
Eliminating Congenital Syphilis Through Improved Pregnancy Care:

Stories from State Medicaid and CHIP Agencies

September 18, 2024

Jessica T. Lee; Centers for Medicare & Medicaid Services

Brittany Watson; North Carolina

Douglas Fish; New York

Robert Lawrence and Liz Ohlsen; Alaska

Emily Stauffer Rocha; Texas

Herbert Twase and Kolynda Parker; Louisiana



Objectives

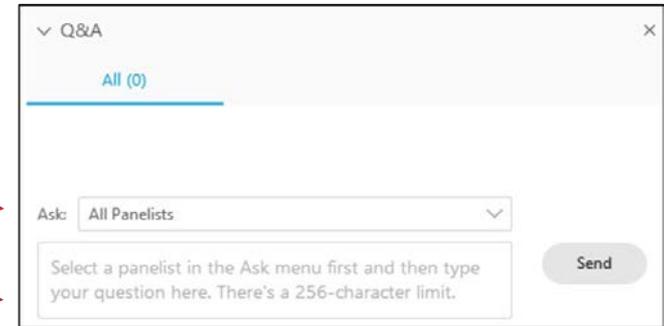
- **Describe trends in national congenital syphilis data**
- **Identify approaches used by five state Medicaid and Children's Health Insurance Program (CHIP) agencies to reduce the incidence of congenital syphilis**
- **Discuss opportunities, challenges, and resources available to states**

Webinar Agenda

Topic	Speaker
Welcome	Lekisha Daniel-Robinson, Mathematica
Overview of Congenital Syphilis in the United States	Jessica Lee, CMCS
State Stories <ul style="list-style-type: none">• North Carolina• New York• Alaska• Texas• Louisiana	Presented by <ul style="list-style-type: none">• Brittany Watson• Douglas Fish• Robert Lawrence and Liz Ohlsen• Emily Stauffer Rocha and Lisa B. Glenn• Herbert Twase, Kolynda Parker, and Shantel Herbert-Magee
Questions and Discussion	Lekisha Daniel-Robinson, Mathematica

How to Submit a Question

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 - To submit a question or comment, click the Q&A window and select “All Panelists” in the “Ask” menu
 - Type your question in the text box and click “Send”
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Q&A

All (0)

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Send

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Q & A

All (0)

Ask: Host

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Overview of Congenital Syphilis in the United States

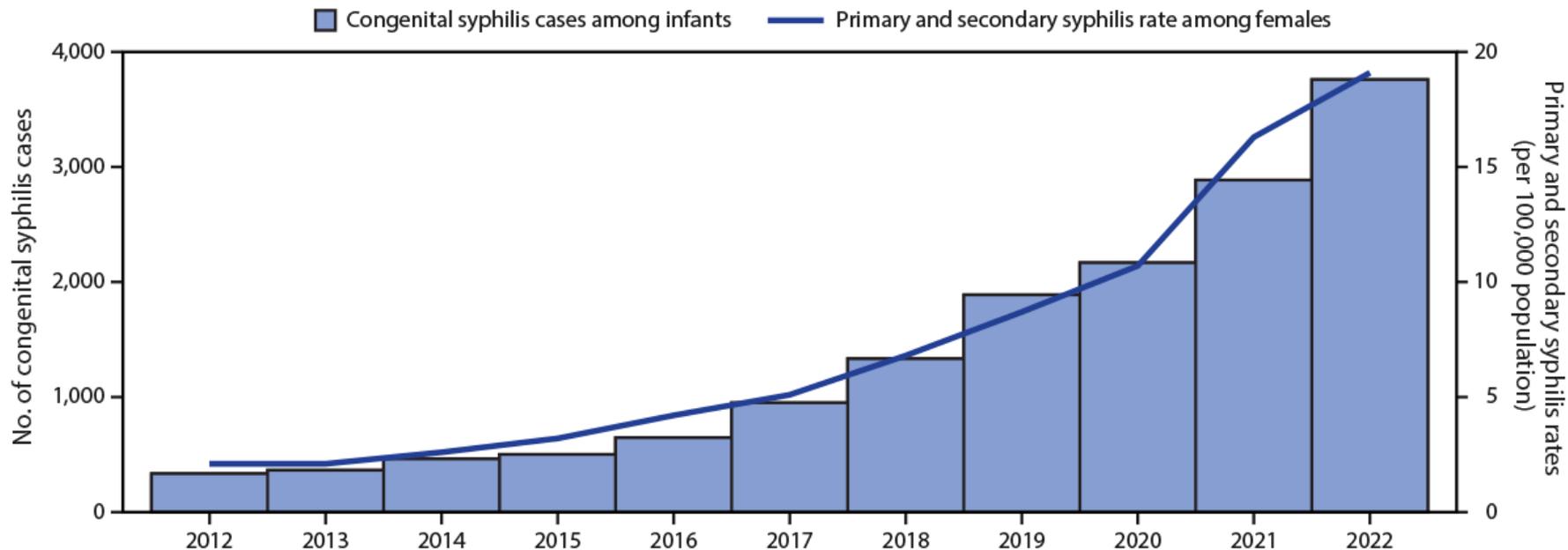
Jessica T. Lee, MD, MSHP; Acting Chief Medical Officer, Center for Medicaid and CHIP Services, Centers for Medicare & Medicaid Services

Congenital Syphilis Overview

- **Congenital syphilis¹ occurs when people pass syphilis to their babies during pregnancy.**
- **Congenital syphilis is preventable, yet the number of cases has nearly doubled since 2018.**
- **Left untreated, congenital syphilis results in infant death, developmental delays, skeletal abnormalities, deafness, meningitis, and ongoing adverse outcomes throughout the child's life. Syphilis risks for the pregnant person include miscarriage, ongoing infection, and more.**
- **A lack of timely testing and treatment before and during pregnancy contributes to 88% of congenital syphilis cases.**
- **With Medicaid and CHIP agencies covering more than 41% of births nationwide, states have an important role in reducing the incidence of congenital syphilis and improving health outcomes for both the newborn and the parent.**

¹ More information available at: <https://www.cdc.gov/syphilis/about/about-congenital-syphilis.html>

Reported Number of Cases of Congenital Syphilis Among Infants, by Year of Birth, and Rates* of Reported Cases of Primary and Secondary Syphilis† Among Females Aged 15–44 Years, by Year — United States, 2012–2022

