Centers for Disease Control and Prevention

CDC Newsroom

Transcript for Vital Signs Telebriefing: Syphilis in Babies Reflects Health System Failures

Press Briefing Transcript

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Please Note: This transcript is not edited and may contain errors.

0:00 / 36:21

Verizon Operator (Christi) 0:00

Hello and thank you all for standing by. At this time, I'd like to inform all the participants that your lines are on a Listen Only mode throughout the duration of the call. This call is being recorded. If you have any objections you may disconnect at this time. I will now turn the call over to Mr. Benjamin Haynes. Sir, you may begin.

Benjamin Haynes, Director of Media Relations, CDC 0:19

Thank you, Christi, and thank you all for joining us today as we release a new *Vital Signs* on missed opportunities for preventing syphilis among newborns, also known as congenital syphilis. We are joined by Dr. Debra Houry, CDCs chief medical officer, as well as Drs. Laura Bachmann and Robert McDonald from CDC's Division of STD Prevention. We're also joined by Dr. Stephanie Taylor, Medical Director with the Louisiana Office of Public Health, STD, HIV and Hepatitis programs, and Professor of Medicine at Louisiana State University (New Orleans) to hear more about how this important public health issue is being addressed in her state. As a reminder, today's briefing is embargoed until 1pm, Eastern, when vital signs is live on the CDC website. Now, I'll turn the call over to Dr. Houry.

Debra Houry, MD, MPH, CDC Chief Medical Officer 1:11

Thank you, Benjamin. And thank you all for joining us for this important conversation about a heartbreaking issue affecting too many mothers and babies in our country. New CDC data released today show that cases of syphilis among newborn babies or congenital syphilis have gone up more than tenfold over the past 10 years. This is an outcome of increasing syphilis cases in the United States and the missed opportunities to test and treat mothers for syphilis during pregnancy. untreated syphilis during pregnancy can cause devastating outcomes, including miscarriage, stillbirth, infant death, and lifelong medical issues. Importantly, congenital or newborn Syphilis is extremely preventable. If we reach people with timely testing and treatment during pregnancy. CDC has been sounding the alarm about this crisis, and the devastating consequences of a rapidly accelerating epidemic of sexually transmitted infections, also called STIs. For more than a decade, syphilis has been increasing in all age groups in the US, including women of reproductive age and their sexual partners. Earlier this year, CDC released data showing that the STI epidemic in our country is continuing to escalate. And syphilis cases in newborns have reached concerning levels. Between 2020 and 2021, there were more than 2.5 million reported cases of STIs including jarring increases in syphilis and newborn syphilis. As an emergency physician, I saw patients who didn't have access to regular care. And as a result, I would diagnose a sexually transmitted infection when I was seeing them for abdominal pain, or another complication versus screening and treatment much earlier as part of their routine care. With today's *Vital Signs*, CDC is urgently calling attention to the need for health care providers,

public health systems and communities to step up their efforts to address newborn syphilis. These efforts must reach people where they are so that every mother and baby get the support they need to stay healthy. While the measures we are urging could have a profound effect on many people and families, truly reversing these trends will require increased focus and resources. Already-strained public health systems and the escalating STI epidemic have brought our nation to a tipping point with newborn syphilis. Health care and public health systems are scrambling to prevent moms and babies from slipping through the cracks any way they can. To truly address this epidemic, we need better infrastructure and new tools to prevent STIs. I will now turn it over to Dr. Bachman, who will provide further insights into the new data and outline the specific measures needed to reverse this tragic trend.

Laura Bachmann, MD, MPH, FIDSA, FACP, Chief Medical Officer in CDC's Division of STD Prevention

