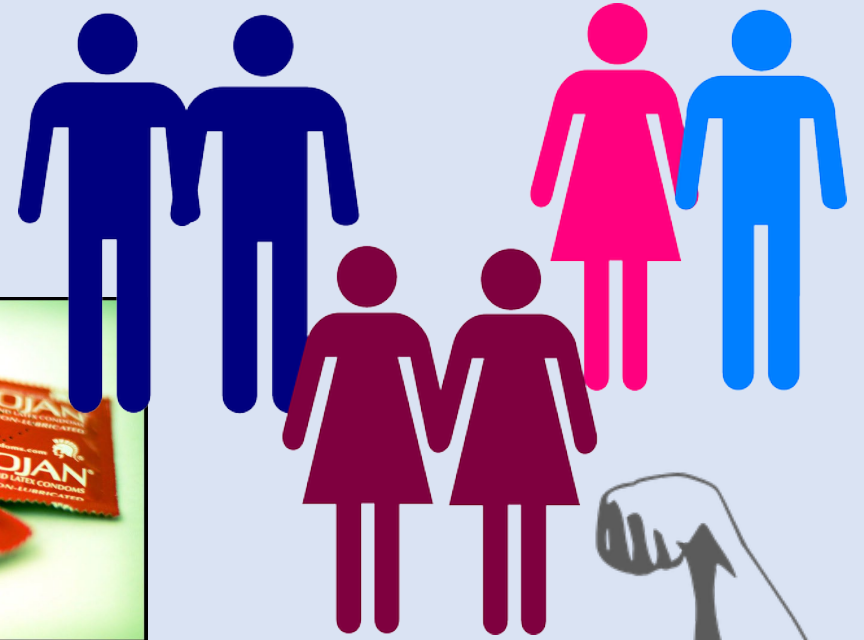
Unplanned pregnancy, contraception and sex work.

- Improved communication with social service providers, improved awareness of resources – again leverage social media, meet clients where they are at.

- Culturally competent substance and mental health services and resources – addressing stigma.

- Age-appropriate sex education in schools; occupational health and safety for sex workers.

SEXUAL



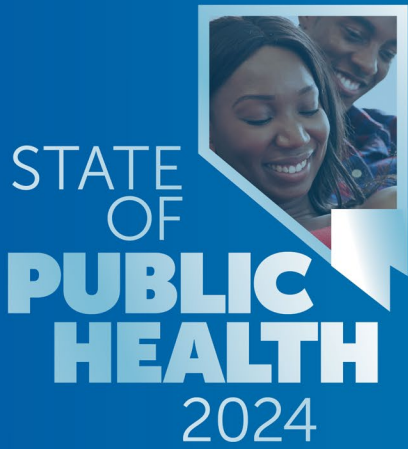
HEALTH



*Matters*

# Questions?





# Overdose Burden in Clark County

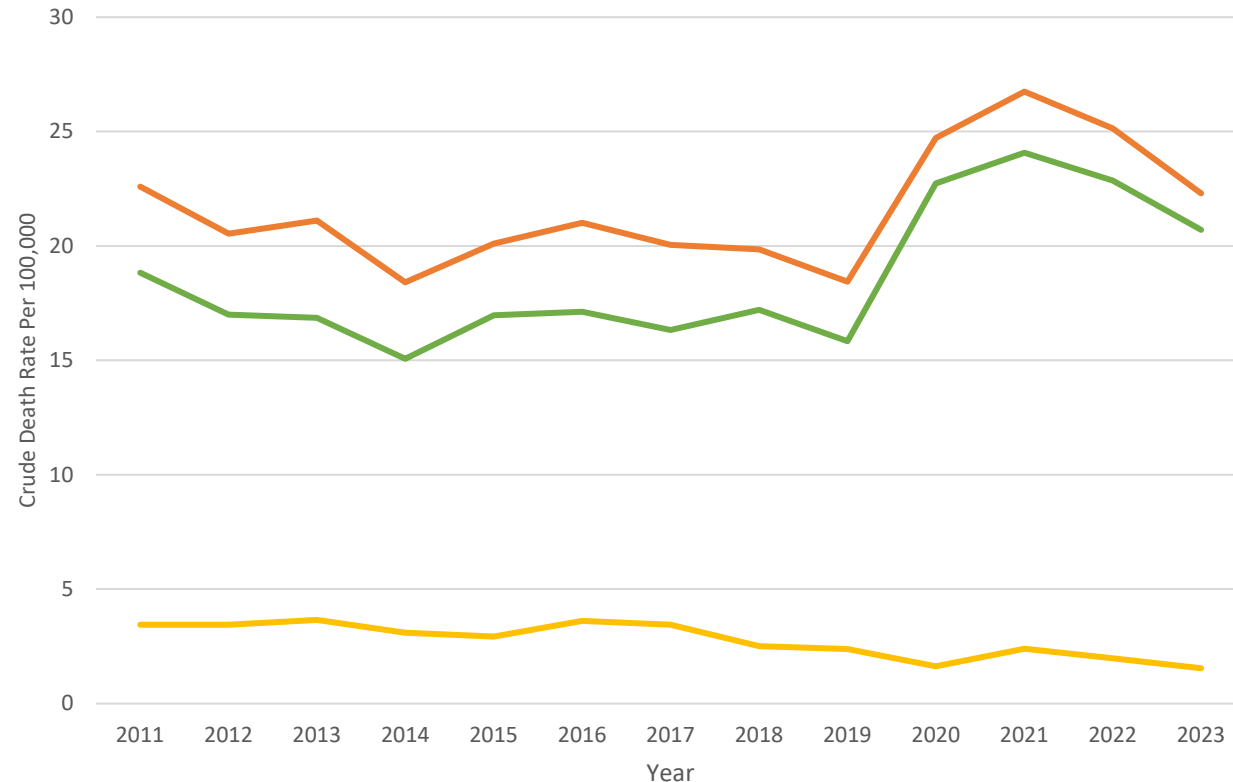
An in-depth look at drug overdose  
mortality data