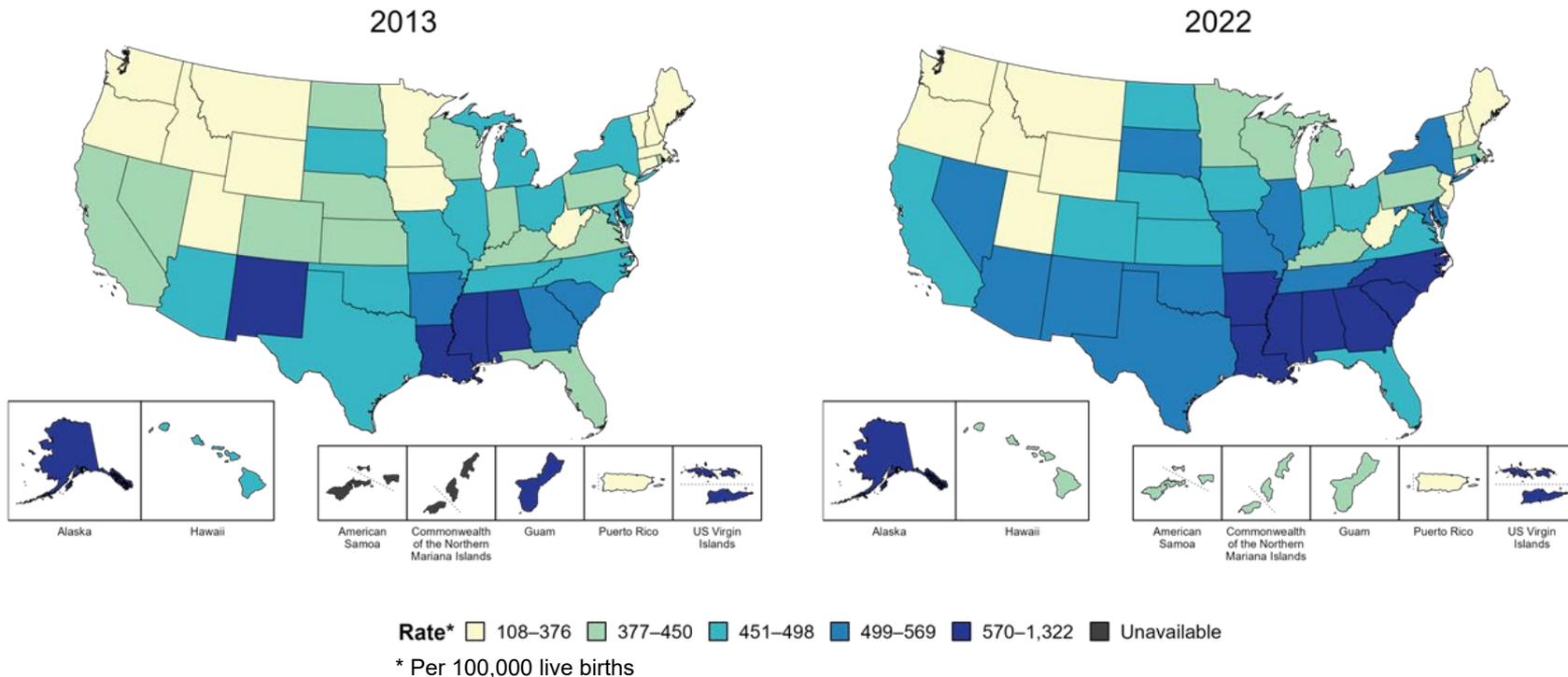


* Cases per 100,000 population.

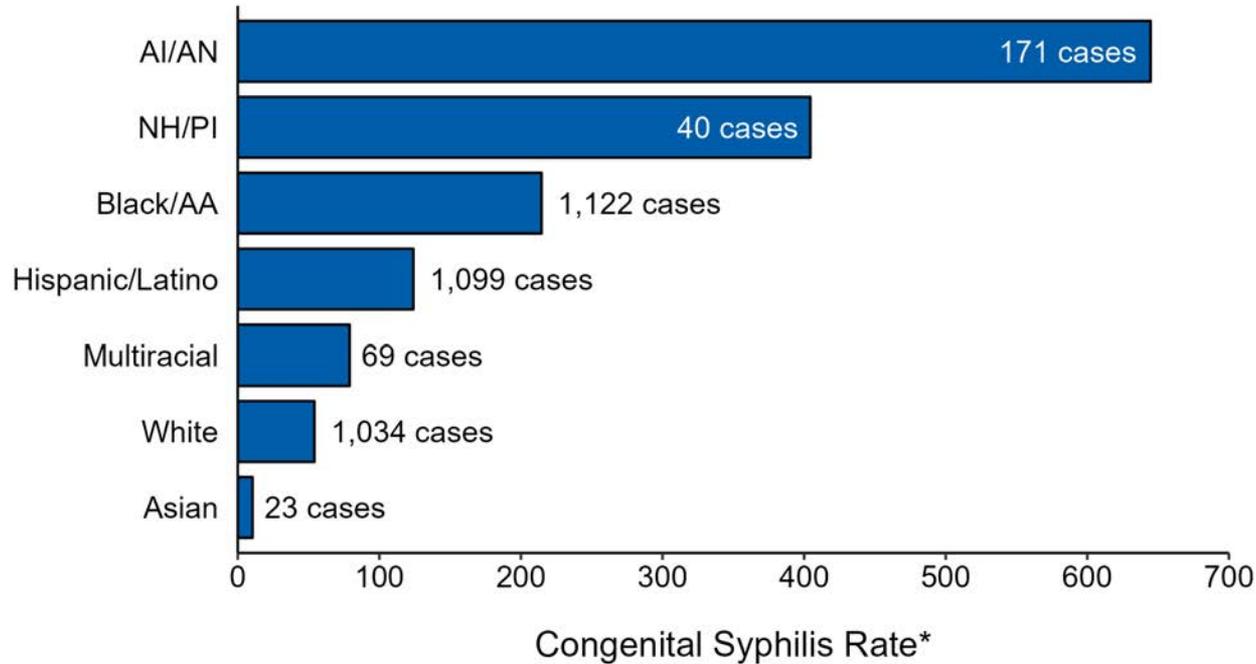
† Primary and secondary syphilis case data for all U.S. territories and freely associated states and outlying areas were not available for all years; therefore, rates presented include only the 50 states and the District of Columbia.

Source: https://www.cdc.gov/mmwr/volumes/72/wr/mm7246e1.htm#F1_down

Congenital Syphilis — Rates of Reported Cases by Year of Birth and State, United States and Territories, 2013 and 2022



Congenital Syphilis — Case Counts and Rates of Reported Cases by Race/Hispanic Ethnicity of Mother, United States, 2022

