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Oregon Perinatal Collaborative

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Chair Nosse and Members of the House Committee on Behavioral Health and Health Care,

I am writing on behalf of the Oregon Perinatal Collaborative to share that HB 2943 could be a powerful tool for responding to the congenital syphilis emergency in Oregon if the bill is amended to add funding to provide the necessary support for emergency department (ED) and public health to implement this important screening and follow-up.

Oregon is experiencing a congenital syphilis (CS) emergency. Congenital syphilis cases have increased 1,750% from 2014 to 2022. Congenital syphilis can cause miscarriage, stillbirth, prematurity, low birth weight, anomalies, and infant death. 10.5% of CS cases in Oregon ended in stillbirth or neonatal death. Congenital syphilis can be prevented if a pregnant person is screened and treated for syphilis in time before their baby is born. Pregnant people with risk factors for syphilis are more likely to be seen in the ED and not receive traditional prenatal care. Fully 45% of pregnant people associated with a CS case in Oregon had no prenatal care or only received prenatal care within 30 days of delivery but many were seen in the ED during their pregnancy.

With support for implementation of the increased screening in HB 2943, emergency departments can make a difference! Emergency departments are critical access points for care. People with significant risk factors for syphilis are more likely to access care in the ED. To implement increased screening, EDs need direct support and support from their county health department partners for follow up.

HB 2943 proposes an important public health action that needs coordinated support for emergency departments and county health departments to succeed. Please move this bill forward with funding for implementation and coordination.

Thank you for your consideration,

Silke Akerson, MPH, CPM, LDM

Executive Director

Oregon Perinatal Collaborative