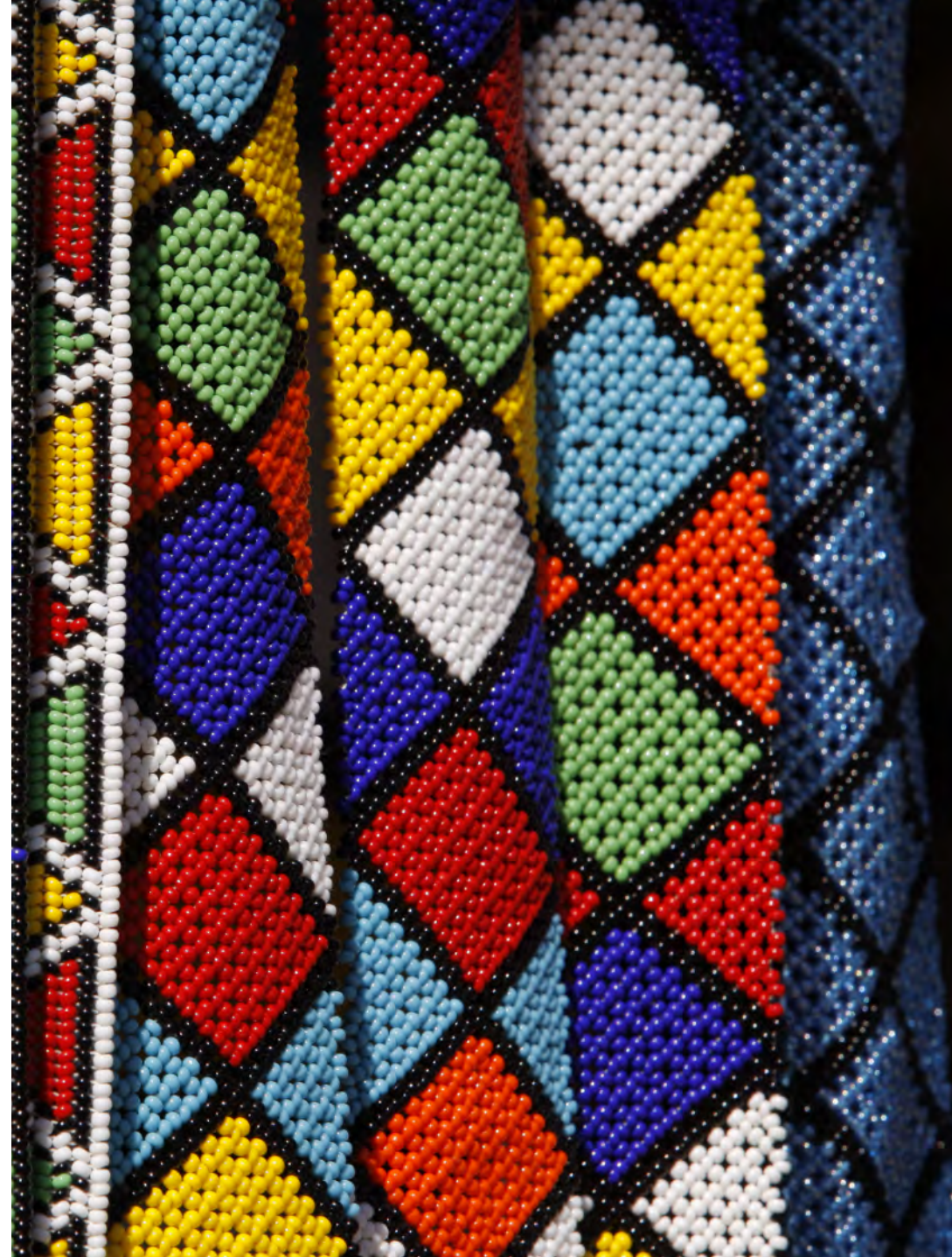


Congenital Syphilis in Tribal Communities

- Department of Health and Human Services, Office of the Secretary Counselor
- Administration for Children and Families, Office of Head Start
- Indian Health Service, Maternal and Child Health
- Centers for Disease Control and Prevention



