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Welcome

Dr. Fermin Leguen, MD, MPH
District Health Officer

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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

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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

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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

Source: www.cdc.gov/std/syphilis/stdfact-congenital-syphilis.htm

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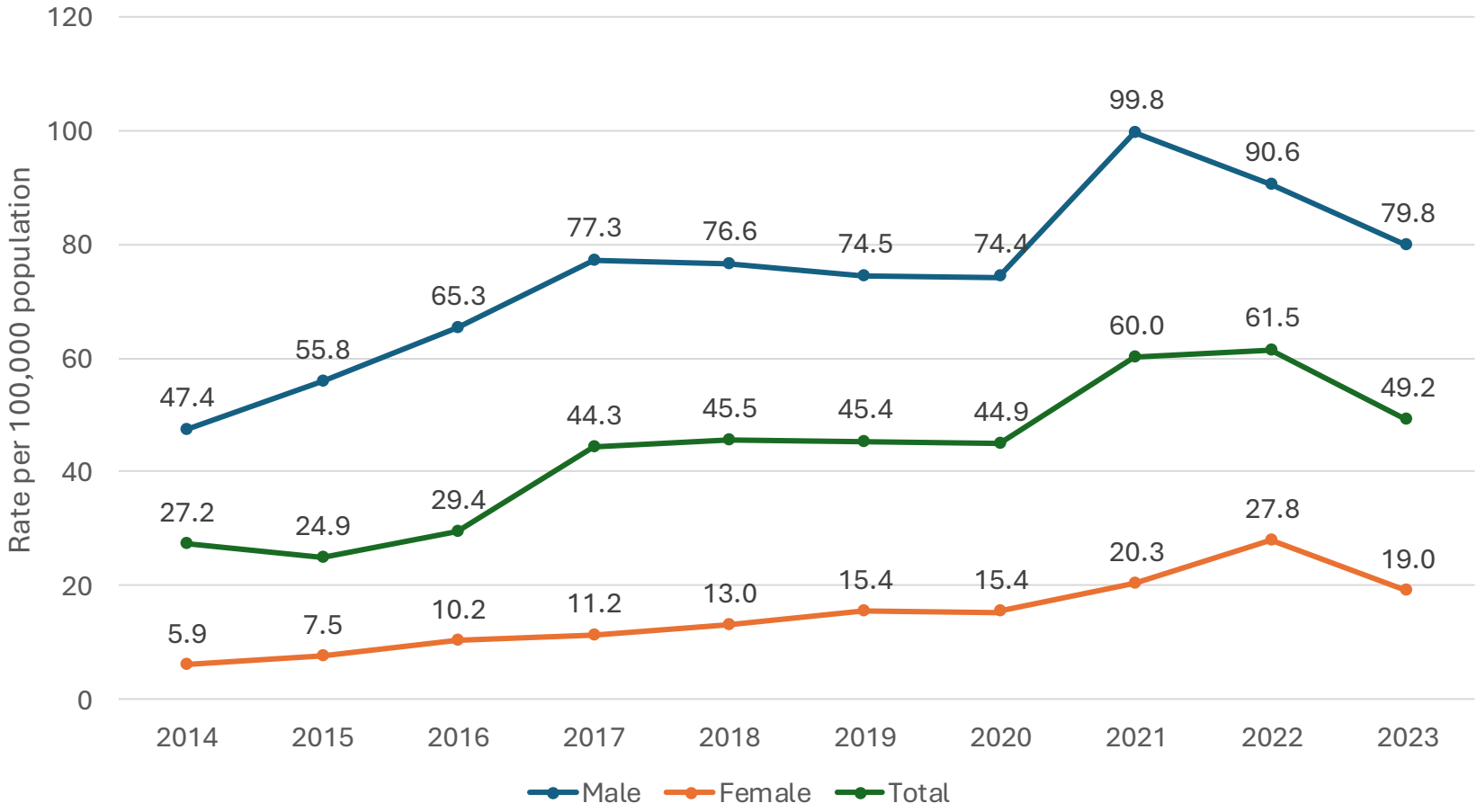
Infectious Syphilis Rates by Birth Sex, Clark County, NV 2014-2023



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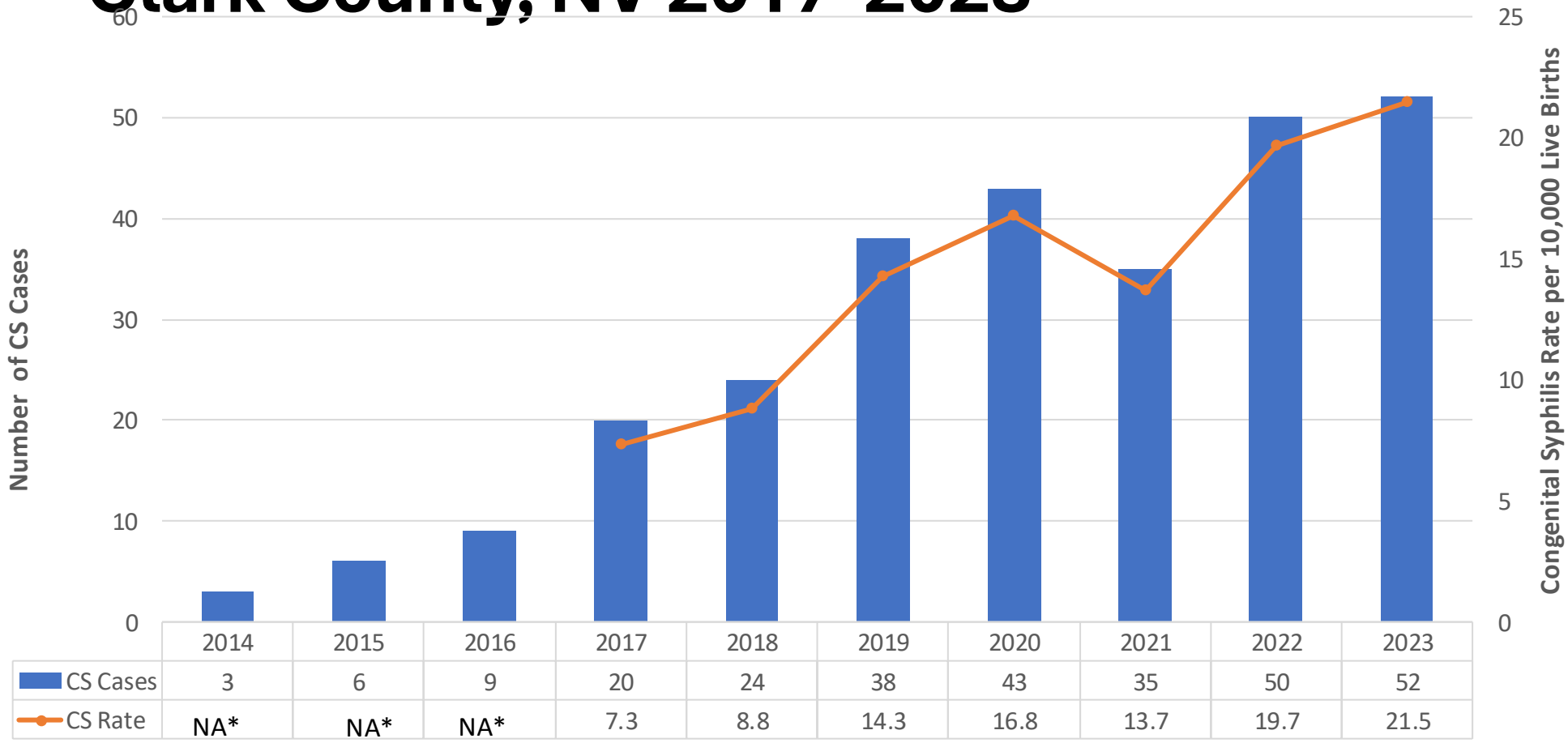
Congenital Syphilis Cases and Rates, Clark County, NV 2017-2023



