Congenital Syphilis - Treating in the Moment

Prepared for Baby Steps 2024

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Land Acknowledgement

Disclosures

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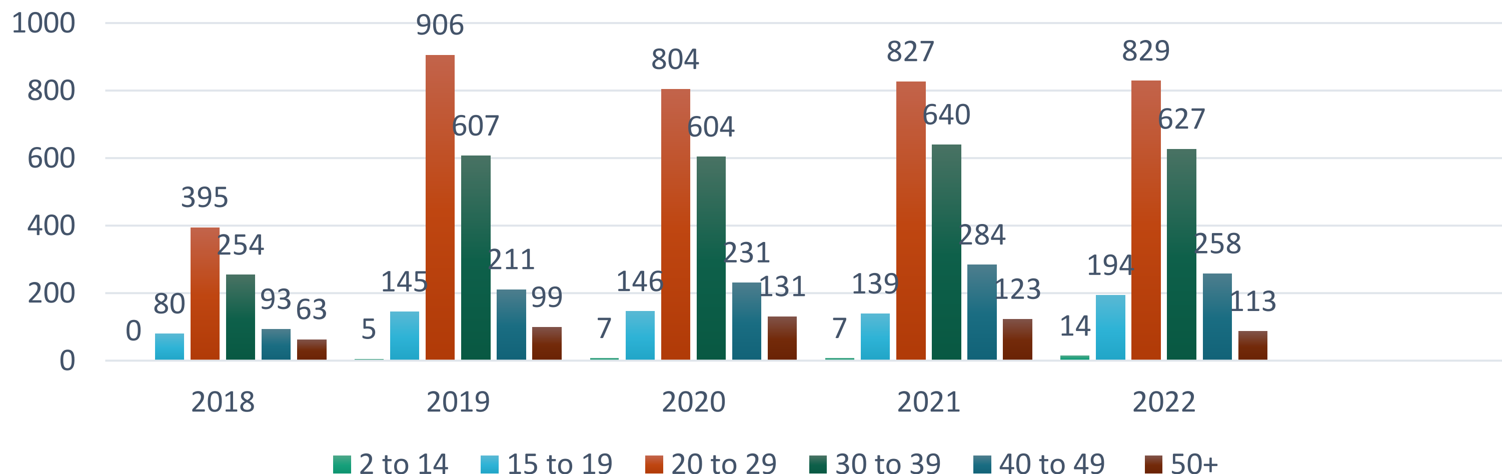
Learning Objectives

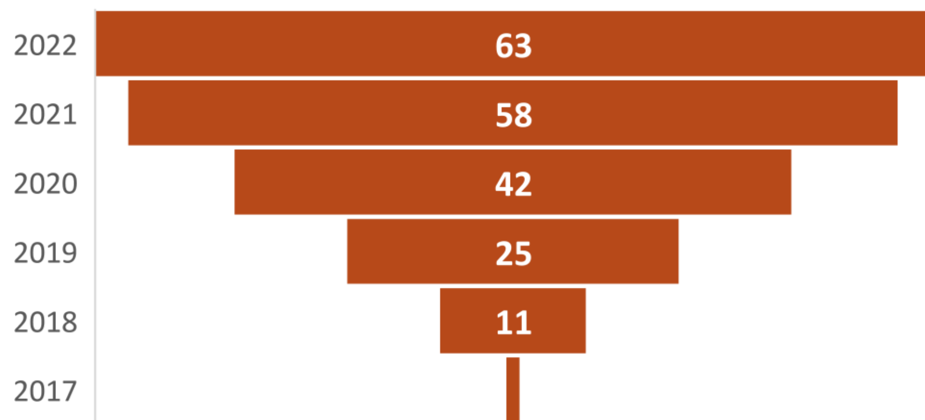
- Review the current epidemiology of congenital syphilis in Manitoba, and reflect on how the social determinants of health influence these trends
- Identify where we have made progress with congenital syphilis in Manitoba
- Describe outreach interventions that have been effective
- Discuss upcoming interventions that hold promise for greater care access, including opportunities to engage with sexual partners

Epidemiology of Syphilis in Manitoba



Source:
[epiVIEW | Manitoba Health and Seniors Care | Province of Manitoba (gov.mb.ca)]