Speakers

- ❑ CAPT Tala Hooban, Deputy Director, Office of Head Start
- ❑ Dr. Kevin O'Callaghan, Centers for Disease Control and Prevention
- ❑ LT Shawnell Damon, Indian Health Service, Maternal and Child Health
- ❑ Dr. Meg Sullivan, Department of Health and Human Services / Office of the Secretary Counselor



Agenda

- ❑ ACF early childhood programs
- ❑ Congenital syphilis
- ❑ Epidemiology of congenital syphilis
- ❑ Prevention and education
- ❑ Resources



ACF Early Childhood Programs in Tribal Communities

Tribal Maternal, Infant, and Early Childhood Home Visiting

- Provides grants to Tribal entities to implement evidence-based home visiting programs in AIAN communities.
- Addresses critical maternal and child health, development, early learning, and family support needs among expectant families and families with young children.

Head Start

- Provides grants to Tribes to support school readiness for infants, toddlers, and preschool-aged children.
- A comprehensive approach supports children's early learning, health, and family well-being.
- Head Start also serves expectant families through pregnancy and birth.

Child Care and Development Fund

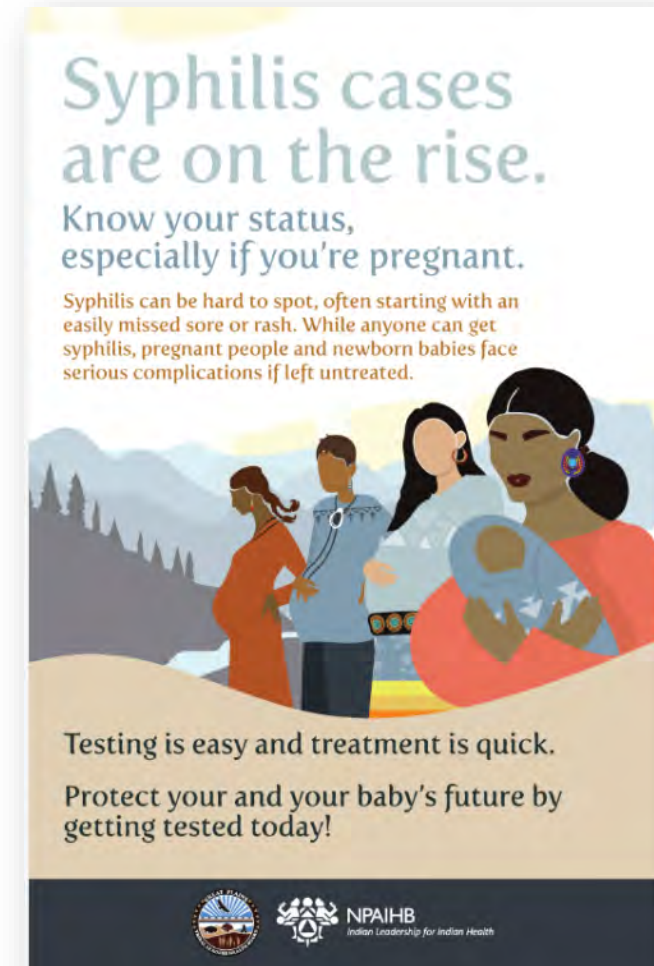
- Supports working families with low income by improving access to affordable, high-quality early care and afterschool programs.
- Primary federal funding source for child care subsidies to help eligible working families access child care and to improve the quality of child care for all children.



What is Congenital Syphilis?