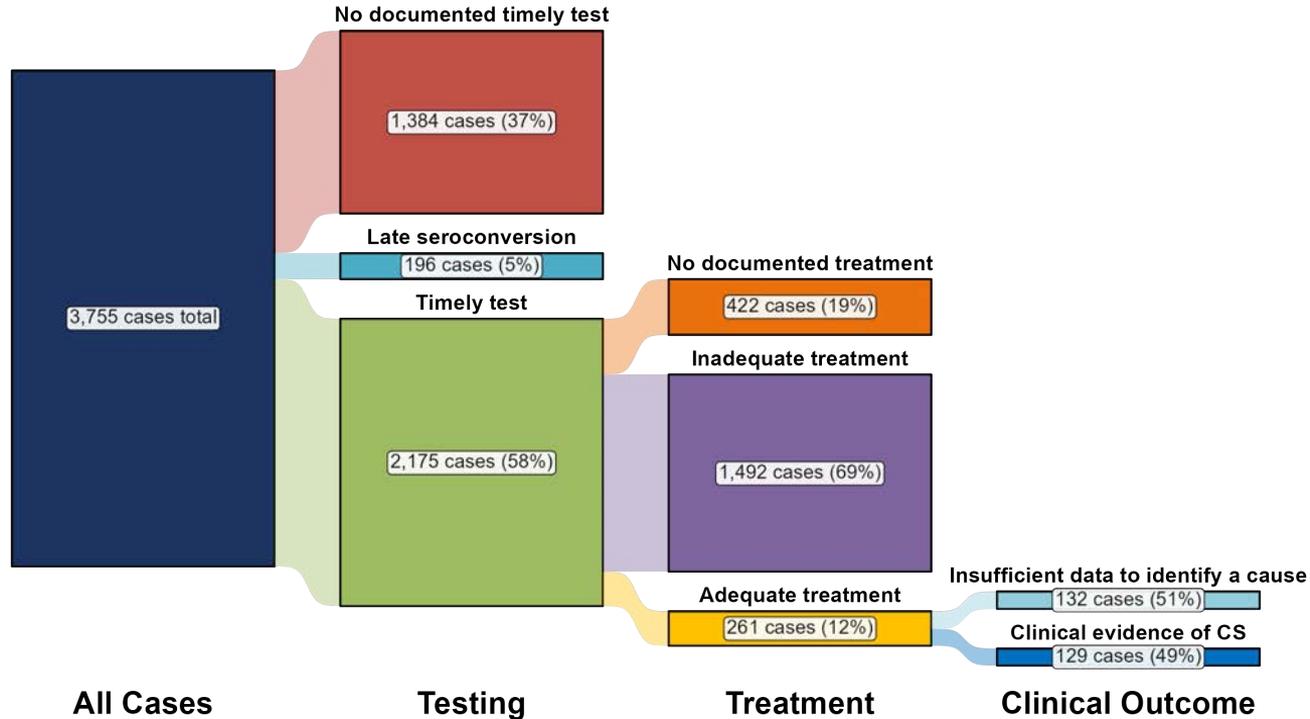


* Per 100,000 live births

NOTE: In 2022, a total of 197 congenital syphilis cases (5.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity.

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander

Congenital Syphilis — Missed Prevention Opportunities among Mothers Delivering Infants with Congenital Syphilis, United States, 2017–2021



New ACOG Practice Guidelines

In April 2024, the American College of Obstetricians and Gynecology (ACOG) issued a new ACOG Practice Advisory recommending syphilis screening for all pregnant individuals at the first prenatal care visit, followed by universal rescreening during the third trimester and again at birth.

This is a change from previous guidance, which recommended risk-based testing in the third trimester only for individuals living in communities with high rates of syphilis and for those who have been at risk of syphilis acquisition during pregnancy.

See the full release at: <https://www.acog.org/news/news-releases/2024/04/acog-recommends-obstetrician-gynecologists-increase-syphilis-screening-for-pregnant-individuals>



Opportunities for Medicaid and CHIP Agencies

- In a study of Medicaid enrollees in six states, congenital syphilis screening ranged from 15% to 62% in the first trimester and from 56% to 91% during any time in pregnancy.
- Early and continuous Medicaid enrollment was associated with higher rates of screening, and first-trimester Medicaid coverage was the strongest predictor of prenatal syphilis testing.
- There are significant disparities in screening, with Black and Hispanic women less likely to have first-trimester testing.
- In a study of seven state Medicaid programs, barriers to timely prenatal screening included variability in state laws on timing of screening, incomplete data on screening, Medicaid enrollment delays and disenrollment, and lack of clear understanding among providers on recommended testing.

Hammerslag, Lindsey R., et al. "Prenatal syphilis screening among pregnant Medicaid enrollees by sexually transmitted infection history as well as race and ethnicity." *American Journal of Obstetrics & Gynecology MFM* 5.6 (2023): 100937. Seiler, Naomi, et al. "Congenital syphilis in the Medicaid Program: Assessing challenges and opportunities through the experiences of seven southern states." *Women's Health Issues* 33.4 (2023): 349-358.

Lanier, Paul, et al. "Prenatal syphilis screening among Medicaid enrollees in 6 southern states." *American journal of preventive medicine* 62.5 (2022): 770-776.

State Stories



NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Congenital Syphilis Response in North Carolina

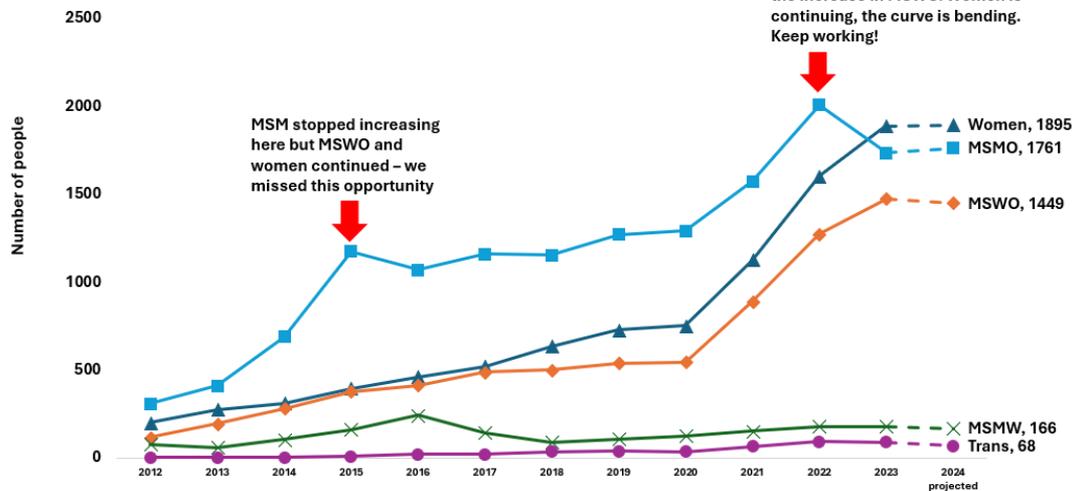
Brittany Watson, MD, MPH, FAAFP

Associate Medical Director Consultant

NC DHHS, Division of Health Benefits (NC Medicaid)

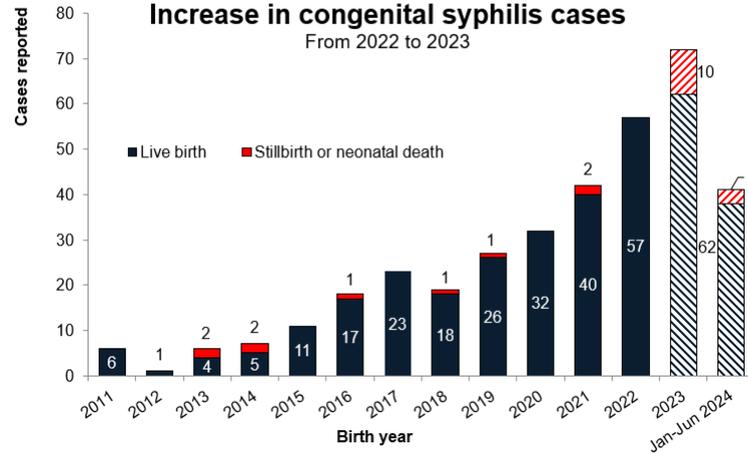
NC Congenital Syphilis Dynamics Are Changing

All Syphilis by Gender and Partner Gender, North Carolina
2024 projections based on Jan-May