	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
CS Cases	3	6	9	20	24	38	43	35	50	52
CS Rate	NA*	NA*	NA*	7.3	8.8	14.3	16.8	13.7	19.7	21.5

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

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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)

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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.
- 3rd trimester testing.
- Follow-up on baby.

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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

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Patient Eligibility

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

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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.

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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.

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Next Steps

- Implement Home Administered Treatment for Syphilis (HATS) – planning phase.
- Policy/Procedure currently in development

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

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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.

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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.

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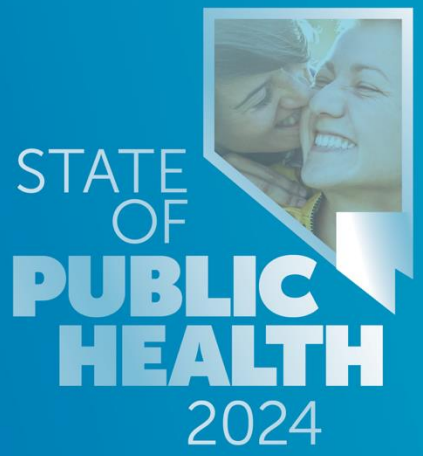

Common Themes & Possible Solutions

- 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.
  - Improved communication with social service providers, improved awareness of resources – again leverage social media, meet clients where they are at.
- Substance Use/Mental Health: Improve access.
  - Culturally competent substance and mental health services and resources – addressing stigma.
- Other: Unplanned pregnancy, contraception and sex work.
  - Age-appropriate sex education in schools; occupational health and safety for sex workers.

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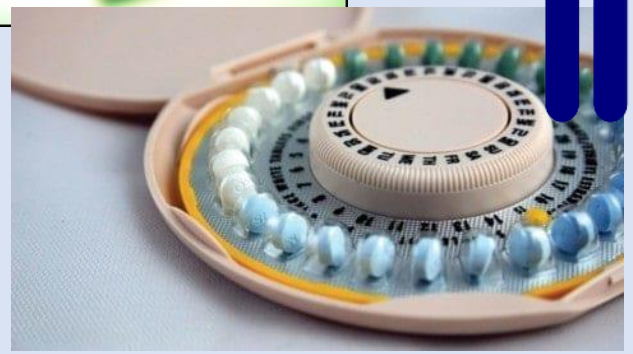

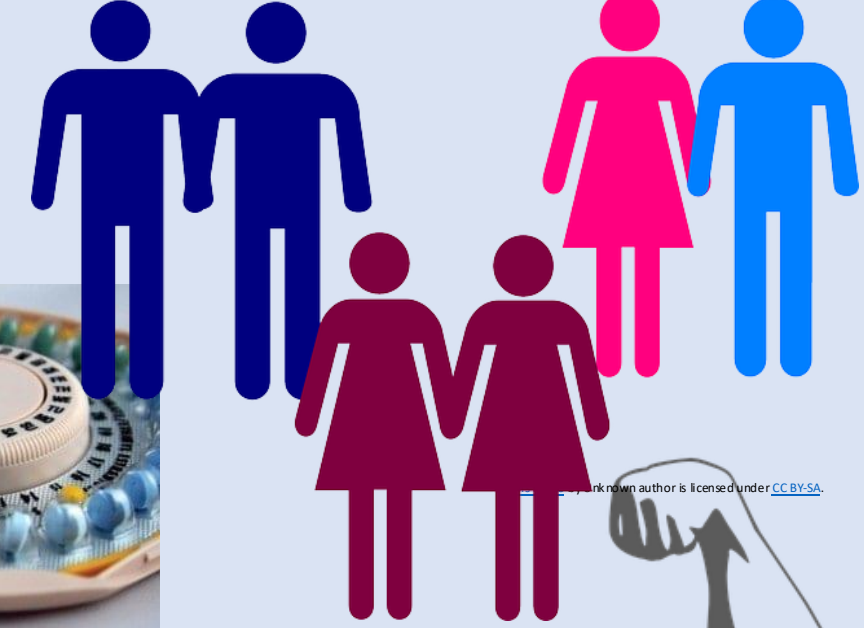

Matters

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Questions?

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Overdose Burden in Clark County

An in-depth look at drug overdose mortality data

Marco G. Méndez, MPH
Epidemiologist

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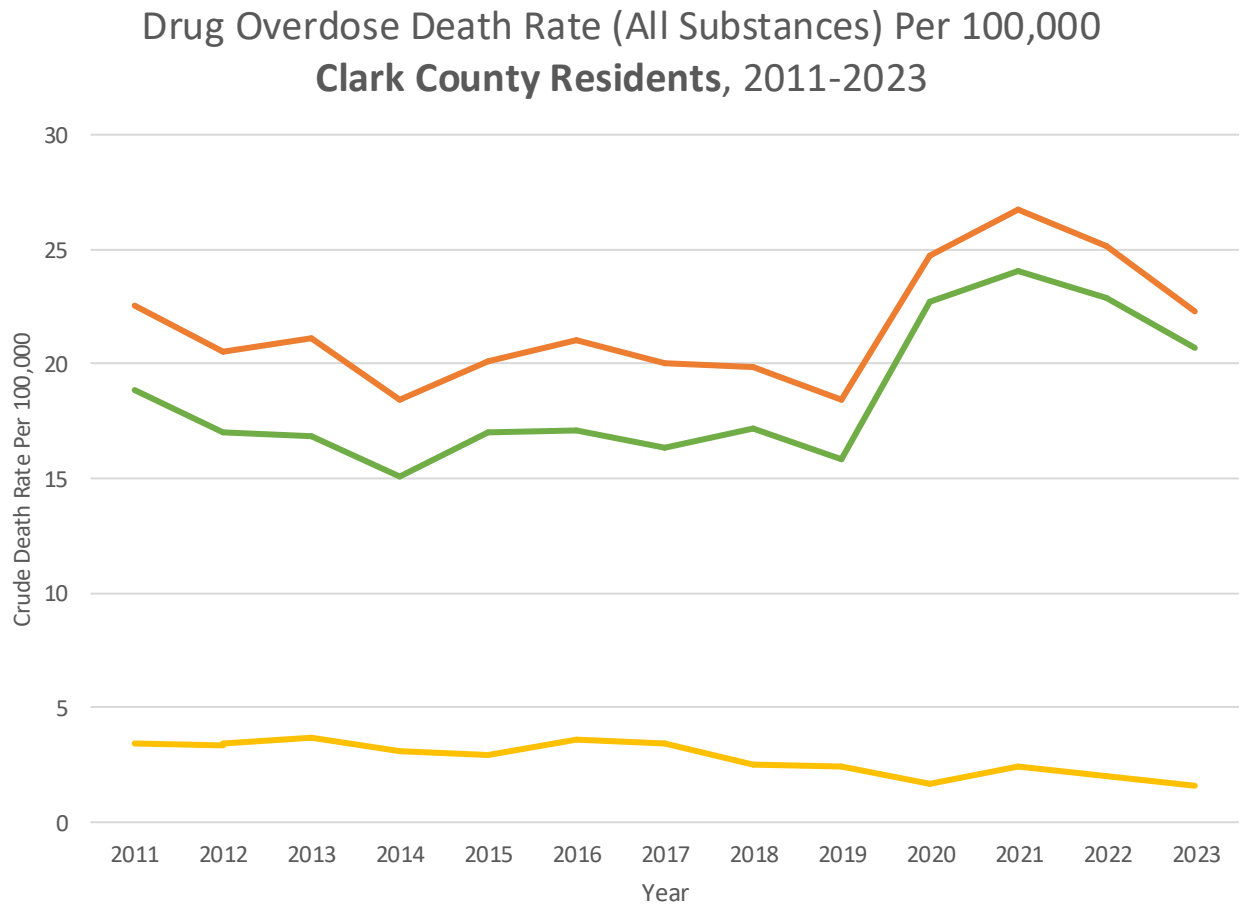
What We Know: Most fatal drug overdoses are unintentional, including overdoses involving fentanyl.



