
Syphilis & Congenital Syphilis in the State of Oregon

Dr. Sara Kennedy, Planned Parenthood Columbia Willamette

Planned Parenthood Columbia Willamette (PPCW) Facts

- PPCW is a safety net provider — 70% of patients on Medicaid, 11% uninsured
- While PPCW is the #1 abortion provider in the state of Oregon, 87% of visits are unrelated to abortion.
- PPCW is one of the few statewide health care providers.
- We provide more STI screenings and treatment than any other health care provider in Oregon.
- We are a top provider of cancer screenings (breast/chest, and cervical cancer).
- We contract with most Medicaid and commercial plans across the state of Oregon.



PPCW locations: Nine Health Centers & Telehealth

Total Service Snapshot, FY24

- 73,745 total visits
 - 13% of patients identify as male; 77% female; 4% non-binary and 6% transgender
- 2,641 pap smears and 2,351 HPV tests; 224 colposcopies; 37 LEEPs
- 10,300 Syphilis tests
- 33,405 Chlamydia/Gonorrhea tests
- Education programs reach over 30,000 youth and community members annually

Why We're Here

- STIs are increasing across Oregon.
- Syphilis cases are rising exponentially; also linked to increasing congenital syphilis rates
- Reproductive health care is a key element to achieving health equity and removing health disparities.

THE
STATE OF STIs
IN THE
UNITED STATES,
2022

CDC's 2022 STI Surveillance
Report underscores that STIs
must be a public health
priority



1.6 million
CASES OF CHLAMYDIA
6.2% decrease since 2018



648,056
CASES OF GONORRHEA
11% increase since 2018

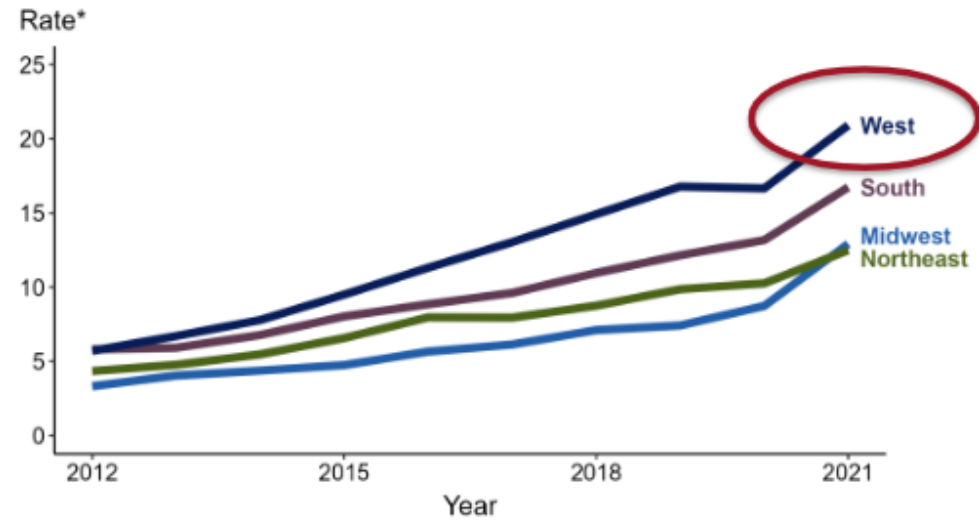
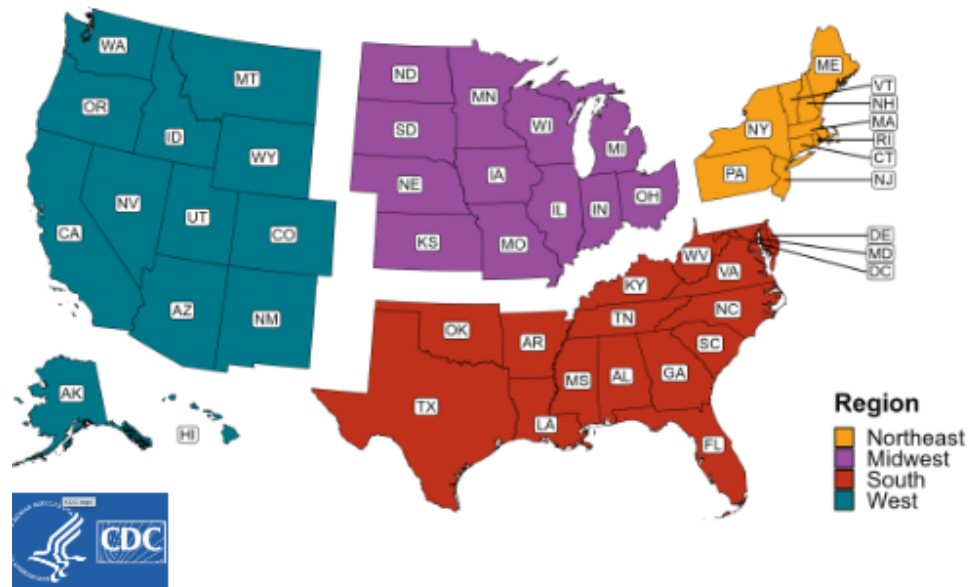


207,255
CASES OF SYPHILIS
80% increase since 2018



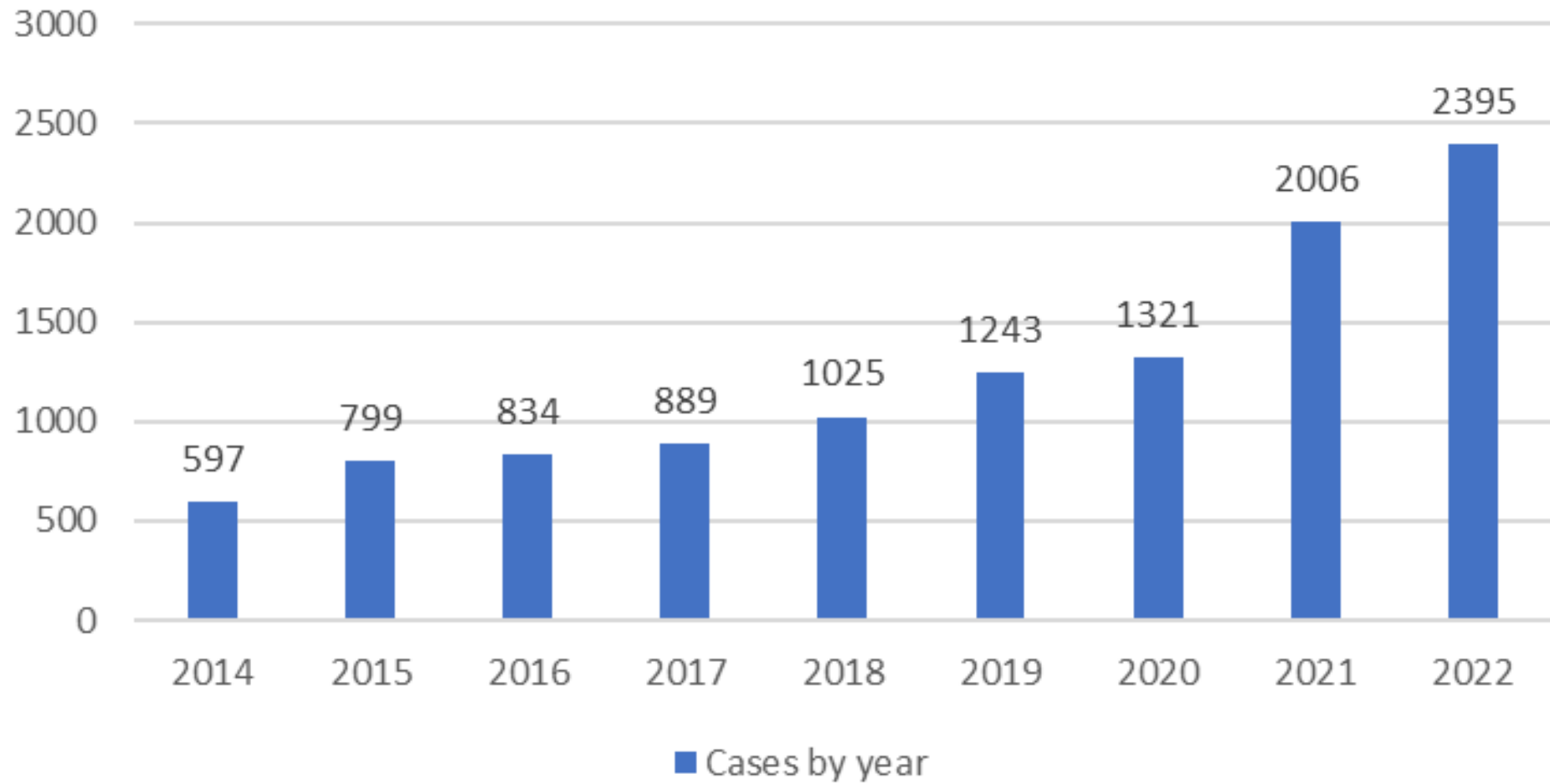
3,755
CASES OF SYPHILIS
AMONG NEWBORNS
183% increase since 2018