Marco G. Méndez, MPH  
Epidemiologist



# What We Know: Most fatal drug overdoses are unintentional, including overdoses involving fentanyl.

Drug Overdose Death Rate (All Substances) Per 100,000  
Clark County Residents, 2011-2023



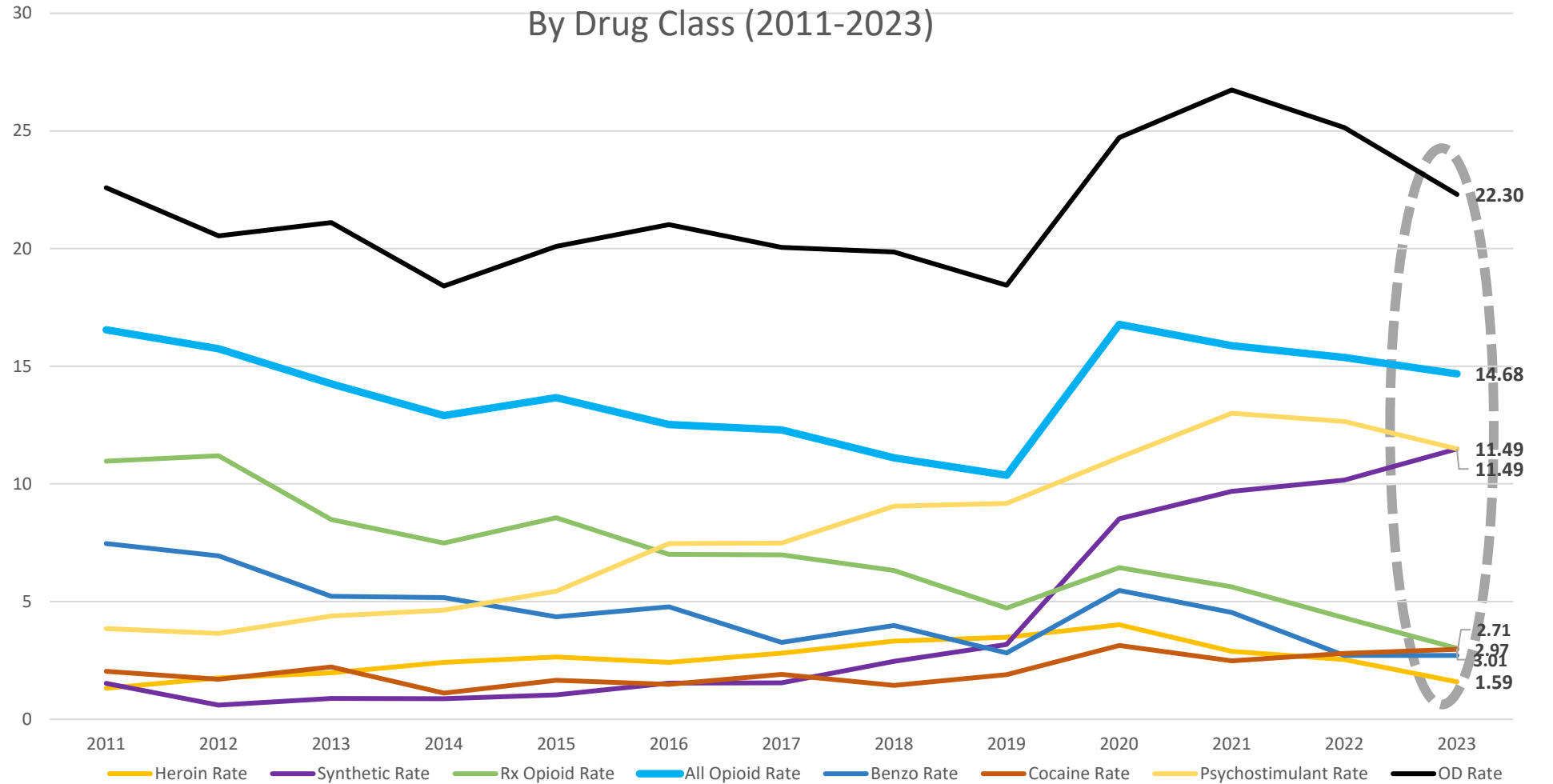
\*2023 data are provisional estimates and subject to change.

Current as of 02/20/2024. Data Source: SNHD's Electronic Death Registry System

— All Intent — Intentional — Unintentional



## Crude Drug Overdose Death Rate Per 100,000 Clark County Residents By Drug Class (2011-2023)



\*2023 data are provisional estimates and subject to change. Current as of 02/20/2024.

Data Source: SNHD's Electronic Death Registry System.

Note: Counts are NOT mutually exclusive.



# Drug Overdose Deaths

Percent of drug overdose deaths among Clark County residents in 2023:

DRUG	% OF DEATHS
<b>Cocaine</b>	<b>13.3%</b>
<b>Methamphetamine</b>	<b>51.5%</b>
<b>Benzodiazepines</b>	<b>12.2%</b>
<b>Prescription Opioids</b>	<b>13.5%</b>
<b>Heroin</b>	<b>7.1%</b>
<b>Fentanyl</b>	<b>51.5%</b>
<b>All Opioid</b>	<b>65.8%</b>
<b>Xylazine (Tranq)</b>	<b>0%</b>

\*2023 data are provisional estimates and subject to change.  
Current as of 02/20/2024.  
Data Source: SNHD's Electronic Death Registry System

# Emerging Issue: Drug Contamination

Other drugs implicated  
in fentanyl overdoses (2023):

DRUG IMPLICATED	% OF FENTANYL DEATHS
<b>Benzos</b>	<b>11.6%</b> (31/267)
<b>Psychostimulants</b>	<b>46.4%</b> (124/267)
<b>Natural/Semi-Synthetic Opioids</b>	<b>10.5%</b> (28/267)
<b>Cocaine</b>	<b>14.6%</b> (39/267)
<b>Heroin</b>	<b>4.5%</b> (12/267)

\*2023 data are provisional estimates and subject to change.