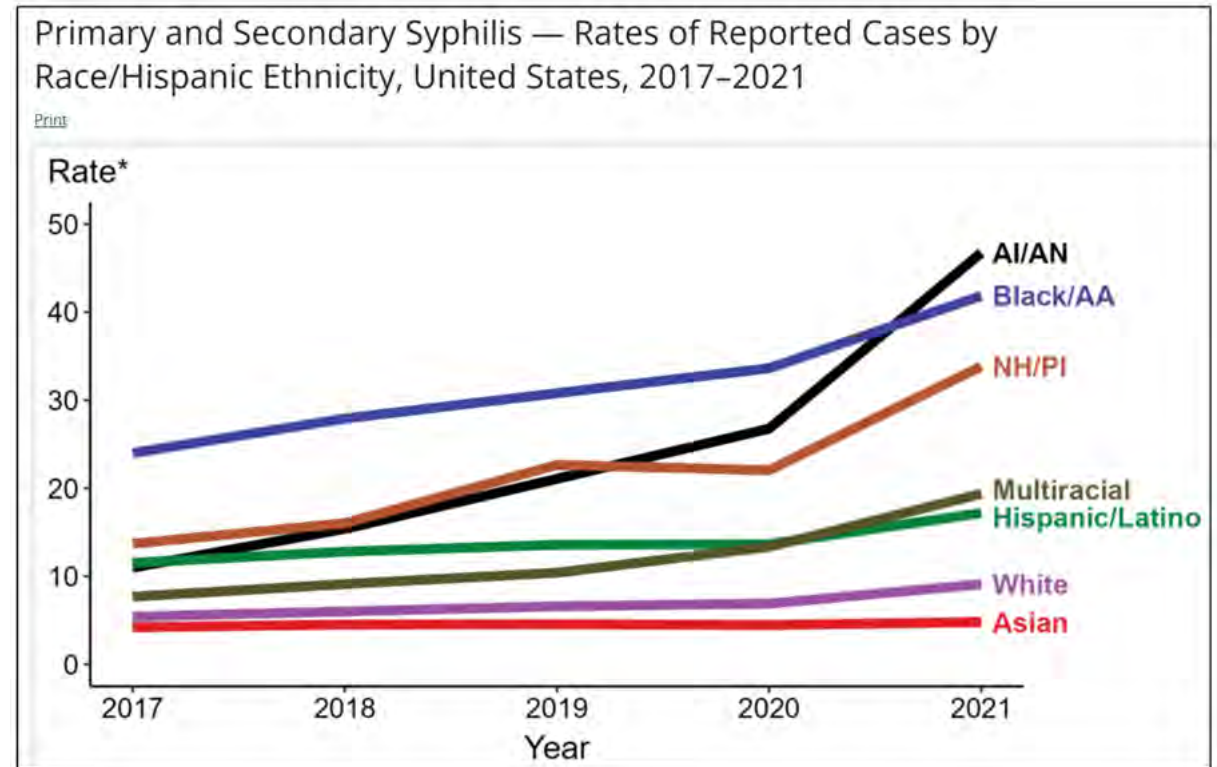
Congenital Syphilis (CS):

- ❑ Syphilis is a sexually transmitted infection that can cause serious health problems without treatment
- ❑ Individuals with syphilis might not have symptoms
- ❑ CS is *preventable* and occurs when people pass syphilis to their babies during pregnancy
- ❑ When caught early, syphilis can be treated with just one shot of antibiotics