28%

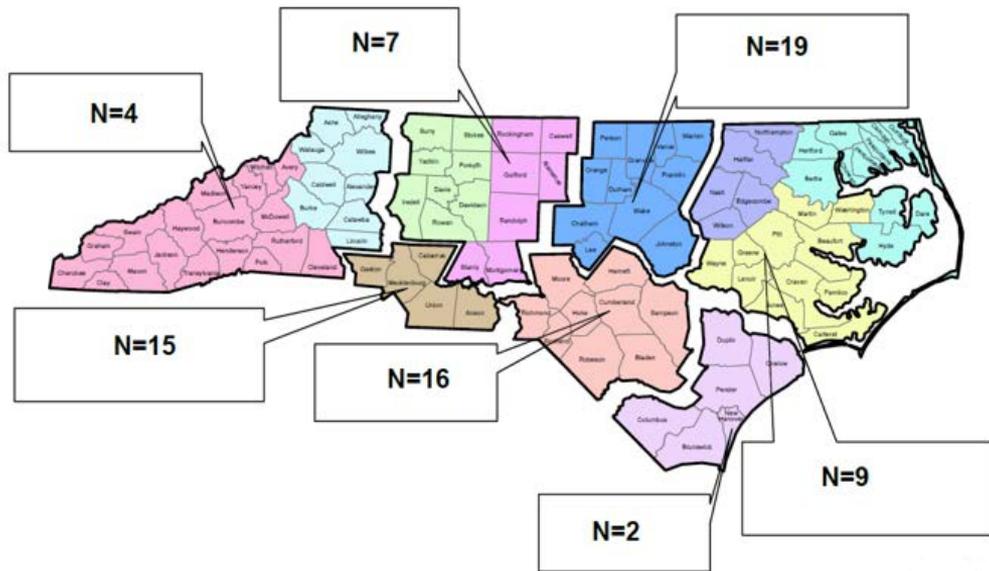
Increase in congenital syphilis cases
From 2022 to 2023



Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 2024). 2023 and 2024 data are still preliminary and subject to change. MSM = men who have sex with men; MSMO = men who have sex with men only; MSMW = men who have sex with men and women; MSWO = men who have sex with women only

Congenital Syphilis Across North Carolina

2023 Congenital Syphilis Cases



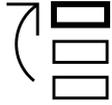
Contributing Factors in 2023:

- **92% of pregnant persons diagnosed with syphilis were asymptomatic at time of diagnosis**
- **31% of pregnant persons linked to a congenital syphilis case had no prenatal care**
- **Of the pregnant persons linked to a CS case, who accessed prenatal care**
 - 36% started PNC in 2nd trimester
 - 20% started prenatal care late in 3rd trimester
- **Reported drug use**
 - 18% reported cocaine/crack use
 - 19% reported opioid use
 - 3% reported methamphetamine use

Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 2024). 2023 and 2024 data are still preliminary and subject to change.

CS = congenital syphilis; PNC = prenatal care

NC Interventions



NCDHHS Priority



Increasing Awareness



Building Partnerships



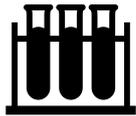
2024-2026 Strategic Plan



Resource Website



Joint Statement



Expanding Access to Syphilis Testing

- Training and distribution of point of care testing
- Clinical guidance on use and interpretation of tests



Increased Reimbursement Rate for Bicillin-LA

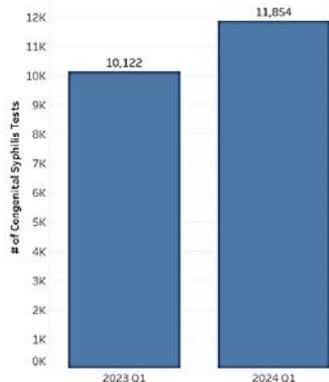


Coverage of:

- Extencilline
- Lentocillin (*coming soon*)
- Point of Care Syphilis Testing
- Condoms and Spermicide (*coming soon*)

NC Impact of Interventions

Syphilis Testing Volume: Q1 2023 v Q1 2024



Volume calculated as count of encrypted Medicaid IDs

Syphilis Webpage Page Views

	November	December	January	February	March	April	May
Provider page (launched 11/2/23)	919	3,061	5,400	5,979	6,439	9,825	490
Syphilis – public page (launched 1/5/24)	N/A	N/A	435 English page views 53 Spanish page views	494 English page views 203 Spanish page views	17,404 English page views 3,886 Spanish page views	15,491 English page views 6,461 Spanish page views	1,984 English page views 825 Spanish page views
Congenital syphilis – public page (launched 1/5/24)	N/A	N/A	106 English page views 16 Spanish page views	105 English page views 46 Spanish page views	76 English page views 15 Spanish page views	30 English page views 14 Spanish page views	31 English page views 6 Spanish page views
Materials toolkit page (launched 3/5/24)	N/A	N/A	N/A	44 English page views 6 Spanish page views	107 English page views 17 Spanish page views	49 English page views 6 Spanish page views	47 English page views 10 Spanish page views

By testing and treating, we prevented 71% of congenital syphilis cases in 2023



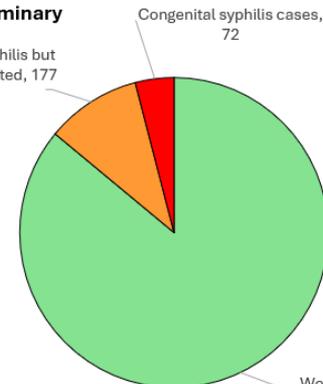
1st Prenatal Care Visit

28-30 weeks gestation

Delivery

Women with Syphilis, North Carolina 2023 preliminary

Pregnant women with syphilis but congenital syphilis prevented, 177



Women with syphilis, no pregnancy, 1528

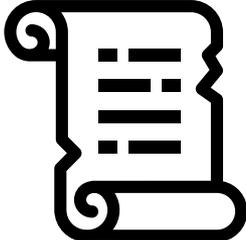
Data Source: North Carolina Electronic Disease Surveillance System (NC EDSS) (data as of June 2024). 2023 and 2024 data are still preliminary and subject to change.