Congenital syphilis in Manitoba

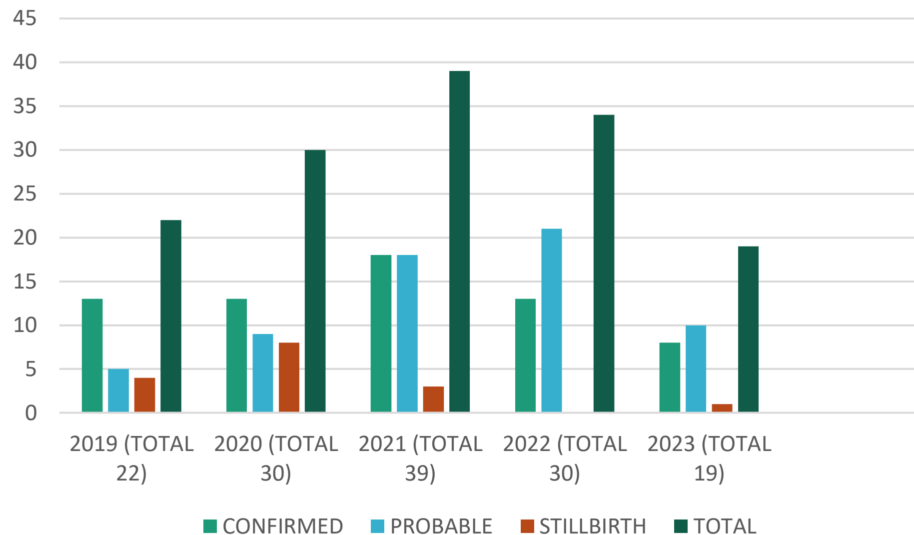


- **2015**: first case of congenital syphilis in 30+ years
- **2017**: Second case and start of significant rise
- **2018-2019**: case #'s double
- **2020**: 86% of national cases occurred in AB, SK and MB
- **2019-2021**: case #'s double again

- **High numbers of infectious syphilis cases continue to result in perinatal transmission.**

Source:
epiVIEW | Manitoba Health and Seniors Care | Province of Manitoba (gov.mb.ca)

Congenital Syphilis in Winnipeg Health Region



Source: WRHA PPH
Preliminary data, not for distribution

WRHA Congenital syphilis- Trends

Characteristics observed amongst persons delivering infants with congenital syphilis:

- Limited or no prenatal care
- Substance use during pregnancy
- Unstable housing
- Involvement with Child & Family Services

Congenital syphilis re-emergence in Winnipeg, Manitoba

Peter Benoit[1]*, Lana Tennenhouse[2], Alicia Lapple[1], Gillian Hill-Carroll[1], Souradet Shaw[2], Jared Bullard[2,3], Pierre Plourde[1,2]

Abstract

Background: Infectious syphilis rates have been increasing in Winnipeg, Manitoba among individuals during their childbearing years. Untreated or inadequately treated prenatal infection often results in congenital syphilis, with devastating consequences to fetal health and survival. The objective of this study was to review public health surveillance data regarding congenital syphilis incidence and birthing parent risk factors in Winnipeg from 2018 to 2020.

Methods: Data extracted from a population-based surveillance database maintained by the Winnipeg Regional Health Authority Public Health investigations for all 2018–2020 probable or confirmed cases of early congenital syphilis or syphilitic stillbirth were reviewed. Rates of congenital syphilis were calculated per 1,000 live births. Descriptive analyses were performed to describe birthing parent age, neighbourhood of residence, intravenous substance use, Child and Family Services involvement, access to prenatal care and obtainment of adequate prenatal treatment.

Results: There were eight cases of confirmed/probable congenital syphilis in 2018, 22 cases in 2019 and 30 cases in 2020. Average birthing parent age was 26.5–27.0 years. The majority (66.7%) of birthing parents lived in inner city neighbourhoods with known infectious syphilis outbreaks. Over 50% of birthing parents did not receive any prenatal care, or the care received consisted of inadequate treatment or follow-up. Reinfection among birthing parents who did receive prenatal care was suspected in an additional 23.3% of cases.

Conclusion: Congenital syphilis rates in Winnipeg have increased dramatically. Public health and healthcare provider efforts to address the needs of the community are vital for promoting access to safe and effective prenatal care.

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Why?

“The drugs alone are not the crisis and as long as we continue to focus just on the drugs, we will see one fall and another one rise up in in its place.

The real crises are the historic and current factors that place some populations at higher risk of harmful drug use than others.”