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

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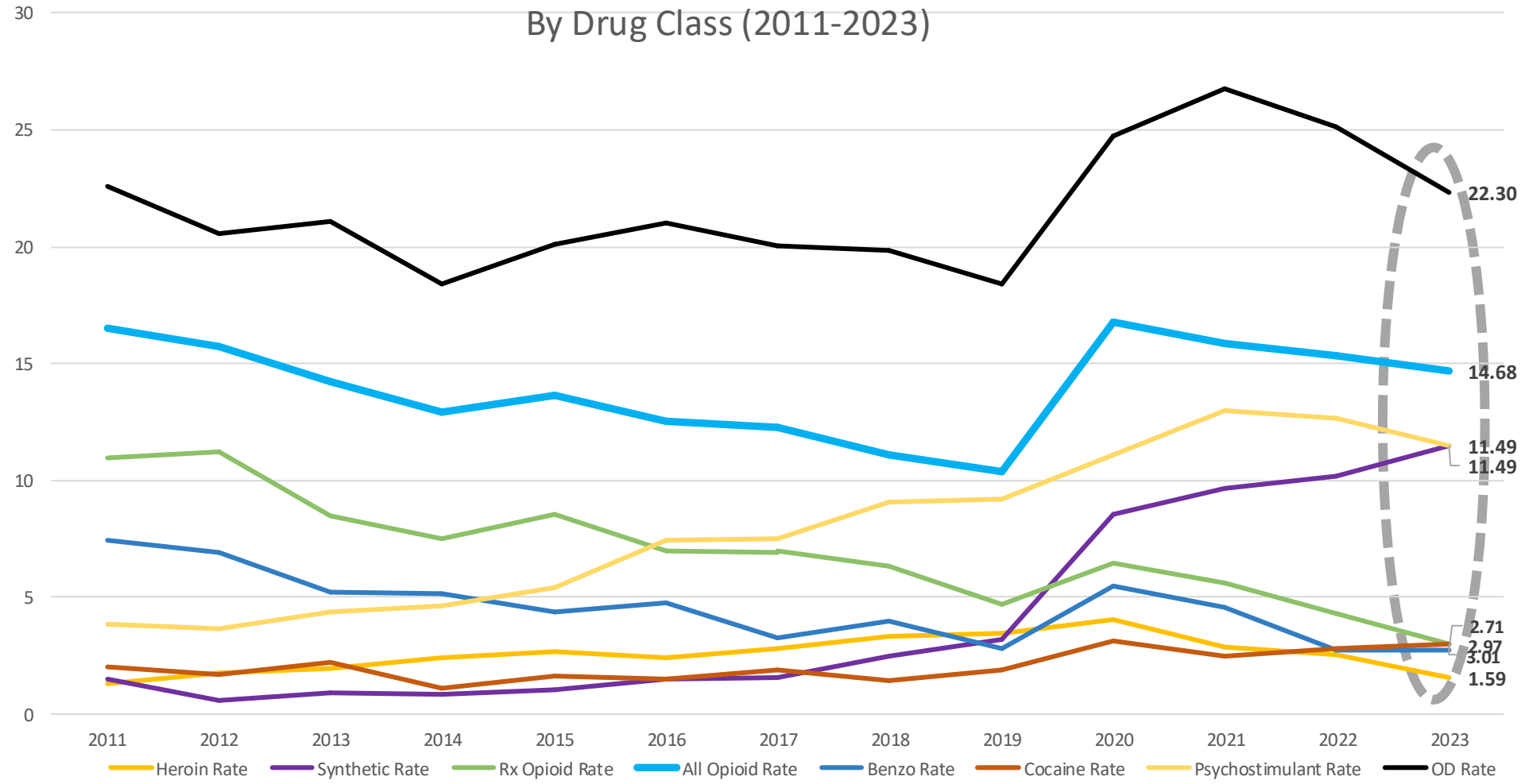
Crude Drug Overdose Death Rate Per 100,000 **Clark County Residents** By Drug Class (2011-2023)



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Data Source: SNHD's Electronic Death Registry System.
Note: Counts are NOT mutually exclusive.

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Drug Overdose Deaths

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

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

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Emerging Issue: Drug Contamination

Other drugs implicated in fentanyl overdoses (2023):

DRUG IMPLICATED	% OF FENTANYL DEATHS
Benzos	11.6% (31/276)
Psychostimulants	46.4% (124/267)
Natural/Semi-Synthetic Opioids	10.5% (28/267)
Cocaine	14.6% (39/276)
Heroin	4.5% (12/276)

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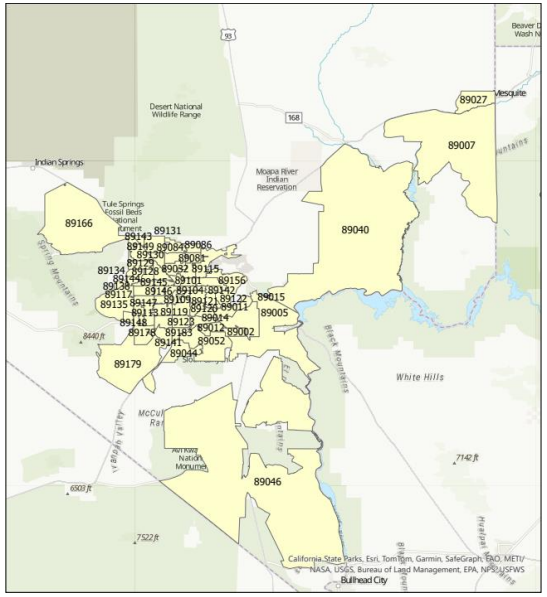
Fentanyl Deaths by Resident ZIP Code, 2016