LEARN MORE AT: www.cdc.gov/std/

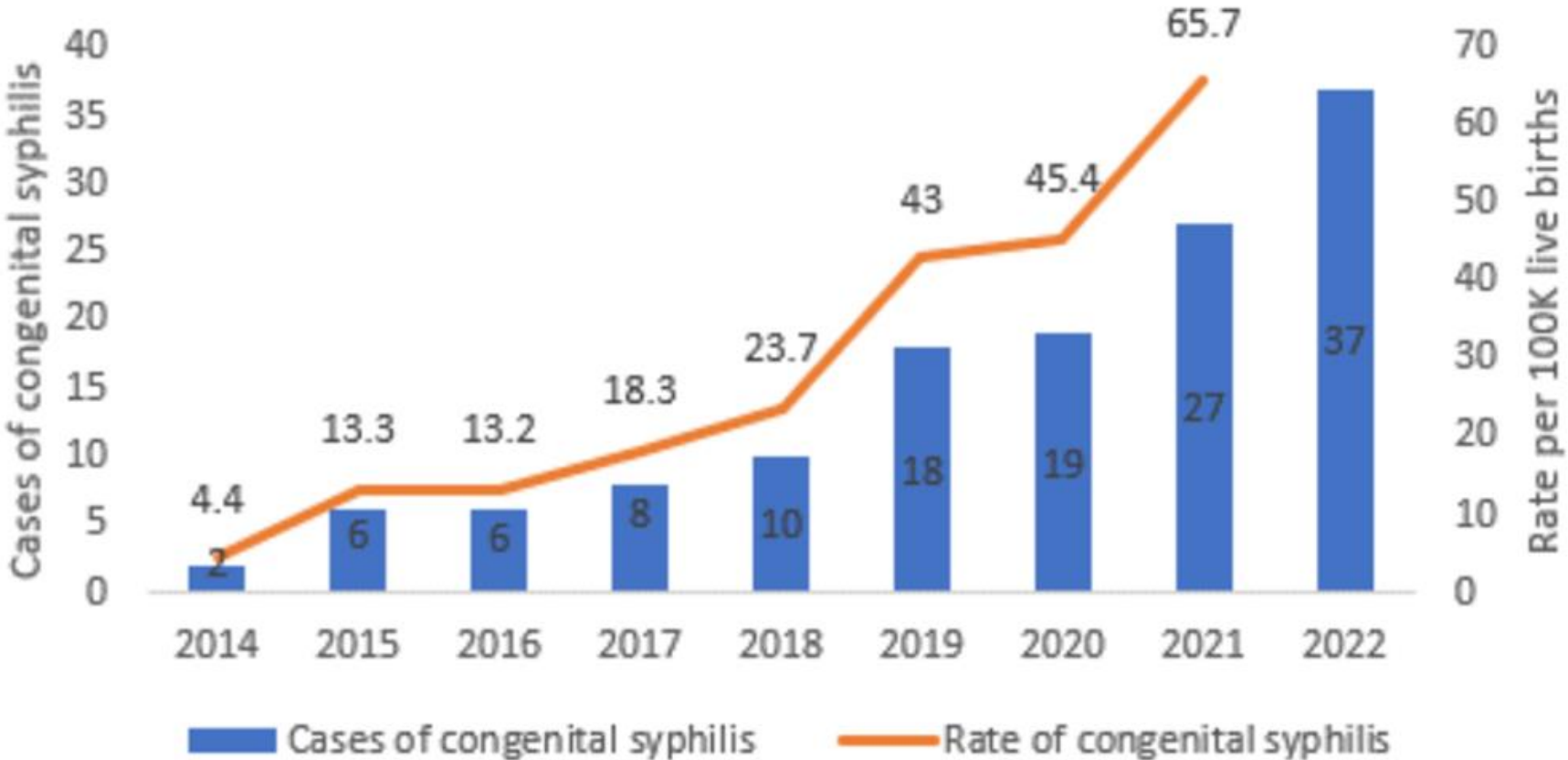


US TOTAL	941	1,313	1,875	2,157	2,855	24.4	34.6	50.0	59.7	77.9
<i>Northeast</i>	37	53	69	82	121	6.0	8.7	11.5	14.2	20.5
<i>Midwest</i>	80	107	134	162	296	9.9	13.4	17.1	21.5	38.9
<i>South</i>	464	691	996	1,146	1,499	30.9	46.5	67.4	79.8	102.6
<i>West</i>	360	462	676	767	939	38.9	51.4	76.2	90.6	110.1

Total Syphilis Diagnosis in Oregon



Cases and rate of congenital syphilis, Oregon 2014-2022

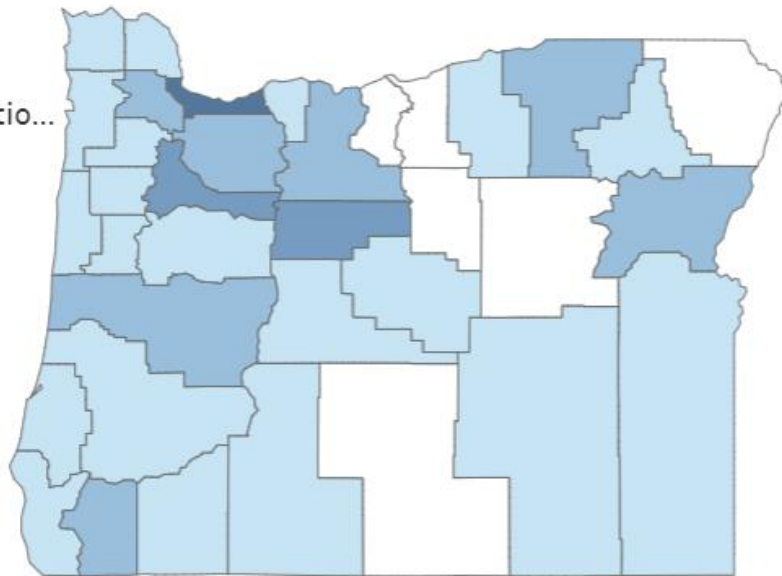
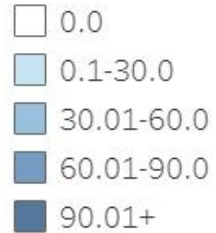


Link Between Congenital Syphilis and Social Determinants of Health

- **Late entry to prenatal care** (i.e. first visit during the second trimester or later) and **unstable housing** are most strongly linked to congenital syphilis
- Other risk factors:
 - Methamphetamine and heroin use
 - Justice system interactions
 - Low income
 - Health insurance status: On Medicaid or uninsured

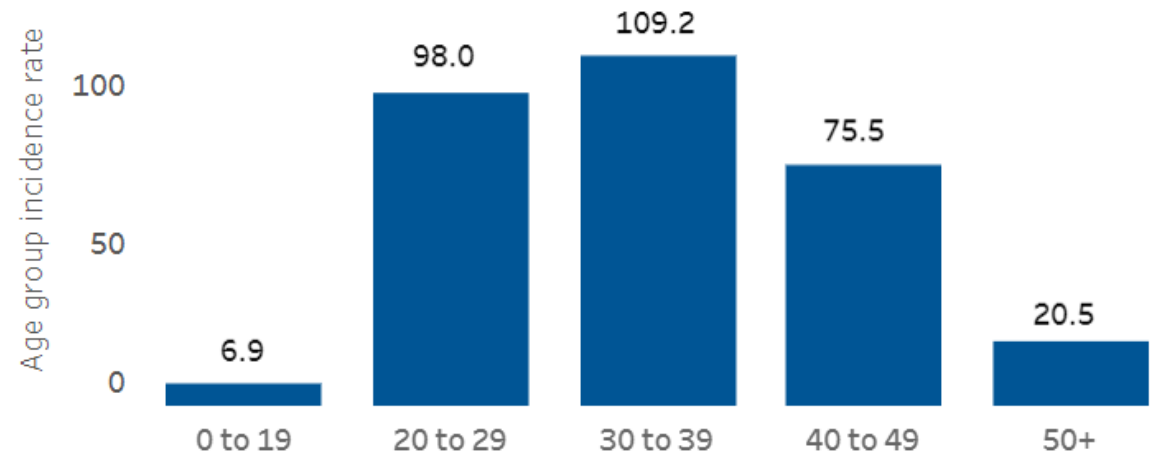
Syphilis Rates by Oregon County

Incidence rate
(diagnoses/
100,000 populatio...



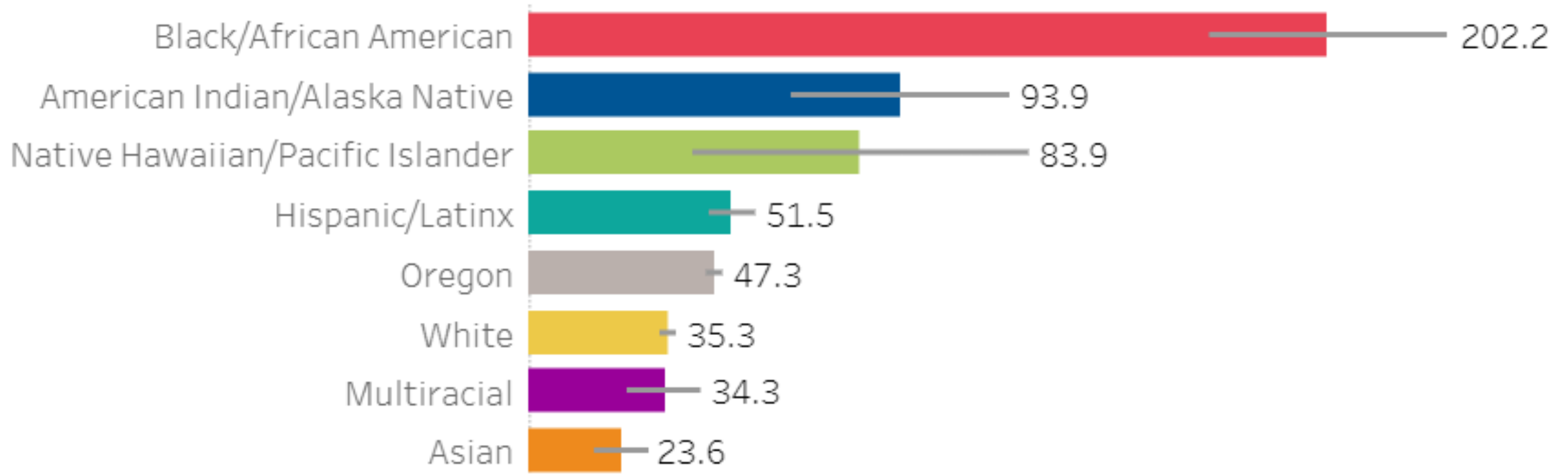
Syphilis Rates in Oregon by Age

People 20-39 years of age experienced the greatest rate syphilis



*Oregon data, OHA

The highest rates of syphilis have been among people of color

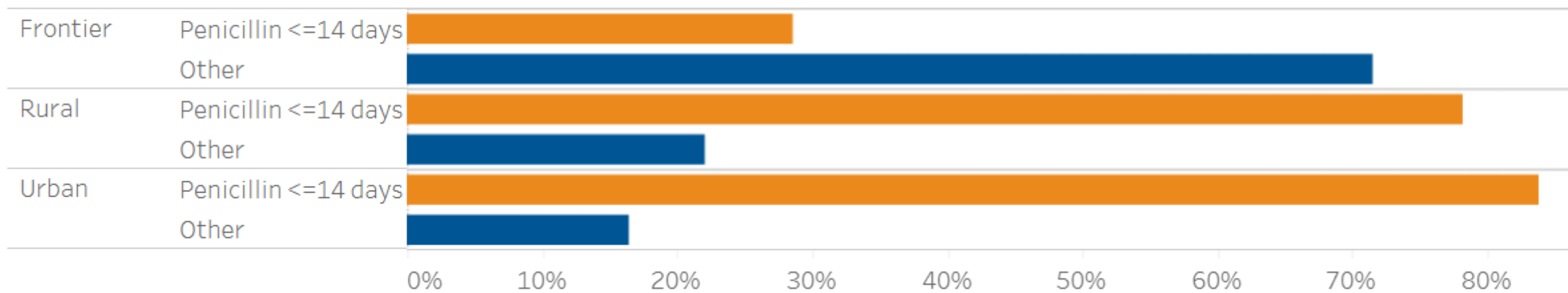


*Oregon data, OHA

Percent increase from 2020 to 2021



Percent of syphilis diagnoses among adults and adolescents that received the CDC-recommended treatment within 14 days by geographic area