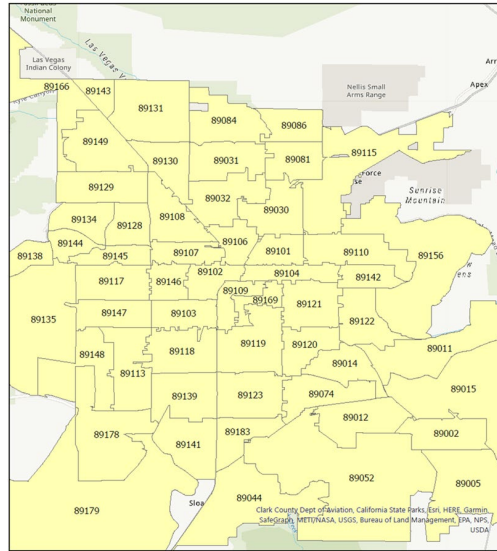
Current as of 02/20/2024.

Data Source: SNHD's Electronic Death Registry System

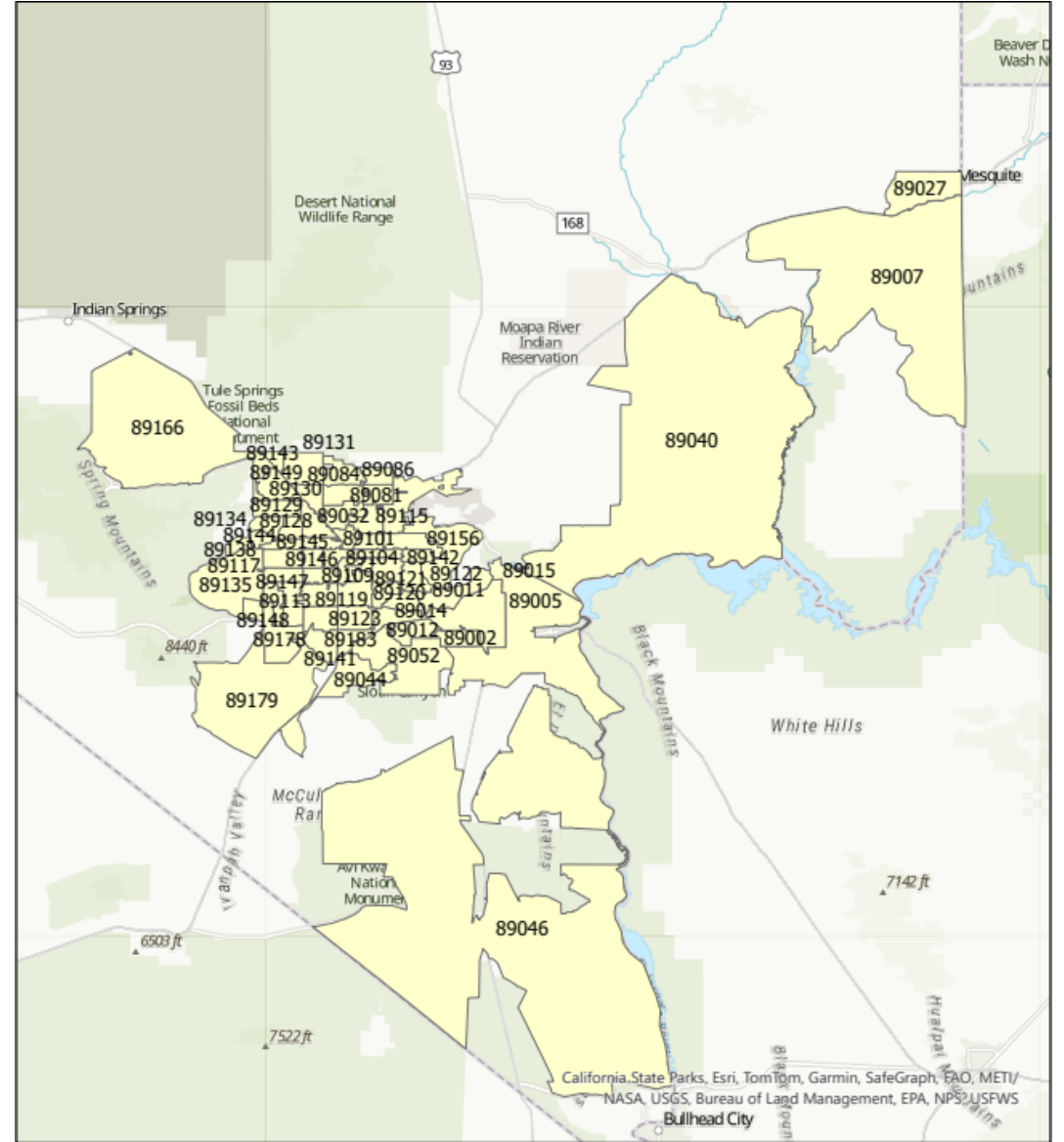




# Fentanyl Deaths by Resident ZIP Code, 2016



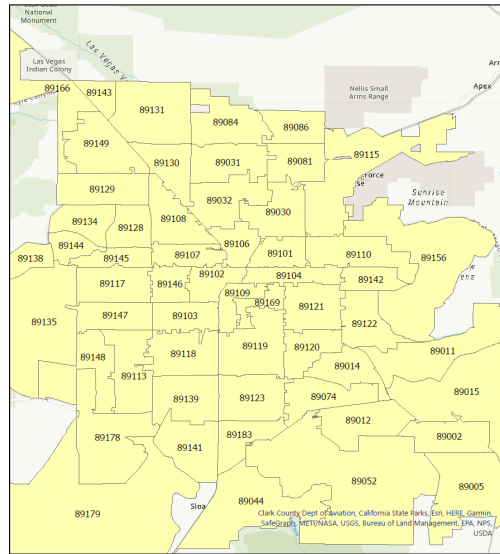
Fentanyl Deaths 2016 (Counts)  
0-4



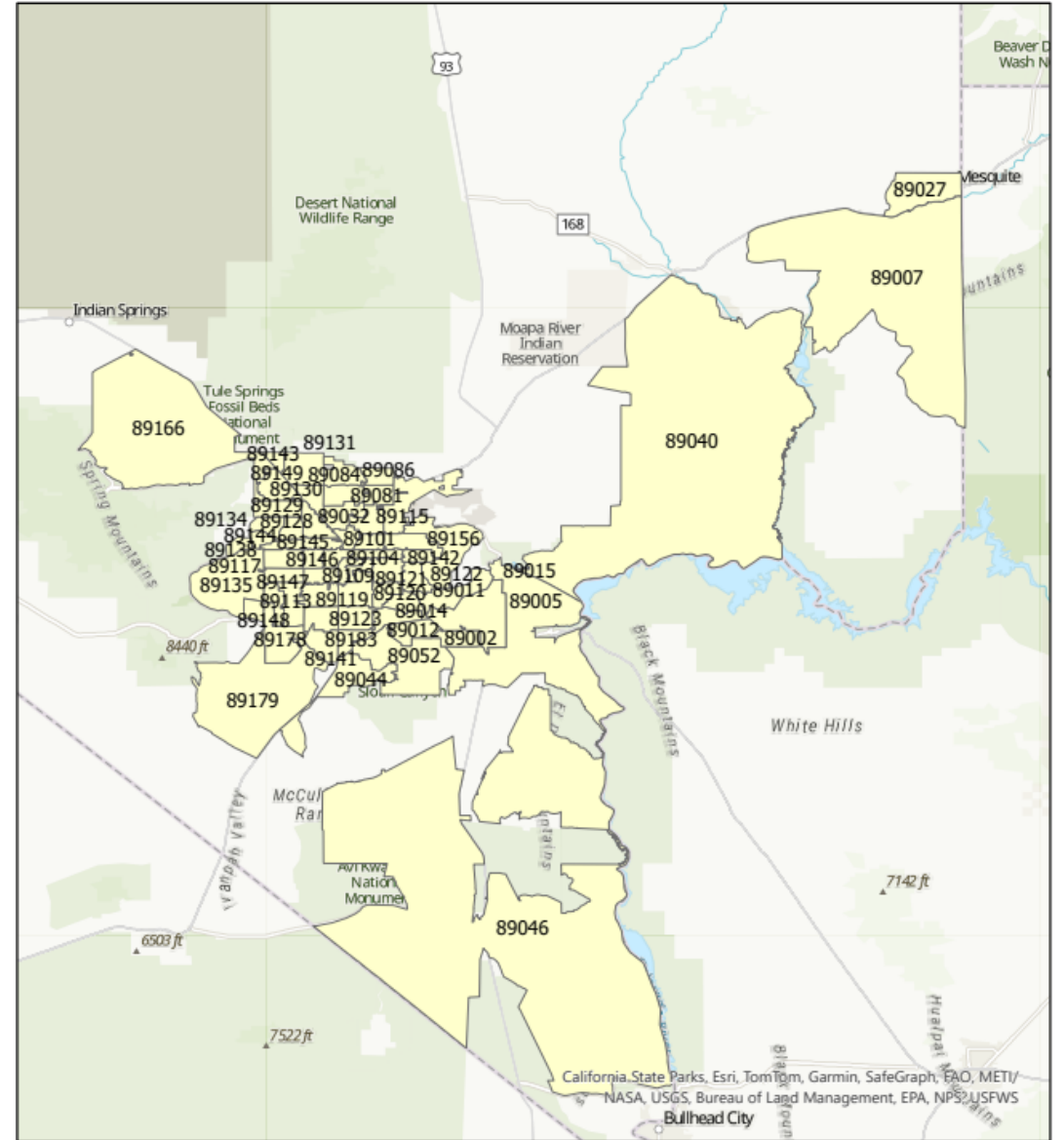
\*2023 data are provisional estimates and subject to change.  
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Data Source: SNHD's Electronic Death Registry System



