

MATERNAL, CHILD & ADOLESCENT SEXUAL HEALTH UPDATE

MCAH Advisory Board



SACRAMENTO COUNTY

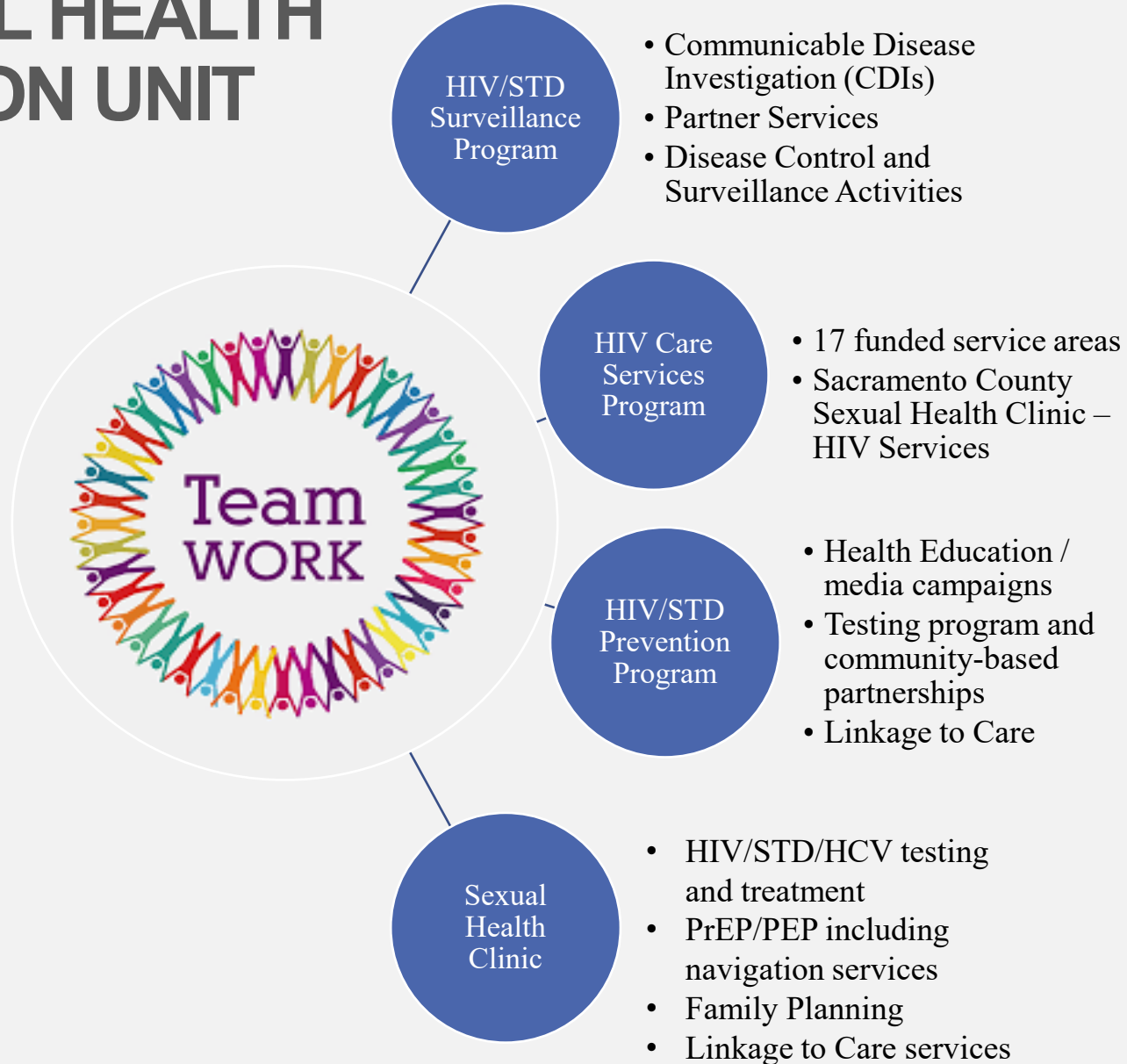


**PUBLIC
HEALTH**

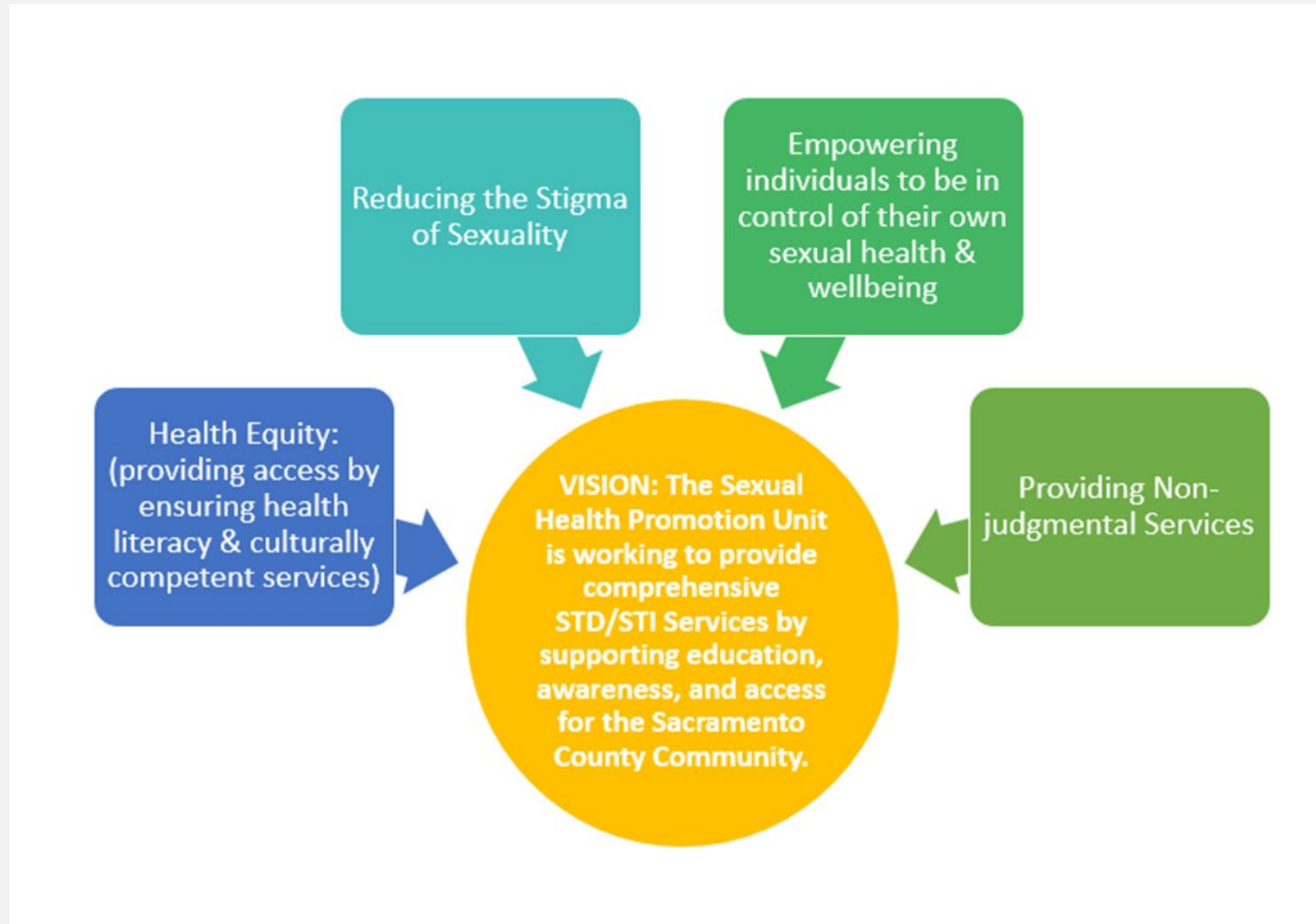
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THE SEXUAL HEALTH PROMOTION UNIT



THE SEXUAL HEALTH PROMOTION UNIT





MATERNAL & CHILD SEXUAL HEALTH

National Data (updated
2023)

NATIONAL DATA

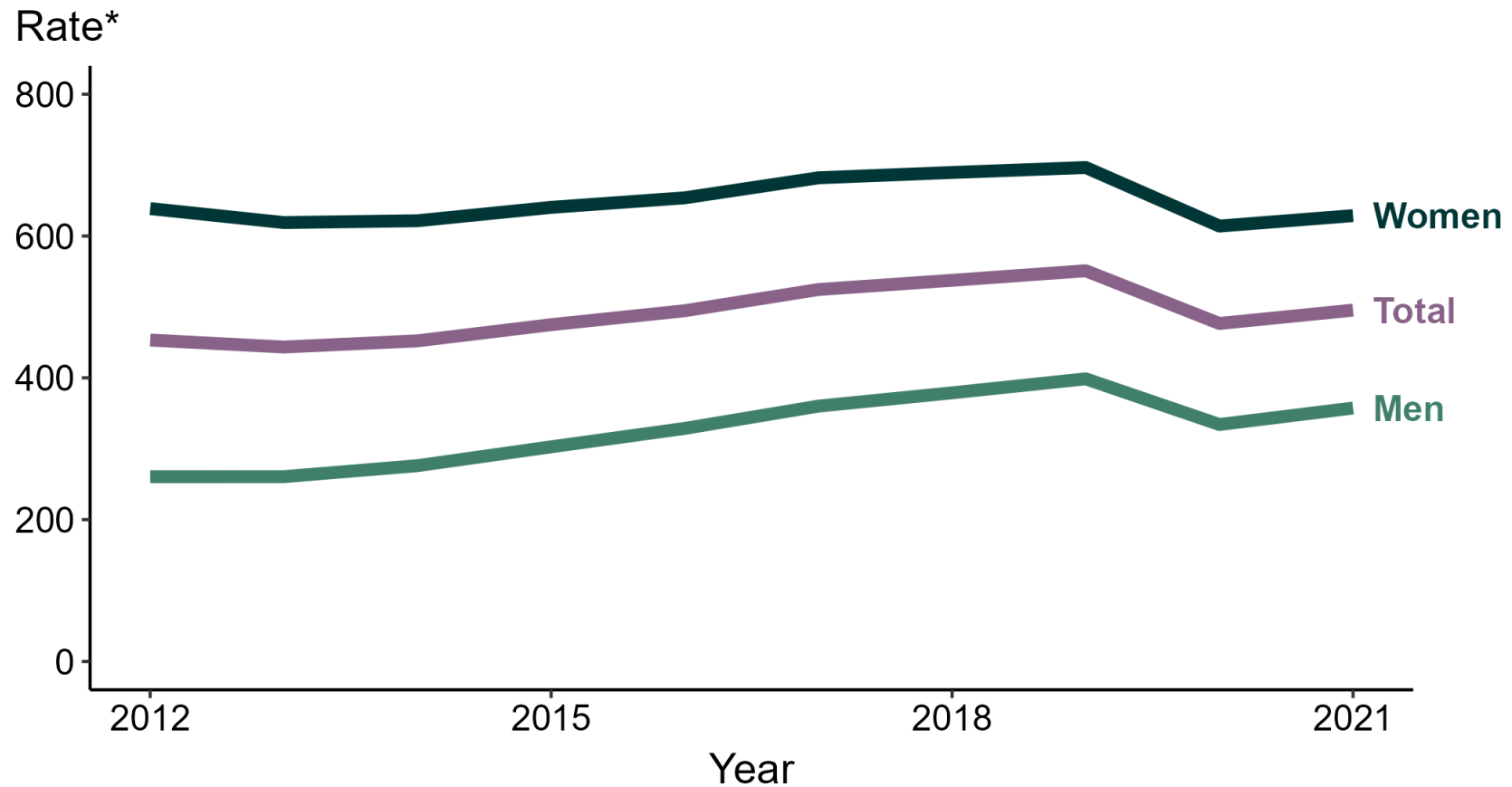
2021 STD data (released Spring 2023)

Infections continue to forge ahead,
compromising the nation's health...