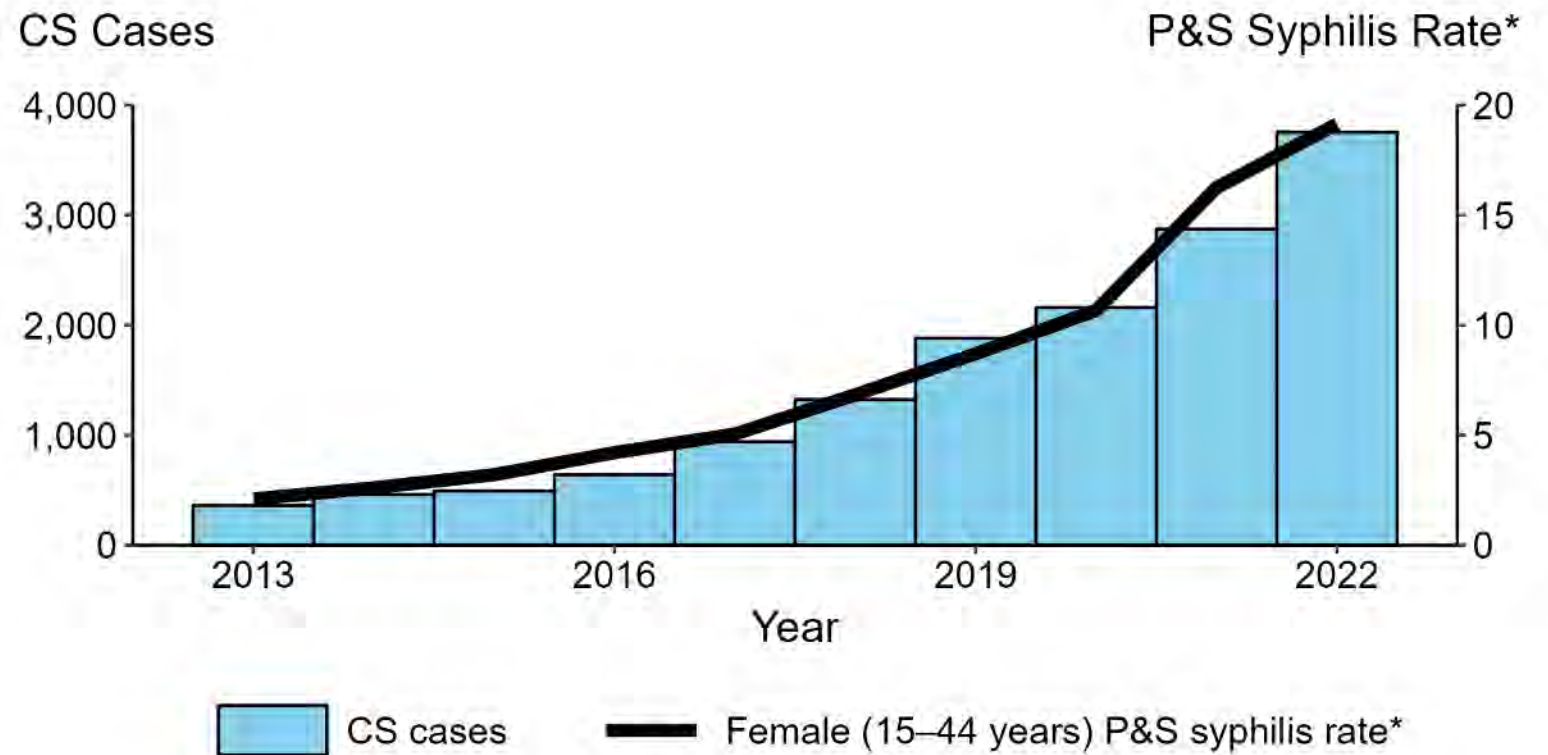
Basics of syphilis epidemiology

- ❑ Health inequities and disparities; impact on AIAN populations
- ❑ Public health impact and the role of non-clinical settings in education, collaboration, etc.