# Fentanyl Deaths by Resident ZIP Code, 2017



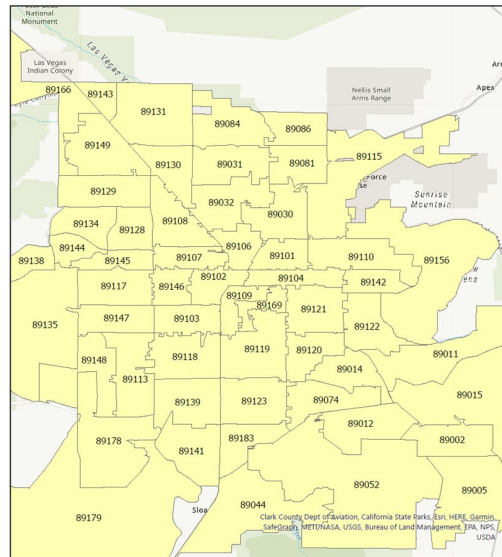
Fentanyl Deaths 2017 (Counts)  
0-4



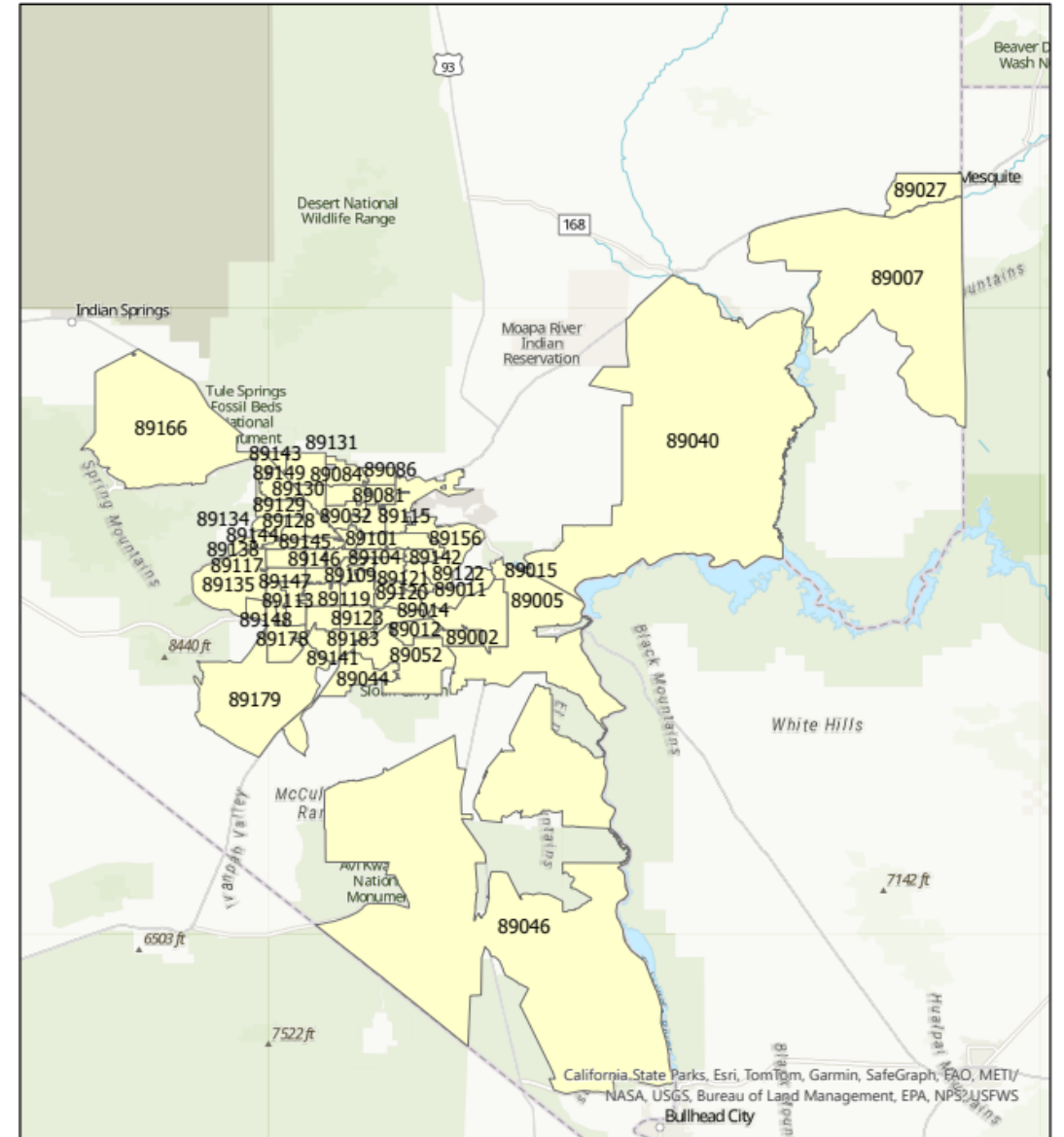
\*2023 data are provisional estimates and subject to change.  
Current as of 02/20/2024.  
Data Source: SNHD's Electronic Death Registry System