4:04

Thank you Dr. Houry. Today's *Vital Signs* report analyzes preliminary 2022 newborn syphilis data that states have reported to CDC. In 2022, more than 3700 cases of newborn syphilis were reported in the United States. This is more than a 10-times increase since 2012. We also found that nine out of 10 of these cases might have been prevented with timely testing and treatment during pregnancy. The consequences of these missed opportunities can be devastating, but these data also point us toward solutions. First, we asked health care providers to remember that the job doesn't end with testing. Over half of newborn syphilis cases in 2022 happened when people tested positive for syphilis during pregnancy yet did not receive timely and complete treatment. To address this gap, CDC is encouraging providers to consider using rapid syphilis testing and presumptive treatment with the first positive test for patients who may face barriers to regular high quality prenatal care. By treating patients quickly rather than waiting for the results of a follow up test and requiring another visit, we can reduce some of the greatest hurdles to the care some mothers need. Next, we must start thinking outside of the OB-GYN office. Forty percent of newborn syphilis cases occurred among people who are not engaged in prenatal care. Every encounter a person has with a health care provider during pregnancy can be an opportunity for prenatal care and testing for syphilis. This includes visits to emergency departments, syringe service programs, substance use treatment facilities, and maternal and child health programs. care provided in each of these settings can be life changing and lifesaving. Lastly, we know that for many people, the biggest risk factor for syphilis is where they live. The reality is the rise of syphilis in the past several years means most of us live in areas that are now considered to have high rates of syphilis among women of reproductive age. This means providers must seize on opportunities to address syphilis before pregnancy, by offering to screen more sexually active women and their partners on a regular basis, as well as continuing to offer testing to people with other risk factors for syphilis. We also know that overall missed opportunities to prevent newborn syphilis during pregnancy are due to a combination of individual and system level barriers to timely syphilis testing and treatment. These barriers may include lack of ongoing health coverage, living in health care or maternal child deserts, sorry maternal care deserts, transportation limitations, challenges posed by substance use disorder, housing instability, poverty, and racism. And while newborn syphilis cases are increasing nationwide and across every racial and ethnic group, some communities including those of people who are black, Hispanic, and American Indian or Alaska Native are experiencing the brunt of the newborn syphilis epidemics. A previous CDC analysis from earlier this year found that babies born to black Hispanic or American Indian Alaskan Native mothers were up to eight times more likely to have newborn syphilis in 2021, than babies born to white mothers. These disparities stemmed from decades of deeply entrenched social factors experienced in daily life that create greater obstacles to high quality healthcare services, and resulting in health inequities, like higher rates of syphilis in some communities. Everyone deserves high quality and affordable care during pregnancy that protects them and their baby from preventable disease. Community health workers like local patient navigators, case managers and disease intervention specialists are critical components to developing tailored strategies to reduce newborn syphilis in every community. And they are one of the most powerful tools to address racial and ethnic disparities and newborn syphilis. There is a lot of work to be done. But there are countless unnamed heroes working diligently in our communities to prevent newborn syphilis. I will now turn it over to Dr. Taylor to shed a light on the challenges and successes experienced every day in her state.

Stephanie Taylor, MD, Medical Director, Louisiana Office of Public Health STD/HIV/Hepatitis Program and Professor of Medicine, Section of Infectious Diseases, LSU School of Medicine at New Orleans 8:38

Thank you. Thank you very much, Dr. Bachmann. And good morning to everyone. I also want to thank the CDC leadership for this opportunity to present information about our state. So as a bit of background, from 2010 to 2017, Louisiana ranked number one in the nation for cases of congenital syphilis. So with the systems from the CDC and others, we put several programs in place and took other steps to address congenital syphilis in our state. And then happy to report in the subsequent years, our ranking decreased from one to three, then from three to five, and from five to seven in the nation. And though these numbers are still high, there was — considering our history — we really thought this was a, you

