



Congenital Syphilis at the CT Department of Public Health

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2. **Role of the CT DPH DIS**

CT DPH Disease Intervention Specialist

The CT DPH Disease Intervention Specialist (DIS) :

- Highly trained staff
- Specializes in public health investigation
- Rapidly identify people who don't know they may be infected/exposed to STD
- Provides counseling on behaviors that put a person at risk for STD, including HIV infection
- Link patient to care
- Perform out of jurisdiction record search request



Case Scenario- Congenital Syphilis in Connecticut

- Case located by syphilis reactor desk
 - Reactive TP-PA
 - Childbearing age female
- Nurse consultant (NC) contacted health care provider- OB-GYN
 - Late transfer of care from Puerto Rico at 20 weeks pregnancy
 - History of syphilis prior pregnancy (01 year ago)
 - Patient self reported completed syphilis treatment
 - RPR negative
 - TP-PA +
- DIS contacted Puerto Rico
 - RPR 1:1, Reactive TP-PA (Puerto Rico DPH record)
 - 08-2023 Received 01 shot Bicillin
 - Treatment not completed
 - Child #1 adequately treated with Bicillin
 - Staged as a late latent



Case Scenario: Congenital Syphilis in Connecticut

- DIS contacted pregnant mother
- Mother reported monogamous relationship with spouse who lives in Dominican Republic
- NC contacted OB-GYN – provided medical information from Puerto Rico
 - Repeated labs → RPR negative; TP-PA +
 - OB-GYN scheduled treatment Bicillin x3
 - No show for second shot ...loss to follow-up
- DIS reviewed hospital EMR
 - Pregnant mother located at local hospital inpatient unit
 - TP-PA reactive (suggesting previous infection)
 - A dose of Bicillin given at delivery
 - Discharged 72 hrs. after delivery.
 - Loss to follow-up, OB-Gyn confirmed patient never returned



Case Scenario: Congenital Syphilis in Connecticut

- Infant (baby #2) screening at birth:
 - RPR nonreactive
 - Lumbar puncture cerebrospinal fluid (CSF)
 - ❖ <10 WBC
 - ❖ Protein 117 (high).
 - Xray long bone normal
 - 02 doses of IV penicillin G and 01 dose IM injection of long-acting penicillin G.

- Infant diagnosis: Probable Case



CASE SCENARIO: Congenital Syphilis in Connecticut

CT DPH STD Unit Contact Information: Phone # 860-509-7920 Fax # 860-730-8380



**Sexually Transmitted Disease
Confidential Case Report
Form STD-23** (rev. 10/13/2020)

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
STD CONTROL PROGRAM**
410 Capitol Avenue, MS#11STD
PO Box 340308
Hartford, CT 06134-0308

Note: Check this box to request forms

PATIENT INFORMATION				
Name (Last)	(First)	(MI)	Date of Birth	Home Phone Number Other Phone Number
Address (Number and Street)		(City or Town)		(State) (Zip Code)
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Pregnant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unknown
Race	<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Other, specify: _____	<input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian <input type="checkbox"/> Unknown	Ethnicity <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino <input type="checkbox"/> Unknown
Sex of Partners	<input type="checkbox"/> Men <input type="checkbox"/> Women <input type="checkbox"/> Both <input type="checkbox"/> Unknown	Insurance Status	<input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> None <input type="checkbox"/> Other	
DISEASE INFORMATION				
<input type="checkbox"/> Gonorrhea OR <input type="checkbox"/> Chlamydia		<input type="checkbox"/> Syphilis		<input type="checkbox"/> Other STDs
<input type="checkbox"/> Symptomatic Uncomplicated <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Pelvic Inflammatory Disease <input type="checkbox"/> Other, specify: _____		<input type="checkbox"/> Primary (Chancere Present) <input type="checkbox"/> Secondary (Rash, Lesions, etc.) <input type="checkbox"/> Early Latent – No SX (Duration < 1 Year) <input type="checkbox"/> Late Latent – No SX (Duration > 1 Year) <input type="checkbox"/> Late – With SX <input type="checkbox"/> Congenital		<input type="checkbox"/> Neonatal Herpes (< 60 days of age) <input type="checkbox"/> Chancroid
PARTNER NOTIFICATION SERVICES		TREATMENT INFORMATION	DIAGNOSTIC INFORMATION	
Providers treating STDs are expected to counsel patients in prevention and identify and refer partners to medical care for examination and treatment. <input type="checkbox"/> Partners referred for exam and treatment by provider. <input type="checkbox"/> Expedited Partner Therapy provided. <input type="checkbox"/> Provider requesting assistance with partner notification from state health department. Please inform patient of this notification.		Treatment Date: _____ <input type="checkbox"/> Not Treated Specify Antibiotic and Dosage: _____ _____ _____	Test Date: _____ <input type="checkbox"/> Laboratory Confirmed <input type="checkbox"/> Clinical Diagnosis-No Lab. Confirmation Reporting Laboratory: _____ Results or attach lab report: _____	
ATTENDING PHYSICIAN INFORMATION				
Name: _____		Address: _____		Phone Number: _____ Date Reported: _____
If reporting from a Hospital or Facility, please complete the following: Name of person reporting (if different than above) _____				
Name of Hospital or Facility: _____ <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Urgent Care <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/> OB/GYN <input type="checkbox"/> Family Planning				

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Thank you!