# Fentanyl Deaths by Resident ZIP Code, 2018



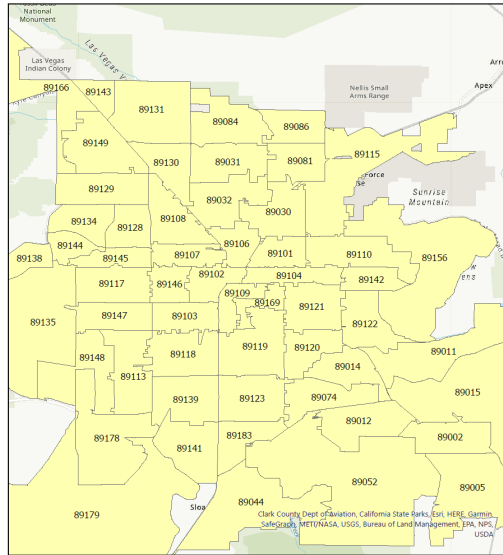
Fentanyl Deaths 2018 (Counts)  
0-4



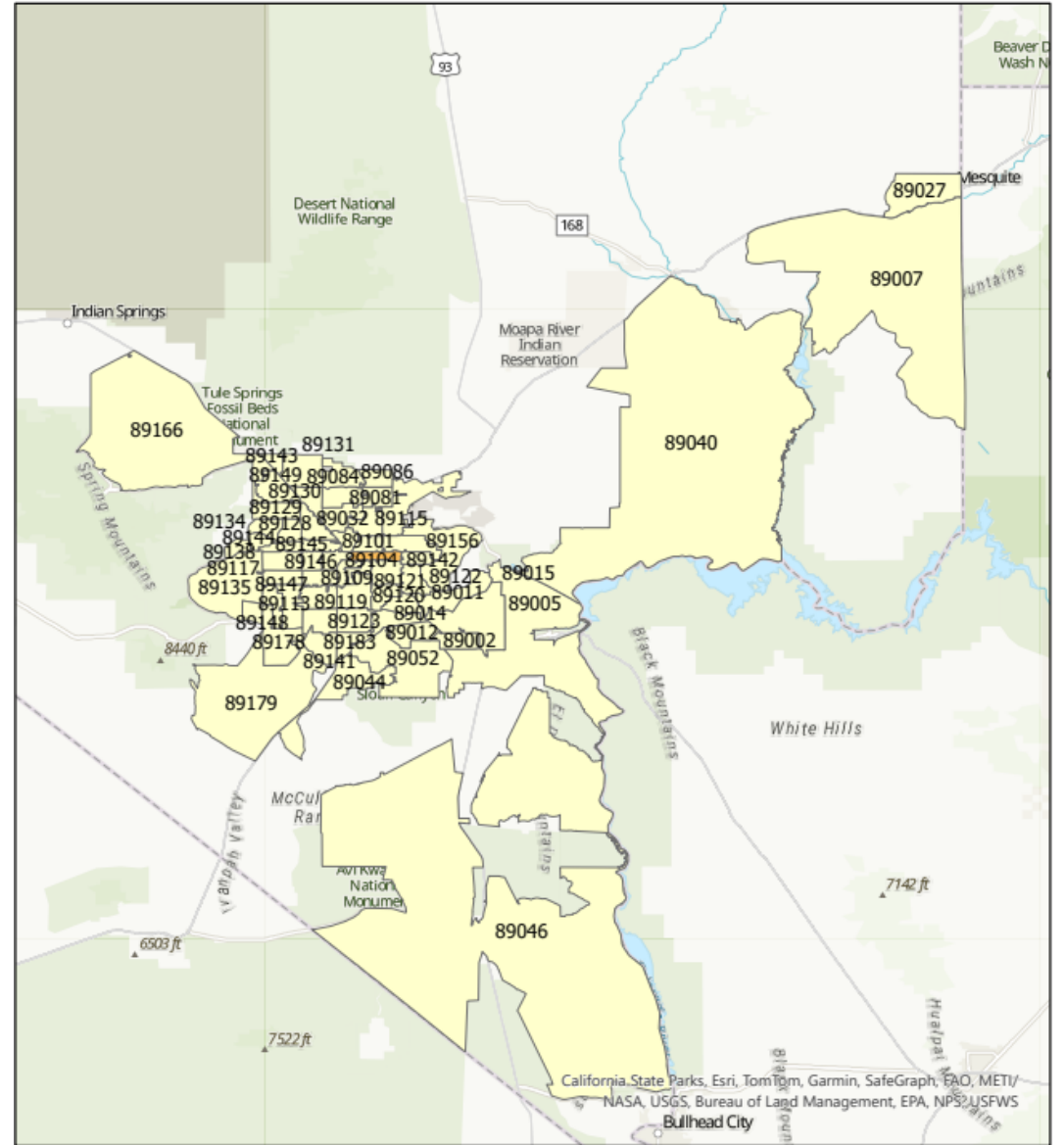
\*2023 data are provisional estimates and subject to change.  
Current as of 02/20/2024.  
Data Source: SNHD's Electronic Death Registry System