Partnerships



Data



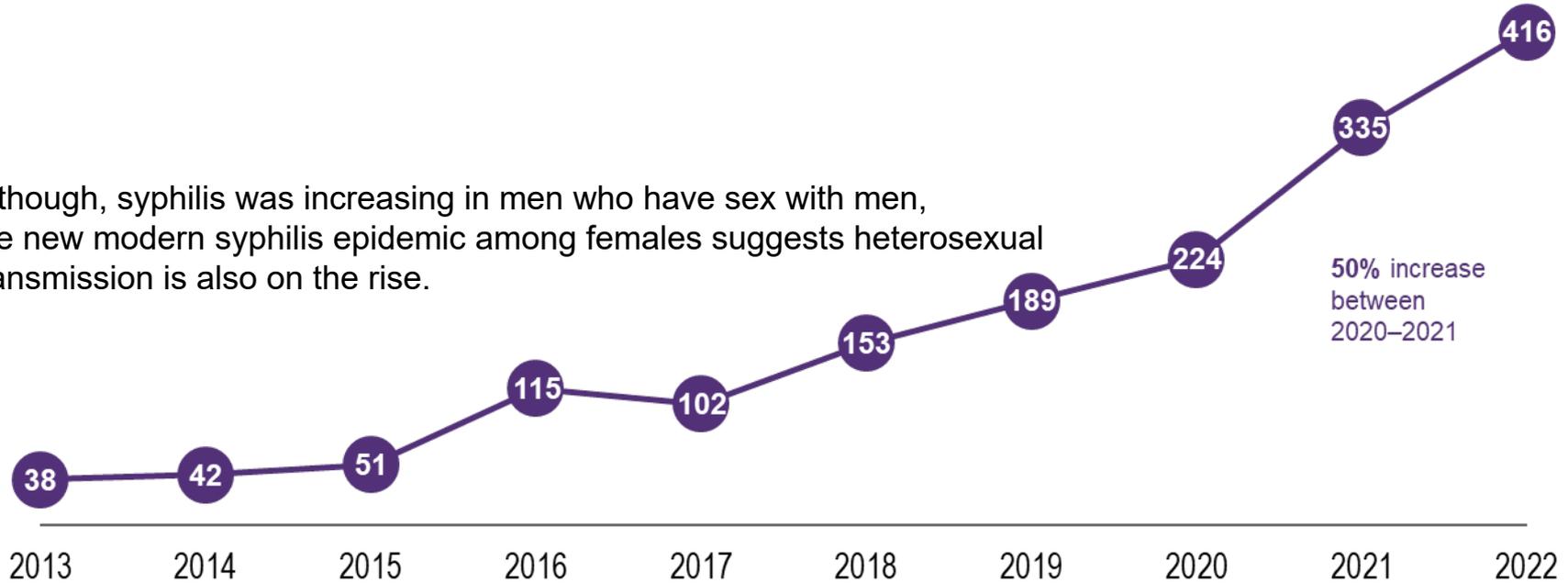
State Plan
Amendment

State Story: New York

Douglas Fish, MD

Primary & Secondary Syphilis Diagnoses Females aged 15-44

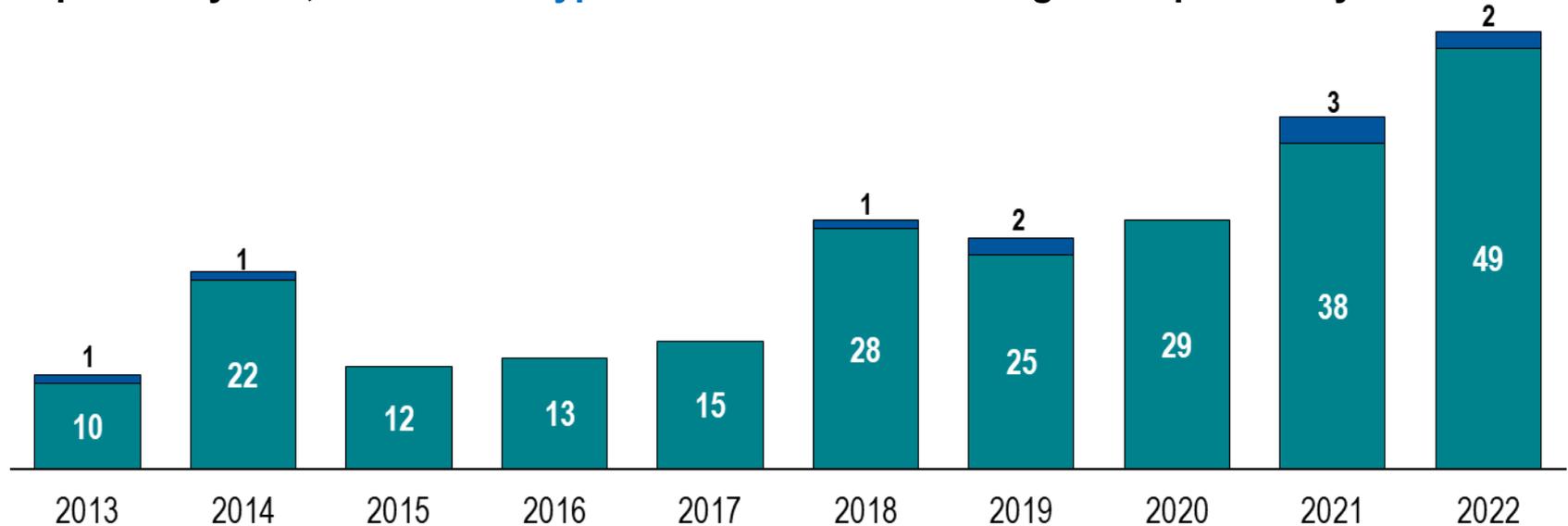
Although, syphilis was increasing in men who have sex with men, the new modern syphilis epidemic among females suggests heterosexual transmission is also on the rise.



These data include all New York State, including New York City.

Congenital Syphilis Is on the Rise and Resulted in Ten Stillbirths Since 2013

- 2022 accounted for >25% of the total congenital syphilis cases reported over the past ten years, with half of **syphilitic stillbirths** occurring in the past two years