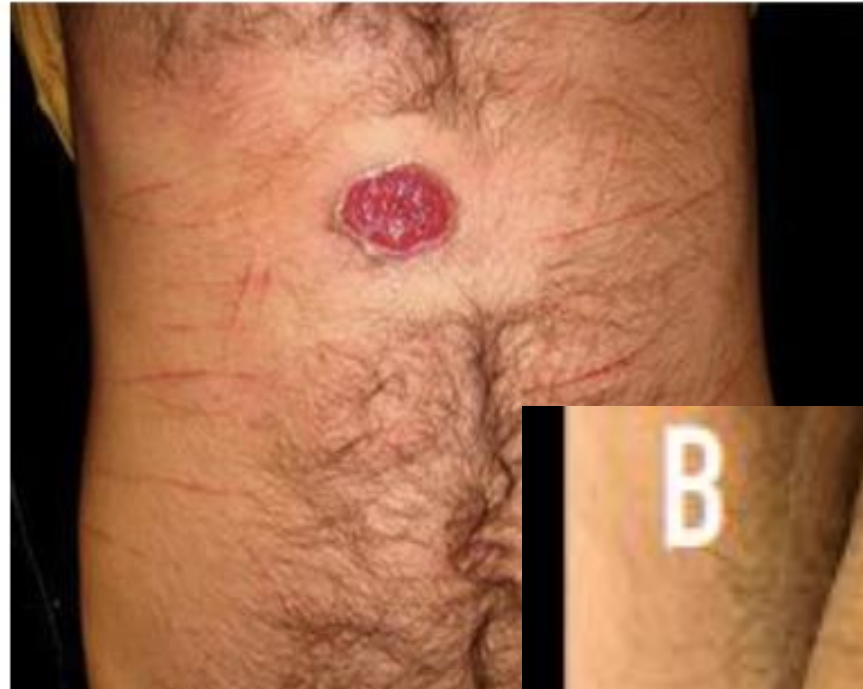
*Oregon data, OHA

Syphilis

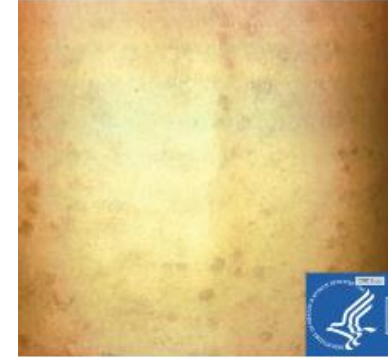
- STI caused by the bacteria, *Treponema Pallidum*
- Transmission: Sexual (direct contact with lesions and mucous membranes) and vertical (blood/placental or mucous membrane contact during birth)
- WHO estimates that worldwide 1M pregnant people are infected annually
- 2/3 of pregnant people will experience adverse pregnancy outcomes

Primary stage syphilis

- Time between infection and start of symptoms ranges from 10-90 days
- Chancre begins at inoculation site (usually genitals)
- Chancres can appear 1-3 weeks before serologic response
- Usually firm, round, small, and painless but can be atypical, subtle lesions



Secondary Syphilis - *frequently misdiagnosed*



- Occurs 2-10 weeks after primary lesion
- Caused by *T. Pallidum* dissemination
- Symptoms: Fever, fatigue, weight loss, anorexia, pharyngitis, myalgia, arthralgia, lymphadenopathy
- Rash on palms, soles, trunk
- Lesions can be pustular, nodular, ulcerative, urticarial, faint
- Condyloma lata, a moist, wart-like lesion found in the genital area and mucous patches on the tongue occurs in ~25% of patients.

Latent Syphilis

- The period when patients are seropositive but demonstrate no clinical s/sx; may last for years
- Can be interrupted by recurrences of symptoms of secondary syphilis
- Treponemes can be present in the blood intermittently and may be passed across the placenta to the fetus

Tertiary Syphilis

- Manifestations in skin, bone (gummas), and CV system
- Patient is not infectious
- Neurosyphilis and ocular syphilis can occur during any stage
- All patients with syphilis and any neurologic, ophthalmologic, or audiologic symptoms should have LP and neurological exam

Congenital syphilis

- Most are asymptomatic initially (60-90%)
- Increased risk for:
 - Miscarriage/stillbirth
 - Non-immune hydrops fetalis
 - Prematurity
 - Neonatal demise
 - Low birthweight
 - Untreated infants develop stigmata by three months of age

CDC Syphilis Screening Recommendations

- All pregnant people at first prenatal visit **and** in third trimester and at delivery **if** patient lives in community with high syphilis prevalence or has risk factors
- Screen asymptomatic women, and men who have sex with women, if risk factors
- MSM and people with HIV: Screen at least annually, every 3-6 months if at increased risk
- Transgender and gender diverse: Consider screening at least annually, based on risk factors

California Expanded Syphilis Screening Guidelines

- **One lifetime syphilis screen:** All people who can become pregnant should receive at least one lifetime syphilis screen, additional screening for those at risk
- **Linking HIV and syphilis screening:** All people who can become pregnant should be screened for syphilis at the same time they are screened for HIV
- ED providers in areas with high syphilis prevalence should do syphilis screening on all pregnant patients in ED
- All pregnant people entering an adult correctional facility in or close to a high syphilis prevalent area should be screened

Syphilis Diagnosis

- Darkfield examinations & other tests (e.g., PCR) to detect *T. pallidum* directly from lesion are definitive for diagnosing early syphilis and congenital syphilis.
- Presumptive diagnosis requires use of two serologic tests: a nontreponemal test (VDRL or RPR) & a treponemal test (FTA-ABS tests, the TP-PA assay, EIAs, chemiluminescence immunoassays, immunoblots, or rapid treponemal assays).
- Persons with a reactive nontreponemal test should always receive a treponemal test to confirm the presumptive diagnosis of syphilis.
- Reverse sequence screening algorithm for syphilis testing is also used. Positive treponemal screening tests are confirmed with a standard nontreponemal test with titer.

Syphilis Treatment

- Single dose of Benzathine penicillin G can cure primary, secondary, or early latent syphilis
- If late latent or unknown duration, CDC recommends three doses of long-acting Benzathine penicillin G at weekly intervals
- People with syphilis should avoid sexual contact until treatment is completed

Tips and tricks to increase outpatient syphilis screening

- Train staff on opt-out counseling instead of opt-in
- Educate patients about rise in STIs, including syphilis
- Link HIV and syphilis screening
 - Remember 2018 in OR: #200 new HIV cases and #1000 new syphilis cases!
- Phlebotomy training
- Ensure easy access to supplies/mobile kits vs. stocking rooms
- Remember to test at first prenatal visit and consider third tri + delivery

Thank you

Any questions?