# Fentanyl Deaths by Resident ZIP Code, 2019



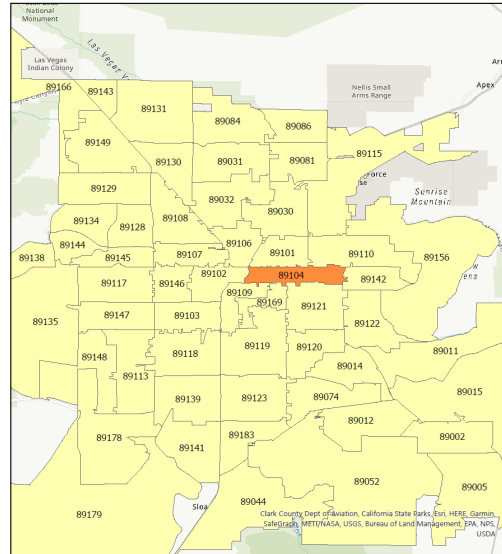
Fentanyl Deaths 2018 (Counts)  
0-4



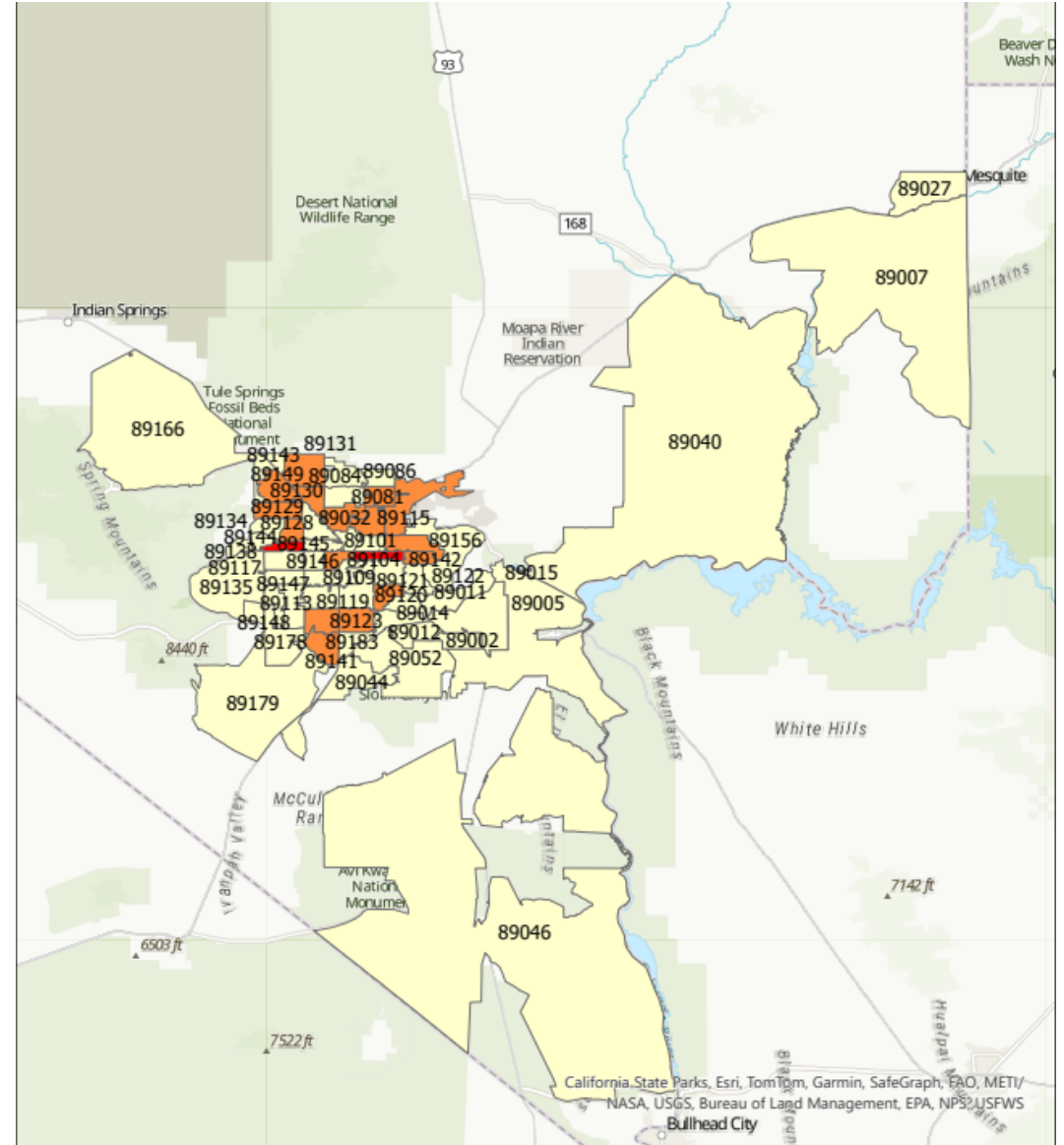
\*2023 data are provisional estimates and subject to change.  
Current as of 02/20/2024.  
Data Source: SNHD's Electronic Death Registry System