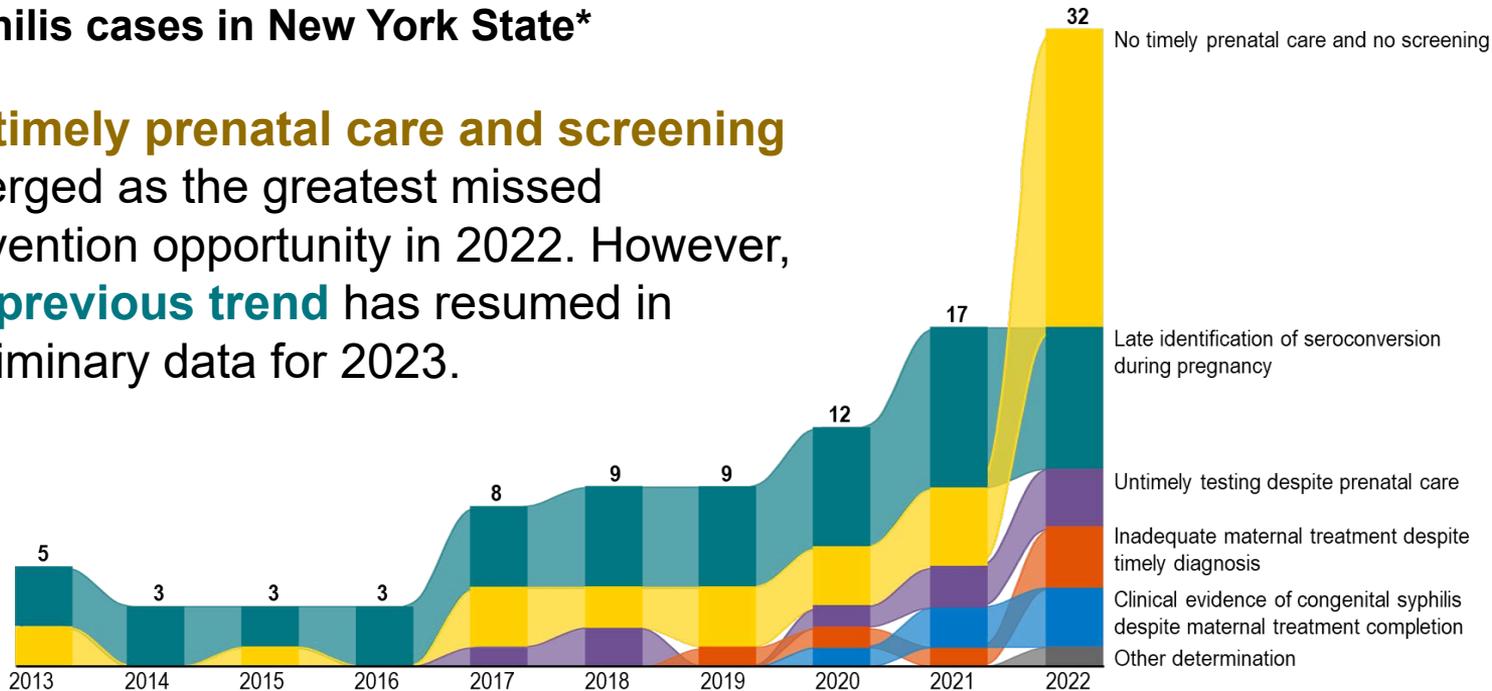


Columns sum to total number of congenital syphilis cases reported.
This data includes all New York State, including New York City.

Seroconversion Later in Pregnancy

- A major missed prevention opportunity among mothers of congenital syphilis cases in New York State*

No timely prenatal care and screening emerged as the greatest missed prevention opportunity in 2022. However, the **previous trend** has resumed in preliminary data for 2023.



*Excludes New York City.

Efforts Underway Modeled After Perinatal HIV Elimination

01



We treat every case of congenital syphilis as a sentinel event

Sentinel event letters sent to birthing hospitals where a congenital syphilis birth is reported
Morbidity and mortality case review meetings held following reported cases

02



We have engaged the community

A Congenital Syphilis Elimination Strategic Planning Group was convened in March of 2023

03



We continue to support data-driven policy changes:

At least three syphilis screenings for pregnant persons required* in New York State

* Third trimester screening requirement went into effect May 3, 2024

Third Trimester Screening for Syphilis

Required in New York State, effective
May 3, 2024

New York State law and regulation require
screening pregnant persons at least three
times during pregnancy:

- ✓ At the time of first examination
- ✓ During the third trimester
- ✓ At delivery
- ✓ Implemented in Medicaid in July 2023



[Syphilis Screening for Pregnant Individuals](#)

[Interim Guidance](#)



KATHY HOCHUL
Governor

Department
of Health

JAMES V. McDONALD, M.D., M.P.H.
Commissioner

MEGAN E. BALDWIN
Acting Executive Deputy Commissioner

TO: Sexual Health Providers, Family Planning Providers, Pharmacists, Hospitals, Emergency Rooms, Community Health Centers, Urgent Care, College Health Centers, Local Health Departments, Community Based Organizations, Internal Medicine, Obstetrics and Gynecology, Pediatric, Adolescent Medicine, Family Medicine, Infectious Disease, and Primary Care Providers

FROM: New York State Department of Health (NYSDOH), AIDS Institute (AI), Office of Sexual Health & Epidemiology (OSHE), Office of the Medical Director (OMD)

SUBJECT: Interim Guidance for Public Health Law §2308 to require additional third trimester syphilis screening for pregnant persons: Chapter 57 of the Laws of 2023

DATE: July 10, 2023

Dear Colleagues,

Amendments to Public Health Law §2308 made by Sections 4 and 5 of Part AA of Chapter 57 of the Laws of 2023 will go into effect May 3, 2024, requiring a syphilis test during the third trimester of pregnancy in addition to syphilis testing at the time of first examination. Prior to this change, syphilis testing was required at the time of first examination and again at delivery (as per 10 NYCRR section 69-2.2). This letter offers interim guidance on syphilis testing during pregnancy in light of this change in the law. Additionally, although this law does not go into effect until May of 2024, clinicians are encouraged to begin this additional screening as soon as possible.

The interim guidance below provides further details on the timing of third trimester syphilis screening, the types of serologic testing approved, recommended treatment regimens, partner management strategies, and reporting requirements. Though the law expansion effectively requires at least three syphilis screens during pregnancy, additional screening may be warranted; more frequent screening during pregnancy is best made through shared clinical decision-making between the patient and provider. Clinical consultation for providers is available through the Sexual Health Center of Excellence at: 1-866-637-2342.



Advice for State Medicaid Programs

- 1. Work with public health colleagues**
- 2. Know your data**
- 3. Multi-pronged approach**
- 4. Policy levers may be faster than legislative ones**
- 5. Legislative efforts are important though alone may be insufficient**



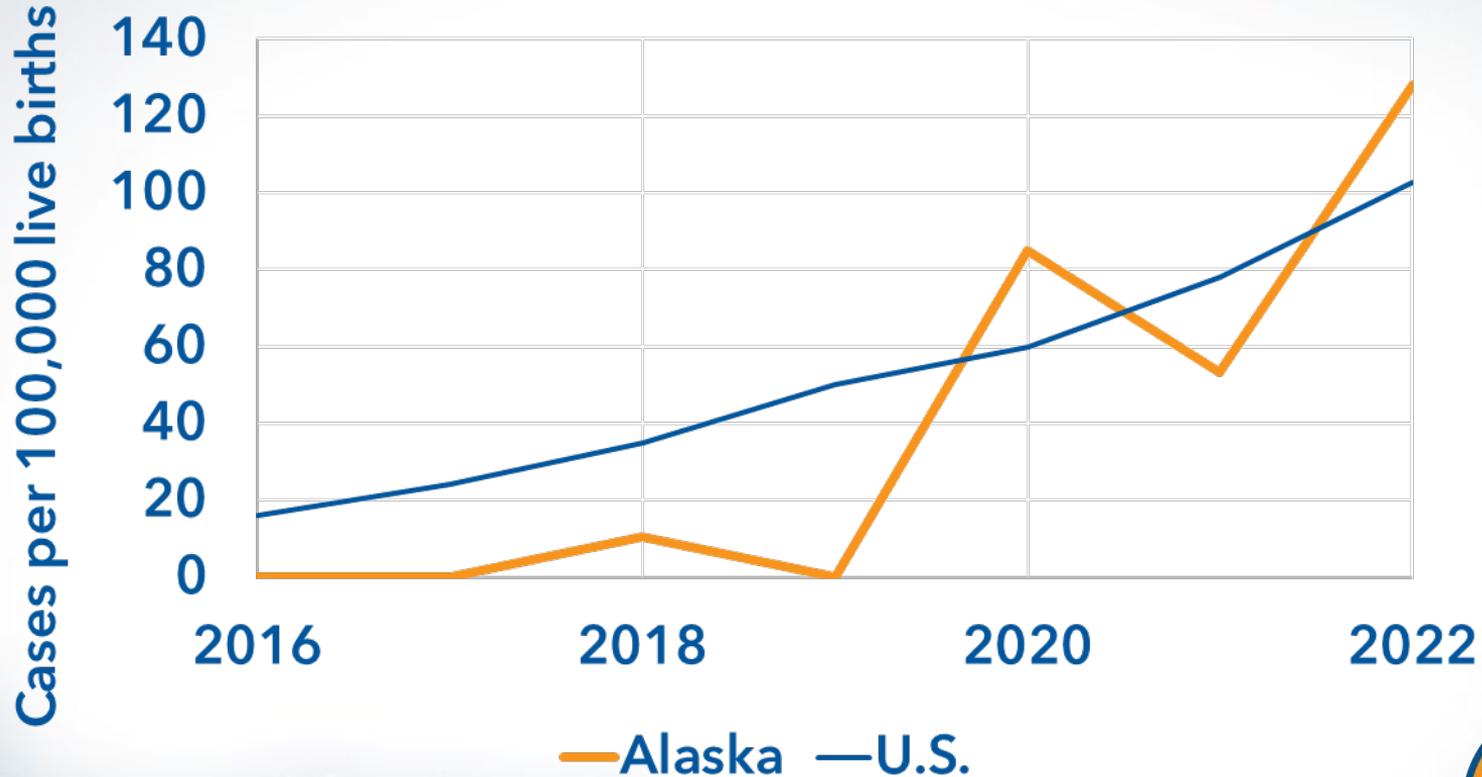
Preventing Congenital Syphilis in Alaska