know, this is a substantial impact. So one of our first steps was in 2014, the Office of Public Health worked with community stakeholders and with policymakers to pass a state law that requires opt out syphilis testing in the first and third trimesters of pregnancy for all women and also at delivery for women with unknown testing or treatment status. So in addition to the required screenings, though, we also continue to have other programs to help prevent congenital syphilis and to ensure improve care for mothers and babies in Louisiana. One of these programs is our comprehensive congenital syphilis case review. So whenever cases are identified in the state as medical director, I will meet with the regional medical directors, as well as epidemiology intelligence specialists or EIS. I'll tell you more about them in a minute, and other program leaders to review every case of congenital syphilis in our state. So just to get back to EIS, I'll use this acronym a couple of times, just wanted to fill you in on who they are and what they do. EIS are individuals who are provided by the health department or CDC, and they provide partner services. They are the true "boots on the ground," or sometimes I call them super sleuths, and they help to identify and locate partners of individuals who've been diagnosed with syphilis, and they identify other cases. So their work helps to interrupt the transmission of syphilis in the community. So getting back to our reviews, then these case reviews also help us to identify barriers and missed opportunities to and then we to help us prevent future cases. Other ideas also come out of these meetings, as well as we're able to then send EIS or other designated officer or the health staff to providers to alert them that there have been cases in their area, and also to once again review missed opportunities and general education for them. In addition, in August 2023, this year, as a result of these meetings, one of the ideas was that our state health officer Dr. Joe Cantor, and I would send out a letter an official letter from the state, to providers who were involved in any step along the way in the care of a pregnant woman. And so these letters are very general, they're not pointed at any hospital or provider, they just they go out to that area to let them know there was a case and just that those letters provide education on treatment. And so more than 70 letters have been sent out. So far. The next two programs were very successful, and they're supported by the CDC a few years back when they started. One is our parent aid, perinatal case management program. So we have our public health nurses, social workers, work, worked closely with our regional DHS, to identify pregnant women who are diagnosed with syphilis, or who are named as a partner of someone who was diagnosed with syphilis. These women are then referred to our prenatal case manager, who then works closely with them to make sure they're treated they get they're linked them to care, follow them through their entire pregnancy. And so they also work with the providers to ensure that they follow syphilis, the guidelines and also just to educate them more as well. So this program has served approximately 400 women annually since it was put into place. The next two are really very nice outreach programs. And one of them is our ship by filling direct program. Our Central Office of Public Health provides Bicillin into the community and our we deliver the bicillin into private OB-GYN offices and also to community health centers who are unable to stock bicillin in their clinics for various reasons. And so we provide that by selling to them so that we can increase our have timely treatment of syphilis in pregnant women. The ship direct program has provided are provided more than 300 doses of bicillin in the last year. And one of those other outreach programs is called our Syphilis Home Observed Treatment program or the SHOT program. And this one is kind of taken a bit from the treatment of tuberculosis where we have directly observed therapy. So we have regional office, public health, EIS, and nurses who go out and provide bicillin and treatment for pregnant women — those who are that diagnosed with syphilis that is — and this is because they have barriers such as transportation, childcare, or they may live in a rural area. So we really bring the treatment to them in this program. So it has been piloted in three regions with the highest congenital syphilis rates in our state, and we plan to expand this statewide next year. We also have a provider education program, we have a full-time state statewide nurse educator who provides outreach and training to providers, and then we have health alert notices that we have been sending out to providers, the Office of Public Health routinely releases these updates. Our most recent one was a hot alert in May 2023, to talk about congenital syphilis and the shortage of by selling. So I just want to thank those on the frontline who are the boots on the ground, as I mentioned before, they're the key to getting us to address congenital syphilis and that in our nation, and it's not one individual one program. It truly is a huge collaborative effort with a lot of moving parts. So I certainly want to thank the city DC for bringing this all to our attention and to sharing this information and I will turn things back over to Dr. Horry.

Dr. Houry 15:12

Thank you Dr. Taylor for your dedication to the people and communities you serve and your work to make our nation healthier. As you have heard today, the CDC vital signs report reinforces the need for public health leaders and providers to take the extra steps necessary to prevent syphilis among newborns. It's essential that we make the most of every healthcare encounter, because there might just be one chance to take action. Whether that be screening sexually active adults for syphilis, offering testing outside the typical prenatal care setting, or starting rapid treatment for people who test positive during pregnancy. Engaging local community health workers can also help people overcome barriers to syphilis testing and treatment during pregnancy. CDC will continue to develop guidance with the most up to date and

effective syphilis screening and treatment options. support healthcare providers through training and education, and work with states and local areas to understand this epidemic and the resources needed to prevent newborn surplus. I will now open it up for questions.

Benjamin Haynes 16:18

Thank you, Christi. We have time for a few questions.

(Transcript not edited below.)

Speaker 1 16:22

Thank you. At this time, if you would like to ask a question, please press star one on your phone. Please ensure that your phone is unmuted and state your name clearly when prompted. Again, that is star one to ask a question one moment.