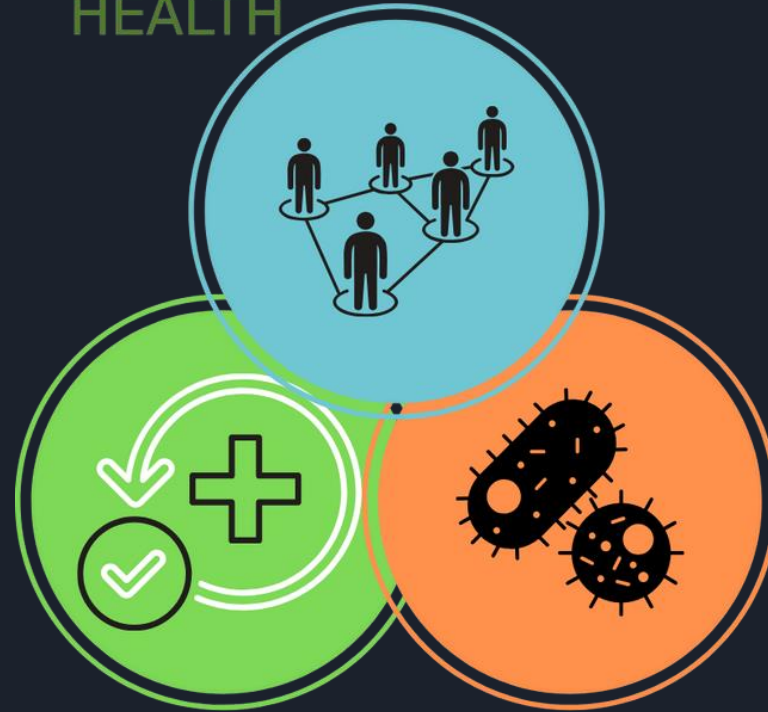


Public Health

Building a Healthy Community



**COMMUNICABLE
DISEASE PROGRAM**



SYPHILIS AND EASTERN OREGON

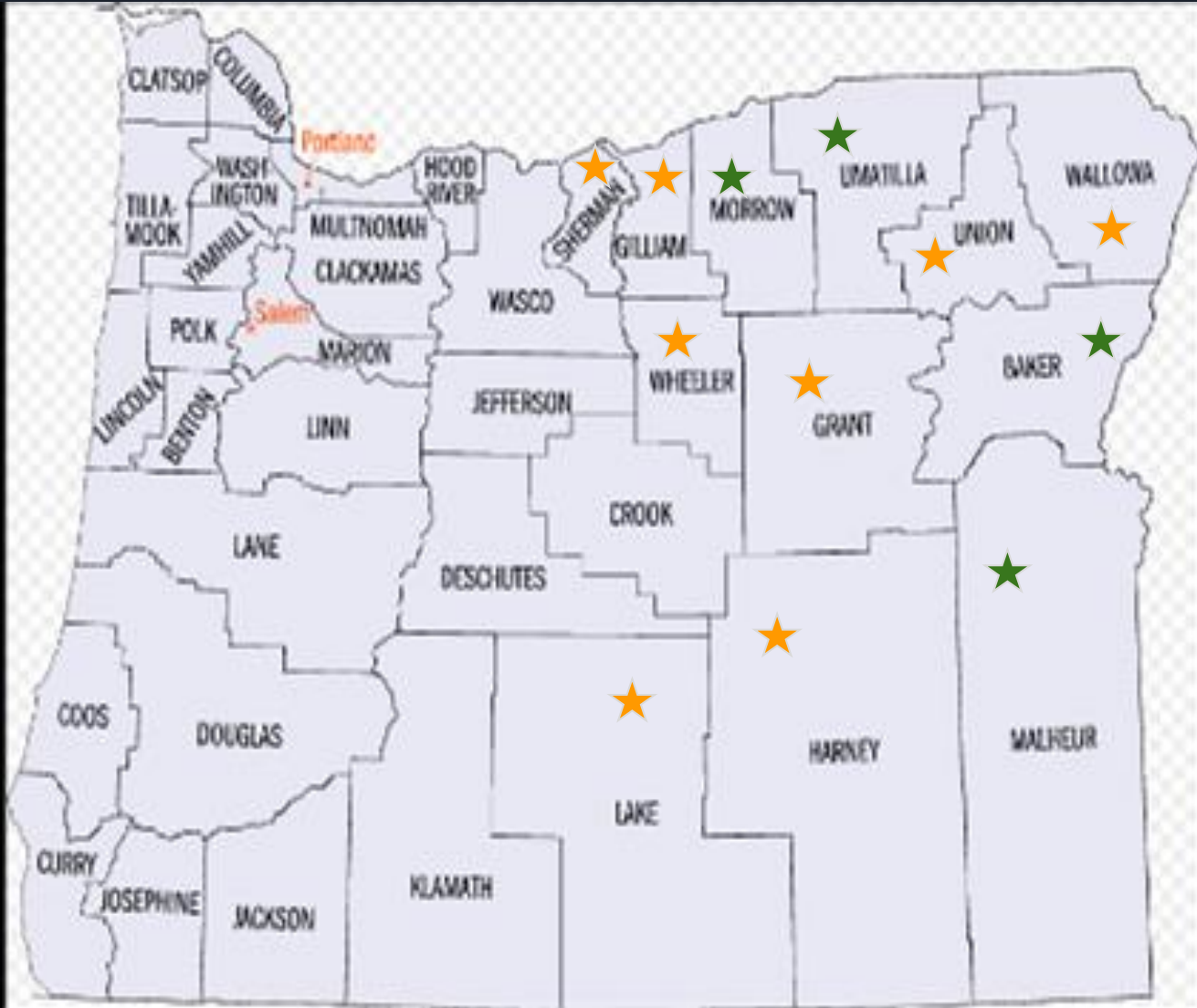
Haydee Indriago

Communicable Disease Manager

Alisha Lundgren

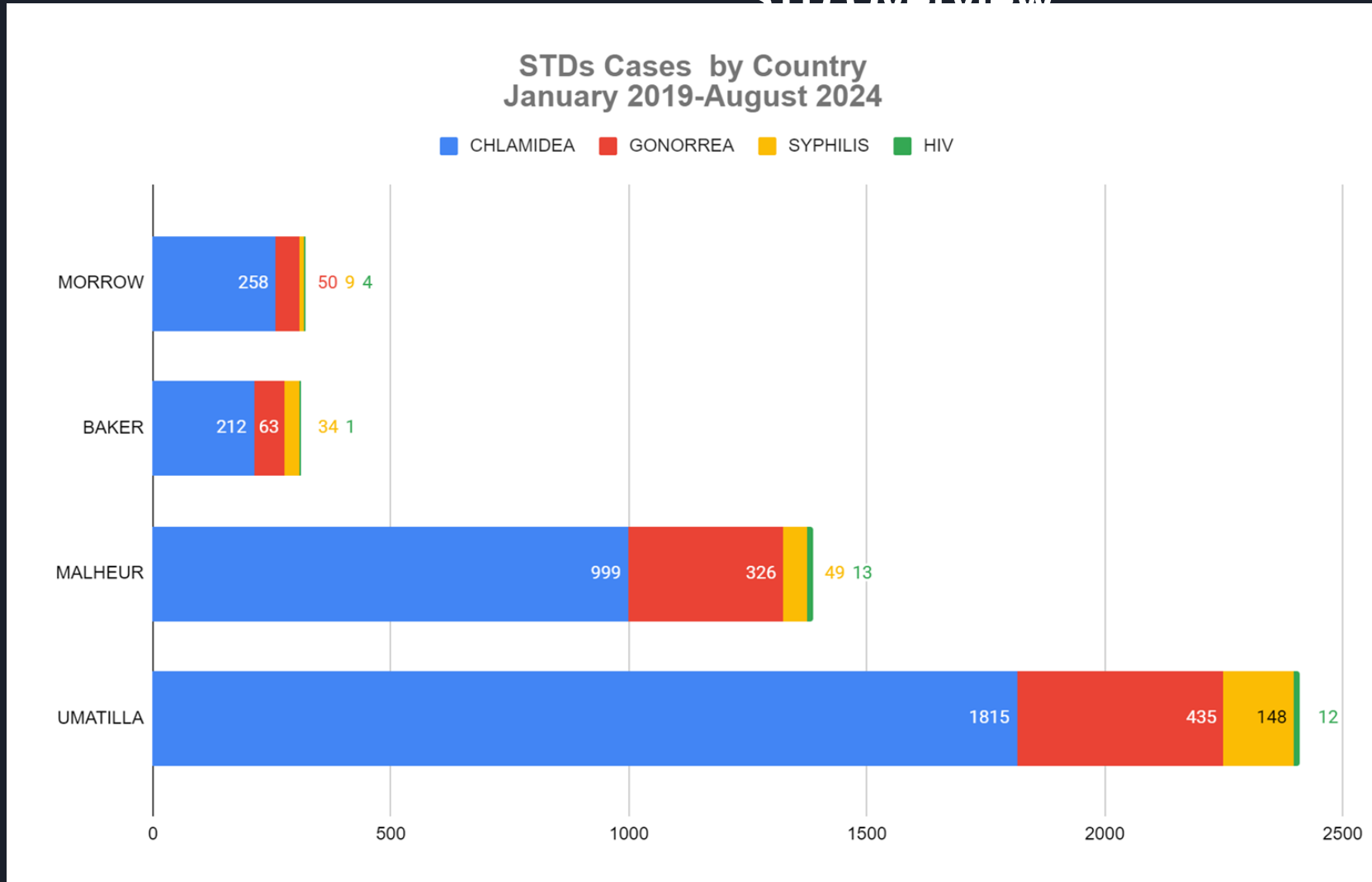
Deputy Director

EASTERN OREGON



- ☆ Eastern Oregon / 12 County (100%)
- ★ Information Available (33%)
- ★ No information (67%)

Baker, Malheur, Morrow and Umatilla County STD Overview

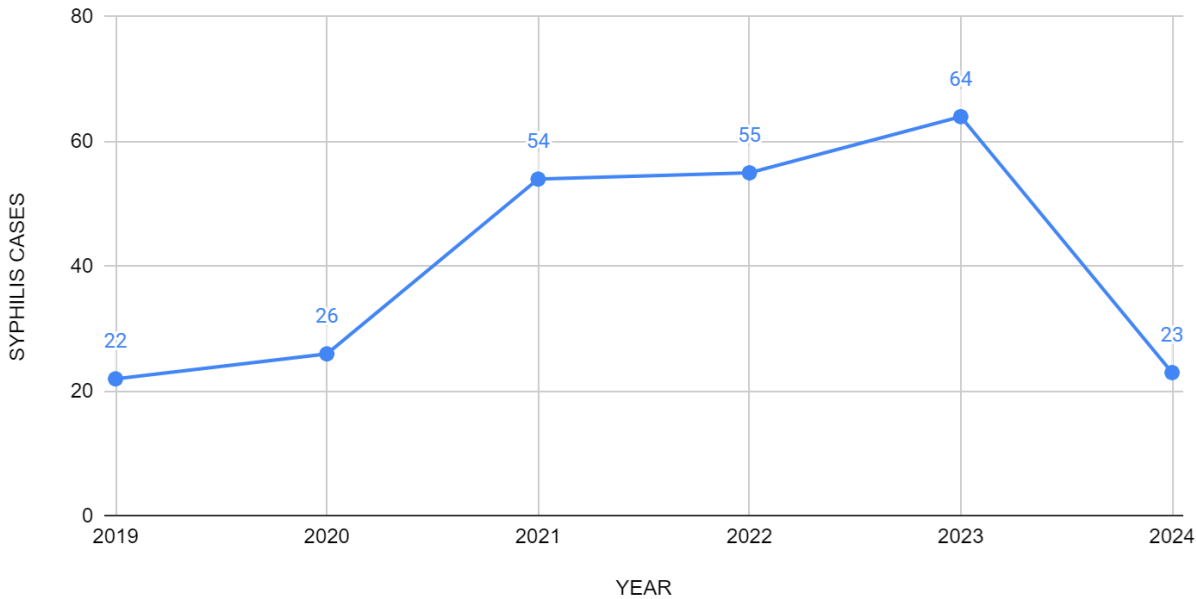


- 3,284 Chlamydia Cases
- 874 Gonorrhea Cases
- **240 Syphilis Cases**
- 30 HIV cases