# Fentanyl Deaths by Resident ZIP Code, 2020



Fentanyl Deaths 2019 (Counts)  
 0-4  
 5-7

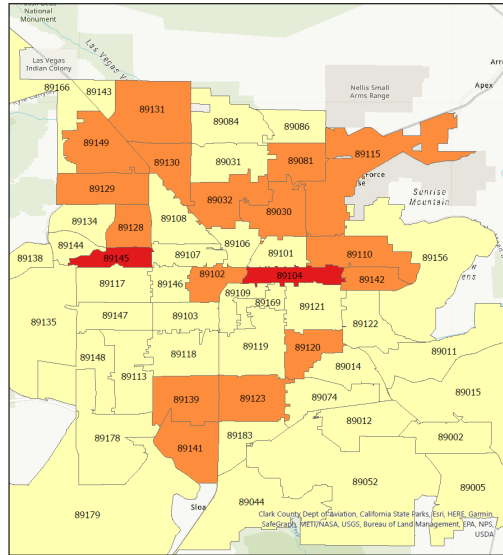


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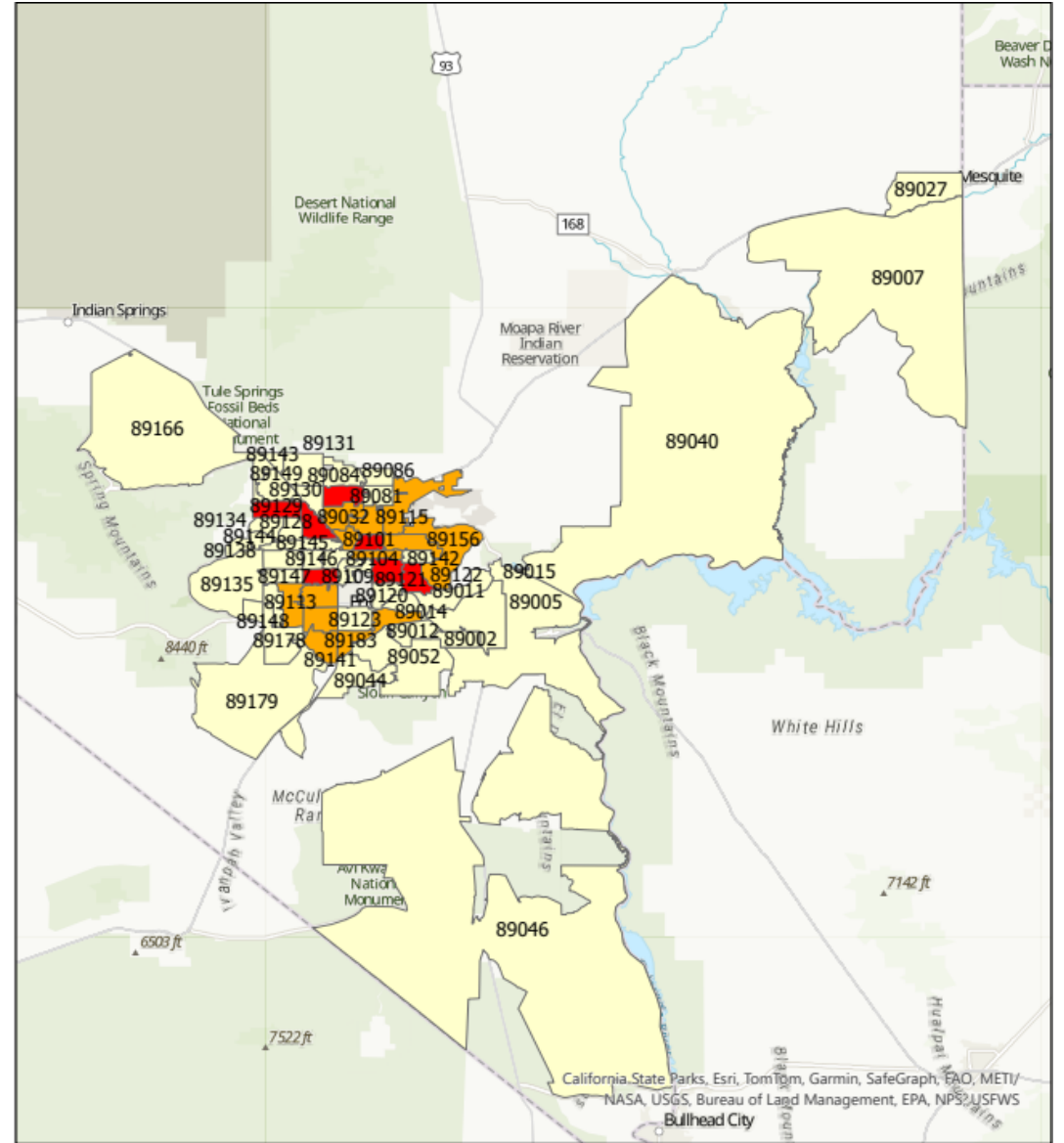
Data Source: SNHD's Electronic Death Registry System