Speaker 1 17:16

Our first question comes from Brenda Goodman of CNN. Your line is open.

Speaker 6 17:23

Hi, thanks for taking my question. I was wondering about the historical context of the numbers. I think back in 2021, we had the highest number since the 1950s. And so we were at a 70 year high. I just wondered if anyone could do the same sort of calculation for where we are now.

Speaker 4 17:44

Thank you for the question. So we are at the we have right now the highest number of congenital syphilis cases that we've had in more than 30 years. So the number of cases continued to increase. And we're really at a tipping point now with congenital syphilis. And that's, again, why we're bringing attention to the issue through the vital signs, as well as some of the the additional measures we're recommending that providers and public health professionals take in the field to address the epidemic.

Speaker 1 18:33

Thank you. Our next question comes from Karen Landman of Fox, your line is open.

Speaker 4 18:41

Hi, thanks for this great presentation and all this wonderful data that you're sharing with us and the opportunity to ask questions. This is for Dr. Taylor in Louisiana. I'm Dr. Taylor. I'm wondering what the right number of GIS officers is for a state and how you determine how many you need. Also curious whether you feel like you have enough CIS officers in Louisiana to meet your populations need? And if not, why not? Thank

Speaker 5 19:05

Thank you very much for that question. And that is one that I don't have the exact numbers on. And yes, we always need more assistance. There always we do have areas of the state that do not have DHS, and therefore some who will cover multiple regions. And so we do have the is assigned to each region. But with regard to the number that we may still need. I don't have that exact number. I just know that there's always a need, especially with the numbers as high as they are right now.

Speaker 4 19:36

Hi, this is Dr. Bachman. Also to jump in on that. I think this is a really important point. And we know that syphilis cases, while they're increasing in every group, there are disparities. And there's disparities to an access to quality, prenatal care and di s as well as patient navigators. Case managers are really key to being able to reach these populations that could benefit from testing and treatment and important way to try to decrease disparities here.

Unknown Speaker 20:15

Next question, please.

Speaker 1 20:18

Thank you. Our next question comes from Zerah McCarthy of the Fort Worth Star Telegram. Your line is open. Hi there.

Speaker 7 20:28

Thank you so much for taking my question. I was wondering if someone could address the current status of the Isilon shortage and how how local communities should respond to this crisis given that the medication is not as accessible as

Unknown Speaker 20:42

we would like.

Speaker 4 20:44

Sure, this is Laura Bachmann again. So as you point out, we are in the middle of a bison shortage nationally, CDC has issued guidance around prioritization of by fill in for pregnant people. As just to reiterate, by filling as the only recommended treatment for pregnant people. There are alternatives for people who are not pregnant. And so we have issued guidance to help providers in strategizing around this in areas where they are experiencing shortage. Not every area of the country is experiencing a shortage.

Unknown Speaker 21:30

Next question, please.

Speaker 1 21:32

Thank you. Our next question comes from Alexandra 10 of CBS News, your line is open.

Speaker 6 21:39

Hi, thanks for taking my question. First, can you address just a little bit more? What's the best way to describe maybe the acceleration in cases you're seeing in this past year versus previous years? And the changes? And how many, you know what proportion are getting that timely treatment, again, compared to previous years? And then one follow up on the bicycle and shortage? has that impacted timely treatment in places with shortage thanks.

Speaker 8 22:10

This is Robert McDonald. So the increases that we're seeing over the past year, are continuing the the trajectory that we've seen over the past 10 years. So as we've seen, syphilis going up among women, we've seen syphilis going up in babies. So as long as you're seeing increases and women having syphilis, you will continue to see the increases of syphilis among babies. And that is why we're recommending and really looking at geographic risk. When you're assessing a patient, whether or not they should be tested for syphilis. As for the Isilon shortage question, up until this point, we've received no reports of anyone who have not been able to get access to by silan for treatment during pregnancy. And so the CDC works closely with states to make sure that they can be linked up with bison in the case of someone who was pregnant.

Speaker 5 23:08

And this is that detail. I can add to that just a bit you've mentioned was there a delay in treatment because of the shortage. But just to remind us all there are other recommendations that replaced that will put in place for treatment of non pregnant people that did not miss did not delay because these other drugs are readily available so that we were not dependent on just by selling to treatment the other individuals in the community.