- More than **2.5 million cases** of chlamydia, gonorrhea, and syphilis were reported in 2021



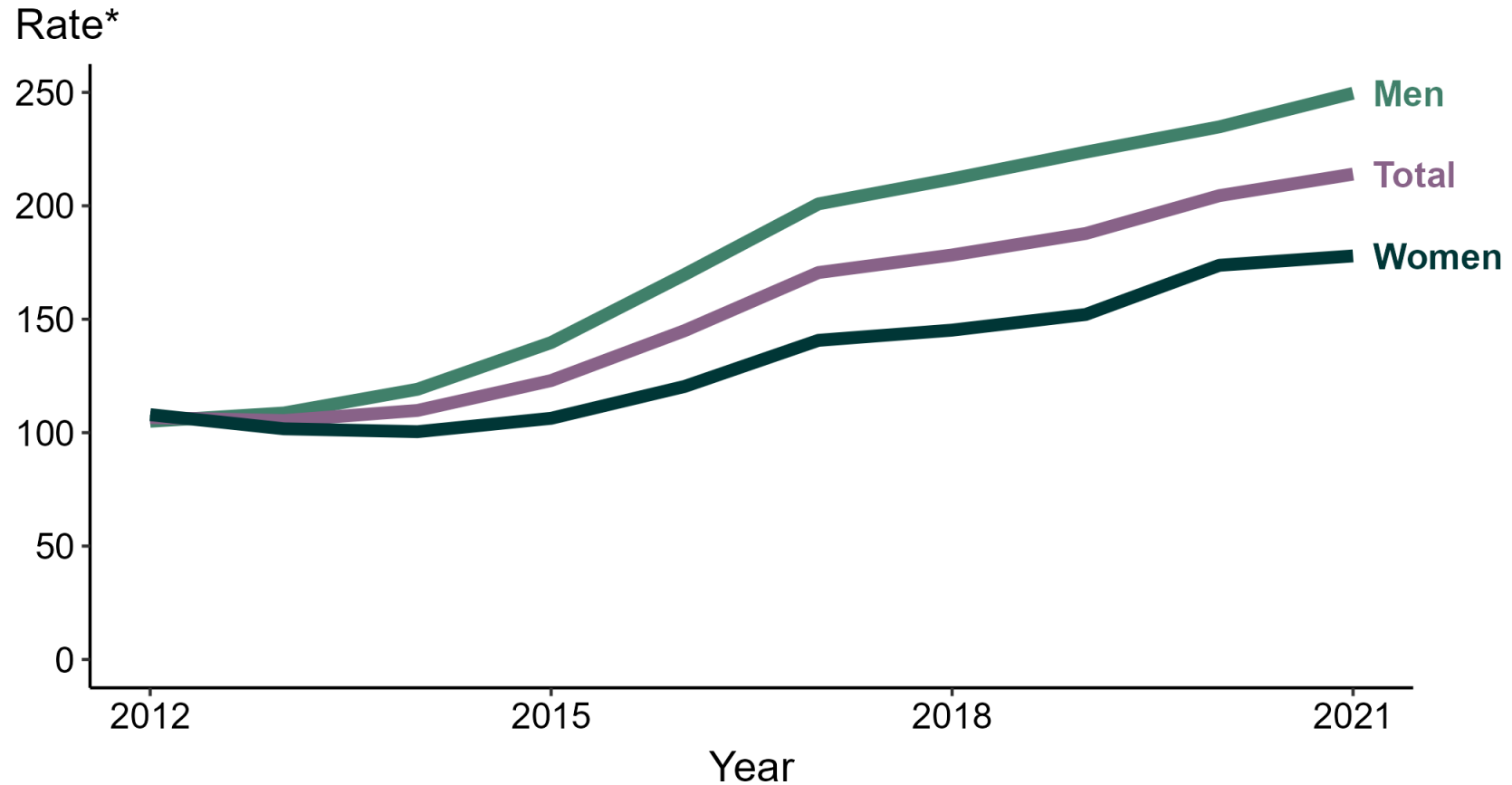
Chlamydia — Rates of Reported Cases by Sex, United States, 2012–2021



* Per 100,000



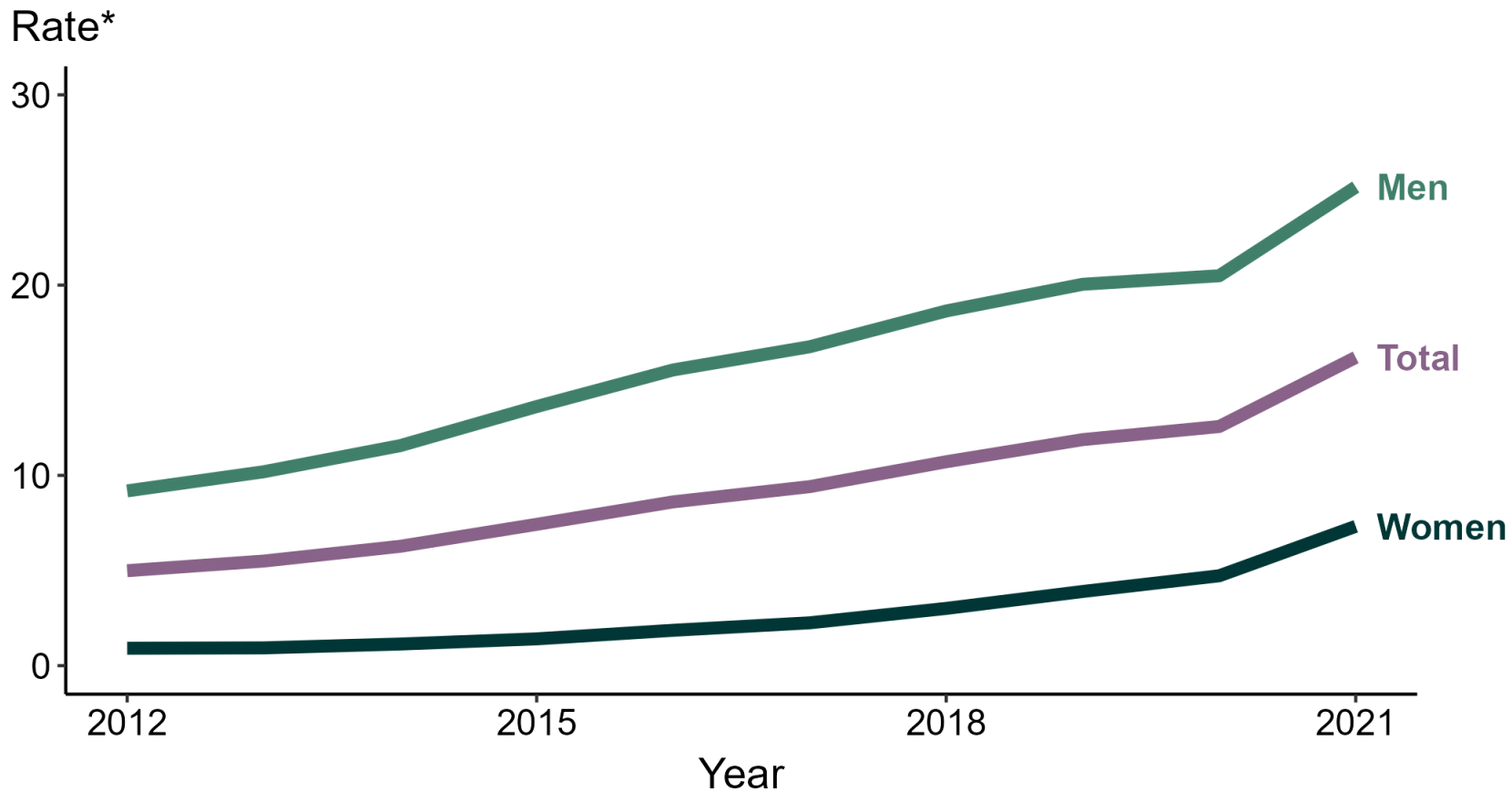
Gonorrhea — Rates of Reported Cases by Sex, United States, 2012–2021



* Per 100,000



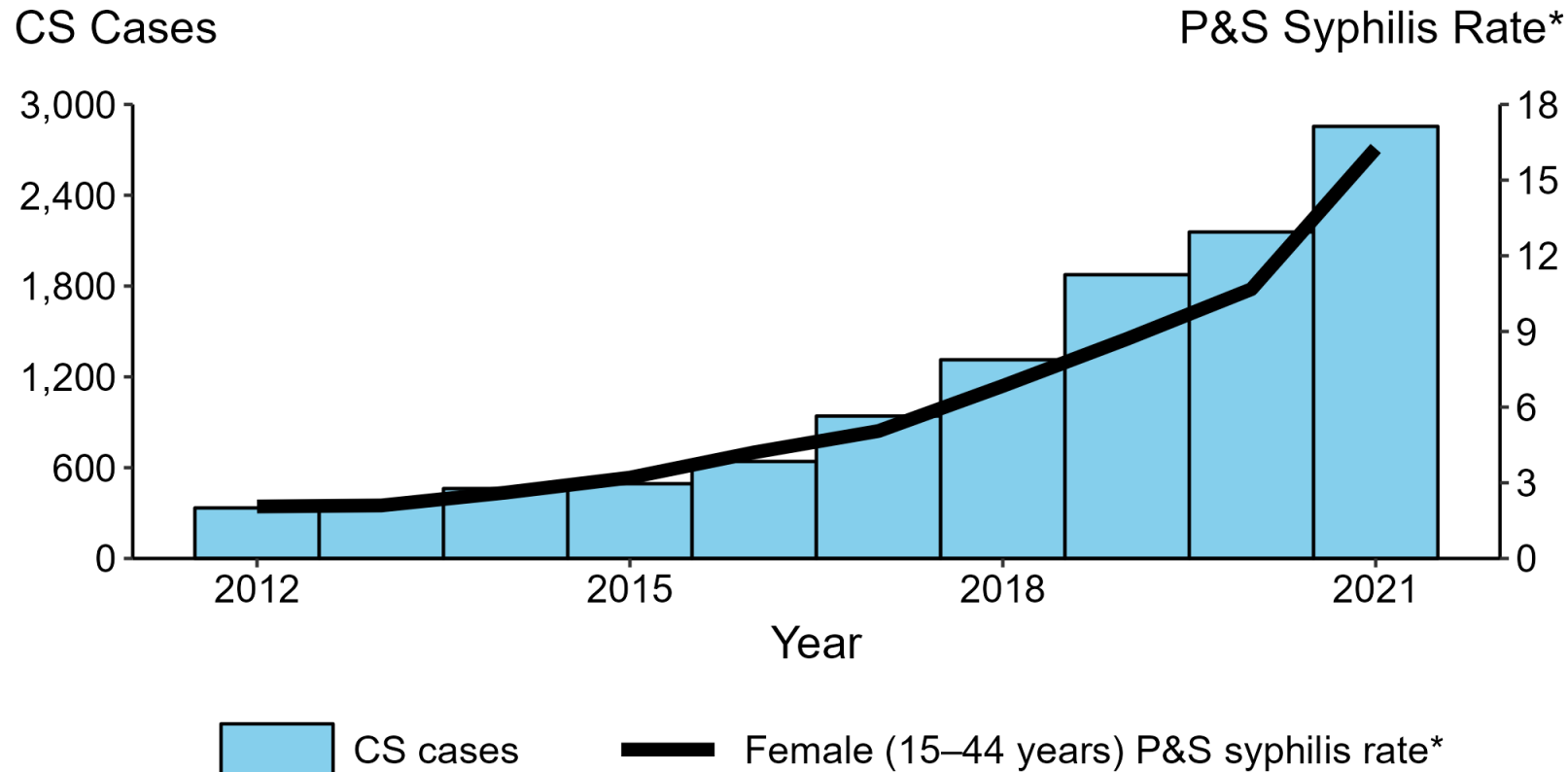
Primary and Secondary Syphilis — Rates of Reported Cases by Sex, United States, 2012–2021