Baker, Malheur, Morrow and Umatilla County Syphilis Cases

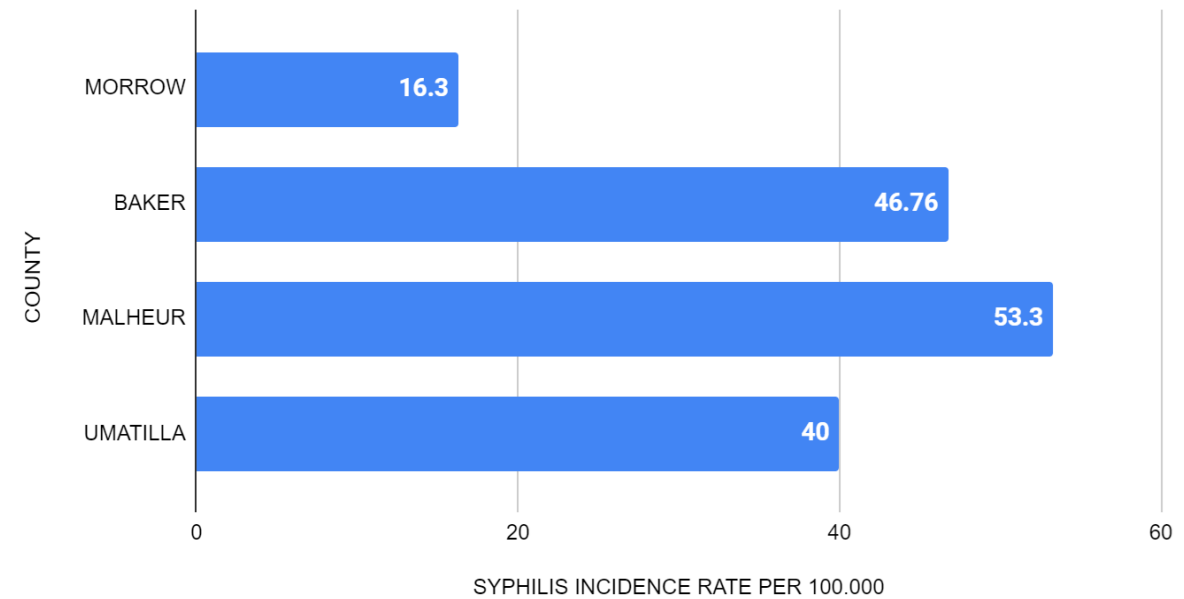
January 2019- August 2024

**SYPHILIS CASES FROM EASTERN OREGON
(Baker, Malheur, Morrow and Umatilla County)**



Increasing trend in the last 5 years in
the region

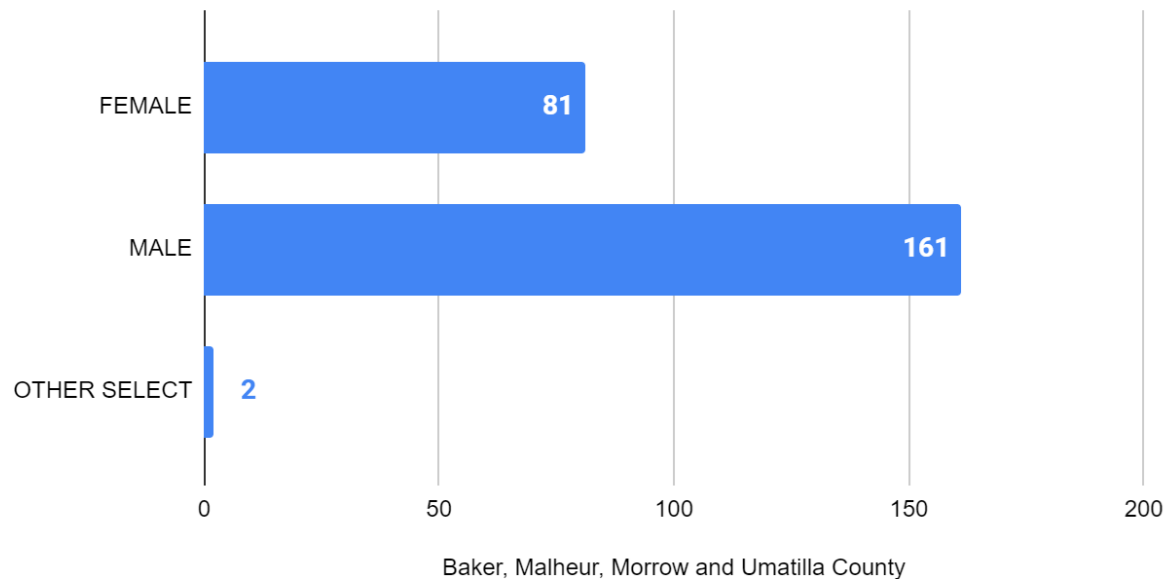
**SYPHILIS INCIDENCE RATE PER 100.000
2023 vs. COUNTY**



The county that had the most new
cases of syphilis for the year 2023
was Malheur

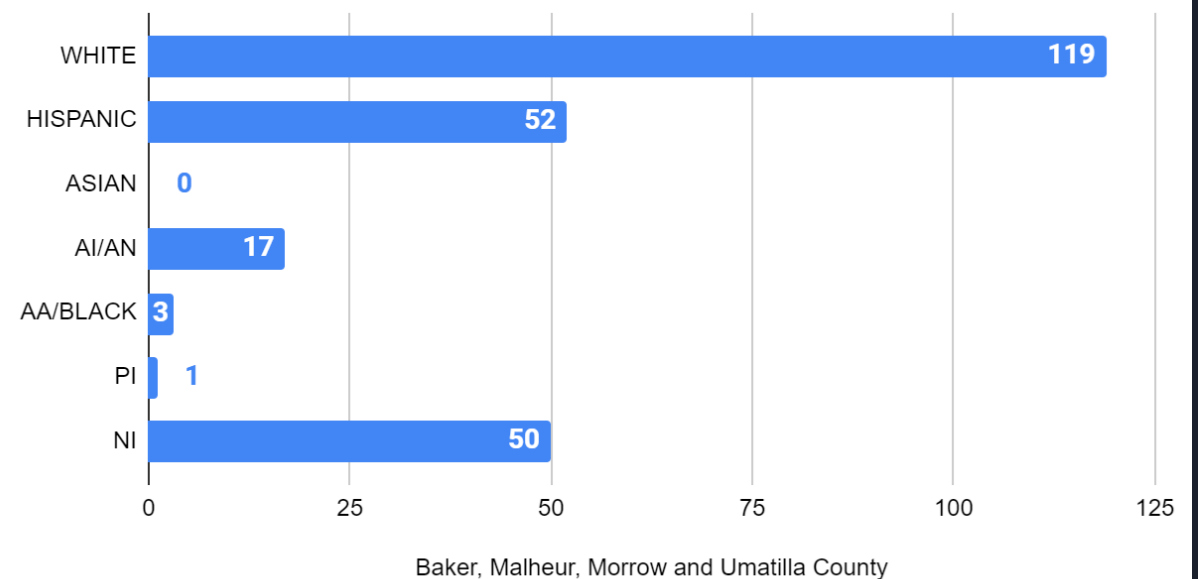
Baker, Malheur, Morrow and Umatilla County Syphilis Cases by Sex at Birth and Race January 2019- August 2024

Baker, Malheur, Morrow and Umatilla County Syphilis Cases by Sex



It tends to occur more in Male than
in Female (sex at birth)