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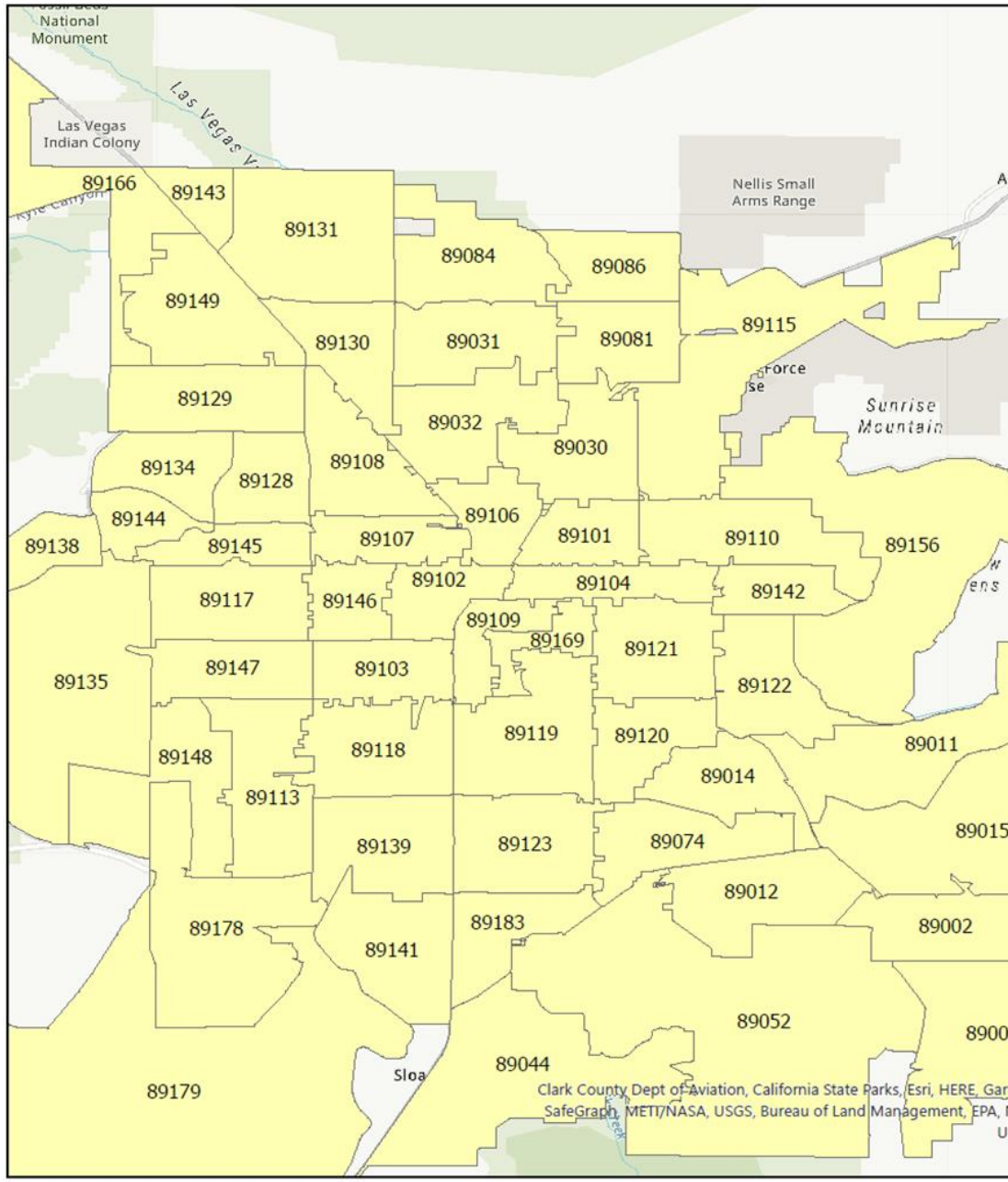
Data Source: SNHD's Electronic Death Registry System



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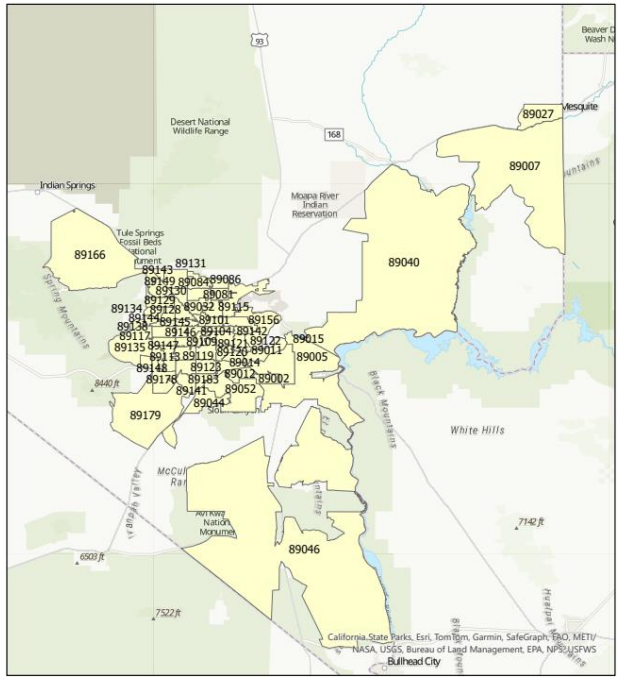
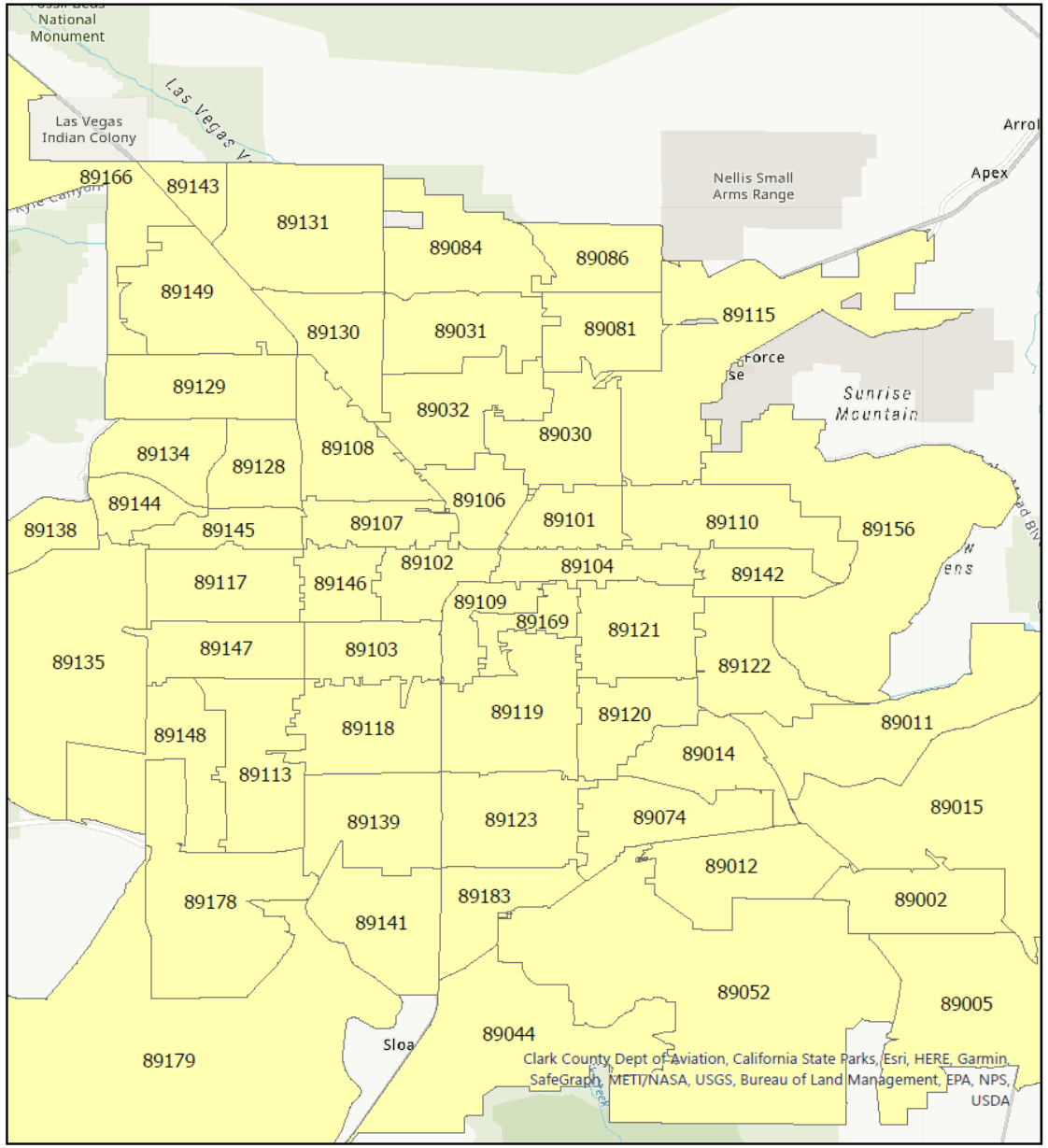
Fentanyl Deaths by Resident ZIP Code, 2017





