

Supplemental File 1: Paper survey instrument to assess congenital syphilis prevention services, Maricopa County, Arizona, 2021

Maricopa County Needs Assessment: Facility and Provider-Level Maternal Syphilis Screening and Treatment Practices

The Maricopa County Department of Public Health is conducting a congenital syphilis needs assessment by gathering input from health facilities providing care to pregnant patients regarding prenatal syphilis screening and treatment.

Maricopa County is currently experiencing an outbreak of syphilis and Arizona is ranked 2nd in the nation for rates of congenital syphilis. Congenital syphilis causes stillbirth, neonatal death, and congenital deformities. Congenital syphilis can be prevented with early prenatal care that includes timely syphilis screening and treatment of pregnant patients diagnosed with this infection with benzathine penicillin.

Your participation is 100% voluntary and the information you provide is confidential and will not be shared. We hope that you will participate as your contributions will guide our congenital syphilis surveillance and prevention efforts in Maricopa County. This assessment should take 5-7 minutes.

Facility-level data will be used in aggregate to understand the syphilis screening, testing, and treatment services available to pregnant patients. Individual facility data will not be used separately. Analyses of these aggregated data may be presented in abstract, poster, and manuscript

formats, without identifying personal or facility-level information.

If you have any questions about this assessment, please contact Dr. Melanie Taylor at melanie.taylor@maricopa.gov or the Clinical Services staff at ClinicalServicesEpiTeam@maricopa.gov.

By submitting this assessment, you give your consent to participate.

Thank you for your time.

Demographics

1. Name

2. What is your job title?

3. What is your email address?

4. What is your prenatal care facility or practice name?

5. What is the number of delivering providers practicing prenatal care at your facility?

6. What are the first and last names of providers at your prenatal care facility?

Screening Practices

7. Approximately, how many pregnant patients did your facility/practice provide prenatal care to per year? _____

8. Does your facility test for syphilis as part of prenatal care?

☐ Yes

☐ No

9. To the best of your knowledge, what percent of your facility's pregnant patients are tested for syphilis at the first prenatal visit? (Select one)

☐ 0-19%

☐ 20-39%

☐ 40-59%

☐ 60-79%

☐ 80-99%

☐ All of our pregnant patients are tested for syphilis at the first prenatal visit

☐ Other (Please specify)

10. To the best of your knowledge, what percent of your facility's pregnant patients are tested for syphilis in the third trimester? (Select one)

☐ 0-19%

☐ 20-39%

☐ 40-59%

☐ 60-79%

☐ 80-99%

- ☐ All of our pregnant patients are tested for syphilis in the third trimester
- ☐ Other (Please specify)

11. To the best of your knowledge, what percent of your pregnant patients are tested for syphilis at delivery?

- ☐ 0-19%
- ☐ 20-39%
- ☐ 40-59%
- ☐ 60-79%
- ☐ 80-99%
- ☐ All of our pregnant patients are tested for syphilis at delivery
- ☐ Other (Please specify)

12. Does your facility have established syphilis screening policies for pregnant patients?

- ☐ Yes
- ☐ No

13. Does your facility have a standing order set for prenatal lab testing that includes testing for syphilis?

- ☐ Yes
- ☐ No

14. If available, would your facility implement rapid syphilis testing (fingerstick) for pregnant patients?

☐ Yes

☐ No

15. What are some of the barriers to implementing current syphilis screening recommendations for pregnant patients at your facility, if any? (Select all that apply)

☐ Testing is not performed at our clinic

☐ Syphilis is a rare concern in my practice/facility

☐ Staff is not familiar with current syphilis screening recommendations for pregnant patients

☐ Availability of penicillin for syphilis treatment

☐ Cost of syphilis screening and treatment

☐ Concern for lost-to-follow up of pregnant patients diagnosed with syphilis

☐ Other (Please specify)

☐ None

Treatment Practices

16. How do you treat pregnant patients with syphilis at your facility? (Select all that apply)

☐ We treat our pregnant patients diagnosed with syphilis with benzathine penicillin here in our clinic

- ☐ We refer our pregnant patients with syphilis to an external clinic for treatment with benzathine penicillin (Please specify the clinical site for treatment referrals)

- ☐ We prescribe benzathine penicillin for the patient to pick up at the pharmacy and return for injection here at our clinic/unit

- ☐ We use an alternative regimen for treating syphilis in pregnant patients (Please specify)

- ☐ Other (Please specify)