Baker, Malheur, Morrow and Umatilla County Syphilis Cases by Race

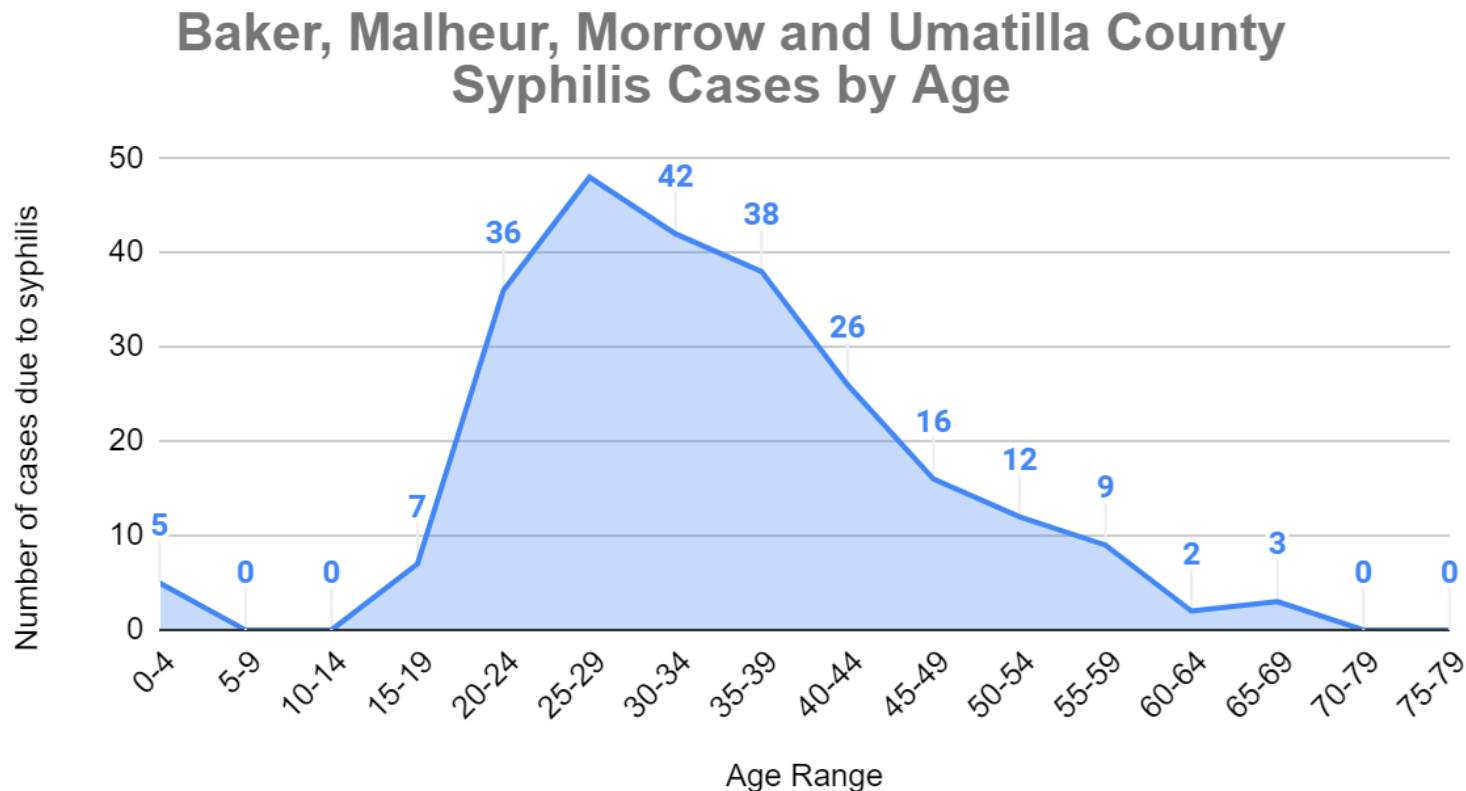


Whites and Hispanics are the most
affected

Baker, Malheur, Morrow and Umatilla County

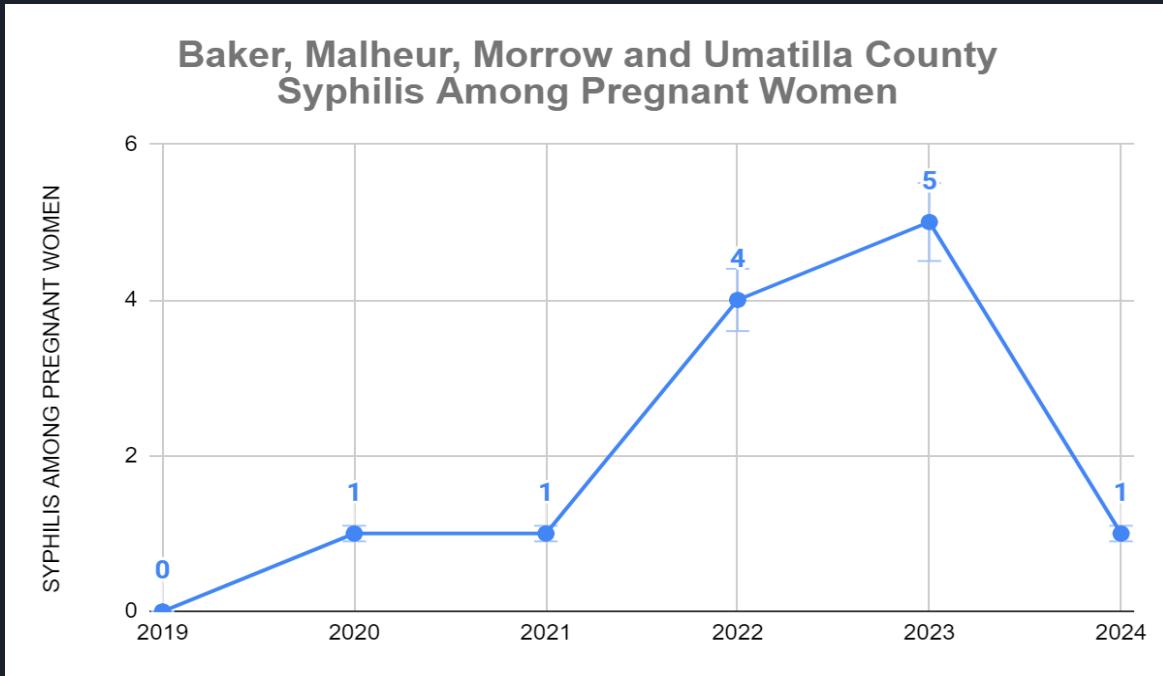
Syphilis Cases by Age

January 2019- August 2024

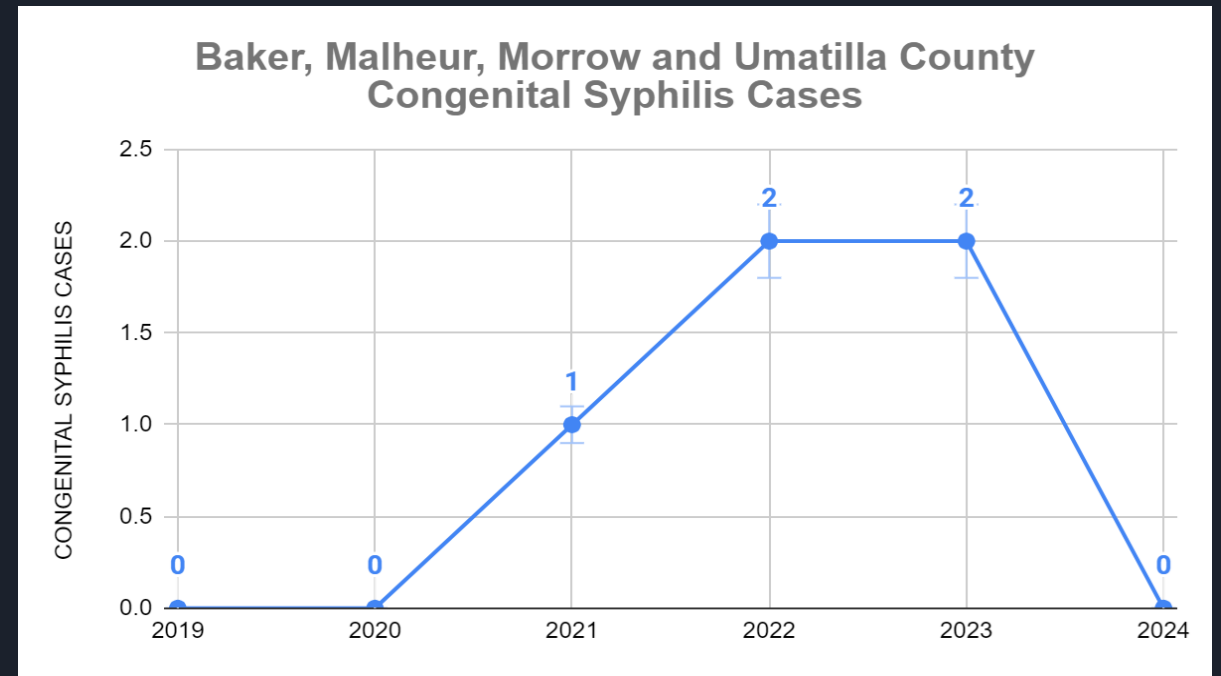


- The most affected age group is between 20 and 40 years old.
- From the age of 15 we see cases of Syphilis in the young population
- The cases in the age group from 0 to 4 years correspond to Congenital Syphilis.
- The peak is found among people in the age group between 25 and 29 years.

Baker, Malheur, Morrow and Umatilla County Syphilis Among Pregnant Women and Congenital Syphilis January 2019- April 2024



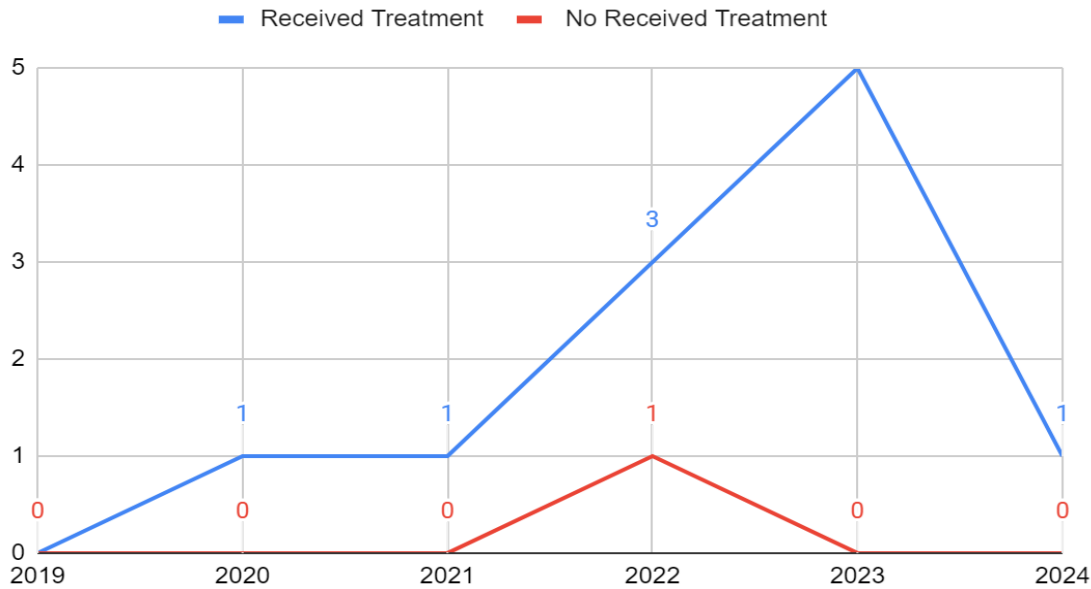
There is a worrying increase in syphilis in pregnant women, especially in the last 2 years.



Increase in congenital syphilis in the last 3 years

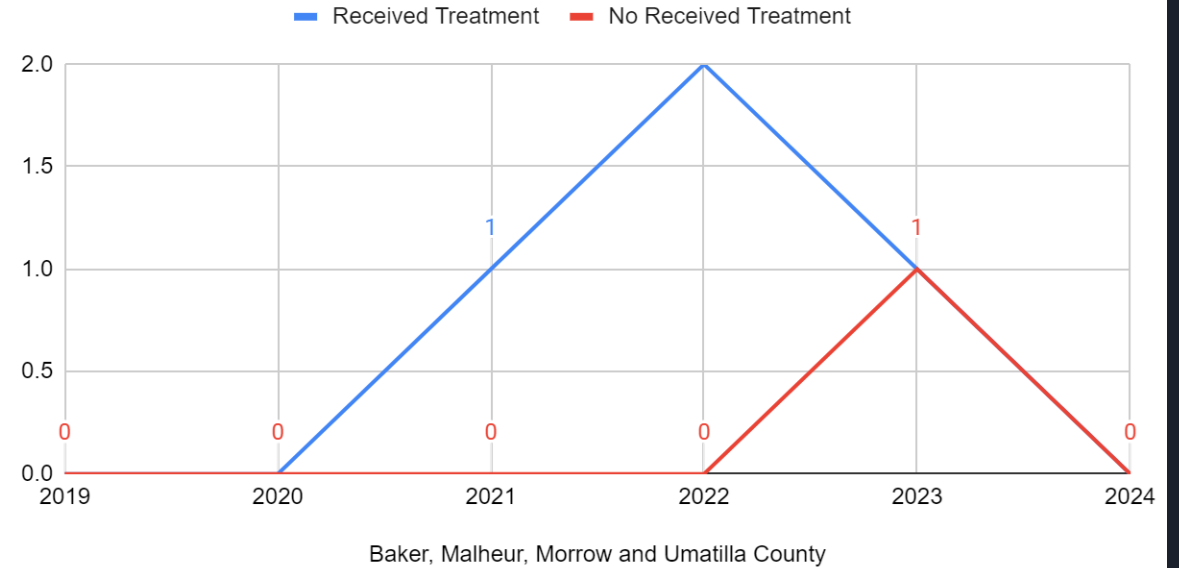
Baker, Malheur, Morrow and Umatilla County Syphilis Among Pregnant Women and Congenital Syphilis January 2019- April 2024

Baker, Malheur, Morrow and Umatilla County Syphilis Treatment Among Pregnant Women