Fentanyl Deaths 2017 (Counts)

0-4

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Data Source: SNHD's Electronic Death Registry System

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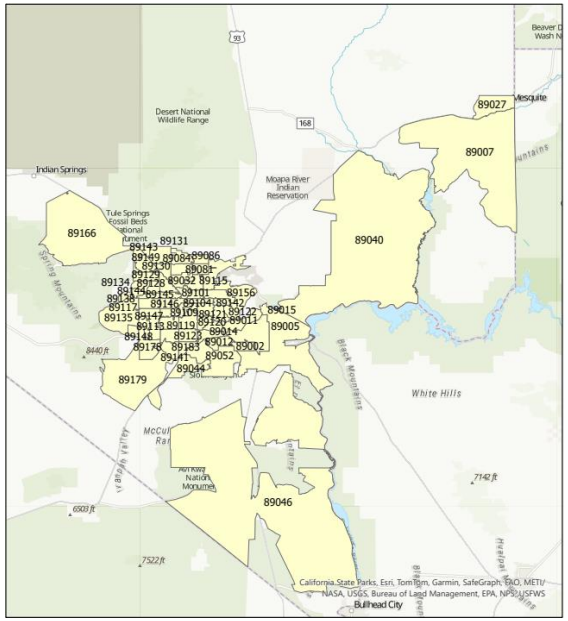
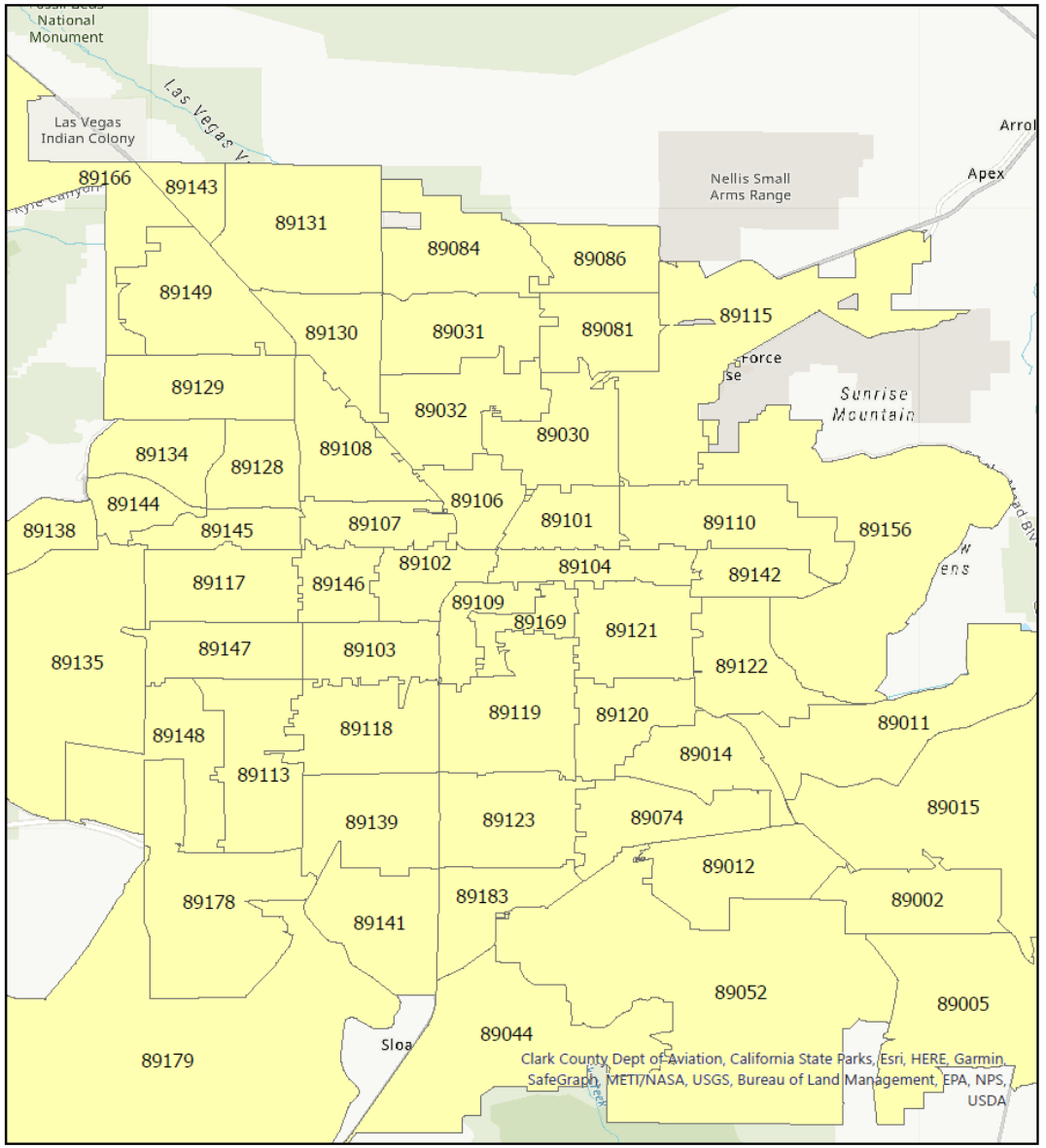
Fentanyl Deaths by Resident ZIP Code, 2018