17. What are the barriers to obtaining/providing treatment with benzathine penicillin for your pregnant patients with syphilis at your facility, if any? (Select all that apply)

- ☐ Cost of benzathine penicillin
- ☐ Procurement of benzathine penicillin
- ☐ Concern for expiration and waste of multi-dose package of benzathine penicillin
- ☐ Injections are not performed at our facility
- ☐ Syphilis is a rare diagnosis in our facility and thus we do not procure benzathine penicillin

- ☐ Other (Please specify)

- ☐ None

18. If you do not treat for syphilis at your clinic, why do you not treat your pregnant patients with syphilis with benzathine penicillin directly at your clinic? (Select all that apply)

- ☐ Cost of benzathine penicillin
- ☐ Procurement of benzathine penicillin
- ☐ Concern for expiration and waste of multi-dose package of benzathine penicillin
- ☐ Injections are not performed at our facility
- ☐ Syphilis is a rare diagnosis in our facility and thus we do not procure benzathine penicillin
- ☐ Other (Please specify)
- ☐ None

19. Would your facility be interested in having a Maricopa County mobile health unit team provide treatment with benzathine penicillin to your consenting pregnant patients with syphilis?

- ☐ Yes
- ☐ No

Think Syphilis Materials

20. Did your facility receive a package of syphilis provider education materials sent from Maricopa County Department of Public Health in the mail?

- ☐ Yes
- ☐ No
- ☐ Unknown

21. If yes, what actions has your facility taken since receiving the materials if any? (Select all that apply)

- ☐ Shared materials with office staff
- ☐ Shared materials with medical providers
- ☐ Posted materials in the facility
- ☐ Provided teaching event
- ☐ Reviewed lab ordering protocols for inclusion of syphilis screening for pregnant patients
- ☐ Reviewed provider standing orders for prenatal care visits to ensure syphilis testing is included
- ☐ Developed or changed lab protocols or standing orders for prenatal care visits to include syphilis testing
- ☐ No actions were taken
- ☐ Other (Please specify)
- ☐ Not applicable (We did not receive materials)

Supplemental Questions

22. Do you test for chlamydia and gonorrhea as part of prenatal care at your facility?

- ☐ Yes
- ☐ No

23. When do you test for chlamydia and gonorrhea? (Select all that apply)

- ☐ First prenatal visit
- ☐ First trimester
- ☐ Second trimester
- ☐ Third trimester
- ☐ At delivery
- ☐ Based on behavioral risk
- ☐ If the patient is symptomatic
- ☐ If the patient is a sexual contact to a case of chlamydia or gonorrhea
- ☐ We do not test pregnant patients for chlamydia or gonorrhea
- ☐ Other (Please specify)

24. Does your facility test for HIV as part of prenatal care?

- ☐ Yes
- ☐ No

25. When does your facility test for HIV? (Select all that apply)

- ☐ First prenatal visit
- ☐ First trimester
- ☐ Second trimester
- ☐ Third trimester
- ☐ At delivery

- ☐ Based on behavioral risk
- ☐ If the patient is symptomatic
- ☐ If the patient is a sexual contact to a case of HIV
- ☐ We do not test pregnant patients for HIV
- ☐ Other (Please specify)

26. To the best of your knowledge, what is the estimated percentage of your facility's pregnant patients that are covered by Medicaid?

- ☐ 0-19%
- ☐ 20-39%
- ☐ 40-59%
- ☐ 60-79%
- ☐ 80-99%
- ☐ All of our pregnant patients are covered by Medicaid
- ☐ Other (Please specify)

27. To the best of your knowledge, what is the estimated percentage of your facility's pregnant patients that are insured?

- ☐ 0-19%
- ☐ 20-39%
- ☐ 40-59%
- ☐ 60-79%

- ☐ 80-99%
- ☐ All of our pregnant patients are insured
- ☐ Other (Please specify)

28. Does your facility provide fee-based services?

- ☐ Yes
- ☐ No

29. Does your facility provide care to uninsured patients?

- ☐ Yes
- ☐ No

30. Are your syphilis screening services different based on whether the pregnant patient has insurance?

- ☐ Yes
- ☐ No

31. How are your facility's syphilis screening services different based on insurance coverage?

(Please specify)

Thank you for your time and willingness to participate in our needs assessment, should you have any questions please email ClinicalServicesEpiTeam@maricopa.gov.

Thank you again. If you or your facility would like to receive a *Think Syphilis* provider packet, please provide the best mailing address for the receipt of these materials. Have a good rest of your day!