* Per 100,000



Congenital Syphilis — Reported Cases by Year of Birth and Rates of Reported Cases of Primary and Secondary Syphilis Among Women Aged 15–44 Years, United States, 2012–2021

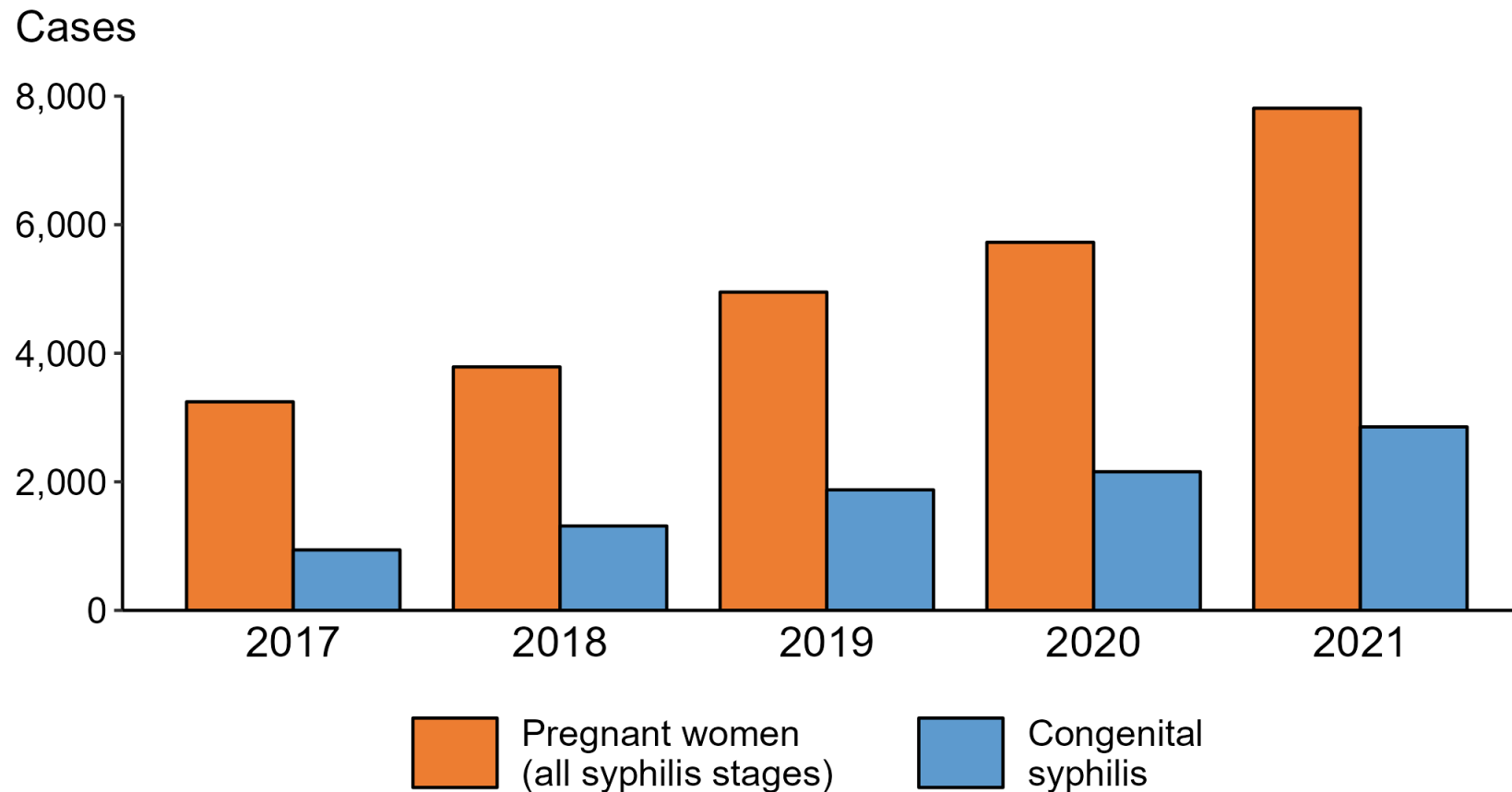


* Per 100,000

ACRONYMS: CS = Congenital syphilis; P&S Syphilis = Primary and secondary syphilis



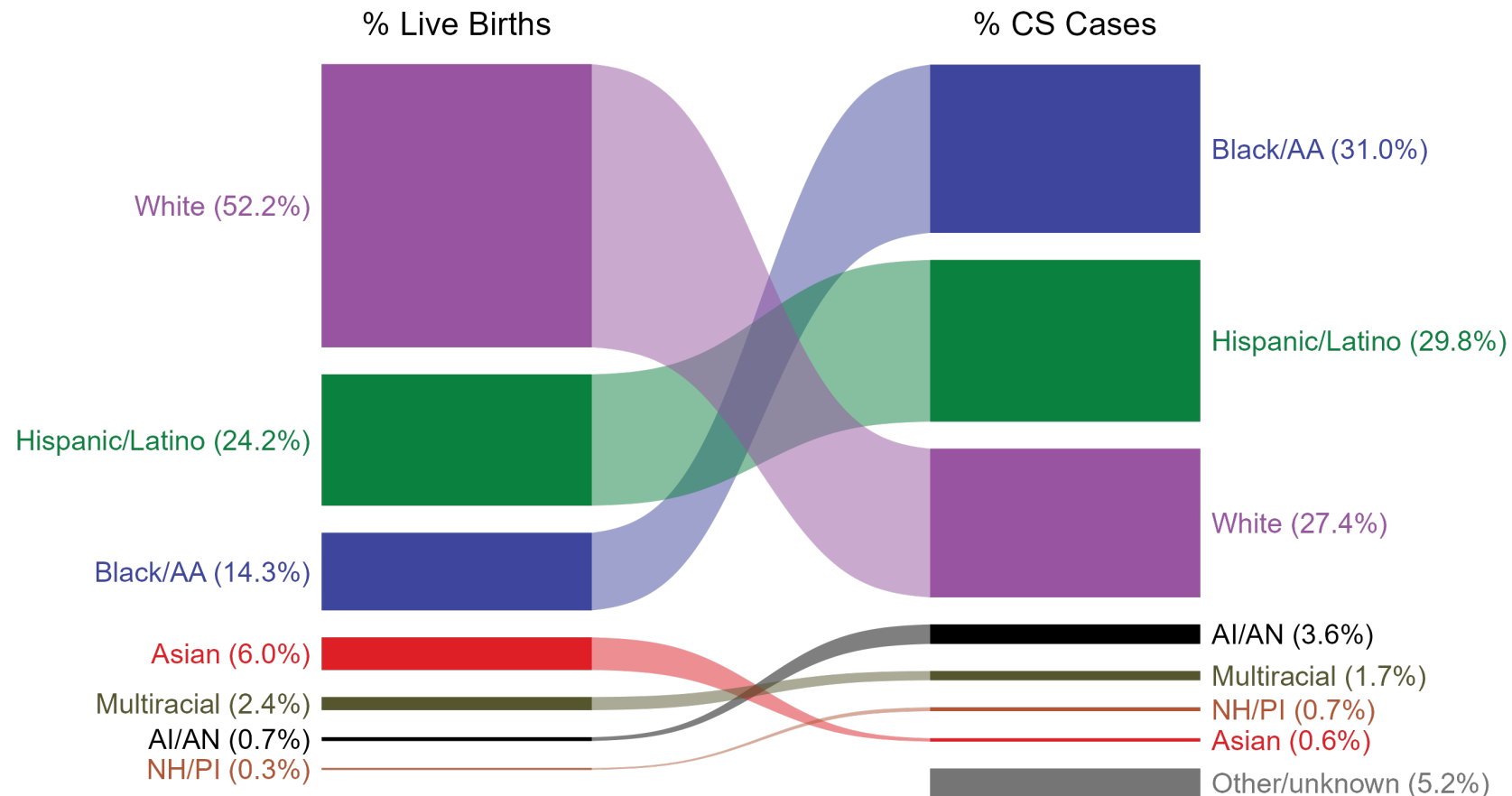
Syphilis— Reported Cases of Syphilis (All Stages) among Pregnant Women and Reported Cases of Congenital Syphilis by Year of Birth, United States, 2017–2021



NOTE: The percent of cases missing information on pregnancy status decreased from 14.0% in 2017 to 9.3% in 2021.



Congenital Syphilis — Total Live Births and Reported Cases by Race/Hispanic Ethnicity of Mother, United States, 2021