Fentanyl Deaths 2018 (Counts)

0-4

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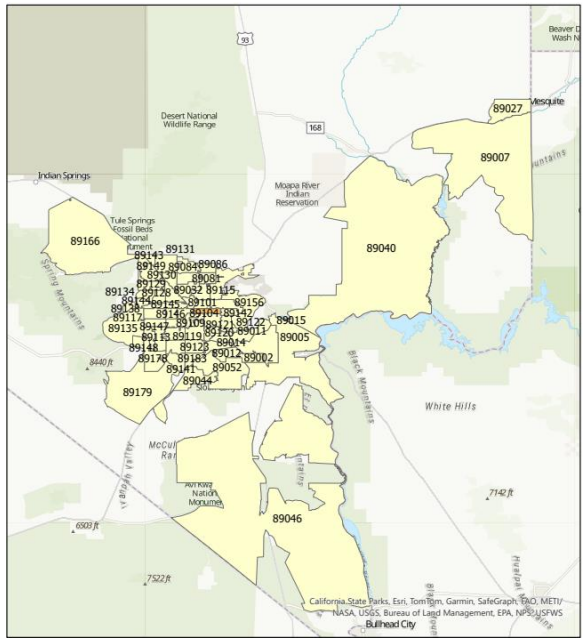
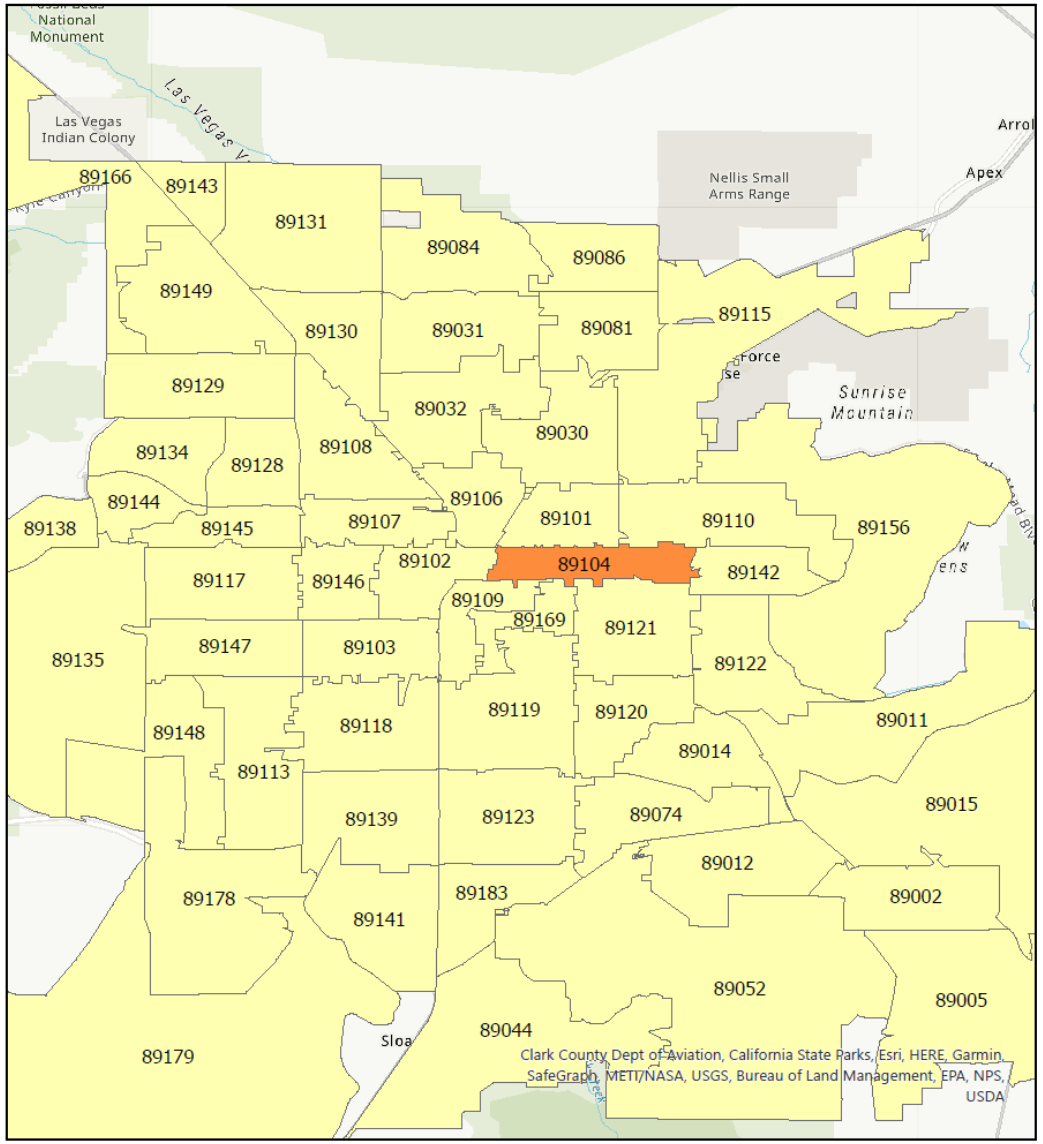
Fentanyl Deaths by Resident ZIP Code, 2019





Fentanyl Deaths 2019 (Counts)