Dr. Marcia Anderson and Michael Champagne

news Crystal meth is a colonial crisis and its root causes must be addressed

Manitoba · Opinion

Crystal meth is a colonial crisis and its root causes must be addressed

Historic and current factors place some populations at higher risk of harmful drug use

Marcia Anderson, Michael Champagne · for CBC News ·
Posted: Apr 29, 2018 11:00 AM CT | Last Updated: April 29, 2018

The drug crisis in Manitoba will not end until colonial issues are addressed, Marcia Anderson and Michael Redhead Champagne say. (Shutterstock)

Alcohol.

Sniffing gasoline.

https://www.cbc.ca/news/canada/manitoba/crystal-meth-colonial-crisis-opinion-1.4639133

Why?

Rooted in social determinants of health

- Housing, income, food security
- Social context in community

Barriers to accessing health care

- Navigating complex systems (corrections, CFS, etc.)
- Colonial healthcare systems
- Stigma

Interventions-Provincial

Changes to syphilis protocol

- Testing x3 in pregnancy
- Support from Peds ID for rapid assessment and treatment
- Treatment in community:
    - Supporting practice change
    - Community clinics provide treatment on-site rather than location with fetal monitoring
- Normalizing testing all STBBIs

Syphilis Management Tool**

WHO TO TEST

Clinical indications:

- Consistent symptoms. e.g. genital, anal or oral ulcers (usually painless) or generalized maculopapular rash (typically including palms and soles)
- Sexual contacts
- Pregnant people – at least three times during pregnancy
    - First trimester, 28-32 weeks and at delivery
    - More frequent testing if ongoing risk.
    - Monthly testing if new infection/treatment.
- People with new, multiple, or anonymous sexual partners (every 3 to 6 months)
- Anyone requesting testing
- Anyone with any new confirmed or suspected STI

Offer STBBI testing to all clients/ patients as part of routine care.

If you test for one, consider testing for all STBBIs

HOW TO TEST

Cadham Provincial Laboratory (CPL) requisition:

Always include:
Reason for testing (e.g. symptoms or treatment monitoring)

Collect:
Serology: 5-10 mL blood in a red-stoppered tube or a serum separator tube (red top with yellow cap). Draw sample prior to or on same day as treatment.

On CPL requisition:

- STBBI Panel (syphilis, HBsAg, HCV Ab and HIV 1/2 Ag/Ab Combo) or;
- Prenatal Panel (syphilis, HBsAg, and HIV 1/2 Ag/Ab Combo) – doesn't include HCV Ab or;
- Syphilis Screen

Swabs: use a flocked swab in universal transport medium for ulcers, sores, moist skin lesions or newborn nasal discharge. Keep refrigerated until sent to CPL.

- On CPL requisition, indicate site and test requested - "syphilis PCR" or "lesion panel".

Cerebral spinal fluid (CSF): ≥1 mL CSF in a sterile container. Keep refrigerated until sent to CPL.

- On CPL requisition, indicate site and test requested - "VDRL" and, if indicated "syphilis PCR".

If you are sending a swab for syphilis PCR or CSF for VDRL, also request blood for syphilis serology.

HOW TO INTERPRET SEROLOGY RESULTS

Treponemal Test Results – With No Previous History of Positive Syphilis Serology in MB (If patient previously tested positive, refer to "How to assess for reinfection" on page 2)

Treponemal Test (CMIA) Result → Negative / Positive

Positive → Lab completes a Non-Treponemal Test (NTT, i.e. RPR or VDRL) and 2nd confirmatory treponemal test (TP-PA).

RPR and TP-PA results
RPR+ (weakly reactive or ≥ 1 dil); RPR- (non-reactive)

	Negative	RPR+ TP-PA reactive	RPR- TP-PA reactive	RPR+ TP-PA non-reactive	RPR- TP-PA non-reactive
Most likely diagnosis	No current or previous syphilis infection OR Very early syphilis infection	Active Infection	Old infection or active infection	Biological false positive or early active infection	False positive or early active infection
Actions	If clinically indicated, repeat test in 1 to 2 weeks.	Complete staging, treatment (if not previously administered) and follow up.		Review history (immigration history, previous treatment, symptoms, and exposures) and assess clinically. Repeat test in 1 to 3 weeks if high index of suspicion/symptoms. If indicated, stage and treat empirically.	

- **Treponemal Tests:**
    - **CMIA** = *Treponema pallidum* Ab IgG + IgM
    - **TP-PA** = *Treponema pallidum* Ab; Aggl
    - **FTA-ABS** (CSF test) = *Treponema pallidum* Ab; CSF; ImF
- **Non-Treponemal Tests (reported as non-reactive or reactive and a titre):**
    - **RPR** = Reagin Ab (Syphilis); RPR
    - **VDRL** = Reagin Ab (Syphilis); VDRL
- **For Public Health**: Negative results will not appear in PHIMS, but can be found in eChart Manitoba. If RPR result is non-reactive but CMIA is positive, only a "final syphilis interpretation" will be reported.