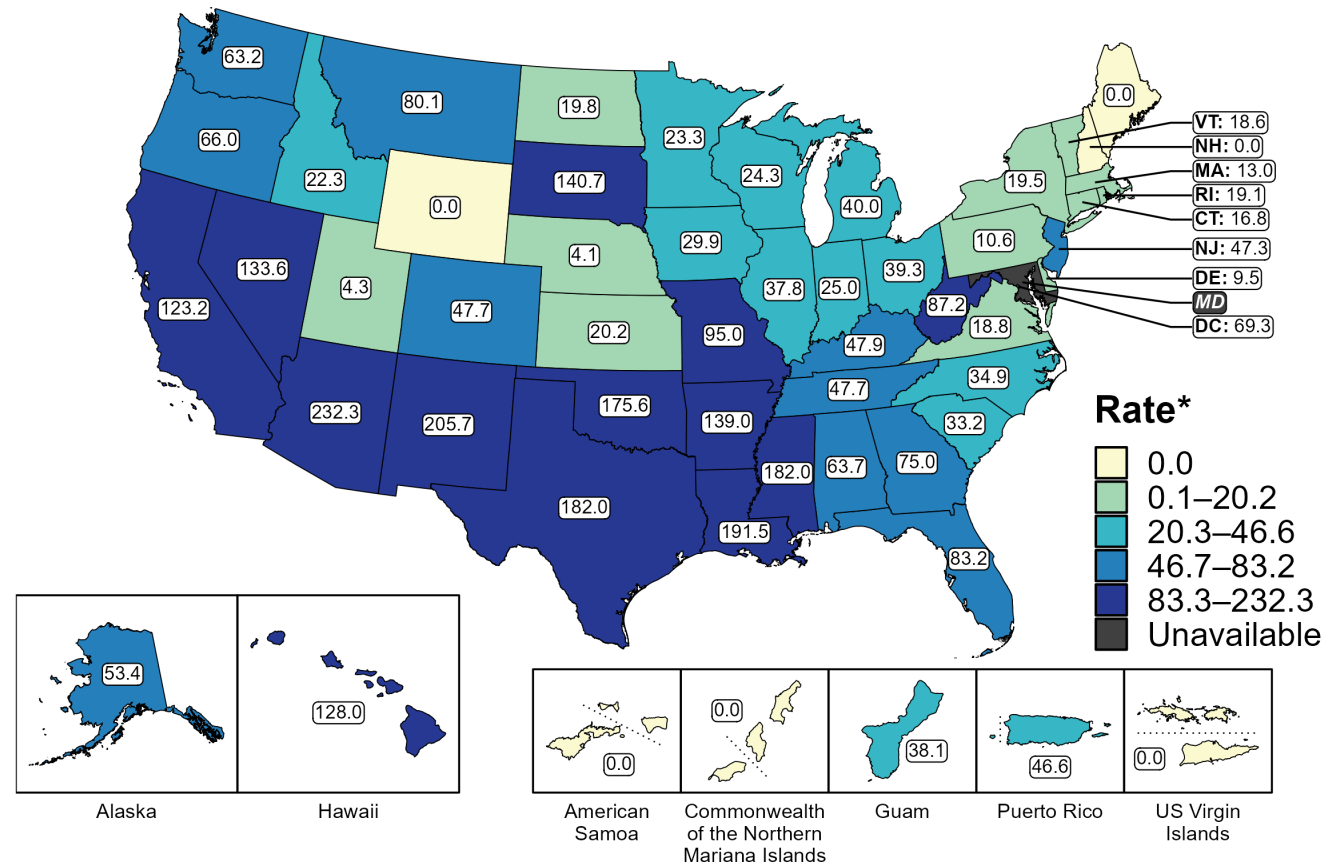


NOTE: In 2021, a total of 149 congenital syphilis cases (5.2%) had missing, unknown, or other race and were not reported to be of Hispanic ethnicity. These cases are included in the “other/unknown” category.

ACRONYMS: AI/AN = American Indian or Alaska Native; Black/AA = Black or African American; NH/PI = Native Hawaiian or other Pacific Islander



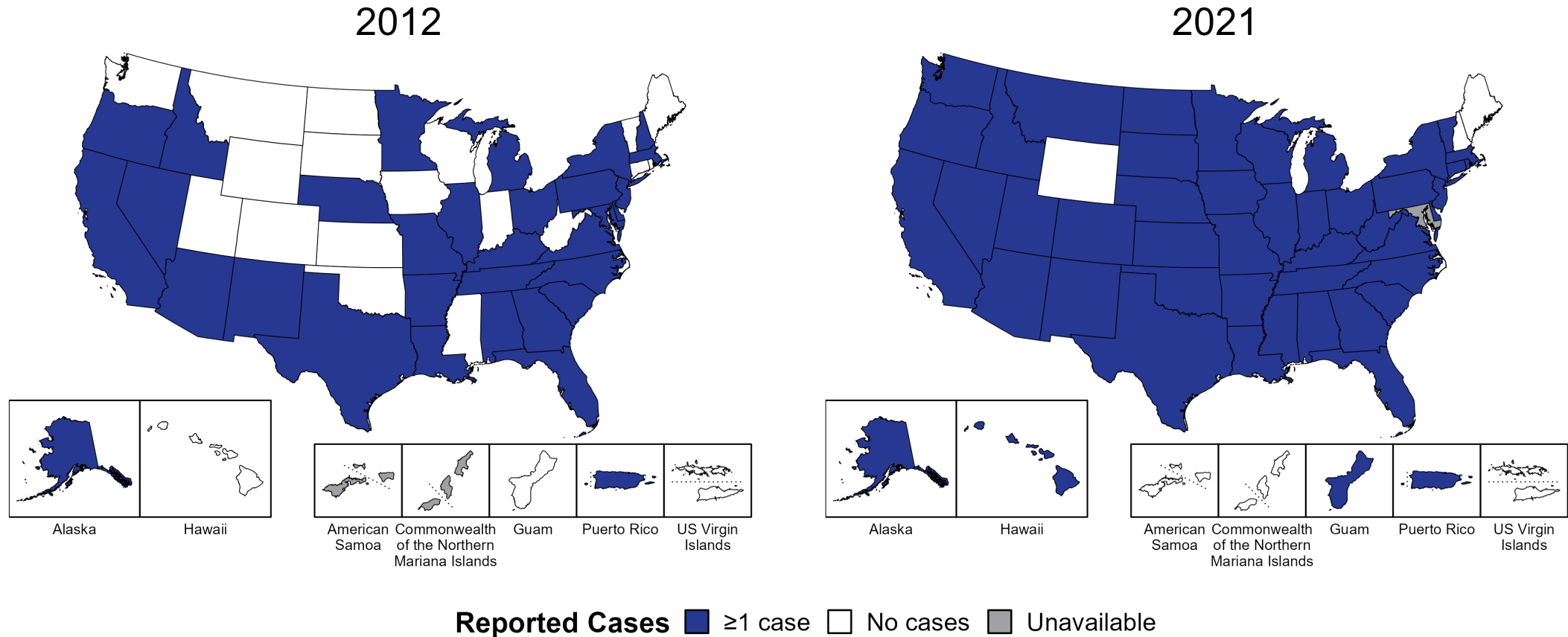
Congenital Syphilis — Rates of Reported Cases by State, United States and Territories, 2021



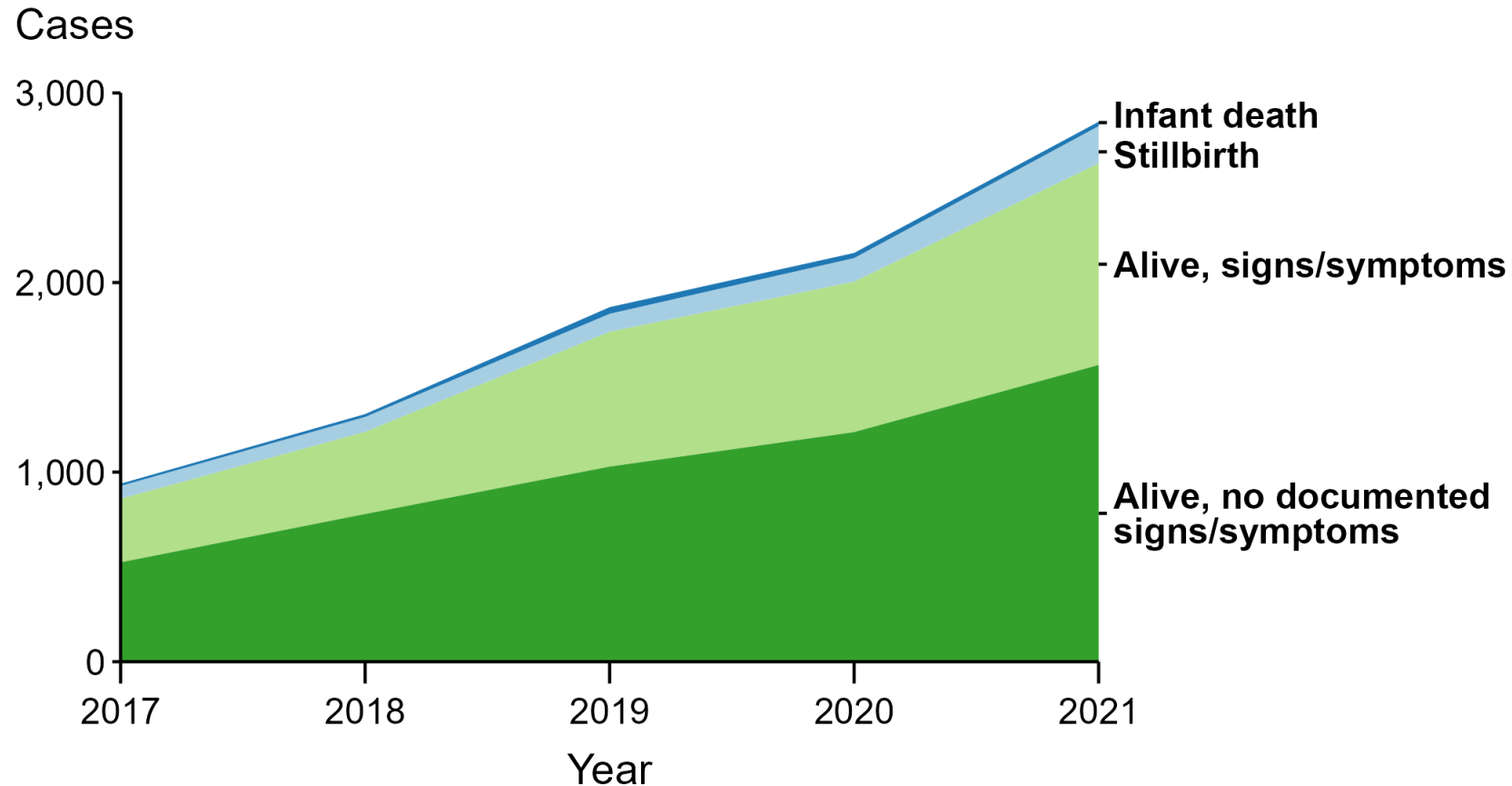
* Per 100,000 live births



Congenital Syphilis — Reported Cases by Year of Birth and State, United States and Territories, 2012 and 2021



Congenital Syphilis — Reported Cases by Vital Status and Clinical Signs and Symptoms* of Infection, United States, 2017–2021