* 1 Case: Noncompliant with treatment regimen

Baker, Malheur, Morrow and Umatilla County Syphilis Treatment Among Congenital Syphilis Patients



* 1 Case: Untreated Congenital Syphilis case confirmed as a Syphilitic Stillbirth

Cases that reach the end of their pregnancy without treatment, or with inadequate protocols

Strategies implemented by Umatilla County to reduce cases of Syphilis JUN 2023-JULY 2024

- **County Outreach Events.** 52 Activities programmed by specific community groups or organizations that direct their services to a specific target (PRIDE, Let'R Drag Show, BMCC, and Salvation Army). Pendleton, Hermiston, Milton Freewater, Athena, Stanfield/Echo, Umatilla, Pilot Rock.
- **Promotion & Providing Easy Access to Condoms.** 44 Dispensers have been placed in 5 cities in Umatilla, In total, 11,045 condoms were distributed in this activity County. Between the outreach and dispenser condoms activities, 15,120 were distributed.
- **Detection of STDs in Our Communities Utilizing STD Home Testing Kits.** 112 Home Kits were ordered, of which 33 were received in the laboratory, It only indicates that the rate of return or conclusive result rate was 28.8%. 2 positive cases for chlamydia
- **Gift Card Incentive (\$25) for HIV and Syphilis Test.** 156 HIV tests were performed in Umatilla County in the cities of Pendleton, Hermiston, Milton Freewater, and Umatilla. 1 case of HIV and 1 case of syphilis diagnosed and treated in the past.
- **Detection of STDs in Our Clinics.** Syphilis testing and treatment at the Pendleton and Hermiston clinic

THANK YOU

Pendleton Office
200 SE 3rd St.
Pendleton, OR 97801
Phone: 541-278-5432
TTY: 800-735-2900
Hours: Mon-Fri, 8AM-5PM



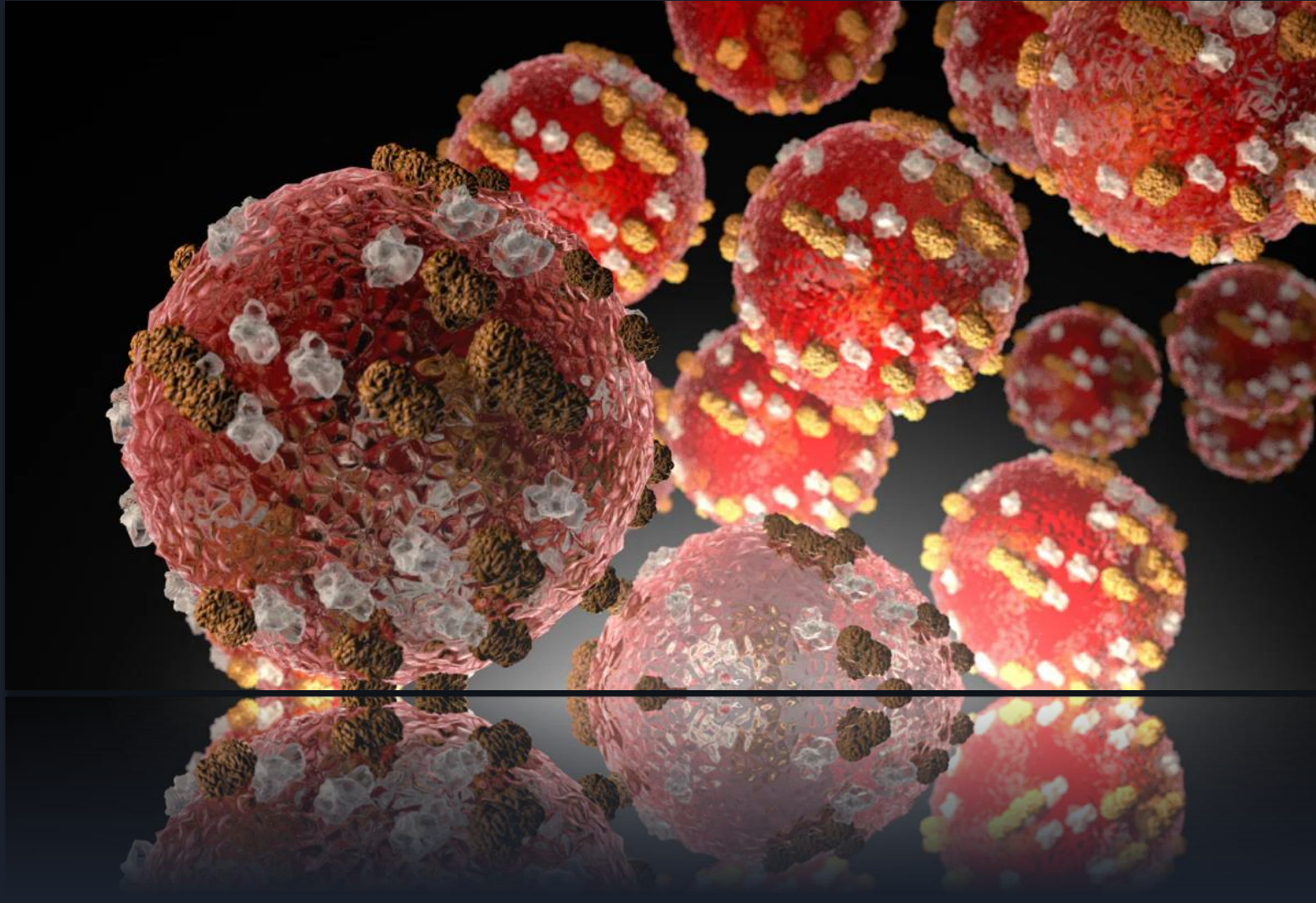
Hermiston Office
180 NE 2nd Street, Ste. 23
Hermiston, OR 97838
Phone: 541-567-3113
Hours: Tues-Fri, 8AM-5PM

Email Us:
health@umatillacounty.go

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Measles



Measles

MEASLES SYMPTOMS TYPICALLY INCLUDE

- High fever (may spike to more than 104° F)
- Cough
- Runny nose
- Red, watery eyes
- Rash breaks out 3-5 days after symptoms begin

An illustration of a young child with brown skin, looking unwell. The child has a red, watery eye, a runny nose, and a fever. They are holding a green tissue box and a yellow duck toy. The child's face is covered in a red, bumpy rash. The background is a light blue circle.

- Paramyxovirus that primarily infects the nasopharynx
- One of the most contagious diseases in the world
- Leading cause for vaccine-preventable disease in children
- A person with measles will almost infect everyone they have contact with
- Incubation Period: 10-12 days

Measles Complications

Measles Can Be Serious



About 1 out of 5 people who get measles will be hospitalized.



1 out of every 1,000 people with measles will develop brain swelling due to infection (encephalitis), which may lead to brain damage.



1 to 3 out of 1,000 people with measles will die, even with the best care.

Measles Epidemiology

MEASLES



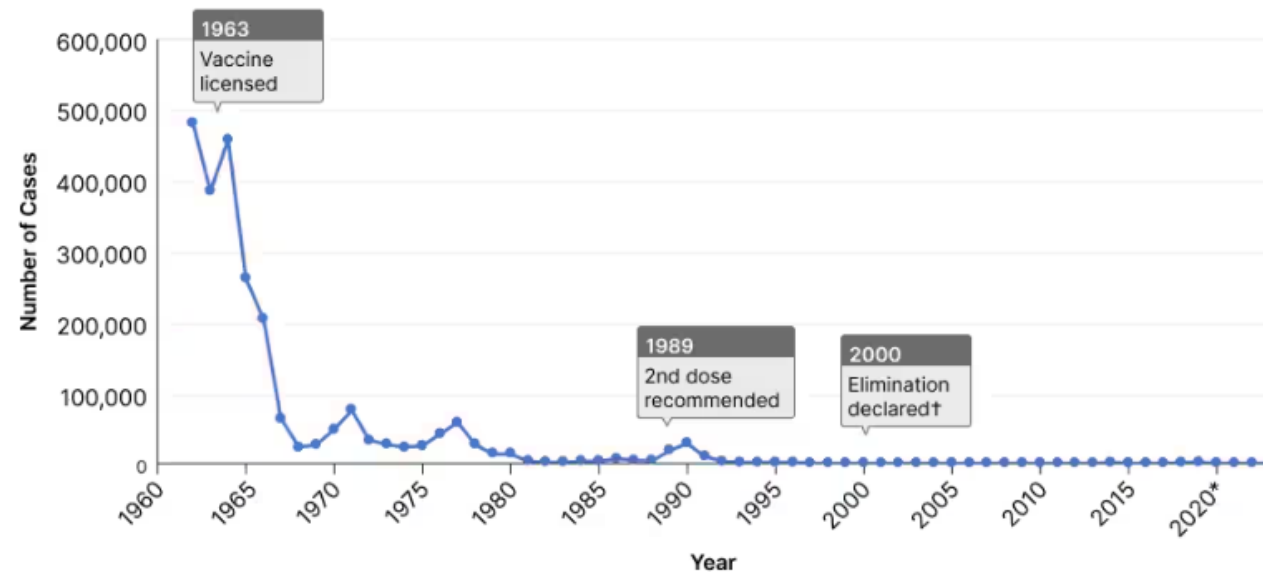
is **highly contagious** and spreads through the air when an infected person **coughs or sneezes**.



It is so contagious that if one person has it, **9 out of 10 people** of all ages around him or her will also become infected if they are not protected.