**Refer to Manitoba Health syphilis protocol for more details.

Manitoba Health Syphilis Protocol: www.gov.mb.ca/health/publichealth/cdc/protocol/syphilis.pdf
Provider Report Form for STBBI and STI treatment (MHSU 6781) including contacts: www.gov.mb.ca/health/publichealth/surveillance/docs/mhsu_6781.pdf
Manitoba Health STI Medication Order Form: www.gov.mb.ca/health/publichealth/cdc/protocol/form11.pdf

https://www.gov.mb.ca/health/publichealth/cdc/protocol/syphilis.pdf

https://www.gov.mb.ca/health/publichealth/cdc/docs/syphilis-management-tool.pdf

Interventions – WRHA Street Connections

- Program operated by the WRHA since 2001
- Office at 496 Hargrave open weekdays (drop-ins accepted), plus outreach van operating every evening until 11pm (except Sunday)

Program Highlights

- Access to STBBI testing/treatment, harm reduction supplies, condoms, education
- Approximately 2.5M needles distributed annually
- On average, 50 people seen in the SC office daily, plus 75-100 interactions per night in the SC van

2022-WRHA-STREETCONNECTIONS-INFO-SUPPLY-v2.indd

Interventions – WRHA Public Health

Harm reduction based practice builds trust in HCP

Healthy Sexuality and Harm Reduction

- Case and Contact Management
- Street Connections

Interventions – WRHA Public Health

Primary Prevention

Public Health PN referral

Sexual health education

Distribution of harm reduction and safer sex supplies

Secondary Prevention

Outreach Activities

- STBBI testing/ treatment

Eg: Encampments, Women's Detox, Provincial Corrections

- Corrections care offers opportunity to connect with partners

Once diagnosed:

- Care coordination, home visits, transportation, etc
- Consultation to providers.

Tertiary Prevention

Infant follow-up (early diagnosis and treatment to prevent long-term harms)

- Transportation assistance and system navigation

Interventions –Community Initiatives

- Low barrier access to care
    - Flexible care model
        - Non appointment based care
        - Home visits by HCPs
        - Availability of other disciplines/ specialties
- “Warm hand off” for partner care
    - Collaborative approach to partner treatment

Interventions –Community Initiatives

- Expedited allergy referrals
  - Same day access M-F at Grace Hospital
    - Appointment and transportation coordinated by Public Health
  - Prenatal Allergy clinic
    - Thursday afternoons at Women's Hospital OPD
  - Offers opportunity for penicillin allergy testing, de-labelling/ desensitization, and Bicillin treatment

Interventions –Community Initiatives

safe sexy sacred!

SUITE 102
765
MAIN STREET

SERVICES WE OFFER AT

- **STBBI testing & treatment** for chlamydia, gonorrhea, syphilis, HIV and Hepatitis
- **Pregnancy tests**
- **Supports, resources & referrals**
- **Traditional healing practices** (access to medicines, smudging, cedar bath ceremonies, drumming and song, knowledge keepers available)
- **Harm reduction & safer sex supplies** (including naloxone kits)

MINO PIMATISIWIN
SEXUAL WELLNESS LODGE

www.goaskauntie.ca

Interventions –Community Initiatives

KA NI KANICHIHK MINO PIMATISIWIN

SEXUAL WELLNESS LODGE

We're ready to welcome you.

QUESTIONS?

www.goaskauntie.ca

Interventions- Sexual Partners

- Successful management of partner (avoiding re-exposure) linked to:
  - Face to face discussion by HCP about need for partner treatment
    - Many clients identify they were unaware of re-exposure risk
  - Help client make a plan for connecting their partner(s) to care
  - Collection of partner identifiers during that care interaction
    - Can be difficult for PH to reconnect with client to elicit this

Interventions- Promising Practices

- Novel testing modalities (DBS, POC dual syphilis tests)
- Future of supervised consumption sites and drug checking as another opportunity to engage
- Representational workforce
  - Employees with lived experience
  - Indigenous designated positions
- Future of novel treatment options(?)

Congenital Syphilis - TOP TIPS & TAKE-AWAYS

- Meet people where they are at
- Build trust
- Creating safe environments with flexible models of care
- *Normalizing STBBI care*
- Interdisciplinary collaboration