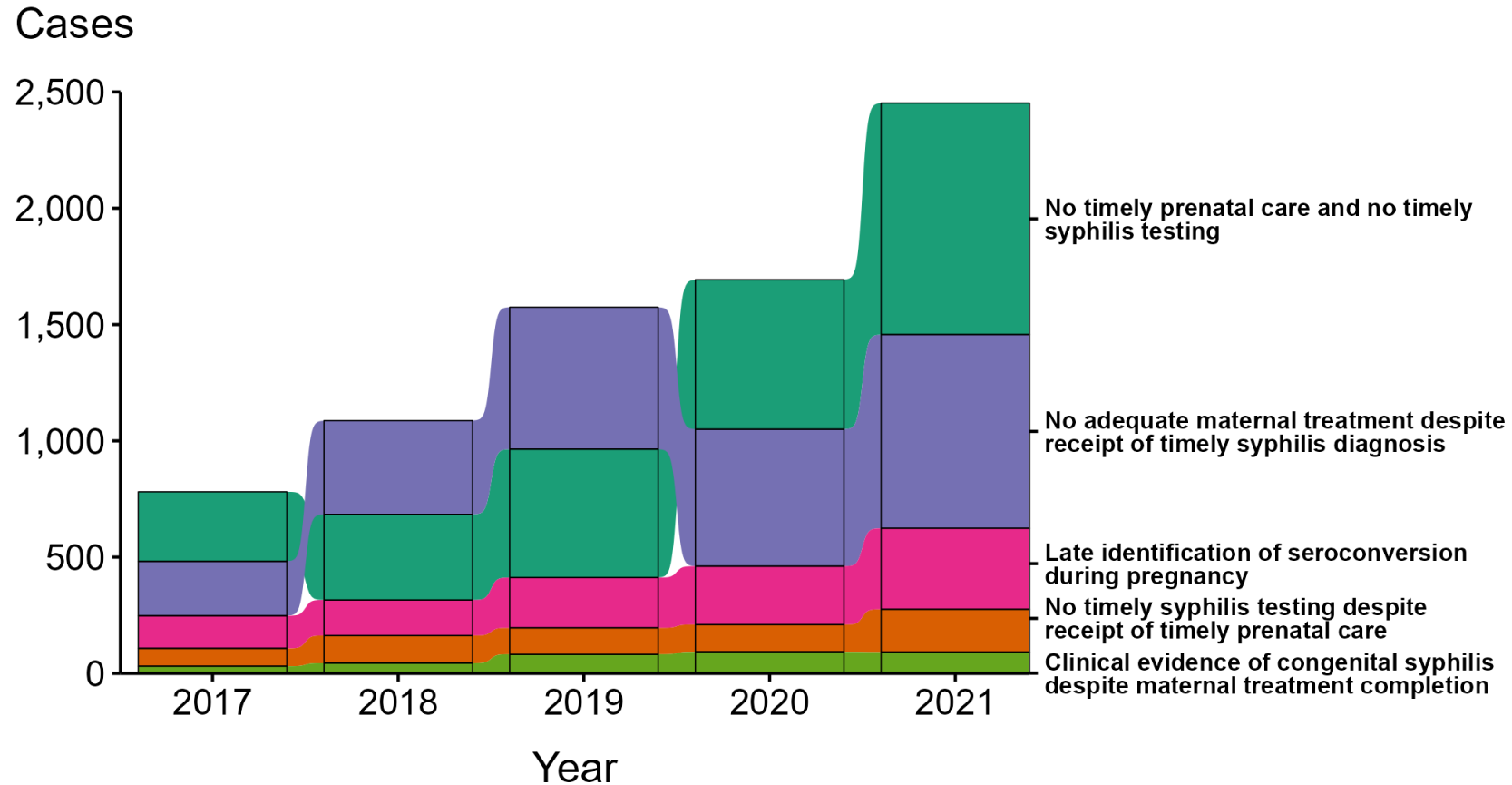


* Infants with signs/symptoms of congenital syphilis have documentation of at least one of the following: long bone changes consistent with congenital syphilis, snuffles, condylomata lata, syphilitic skin rash, pseudoparalysis, hepatosplenomegaly, edema, jaundice due to syphilitic hepatitis, reactive CSF-VDRL, elevated CSF WBC or protein values, or evidence of direct detection of *T. pallidum*.

NOTE: Of the 9,141 congenital syphilis cases reported during 2017 to 2021, 22 (0.2%) did not have sufficient information to be categorized.

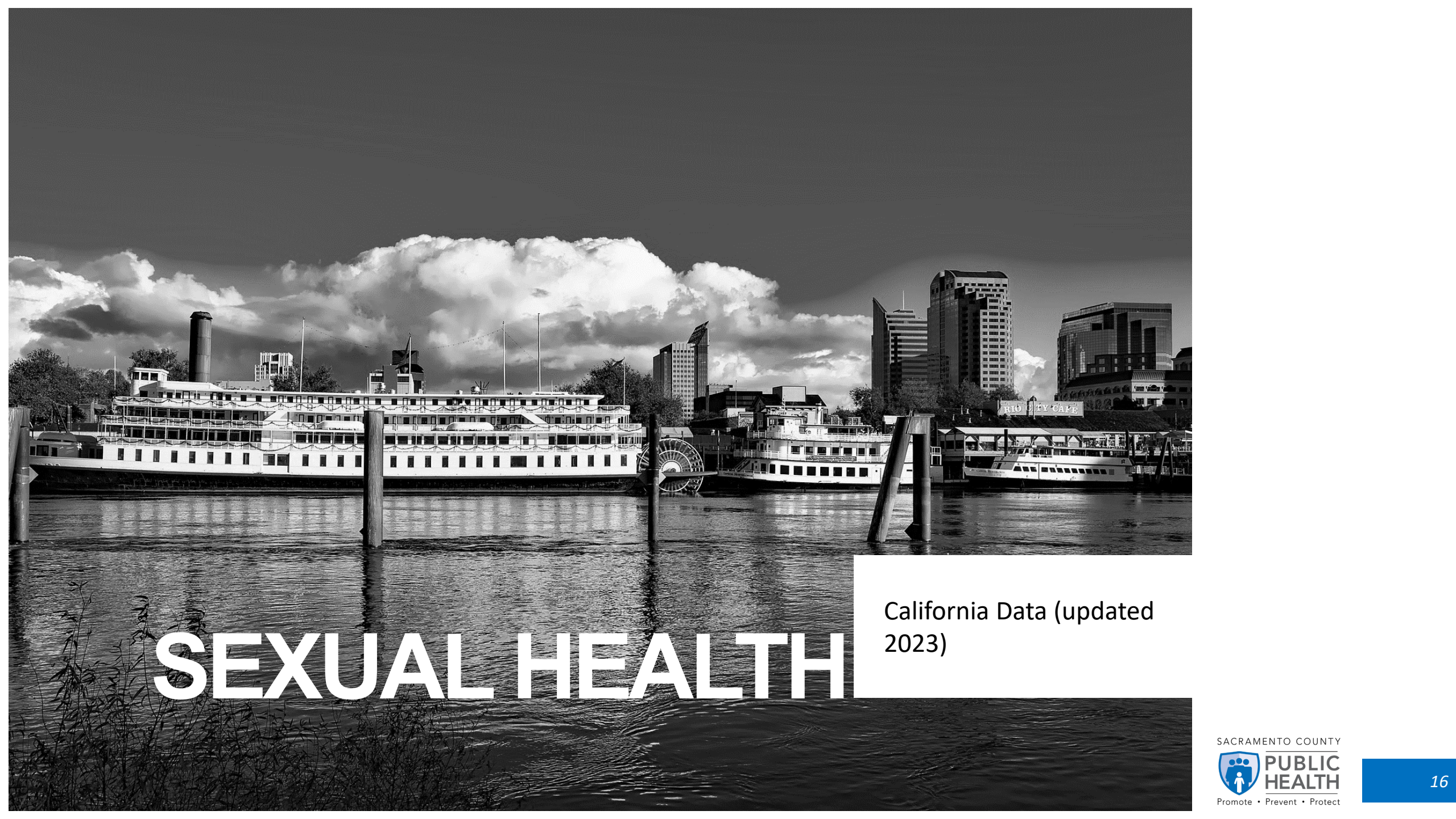


Congenital Syphilis — Missed Prevention Opportunities among Mothers Delivering Infants with Congenital Syphilis, United States, 2017–2021



NOTE: Of the 9,141 congenital syphilis cases reported during 2017 to 2021, 1,553 (17.0%) were not able to have the primary missed prevention opportunity identified due to insufficient information provided to CDC related to maternal prenatal care, testing, or treatment.





SEXUAL HEALTH

California Data (updated 2023)

STD CASES IN CA 2021

Sexually transmitted infections (STIs) reach epidemic levels in California.

In 2021, the number of reported cases was:

- 31,357 for syphilis (all stages) - **287% more than 10 years ago**
- 90,890 for gonorrhea - **169% more than 10 years ago**
- 190,806 for chlamydia - **13% more than 10 years ago**



STD CASES IN CA 2021

In 2021, STI morbidity increased from the previous year...

- Total syphilis and gonorrhea rates surpassed their pre-COVID-19 pandemic levels while the overall chlamydia rate remains lower.
- Morbidity remains high among all genders throughout California.
- Disparities in STI rates persisted throughout the state, with the highest rates among young people (aged 15-24 years), African-Americans, and gay and bisexual men and other persons who have male to male sexual contact (GBMMSC).
- Increases in the rates of STIs are driven in part by adverse social determinants of health. Some people diagnosed with STIs have experienced substance use, incarceration, the exchange of sex for money/housing/other resources, poverty, homelessness, and disparities in access to healthcare.



STD CASES IN CA 2021

In recent years, the greatest increases in syphilis morbidity were among females.

- ✓ From 2012-2021, the total number of reported early syphilis* cases increased 1,113% among females compared to 161% among males.
- ✓ Cases of **congenital syphilis**, which occur when infection is transmitted from pregnant person to child during pregnancy, **increased 1,500%** over the same period.

