

Oregon's congenital syphilis emergency

Congenital syphilis (CS) outcomes

- CS can cause miscarriage, stillbirth, prematurity, low birth weight, anomalies, & infant death.
- 10.5% of CS cases in Oregon ended in stillbirth or neonatal death.
- CS can be prevented if a pregnant person is treated for syphilis in time before their baby is born

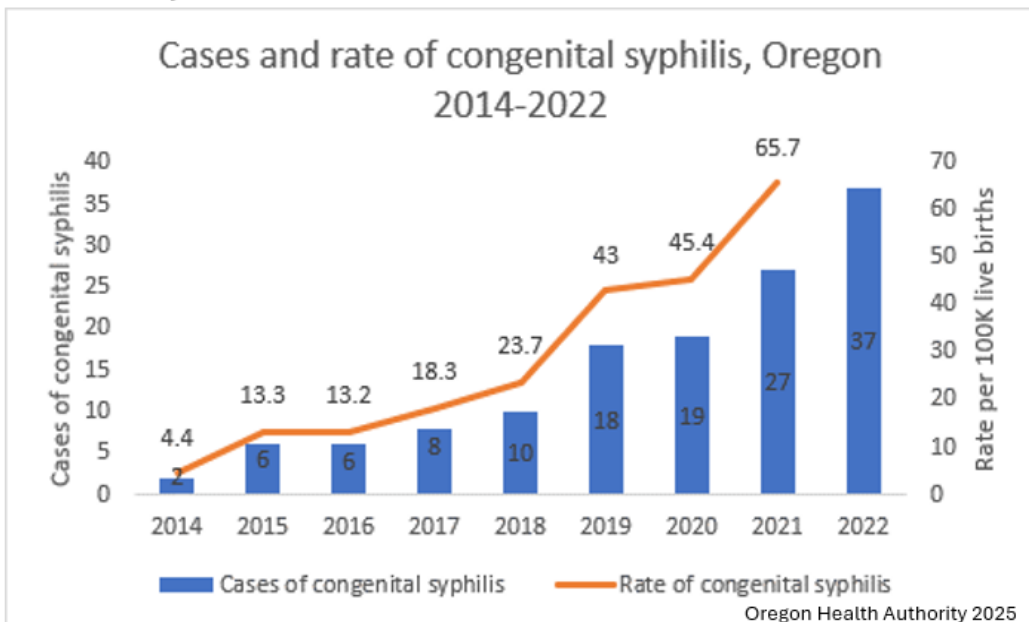
Urgent Action Needed

Congenital syphilis (CS) cases in Oregon have increased 1,750 percent from 2014 to 2022.

Syphilis disproportionately affects people of color & people who:

- Don't receive prenatal care
- Use drugs
- Experience housing instability
- Have a history of STIs
- Have criminal justice involvement

We need to provide more screening & treatment where people with risks receive care.



ED role in congenital syphilis prevention

Congenital syphilis & Emergency Departments

- Pregnant people with risks are more likely to be seen in the ED & not receive traditional prenatal care
- 45% of pregnant people associated with a CS case had no prenatal care or only received prenatal care within 30 days of delivery but many were seen in the ED during their pregnancy

Pregnant?

- Verbal pregnancy screening for all pregnancy capable people presenting to the ED

Yes

Prenatal Care?

- Syphilis screening is especially important if someone is not receiving prenatal care

No/unsure

Screen for syphilis

- County Health Department will follow up on all positive results in pregnant people

EDs can make a difference!

- Critical access points for care
- People with significant risk factors for syphilis are more likely to access care in the ED
- County Health Departments can be a partner for follow-up
- Miami-Dade example: implementation of enhanced routine syphilis screening outcomes:

- 4,806 syphilis tests
- 122 (2.5%) seropositive
- 59 confirmed positive
- 9 cases of CS prevented

(Venegas et al. 2020)