Robert Lawrence, MD
Alaska Chief Medical Officer

Liz Ohlsen, MD
Staff Physician, Division of Public Health



Congenital syphilis case rates Alaska and the U.S., 2016-2022



Patterns in Alaska's Congenital Syphilis Cases

- No or inadequate prenatal care
- Experiencing homelessness
- Substance use - especially methamphetamine
- Previous sexually transmitted infection (STI)
- Previous syphilis



Alaska Policy Focus Areas

Medicaid coverage

Expanded Medicaid coverage in postpartum period

Prenatal syphilis screening guidance

Three tests recommended during pregnancy; more if higher risk

Congenital syphilis review board

Worked with legislature to support review boards in statute

Care for pregnant women experiencing substance use

Ongoing legislative funding for interventions



Expanding Partnerships



Heidi Hedberg
Commissioner

health.alaska.gov

STATE OF ALASKA



Department of Health
Anchorage, Alaska

HEALTH ALERT

FOR IMMEDIATE RELEASE

Contact: Shirley Sakaye, DOH, 907-269-4996, Shirley.Sakaye@alaska.gov

Health Officials Recommend Alaskan Adults be Tested for Syphilis

January 16, 2024, ANCHORAGE — Data reported by the Centers for Disease Control and Prevention (CDC) show a continued surge in the number of syphilis cases in the United States over the last 10 years. This includes Alaska, where cases have risen rapidly. As recently as 2016, Alaska had just 20 cases of syphilis in a year. In 2022, Alaska had 424 syphilis cases, or more than a twenty-fold increase, and a



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



Advice from AK: Congenital Syphilis Intersectionality



State Story: Texas

Emily Stauffer Rocha, MBA, MSN, RN, NE-BC, CHCQM

Director of Clinical Innovation

Texas Medicaid & CHIP Services

Lisa B. Glenn, MD

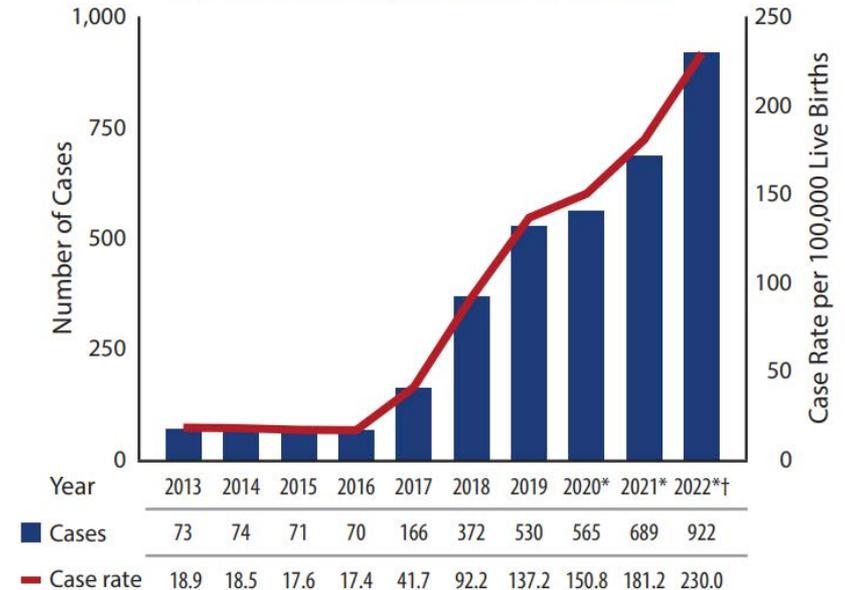
Senior Associate Medical Director

Texas Medicaid & CHIP Services

Congenital Syphilis in Texas

- Texas reported 922 cases of congenital syphilis in 2022
- 109 counties reported at least 1 case of congenital syphilis
- Harris, Dallas, Bexar, Tarrant, and Public Health Region 11 reported over 62% of cases
- Congenital syphilis increased 148% from 2018 to 2022

Figure 1: Texas Congenital Syphilis Cases and Rates by Year of Diagnosis, 2013-2022



Congenital Syphilis in Texas (cont'd.)

Texas Health and Safety Code Section 81.090:

*Healthcare providers must test pregnant women for syphilis **three** times throughout their pregnancy. The testing should take place during the **first prenatal visit**, again during the **third trimester** (no earlier than 28 weeks of gestation), and at the time of **delivery**.*

Interventions to Address Congenital Syphilis

- **Maternal Health Inter-Agency Workgroup**
 - Quarterly meeting with leaders and staff
 - Agencies report out updates and new items related to congenital syphilis
 - Brainstorm ideas and action items for each agency
- **Outcomes:**
 - Ensured case management in all program across agencies
 - Contract amendment that made infectious diseases a condition that necessitates service coordination
 - Increased attendance at fetal infant morbidity review sessions
 - Department of State Health Services (DSHS) presented to Medicaid managed care organization medical directors
 - Ensured education included in Community Health Worker training
 - DSHS Grand Rounds
 - Involvement of Department of Family Protective Services in advocacy for foster children
 - Texas Alliance for Innovation in Maternal Health Summit to include congenital syphilis (upcoming)

Advice for State Medicaid Programs

- Focus collaborative efforts on specific topics (i.e., congenital syphilis)
- Create a plan and brainstorm goals together
- Decide what each agency can contribute to achieving each goal
- Include dates for completion and track progress towards goals
- Communication between departments is key to maintain forward progress of initiatives
- Set up meeting invites for the year
- Have stakeholders and program managers report out
- Allow time for discussion
- Seek input from other states

Eliminating Congenital Syphilis Through Improved Pregnancy Care

Herbert Twase, Kolynda Parker,
MHS,MLS(ASCP)^{CM},CPHQ,CLSSBB
Shantel Hebert-Magee, MD, MPH



PIP Background

- Louisiana consistently ranks at the top for highest sexually transmitted infection rates
- There is no current strategy to change the status quo
- **Long-term consequences:**
 - Social stigma, psychosocial stress, prematurity, infertility, late diagnoses of cervical cancer
- **Timeline**
 - Fall 2023 - Louisiana Department of Health (LDH) communicated to Health Services Advisory Group, Inc. (HSAG) and the Managed Care Organizations (MCOs) that the MCOs would be initiating a new performance improvement project (PIP).
 - Late 2023 through early 2024 - LDH, HSAG, and the MCOs worked together to establish a charter for the PIP.
 - The PIP Charter was finalized in March 2024 and signed by each MCO.
- **Charter Components**
 - Project scope and design, performance indicators, measurement period, goals, and initial evidence-based improvement strategies.