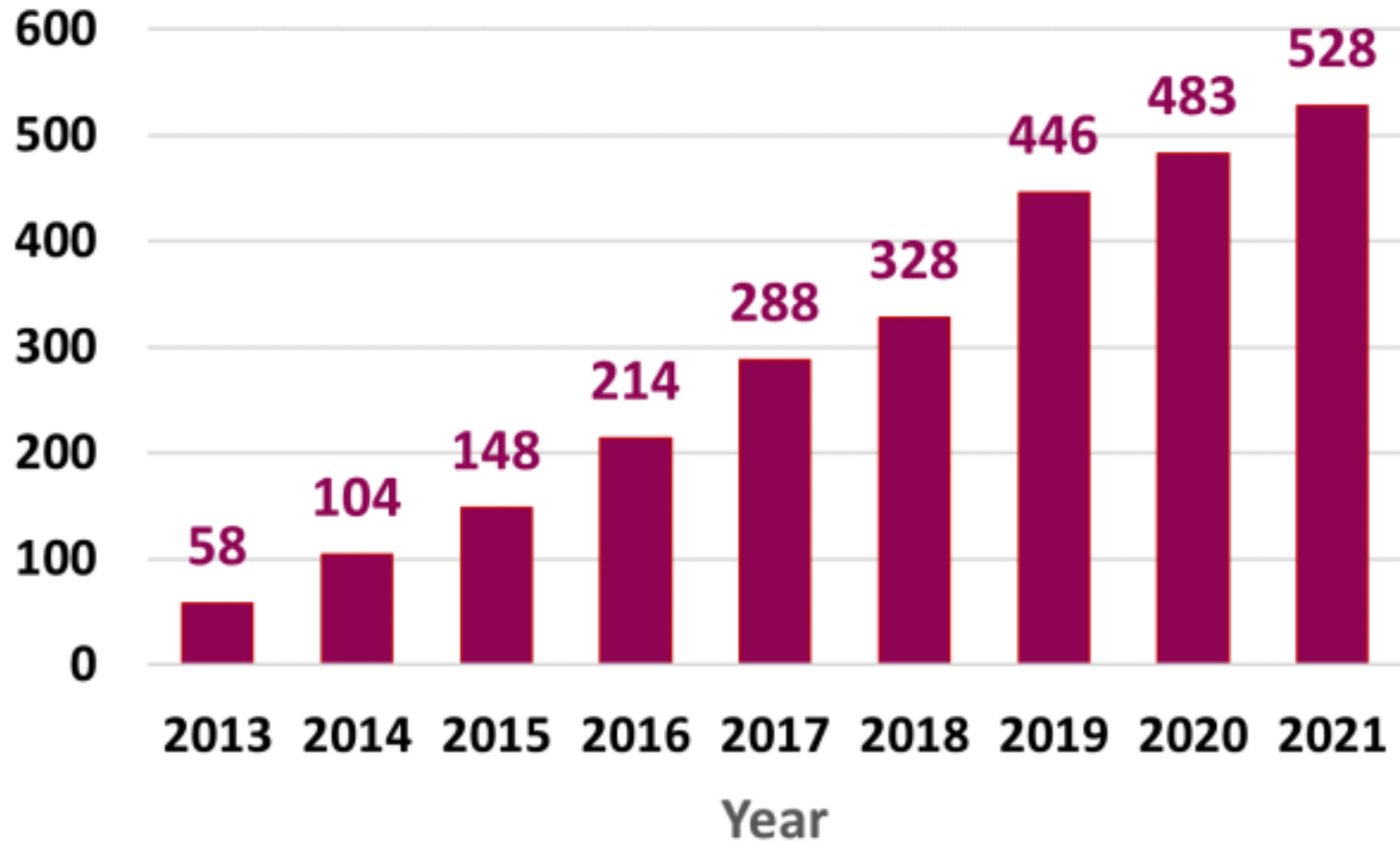


STD CASES IN CA 2021



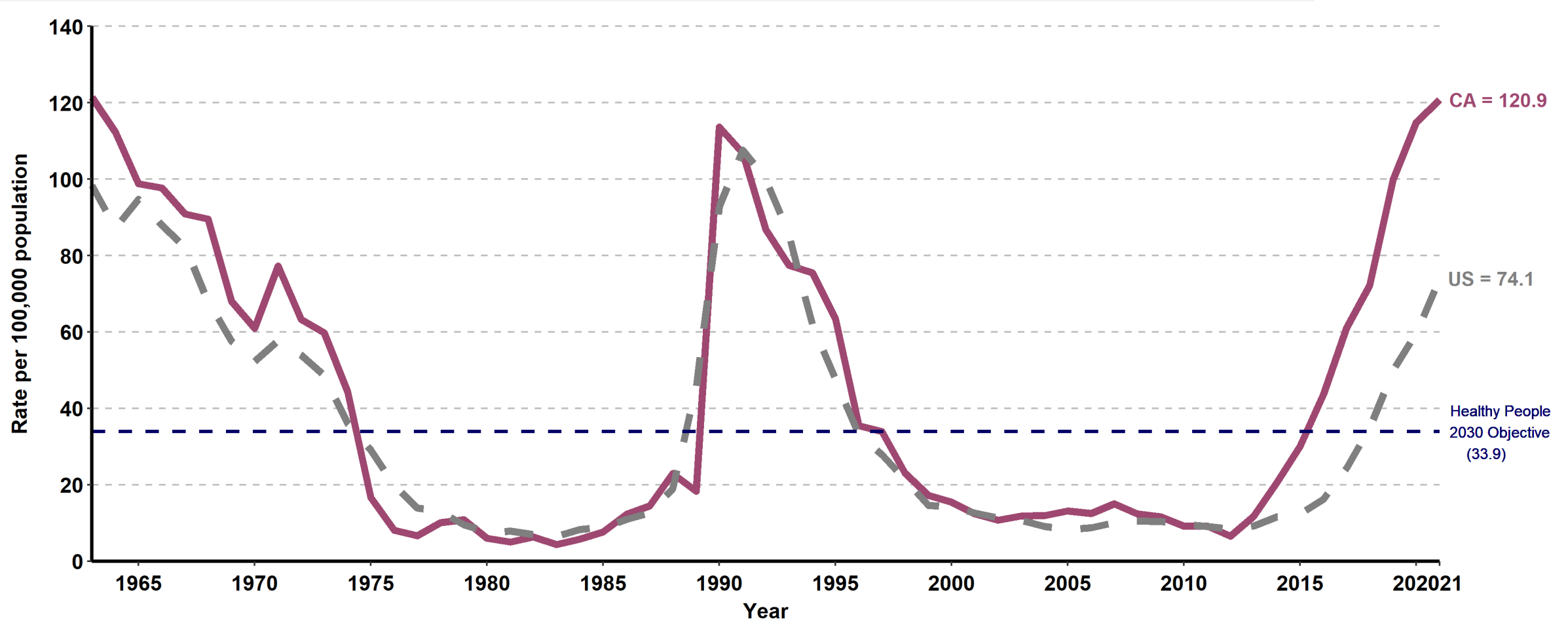
In 2021, **17% of females** of childbearing age (15-44 years) diagnosed with syphilis (all stages) were pregnant.

California Congenital Syphilis Cases



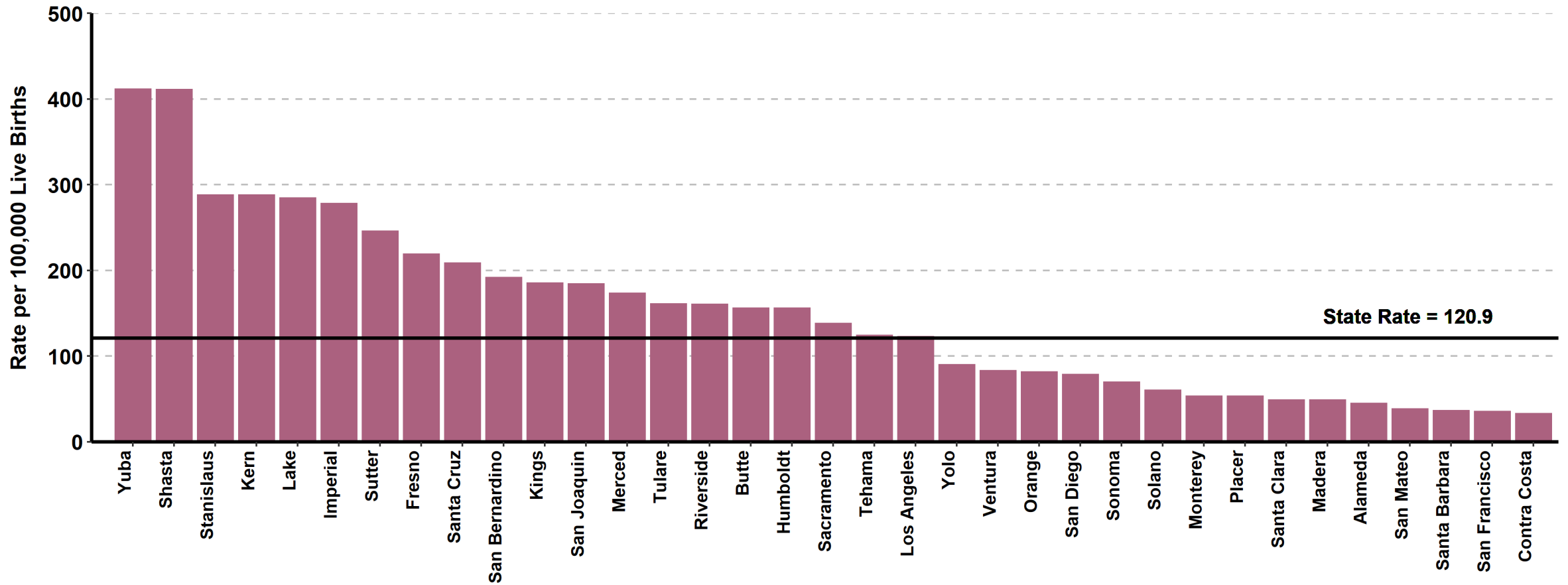
The number of infants born with congenital syphilis increased for the 9th year in a row

CONGENITAL SYPHILIS, CALIFORNIA VERSUS UNITED STATES INCIDENCE RATES, 1963–2021



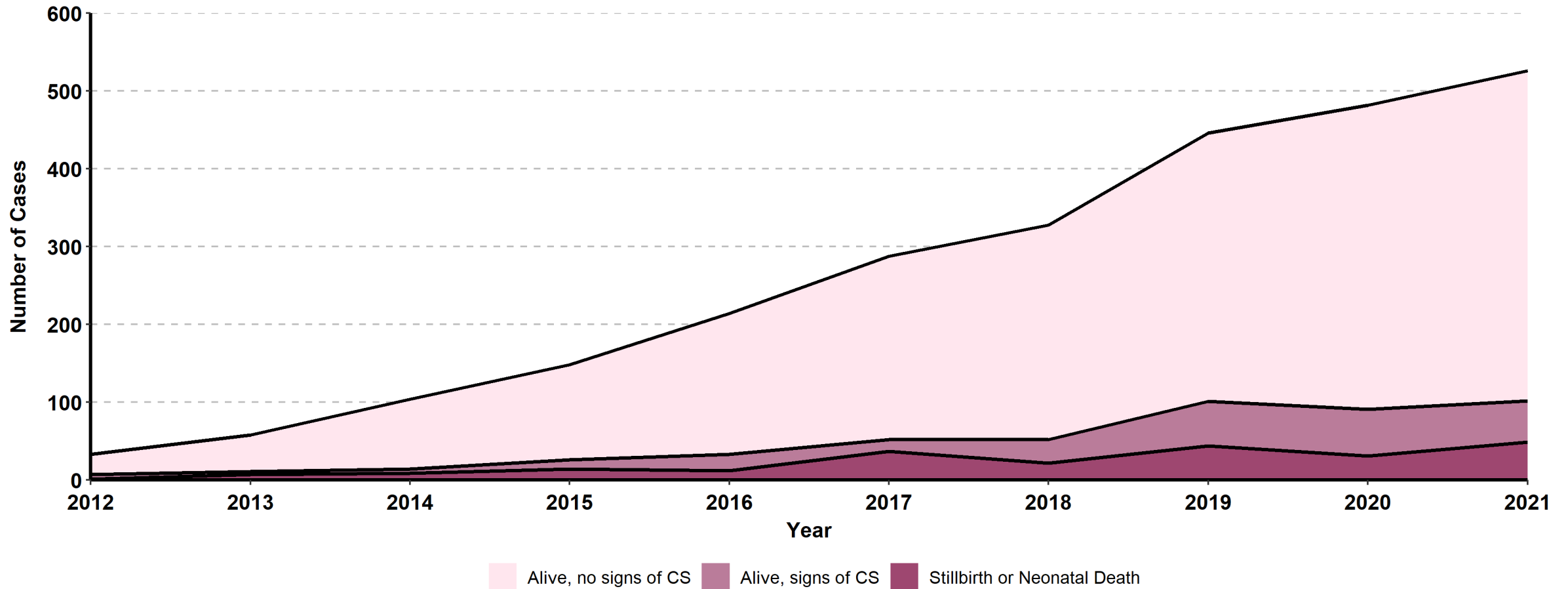
The Modified Kaufman Criteria were used through 1989. The CDC Case Definition (MMWR 1989; 48: 828) was used effective January 1, 1990. California data prior to 1985 include all cases of congenital syphilis, regardless of age.