- 0-4
- 5-7

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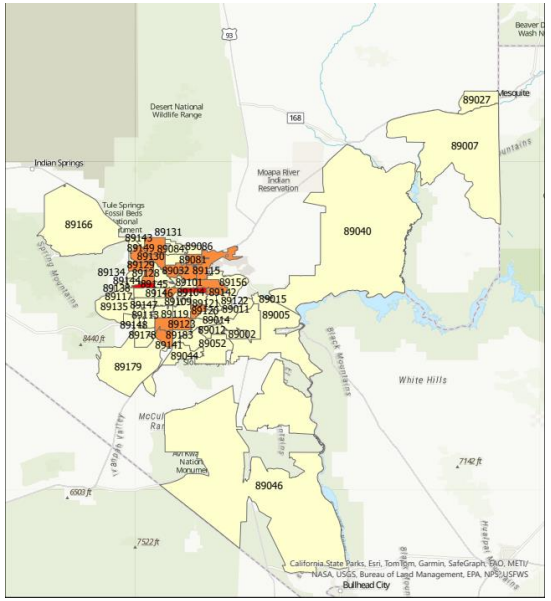
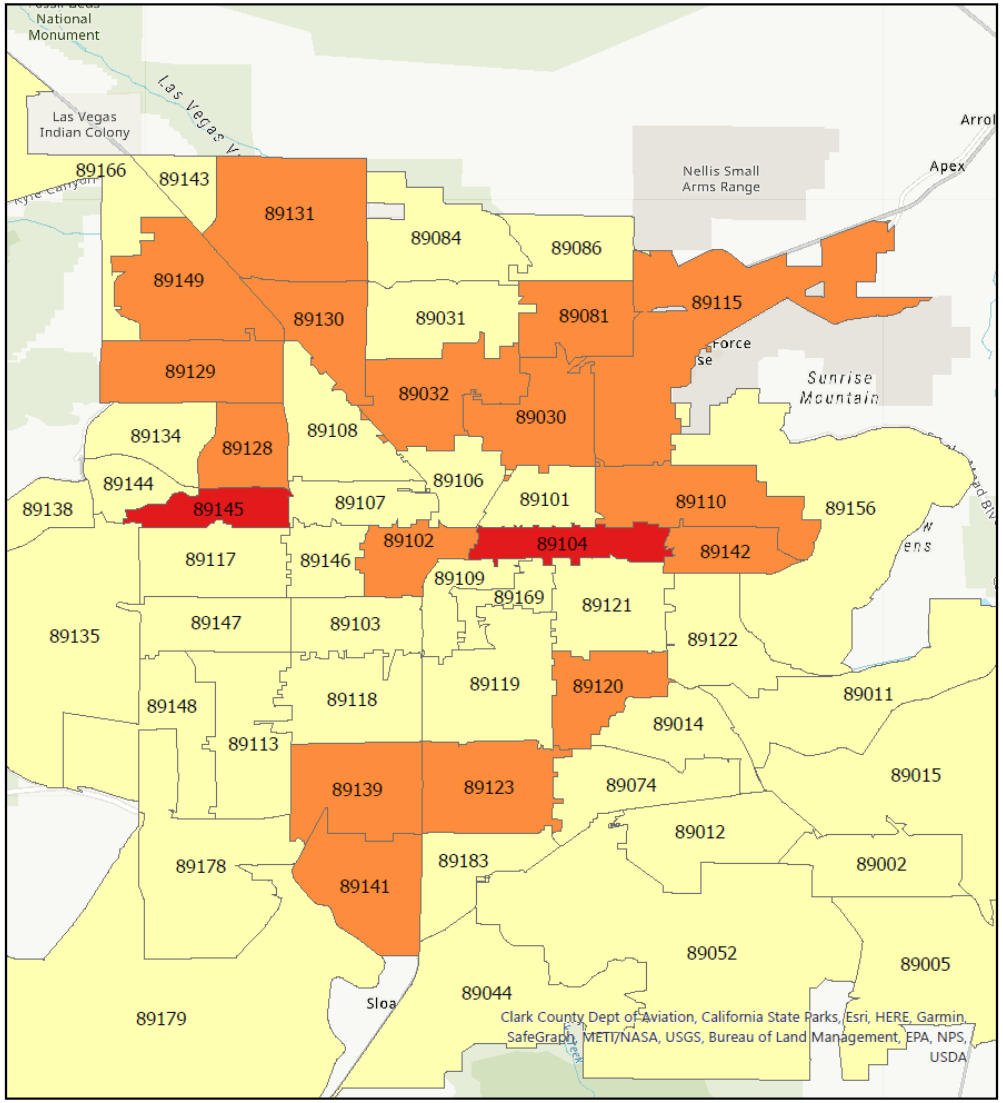
Fentanyl Deaths by Resident ZIP Code, 2020





Fentanyl Deaths 2020 (Counts)

- 0-4
- 5-7
- 8-11

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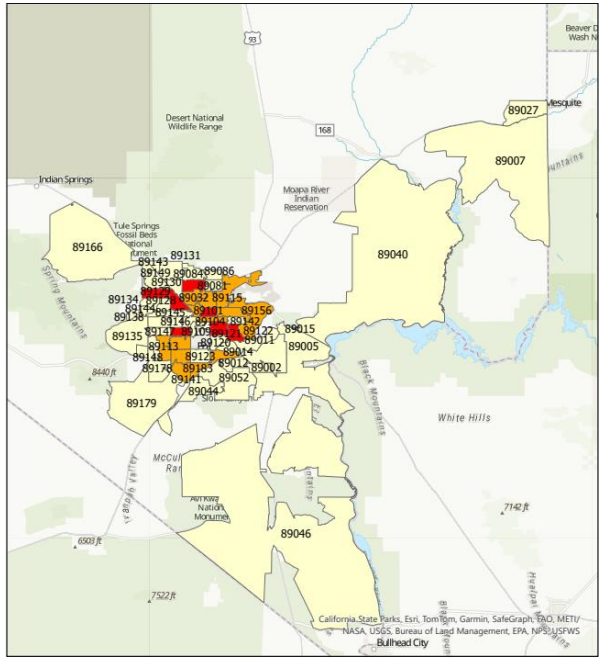
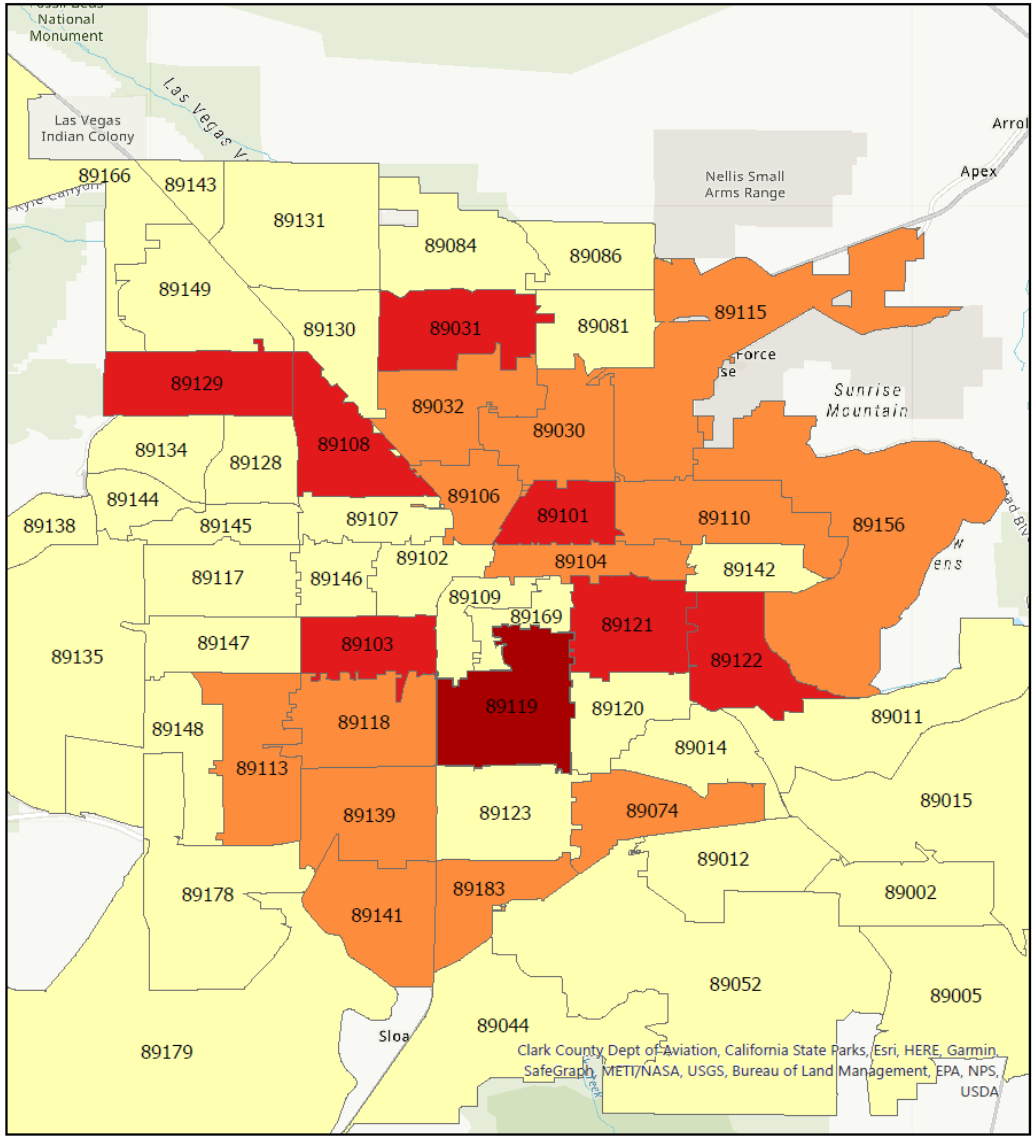
Fentanyl Deaths by Resident ZIP Code, 2021