Unknown Speaker 23:39

Next question, please.

Speaker 1 23:41

Thank you. The next question comes from Mike Stobi of the Associated Press. Your line is open.

Speaker 9 23:48

Hi, thank you for taking my question. I have two actually one for Dr. Bachman. Dr. You said nine and nine out of the 10 cases in 2022 could have been prevented. Do you mind saying a little bit more about the one in 10. That could not have been what are the circumstances that Weissman shot or whatever could not have prevented them. And for Dr. Taylor, one of the things CDC saying today is they want to promote more syphilis testing in sexually active women of childbearing

age in counties where there's high syphilis rates. I was wondering if you happen to know in Louisiana, how many of the 64 parishes count as high syphilis rate parishes and how are you going to How's Louisiana going to implement that? encouragement? Thank you.

Speaker 4 24:46

Okay, I'm going to start with the first question that you asked about the one in 10 that were not preventable. There are cases where we do You see a congenital syphilis case when the person the pregnant person has received timely testing and treatment. And we know that by filan is very effective for preventing congenital syphilis around 98%. So nothing is 100%. Obviously, the other issue is that it's not clear if some of those cases were in individuals who acquired syphilis again during the pregnancy, and it just was not picked up.

Speaker 5 25:35

All right. And regarding Louisiana and other opportunities, the areas that have low prevalence are very rural areas, and a lot of people are not in that population. So really, across our state, we have numbers that are higher than those that would be the goal that will be set by the CDC for 2030. Then with regard to more testing, we have piloted a couple of other programs, the key is going to be reaching women outside of their OB offices as his As mentioned prior. And so we piloted, providing rapid tests for emergency rooms, so any pregnant women or men can be tested and that positive will be found and they can be treated presumptively while the blood draw is pending. So we're not waiting for test results to come back. Also, women who were admitted for other reasons to maybe a high risk pregnancy of admission, or admitted for cholecystitis, or anything, they test them at that point, Child Nutrition Programs when women are going in to get, you know, their women and children program. For other children that they have, and they've become pregnant, we make, you know, look at beginning screening programs there. And other places where, where women can be found. We also had a beauty and barbershop screening at one point. So a lot of these we're going back to, there's no reason to reinvent the wheel. So we're going to revisit and go back to some of the programs that worked years ago.

Speaker 3 27:09

Hey, Mike, this is Deb, how are we I agree completely with let doctors Bachman and Taylor said, I think what I would just add is, you know, if we can prevent syphilis, or diagnose and treat it before women get pregnant, then we can prevent these cases as well. And I think as Dr. Taylor mentioned, like the beauty in the barber shops, or when women who aren't pregnant yet are there for their other kids for nutrition. That's another important way to prevent it. So I think that's why you know, we're raising this awareness today, because we certainly want to prevent it and moms and babies, but if we can prevent it before somebody is a mom or in their partner, that's another case that we have averted.

Unknown Speaker 27:46

Next question, please.

Speaker 1 27:48

Thank you. Our next question comes from Bennett nurple of The Washington Post, your line is open.

Speaker 9 27:56

Hi, I'm so I'm seeing that the CDC is urging for the expansion for the expansion of testing and treatment and doing it and other settings like, like prisons and jails, emergency departments. I guess the big question is, where does the money for the when where does the money for this come from? Because this work can all be very resource intensive. And when public health is, is always a is always lamenting the lack of and that's men. How do you make this a priority? Is there anything you're doing to get more funding to prevent congenital syphilis?

Speaker 8 28:33

This is Robert McDonald. You know, you point out, you make a good point to the fact that we need to strengthen the public health infrastructure to be able to better support initiatives like this, it really shows the value of public health. And, for example, the DHS workforce that Dr. Taylor was talking about earlier how important they are to make sure that we can identify those most at risk and bring them to care. What I will say specifically about screening for syphilis, because it's a necessary part of health and a necessary part of prenatal care. screening should be covered by those who have insurance or access to other forms of payment, for reimbursement for their medical care. So that alone will encourage people to continue to to get testing, even if it's outside of traditional locations.