CONGENITAL SYPHILIS, RANKED INCIDENCE RATES BY COUNTY, CALIFORNIA, 2021



This figure excludes counties with zero cases (24 counties had zero cases in 2021)

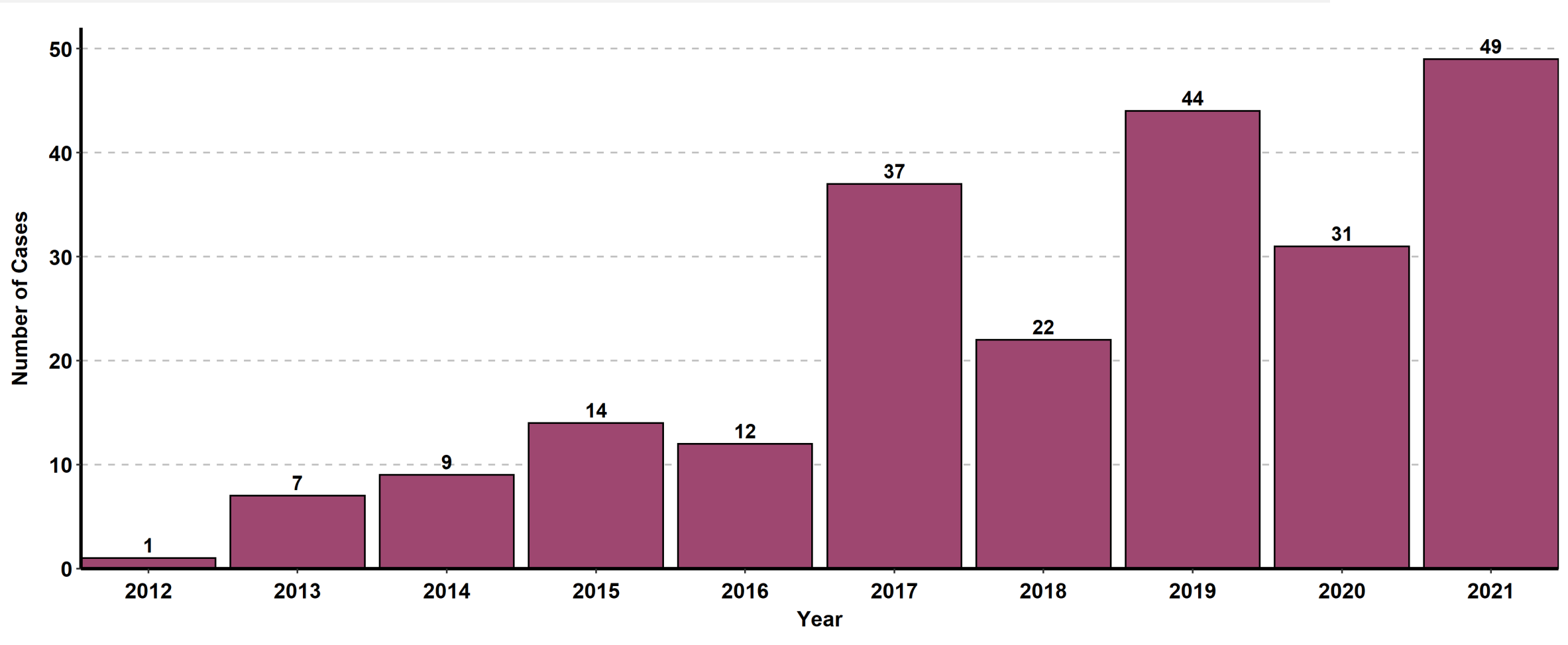
CONGENITAL SYPHILIS, CASES BY VITAL STATUS AND PRESENCE OF SIGNS/SYMPTOMS, CALIFORNIA, 2012-2021



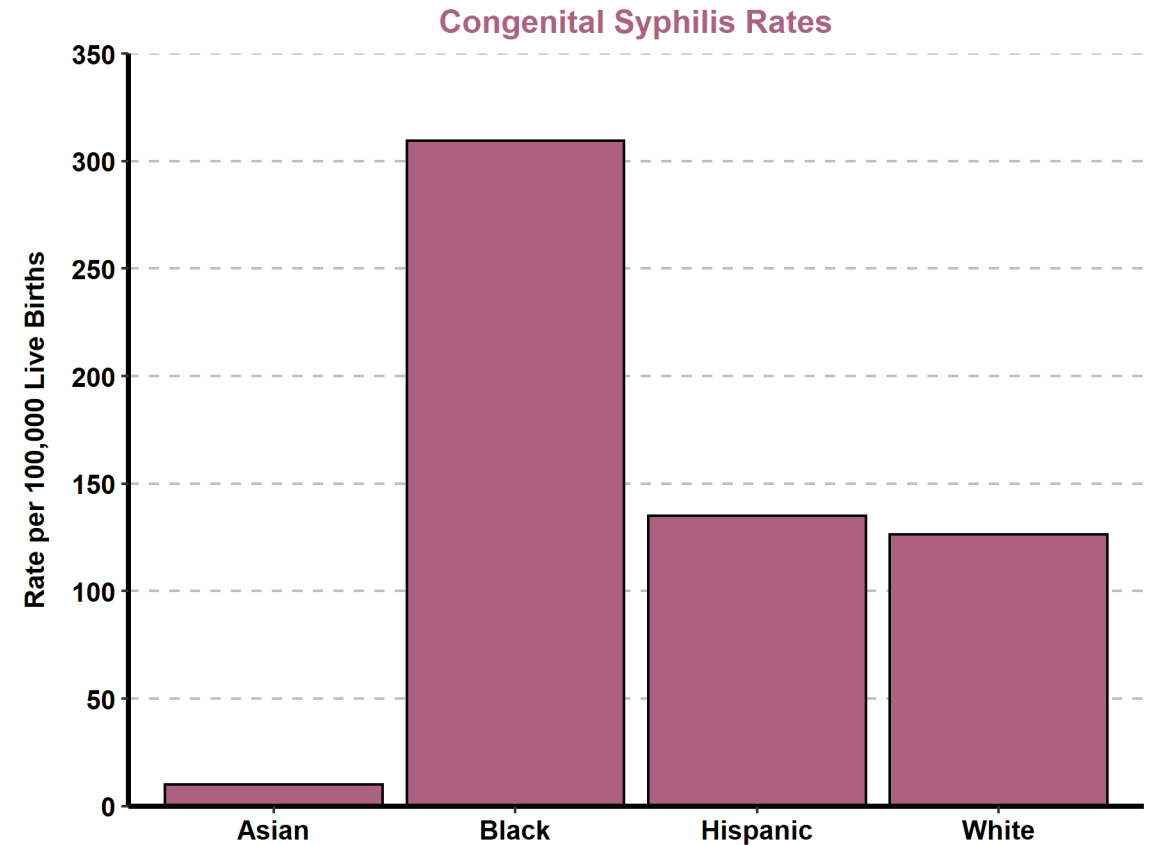
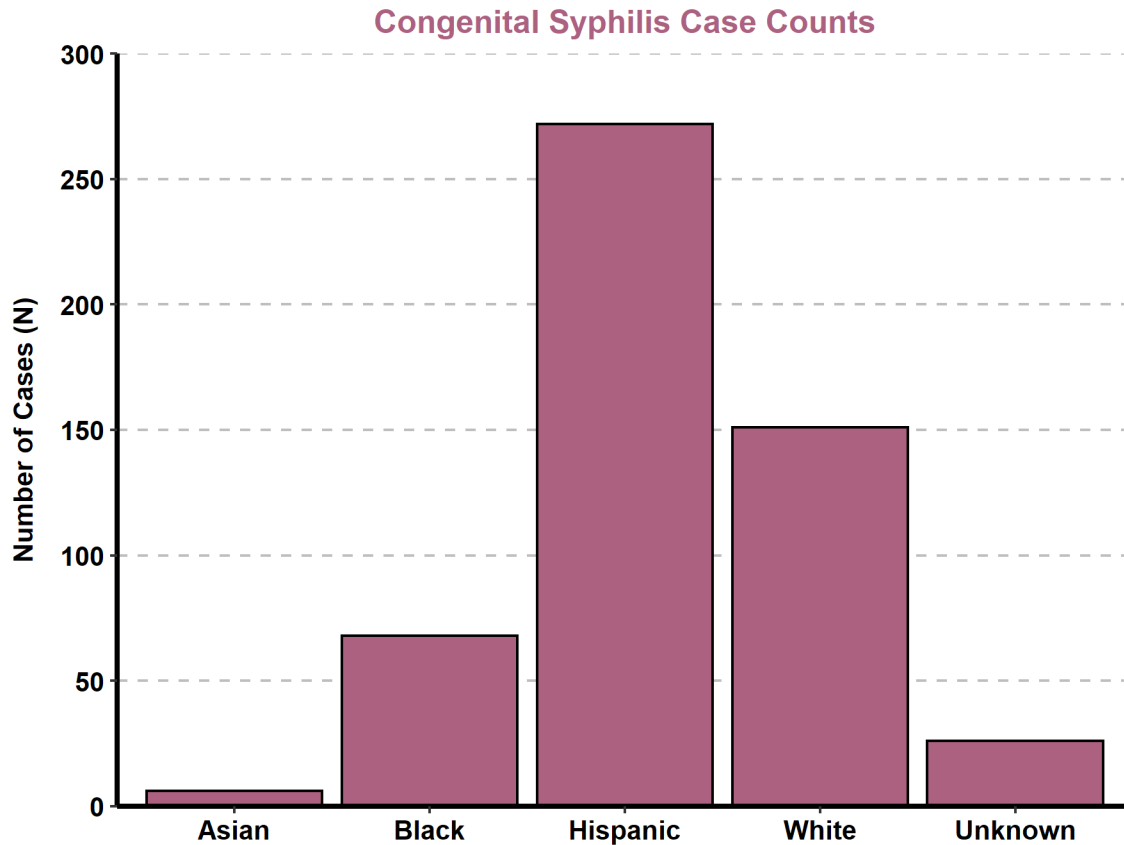
Alive, no signs of CS includes cases that were alive but were missing documentation of signs/symptoms.

Of the 528 total CS cases in 2021, 424 were alive with no signs, 53 were alive with signs of CS, 49 were stillbirths or neonatal deaths.

CONGENITAL SYPHILIS STILLBIRTHS OR NEONATAL DEATHS, CALIFORNIA, 2012-2021

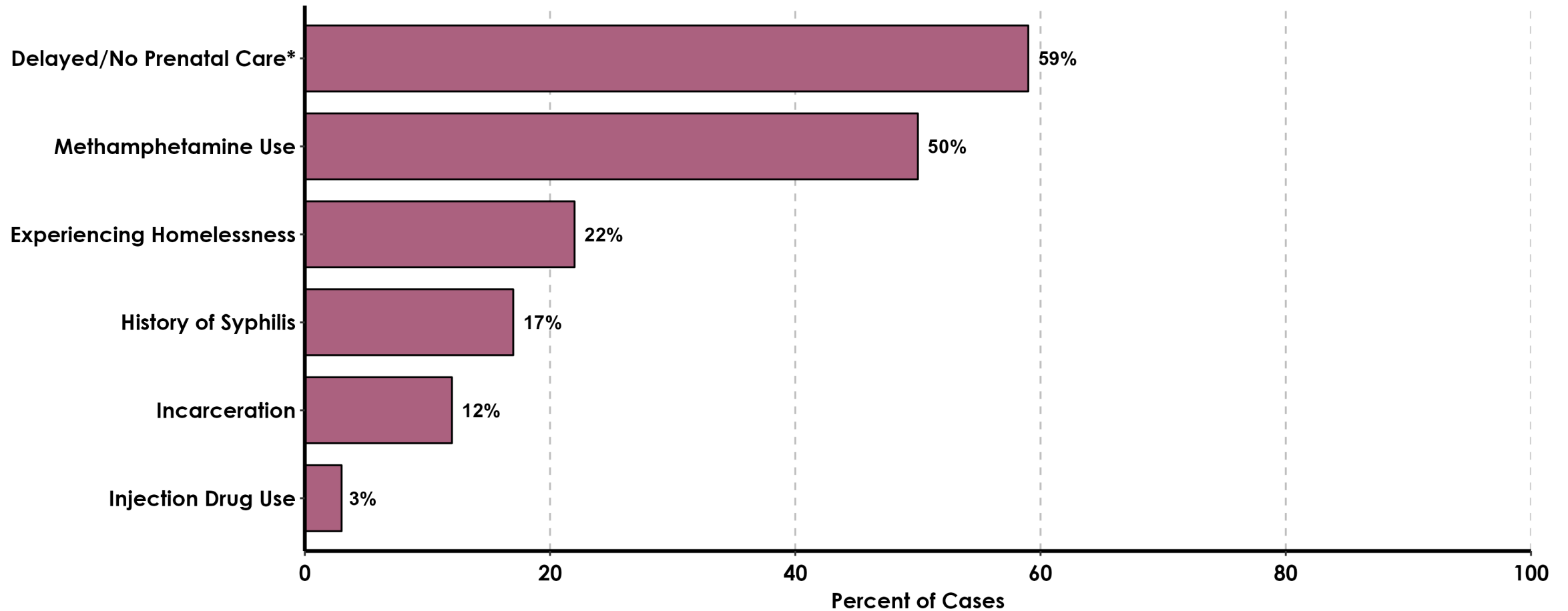


CONGENITAL SYPHILIS, INCIDENCE RATES BY RACE/ETHNICITY, CALIFORNIA, 2021



Data were excluded for American Indian/Alaska Native and Native Hawaiian/Other Pacific Islander due to small number of cases causing unstable rates.