Indicators

Indicator #	Title
1	<p>Syphilis screening during the first pregnancy examination. The percentage of live births during the measurement period where the mother was screened for syphilis at their first pregnancy examination.</p>
2	<p>Syphilis screening during weeks 28 to 32 of pregnancy. The percentage of live births during the measurement period where the mother was screened for syphilis during weeks 28 to 32 of pregnancy.</p>
3	<p>Syphilis screening at delivery. The percentage of live births during the measurement period where the mother was screened for syphilis at delivery.</p>
4	<p>Syphilis screening at any time during pregnancy or at delivery. The percentage of live births during the measurement period where the mother was screened for syphilis at any time during pregnancy or at delivery.</p>
5	<p>Syphilis screening during the first trimester. The percentage of live births during the measurement period where the mother was screened for syphilis during the first trimester of pregnancy.</p>
6	<p>Syphilis screening during the first trimester for all live births. The percentage of all live births during the measurement period where the mother was screened for syphilis during the first trimester of pregnancy.</p>
7	<p>Syphilis screening during the third trimester for all live births. The percentage of all live births during the measurement period where the mother was screened for syphilis during the third trimester of pregnancy.</p>

Data From Baseline Measurement Period

Syphilis screening during the first pregnancy examination	Syphilis screening during weeks 28 to 32 of pregnancy	Syphilis screening at delivery	Syphilis screening at any time during pregnancy or at delivery	Syphilis screening during the first trimester	Syphilis screening during the first trimester for all live births	Syphilis screening during the third trimester for all live births
85.7% - 22.1%	57.9% - 33.3%	0.5% - 0.1%	96.2% - 65.4%	96.9% - 37.4%	69.4% - 31.2%	68.7% - 28.7%
Indicator 1 Average	Indicator 2 Average	Indicator 3 Average	Indicator 4 Average	Indicator 5 Average	Indicator 6 Average	Indicator 7 Average
34.2%	40.5%	0%	83.2%	73.1%	48%	49.8%

Initial Improvement Strategies: Provider-Based Interventions

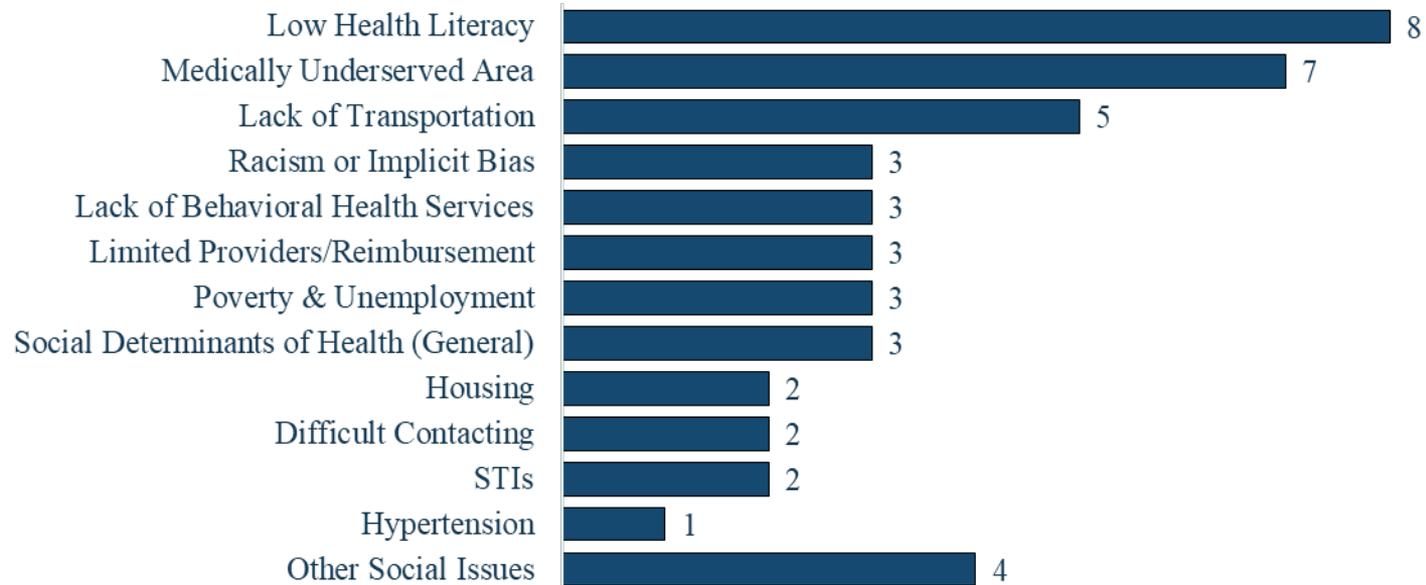
- Incentivize contracted providers to submit notification of pregnancy to MCO.
- Provider outreach/education on recommended timing of syphilis screening during pregnancy (first prenatal visit, early third trimester, and at delivery).
- Provider education on methods for reducing the stigma of syphilis screening when delivering prenatal care.

Comprehensive Approach: STI Reduction in Louisiana Women via In-Home Testing

- Focus on highest risk/highest burden population
- Less than 50% of Medicaid recipients are up to date
- Mitigate barriers by in-home specimen collection
 - Human papillomavirus, *Neisseria gonorrhoeae*, *Chlamydia trachomatis*, *Trichomonas vaginalis*, and *Mycoplasma genitalium* can be tested from vaginal swab
 - Human immunodeficiency virus, syphilis, hepatitis B, and hepatitis C by minimally invasive blood collection device
- Utilize technology for communication
- Close the loop rapidly
 - Connect to treatment/follow-up within 24 hours
- Telemedicine or in-person at Health Units, primary care provider, or on-call provider

Perceptions of Most Important Maternal Health Issues in Louisiana

Perceptions of Most Important Maternal Health Issues in LA



n=18

Thanks

Elissa Henderson, MPA

Tim Williams, MPA

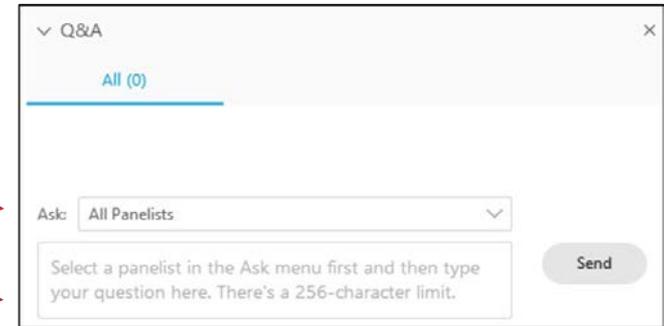
Ashley Wennerstrom, PhD

John Vanchiere, MD, PhD

Questions and Discussion

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Q & A

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Thank you for attending this webinar

- Please **complete the evaluation** as you exit the webinar.



- If you have any **questions**, please email MedicaidCHIPQI@cms.hhs.gov