Speaker 4 29:25

And this is Laura Bachmann, I would add to that, that it's also important that that we acknowledge that CDC cannot do this alone. And so, you know, it's going to take a village to address this issue. And that includes, you know, states but also local jurisdictions, industry, private partnerships, etc. So this is a time for us to be creative about how we approach this issue.

Speaker 1 30:03

Thank you. The next question comes from Caroline Lewis of WNY. See your line is open.

Speaker 10 30:10

Thanks. I appreciate all the questions so far. This one's like a little more basic. I'm wondering if someone can speak to just like sort of the specific risks of you know, syphilis for babies and like whether it's difficult to treat

Speaker 4 30:28

this is Lauren Bachman. So syphilis in babies is very serious, is associated with miscarriage, stillbirth infant deaths, as well as longer term complications such as developmental disabilities, blindness, hearing loss, bone malformations, so it's quite serious. Again, the best approach is to diagnose ideally, to diagnosis and treat it and as Dr. Lowery said and nonpregnant adults but in pregnancy to test and treat as soon as possible. And when a when a baby does is born with congenital syphilis, you know, it does respond to penicillin, but we it's not clear, you know, how many of these babies will have long term complications even after the treatment?

Speaker 1 31:33

Thank you. Our next question comes from Julie Anderson of Omaha World Herald Your line is open. Hello, I,

Speaker 3 31:42

again have a similar question to Mr. Narrow pill A, B. But we are constantly hearing from our local health departments that they have lost funding for STD testing and responses.

Unknown Speaker 32:00

How is that going to be addressed?

Speaker 4 32:05

This is Laura Bachman, you raise a great point, we know that our public health systems have been neglected. And actually the increases in STI is not just syphilis, track with the deterioration of our infrastructure. So it is very important. If we're going to we make recommendations about some immediate things that can be considered and implemented to try to plug some of the gaps. But in terms of having long term impact, it's going to be important to have more investment in public health and also the workforce. The public health workforce, like the DEA is we're talking about the case managers, etc. As well as investment in diagnostics and treatments, as well.

Speaker 1 33:00

Thank you. The next question comes from Eleanor lace of MarketWatch. Your line is open. Hi, my question has been answered. Thank you.

Unknown Speaker 33:13

We'll take two more questions.

Speaker 1 33:15

Thank you. Our next question comes from Stephanie Ines of The Arizona Republic. Your line is open.

Speaker 7 33:22

Hi, thanks for taking my call. I just had a quick question about state by state data. I'm asking because in 2021, Arizona had the highest rate of congenital syphilis and I'm just double checking that there are no 2022. state rankings at this point that that's the most recent that we have.

Speaker 8 33:50

This current report this is Robert McDonald, this current report is looking at national level data. We will be having the usual surveillance report coming out early next year that will further go into state level of detail. But on our on the website on the vital signs website, you'll be able to link to a map that will show you by county level, what counties are at the highest risk as far as the rates are concerned. And that county level map will help providers and public health departments determine where increased syphilis screening should be happening.

Unknown Speaker 34:26

Great, thank you.

Speaker 1 34:31

Thank you. Our next question comes from Levi Richert of native news online and this will be our final question. Your line is open sir.

Speaker 9 34:41

Thank you for taking my call or my question. Do you have any data regions of the country where American Indians or Alaska Natives are most impacted by this?

Speaker 4 35:00

But yes, I mean, we do have data. And this, this report, again demonstrates that there's a disproportionate number of individuals affected. So we know specifically on the 2021 report of newborn syphilis, that babies born to black Hispanic or American Indian Alaskan Native mothers were up to eight times more likely to be born with congenital syphilis than a baby born to a white woman so that we continue to see these disproportionate the disproportionate impact on specific populations, including the Native American population. Thank you.

Speaker 2 35:49

Thank you all for joining us today. As a reminder, the contents of this briefing are embargoed until 1pm. Eastern when vital signs is posted to the CDC website. If you'd have additional questions, please contact the main media line at 404-639-3286 or you can email media@cdc.gov Thank you.

Speaker 1 36:13

Thank you. This does conclude today's conference. You may disconnect at this time. Thank you for participating

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