RISK FACTORS REPORTED BY MOTHERS OF CS INFANTS, CALIFORNIA PROJECT AREA (CPA), 2021



These data do not include Los Angeles or San Francisco local health jurisdictions.

*Prenatal care information was collected from CS cases in the CPA (N=405).

Additional risk information were collected through CS quality assurance review of case interview records (N=175 interviewed/405 (43.2) total CS cases in CPA).



SEXUAL HEALTH PROMOTION UPDATES

SACRAMENTO COUNTY



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WELLNESS WITHOUT WALLS (W3)

Wellness Without Walls (W3), a CDC funded partnership with [Primary Health](#) and the [SHPU](#), is a mobile unit delivering clinical services – including HIV, sexual health, and broader services – and referrals to unhoused communities and transitional aged youth. This mobile clinic aims to increase access to health services, information, and resources among marginalized communities in Sacramento County.



W3 Wellness Without Walls

Sept. 2022 - Sept. 2023

SACRAMENTO COUNTY



PUBLIC HEALTH

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A CDC funded partnership with Primary Health and the Sexual Health Promotion Unit.

Wellness Without Walls is a mobile unit delivering clinical services - including:

- Preventative Healthcare
- Assistance with Obtaining Health Care Coverage
- Mental health & Substance Counseling
- STI Testing & Prevention Services
- HIV Treatment & Care

Currently, **7 locations** are visited within Sacramento County to provide many clinical services.



59 testing days have been provided between Sept. 2022 - Sept. 2023.



STI Positivity Rates



1%

1 Chlamydia Infection

Diagnosed / 96 patients tested

2%

2 Gonorrhea Infections

Diagnosed / 98 patients tested

15%

18 Syphilis Infections

Diagnosed (rapid test) / 117 patients tested

55%

11 Syphilis Infections

Diagnosed (RPR/TPPA) / 20 patients tested

1%

1 HIV-1/2 Infection

Diagnosed / 125 patients tested

12%

15 HCV Infections

Diagnosed / 122 patients tested



16%

of patients self-reported being diagnosed with a sexually transmitted infection in the past year.



15%

of patients self-reported that they engage in sex work.





69% of patients self-reported some type of substance use.

Rates Of Substances Used By Patients

(n = 92 patients who self reported substance use)

8%	Alcohol 7 patients reported use	1%	MDMA (Ecstasy / Molly) 1 patient reported use
9%	Cocaine 8 patients reported use	74%	Methamphetamine 68 patients reported use
5%	Heroin 5 patients reported use	7%	Prescription Opioids 6 patients reported use
49%	Marijuana 45 patients reported use	5%	Tobacco / Nicotine 5 Patients reported use



38% of patients self-reported drug use in the past 5 years.



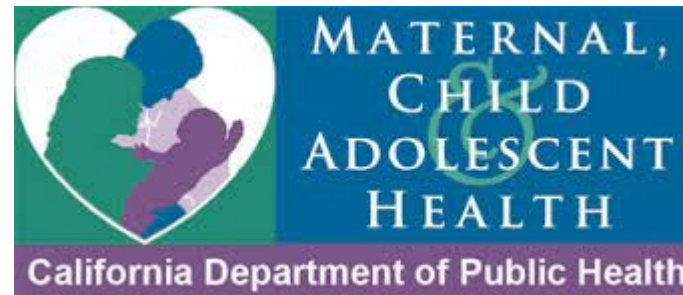
37% of patients self-reported injection drug use with substances not prescribed to them.



MCAH COLLABORATION

As a part of a multi-modal intervention to prevent Congenital Syphilis, CDIs will, during their case investigation, identify and then refer patients who would benefit from one of the MCAH programs. Patients with other needs who might benefit from public health nursing home visits, case management or support services can also be referred.

- ✓ Black Infant Health
- ✓ Child Health & Disability Prevention (CHDP)
- ✓ Nurse-Family Partnership (NFP)
- ✓ African American Perinatal Health
- ✓ Perinatal Health Program
- ✓ Perinatal Health Program for women with Substance Use disorders (PSU)
- ✓ Field Nursing



CALIFORNIA SEXUALLY TRANSMITTED INFECTIONS (STI)/HIV SCREENING RECOMMENDATIONS IN PREGNANCY

One-Pager
Reference to
Download

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CaliforniaSTD-Screening_Pregnancy.pdf

Website to access
Guidelines

<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/California-STI-HIV-Screening-Recommendations-in-Pregnancy.aspx>

Timing	Recommended Screening
<p>First Prenatal Visit (regardless of gestational age)</p>	<ul style="list-style-type: none"> • HIV • Syphilis • Chlamydia (CT)² • Gonorrhea (GC)² • Hepatitis B surface antigen (HBsAg) • Hepatitis C (HCV) antibody³ with reflex HCV RNA viral load if HCV antibody positive • Type-specific Herpes Simplex Virus (HSV) serology NOT routinely recommended⁴ • Cervical cancer screening if age ≥21 years and indicated by national guidelines⁵
<p>Third Trimester (assuming first prenatal visit has already occurred; if not, see screening recommendations above)</p>	<ul style="list-style-type: none"> • HIV if high risk⁶ • Syphilis (ideally between 28-32 weeks gestation)⁷ • CT and GC if age <25 years, positive test earlier in pregnancy, or if at an increased risk²
<p>During Labor & Delivery</p>	<ul style="list-style-type: none"> • HIV antigen/antibody combination test with results within the hour if HIV status undocumented • Syphilis, unless low risk⁸ AND a documented negative screen in the third trimester • HBsAG on admission if no prior screening or if at an increased risk⁹

NEW PARTNERSHIPS



Goal 1: Administer direct client assistance for pregnant females with syphilis who reside in Sacramento County to ensure pregnant females with syphilis complete a treatment regimen in an effort to prevent congenital syphilis and/or adverse outcomes.

- Sunburst Project's Medical Case Manager will administer direct client services such as transportation, hotel/motel vouchers, benefits navigation, and care coordination as soon as possible.

Goal 2: Pregnant females who have been treated for syphilis will continue to receive case management services through the duration of their pregnancy.

- Sunburst Project's medical case manager will continue administering direct client services such as transportation, hotel/motel vouchers, benefits navigation, and care coordination for clients who successfully complete syphilis treatment while in prenatal care.

QUARTERLY CS CASE REVIEW SESSIONS

Case Review Session



Congenital Syphilis
Surveillance Team & Friends
August 23, 2023



Purpose: Conduct a multidisciplinary review of Congenital Syphilis (CS) cases in order to identify system-based quality improvement opportunities, with the potential to reduce CS incidence & improve CS case management.

Aims:

1. Identify **missed opportunities**, both pre-natal and after delivery, that may have contributed to a case of congenital syphilis
Main Focus Areas: Healthcare/Clinical, Health Department, Other
2. Identify **maternal risk factors** in women who deliver infants with congenital syphilis
3. Identify **barriers to care and treatment** of both mother and baby and potential methods to remove these barriers
4. Create **action items** for follow-up on issues identified in the M&M review

Benefits:

- Reveal missed opportunities & follow-up action
- Enhance relationships with other health dept. programs, community partners & staff
- Facilitate learning for staff
- Provide a deeper understanding of underlying factors
- Inform health care provider engagement

BICILLIN ACCESS PROJECT

The Sexual Health Promotion Unit, Surveillance Program, offers a Bicillin Access Program for Sacramento County clinical providers. This is in response to the soaring cost of Bicillin and the dramatic increase of Syphilis in our County over the past decade. Clinical Providers who diagnose a patient with Syphilis, but do not have access to Bicillin (penicillin used for treatment of Syphilis), may contact the Surveillance Program and request a Bicillin delivery.

Purpose: Facilitate the availability and delivery of Penicillin G Benzathine L-A (Bicillin) to private medical providers for the treatment of confirmed syphilis infected persons and/or exposed partners residing in Sacramento County.





ADOLESCENT SEXUAL HEALTH

SACRAMENTO COUNTY



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WHAT IS THE YOUTH RISK BEHAVIOR SURVEY (YRBS)?

YRBS is part of a multi-survey surveillance system launched by CDC in 1990, and monitors six categories of health-related behaviors that contribute to the leading causes of death and disability among youth.

- School-based paper and pencil survey conducted among middle and high school students
- California has only surveyed High School Students
- Administered in a collection of randomly selected schools
- Completed in one class period (35-45 min)
- Approximately 2-5 classes per high school
- Completely anonymous-no identifiable data



NEW PARTNERSHIPS



ABOUT US

Sacramento Peers on Prevention (SacPOP) is a youth driven organization that is dedicated to addressing sexual health and reproductive justice issues in order to close the health equity gap among BIPOC youth. SacPOP believes that it is important to empower youth and encourage safe and supportive communities by providing comprehensive, inclusive, medically accurate, sex-positive sex education.

[Department of Health Services](#) > [Public Health](#) > [Sexual Health Promotion Unit](#) > Sexual Health Clinic

Sexual Health Clinic

Description

The goal of the Sacramento County Sexual Health Clinic is to prevent the spread of [human immunodeficiency virus](#) (HIV) and other [sexually transmitted diseases](#) (STDs) by promoting sexual wellness, eliminating barriers to care, providing culturally sensitive services and empowering our community by providing the following:

- › HIV/STD testing
- › HIV/STD treatment
- › HIV/STD education and partner follow-up services
- › Family Planning Services/Contraception
- › PrEP and PEP HIV Prevention Services
- › [Ryan White HIV Care and Treatment Services](#)
- › Linkage to Care to other clinical services needed

Services are provided regardless of ability to pay



› Sexual Health Promotion Unit

- › HIV/STD Prevention Program
- › HIV/STD Surveillance Program
- › Ryan White Program
- › [Sexual Health Clinic](#)
- › Sexual Health Resources for Youth
- › Wellness Without Walls (W3)
- › Local Sexual Health Resources
- › Supply Request Form



THANK YOU

Please contact Kyle Lafferty, LaffertyK@SacCounty.gov with any questions

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