Syphilis Continues to Increase Among Women and Newborns

Despite efforts to halt the rising rates of syphilis infections in California, rates continue to increase. Of particular concern are the growing cases of infection among women resulting in increased cases of congenital syphilis. Within San Bernardino County, the number of infections in females has increased from 45 cases in 2010 to 188 cases in 2016. Additionally, there were 20 cases of congenital syphilis in 2016 which was up from only four cases in 2015. As of January 16, 2018, there have been 30 cases of congenital syphilis reported for 2017.

The cause for the rise of congenital syphilis is difficult to identify as there are many contributing factors. It has been noted that cases tend to be associated with lack of prenatal care, inadequate syphilis treatment, mental health issues, poverty and substance abuse. Effective strategies for preventing congenital syphilis focus on screening, providing adequate and timely treatment to women who are of childbearing age. Consistent use of condoms, decreasing the number of sexual partners, and being in monogamous relationships all reduce the risk of contracting syphilis.

Congenital syphilis can be devastating, but is preventable with adequate treatment of the mother. California law requires all pregnant women to be screened for syphilis at their first prenatal visit and if high risk, be retested for syphilis between 28 and 32 weeks gestation and at delivery. High risk women include those who: 1) have signs and symptoms of syphilis infection; 2) live in areas with high rates of syphilis; 3) were diagnosed with a sexually transmitted disease during pregnancy; 4) received late or limited prenatal care; 5) were not tested in the first or second trimester; 6) have partners who are involved with men who have sex with men; 7) have a history of incarceration; 8) are involved with drug use or who exchange sex for money. San Bernardino County is considered a high syphilis morbidity area therefore, Dr. Maxwell Ohikhuare, Health Officer is requesting all pregnant women be screened for syphilis at the beginning of their third trimester.

All positive screening tests should receive a confirmatory test. Pregnant women who are seropositive should be considered infected unless they have documentation of adequate treatment with appropriate serologic response to treatment and current titers that are low and stable. After delivery, mothers and neonates should not be discharged from the hospital until the syphilis serologic status of the mother has been verified at least once during pregnancy and at delivery for high risk mothers. Additionally, any woman who has a fetal death after 20 weeks gestation should be tested for syphilis.

To prevent adverse pregnancy outcomes, mothers should be treated as soon as possible as this also treats her fetus. Treatment in pregnant women is based on the stage of infection. Primary, secondary or early latent syphilis is treated with a single dose of Bicillin-LA. For those diagnosed with late latent syphilis or have syphilis of unknown duration, three doses of Bicillin-LA given exactly 7 days apart is required; if a dose is missed or late, the entire series must be restarted. In pregnancy, penicillin is the only recommended therapy and pregnant women with penicillin allergies need to be desensitized prior to treatment.

Throughout most of 2017 there was a shortage of Bicillin-LA, which has now been resolved. Despite this, the CDC is still recommending Bicillin-LA be reserved for treatment of pregnant women with syphilis as this is the only effective treatment. Non-pregnant individuals with syphilis can be treated with doxycycline for 14 days or 28 days depending on the stage of infection.

California law requires all syphilis infections to be reported to public health department within 24 hours of diagnosis. For more information or if you would like to report a case of syphilis, please contact the Communicable Disease Section at 1(800) 722-4794 and ask for an STD investigator or fax the report to (909) 387-6377.
Influenza Clinical Advisory

In San Bernardino County and throughout California, influenza activity has increased significantly over recent weeks. Influenza A(H3N2) viruses predominating so far this season. The peak in influenza activity started sooner this year than in previous influenza seasons. In addition, influenza vaccine effectiveness in general has been lower against influenza A(H3N2) viruses than against influenza A(H1N1) or influenza B viruses; however, all influenza viruses from California that have been antigenically characterized have matched the strains included in the vaccine for this season.

The California Department of Public Health (CDPH) issued a Clinical Advisory on January 2, 2018 to:

- Direct clinicians to national recommendations on testing and treatment of influenza included in a recent health alert from the Centers for Disease Control and Prevention. In summary, all patients with suspected or confirmed influenza who are hospitalized or severely ill or at higher risk for complications should be treated as soon as possible with a neuraminidase inhibitor antiviral agent, such as zanamivir and oseltamivir. While antiviral drugs work best when treatment is started within 2 days of illness onset, clinical benefit has been observed even when treatment is initiated later.

Patients who are at higher risk for complications include: children younger than 2 years and adults aged 65 years and older, persons with chronic pulmonary, cardiovascular (except hypertension alone), renal, hepatic, hematological (including sickle cell disease), and metabolic disorders or neurologic and neurodevelopmental conditions, people with immunosuppression, including those caused by medications or by HIV infection, women who are pregnant or postpartum (within 2 weeks after delivery), people aged younger than 19 years who are receiving long-term aspirin therapy, American Indians/Alaska Natives, people with extreme obesity (i.e., body-mass index is equal to or greater than 40), residents of nursing homes and other chronic-care facilities.

- Offer influenza immunization to all persons 6 months and older.

- Review CDPH guidelines on laboratory testing, reporting of influenza cases to public health and infection control.

To review the CDPH Clinical Advisory in its entirety, visit http://bit.ly/2A6XkC7. For more information regarding influenza contact the Communicable Disease Section at 1(800) 722-4794.

Hepatitis A Outbreak

According to the California Department of Public Health (CDPH), California is currently undergoing a hepatitis A outbreak. The counties of San Diego, Santa Cruz, and Los Angeles have all been affected. As of December 29, 2017, CDPH reported a total of 577 cases in San Diego County. San Bernardino County recently reported 12 cases of hepatitis A, however only one is linked to the outbreak in San Diego. This is the largest outbreak of hepatitis A since the vaccine was made available in 1996. Homeless persons and illicit drug users are typically the population being affected by this outbreak.

The most effective way to prevent hepatitis A virus is hepatitis A vaccine. San Bernardino County Department of Public Health Communicable Disease Section implemented preventative measures through its Hepatitis A Outreach Project. This project offers hepatitis A vaccines at no cost to high risk populations and focuses on visiting local food banks in the city of San Bernardino. In addition, the Hepatitis A Outreach Project collaborates with Homeless Outreach Proactive Enforcement team (H.O.P.E) to offer hepatitis A vaccine in various homeless encampments in San Bernardino city and Victorville.

Although hepatitis A can easily be prevented, these high risk populations do not have proper sanitation resources and will most likely continue transmitting the disease unless vaccinated. For more information on the outbreak visit http://bit.ly/2iJeevY or contact the Communicable Disease Section at 1(800) 722-4794.

Confidential Morbidity Reports (CMRs) can be found on our website, http://bit.ly/2rGPRUj and should be faxed to: (909) 387-6377. For HIV CMRs call before faxing. To report suspect or confirmed cases of TB to the Tuberculosis Control Program, please fill out a TB case/suspect form http://bit.ly/2sZWyfn, for your hospitalized or clinic patient and fax to: 909-387-6377. Follow-up with a phone call to one of our TB nurses at: 1-800-722-4794.

Immunization Skills Institute is a free innovative course that will train medical assistants on current, effective and caring immunization techniques.

For registration information contact a Health Education Specialist at: 1-800-722-4794 or visit http://bit.ly/2u31c0l.