# Fentanyl Deaths by Resident ZIP Code, 2021



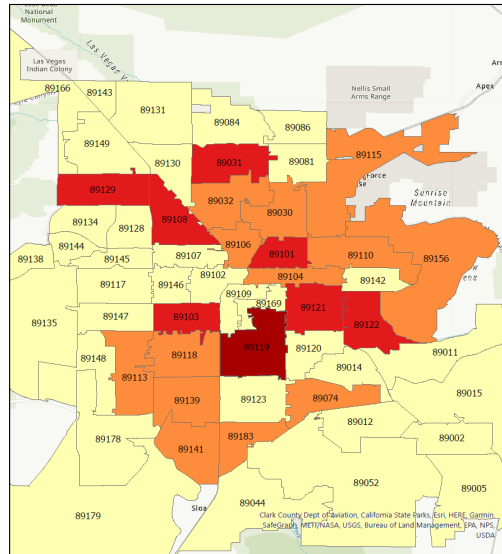
Fentanyl Deaths 2020 (Counts)  
 0-4  
 5-7  
 8-11



\*2023 data are provisional estimates and subject to change.  
 Current as of 02/20/2024.  
 Data Source: SNHD's Electronic Death Registry System

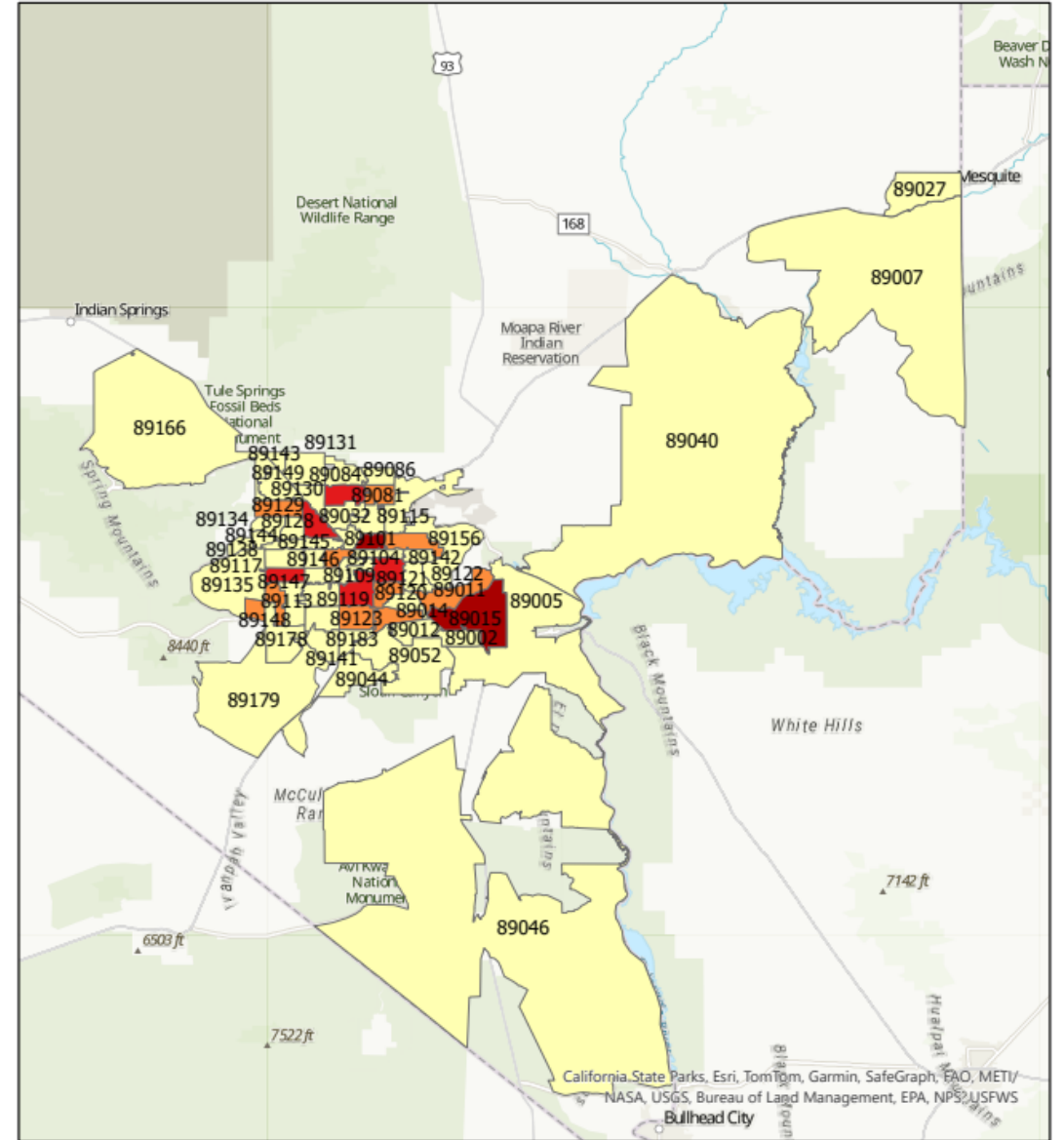


# Fentanyl Deaths by Resident ZIP Code, 2022

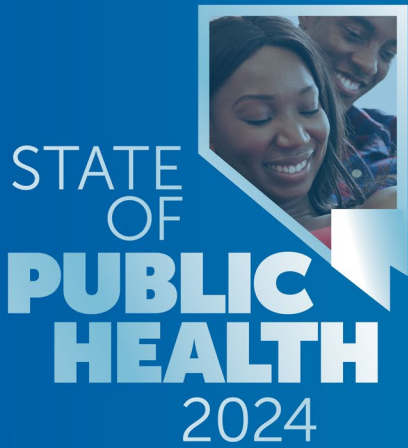


Fentanyl Deaths 2021 (Counts)

- 0-4
- 5-7
- 8-11
- 12-18



\*2023 data are provisional estimates and subject to change.  
Current as of 02/20/2024.  
Data Source: SNHD's Electronic Death Registry System



# Overdose Burden in Clark County Panel

*Facilitator:*

**Victoria Burris, MPH**

Communicable Disease Manager, Southern Nevada Health District

*Panelists:*

**Assemblywoman Clara Thomas**

Member, Substance Use Response Working Group (SURG)

**Terry Kerns, PhD**

Substance Abuse/Law Enforcement Coordinator , Office of the Attorney General

**Kat Reich**

Senior Administration & Data Manager, Trac-B Exchange

**Victoria Hughes**

Communicable Disease Supervisor, Southern Nevada Health District