Fentanyl Deaths 2021 (Counts)

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

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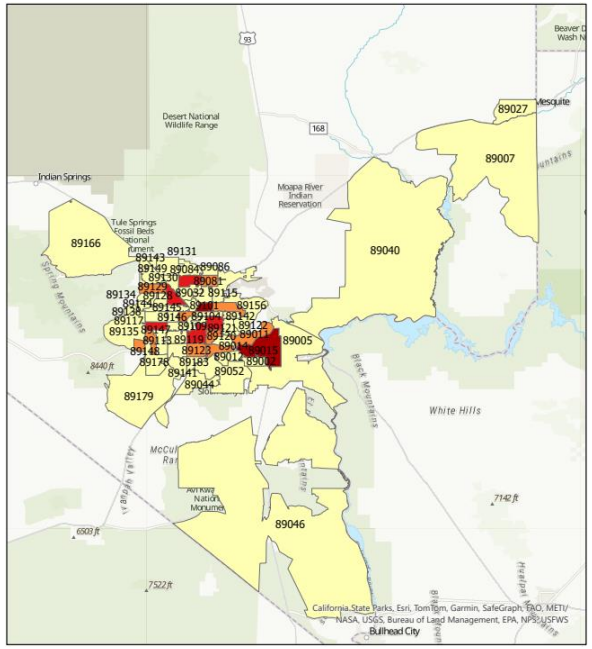
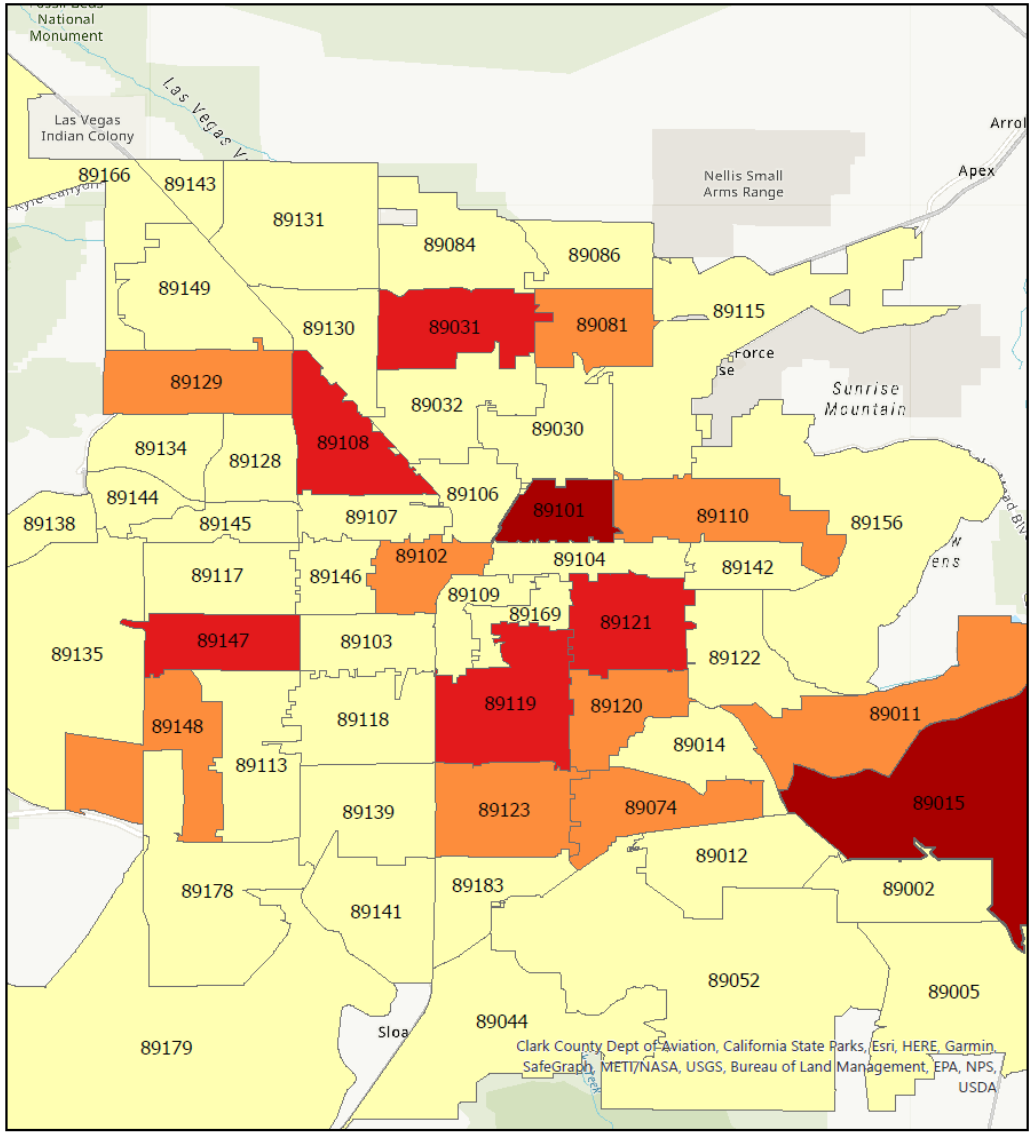
Fentanyl Deaths by Resident ZIP Code, 2022





Fentanyl Deaths 2022 (Counts)

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

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Data Source: SNHD's Electronic Death Registry System

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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

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