Measles Cases in the US

Reported Measles Cases in the United States from 1962 – 2023*



2024 Measles Cases in the US

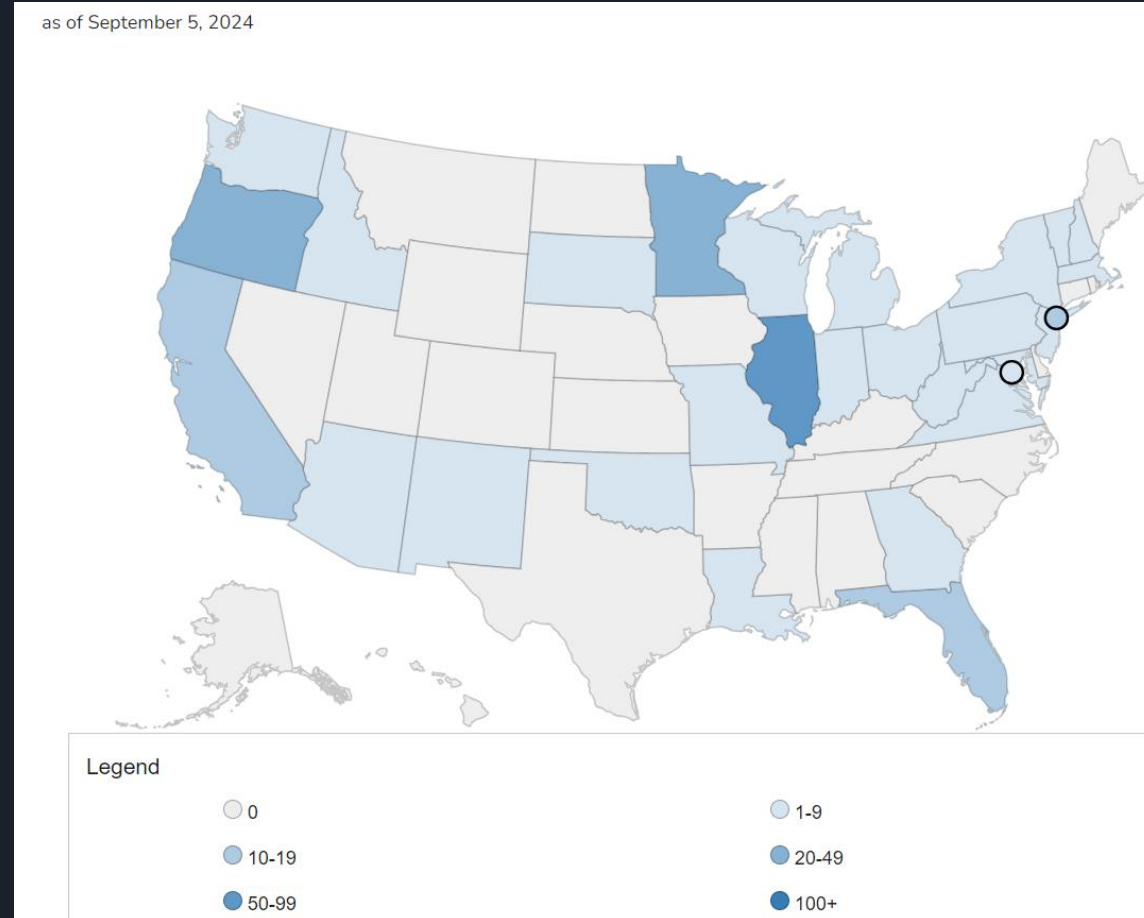
US Cases in 2024

247 total cases

- **Under 5: 102 (41%)**
- **5-19 years: 74 (30%)**
- **20+ years: 71 (29%)**

*As of September 5th, 2024

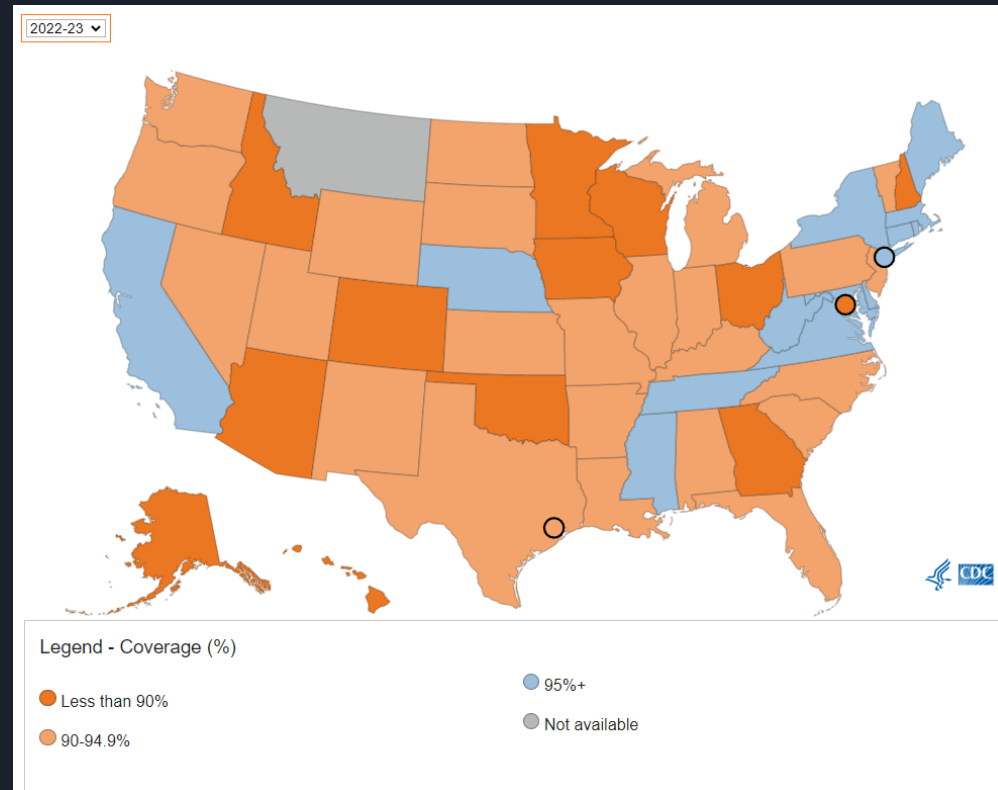
<https://www.cdc.gov/measles/data-research/index.html>



Measles Vaccination in the US

MMR Vaccine Coverage for Kindergartners by School year

<https://www.cdc.gov/measles/data-research/index.html>

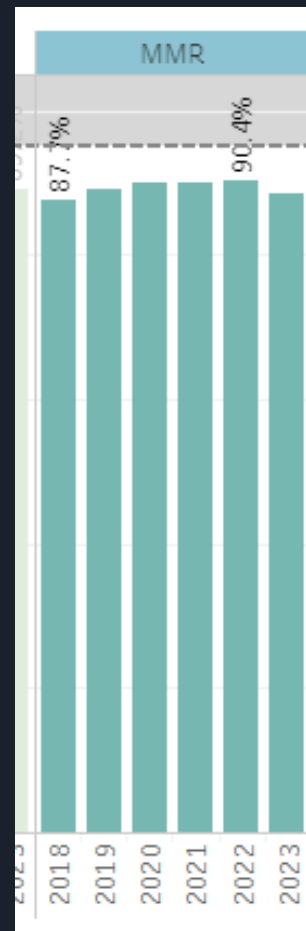


Measles Vaccination in Oregon

MMR Vaccine Coverage at age 2 - Oregon



MMR Vaccine Coverage at age 2 - Umatilla County

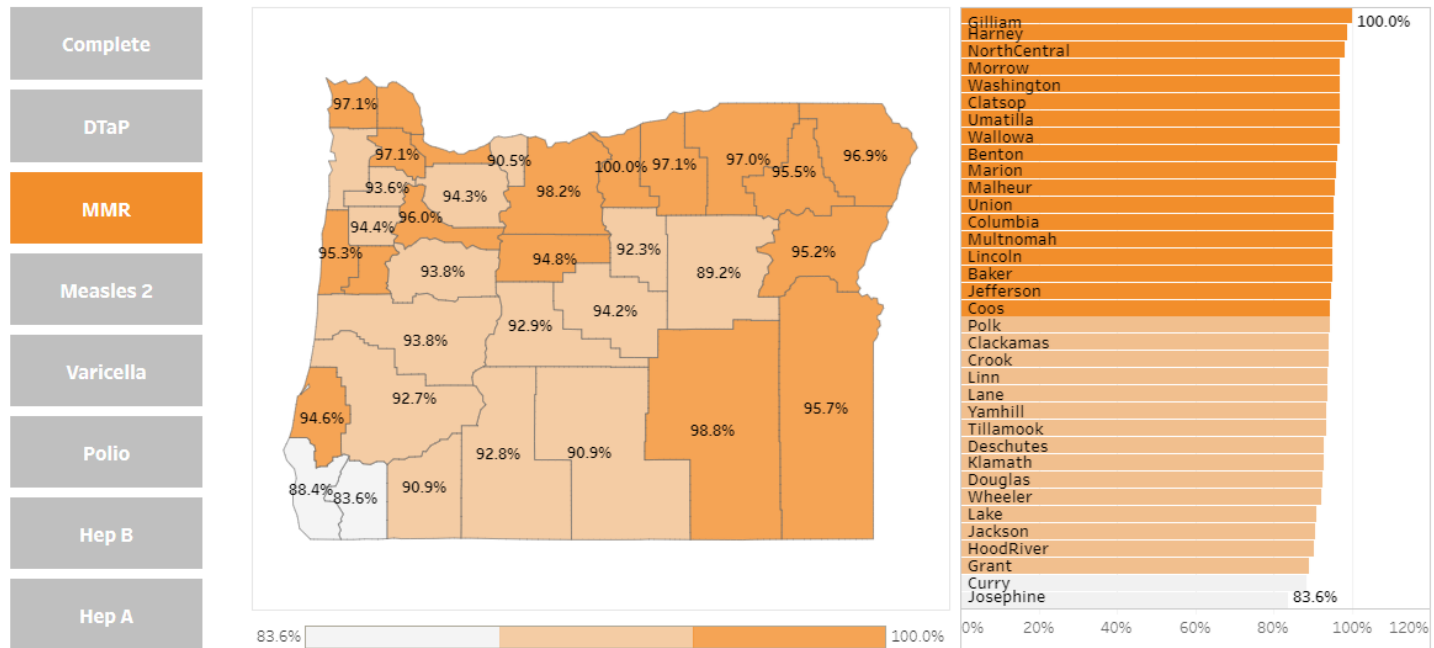


<https://public.tableau.com/app/profile/oregon.immunization.program/viz/OregonEarlyChildhoodImmunizationRates/StatewideDashboard>

Measles Vaccination in Oregon

Kindergarten School Immunization Data (2 doses)

The map shows the percent of kindergartners with complete school-required vaccines by county. Click on the vaccine to update the map and chart. The darker the color, the higher the vaccination rate.





Measles Resources

- CDC, includes clinical videos to aid with diagnosis
 - <https://www.cdc.gov/measles/hcp/clinical-overview/index.html>
- Guidance for Healthcare Personnel
 - Check patient for up-to-date MMR vaccination
 - Consider measles in patients with febrile rash illness and clinically compatible measles symptoms (cough, coryza, and conjunctivitis)
 - Ask patients about
 - Recent international travel
 - Recent travel to domestic venues frequented by international travelers
 - Recent contact with international travelers
 - History of measles in the community
 - Promptly isolate patients with suspected measles