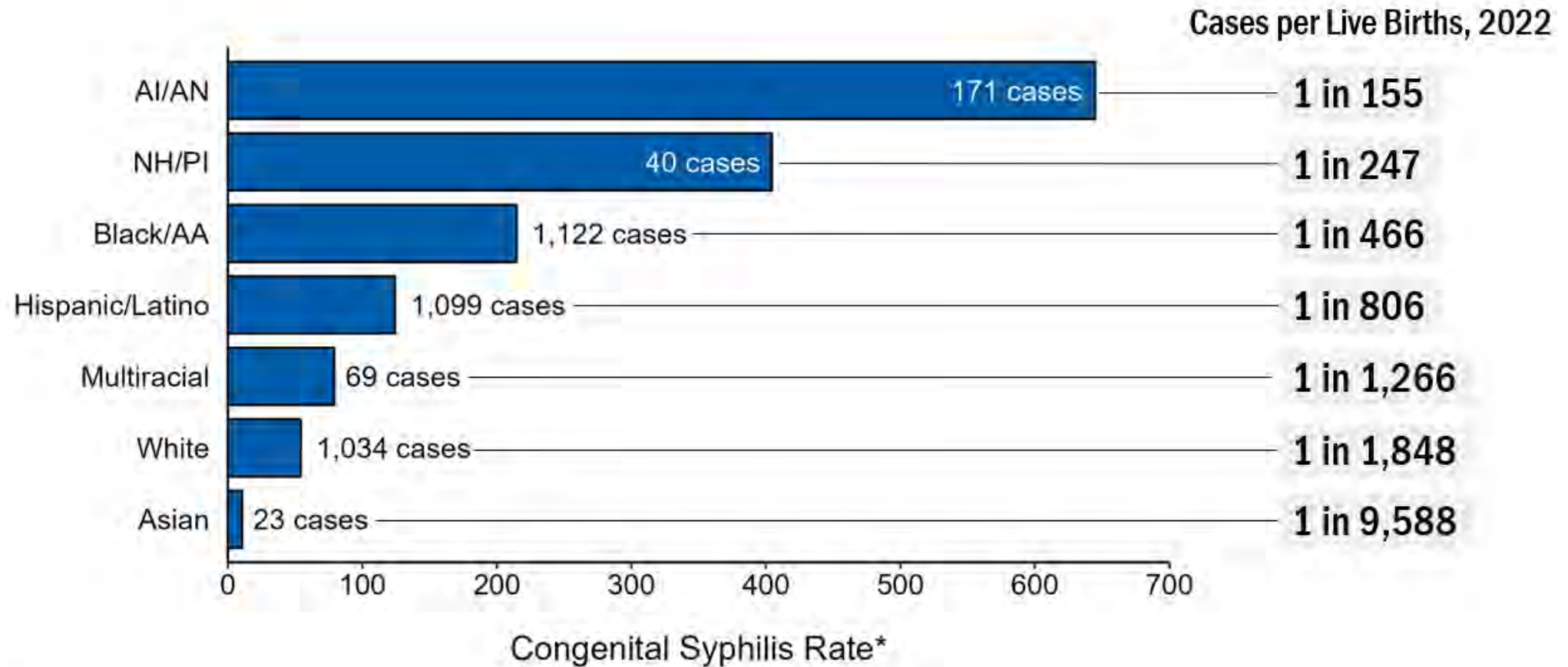


Basics of syphilis epidemiology

- ❑ Increases in congenital syphilis have mirrored increases in P&S syphilis among females aged 15-44 years.



Basics of syphilis epidemiology



*Per 100,000 live births



Why are we talking about CS (in Tribal communities)?

CS as a public health crisis:

- ❑ Overall, the number of CS is on the rise, cases have more than tripled in recent years, with more than 3,700 cases reported in 2022 alone.
- ❑ American Indian and Alaska Native people have the highest rates of syphilis and congenital syphilis of any group in the country.
- ❑ For every 155 American Indian and Alaska Native births in 2022, there was one congenital syphilis case.
- ❑ There has been an 800% increase among American Indian and Alaska Native people.

“The syphilis crisis in our country is unacceptable. The Biden-Harris Administration is committed to addressing this urgent issue and using all available means to eliminate disparities in our health care system,” said HHS Secretary Xavier Becerra.

CS: Health Impacts



Impacts of CS:

- Miscarriage: loss of baby during pregnancy
- Stillbirth: baby born dead
- Prematurity: baby born early
- Low birth weight
- Death shortly after birth

Babies born to people with untreated syphilis may be stillborn or die from infection as a newborn.

Babies born with CS

Impact on babies born with CS:

- Deformed bones
- Severe anemia (low blood count)
- Enlarged liver and spleen
- Jaundice (yellowing of skin or eyes)
- Brain and nerve problems, like blindness or deafness
- Meningitis
- Skin rashes



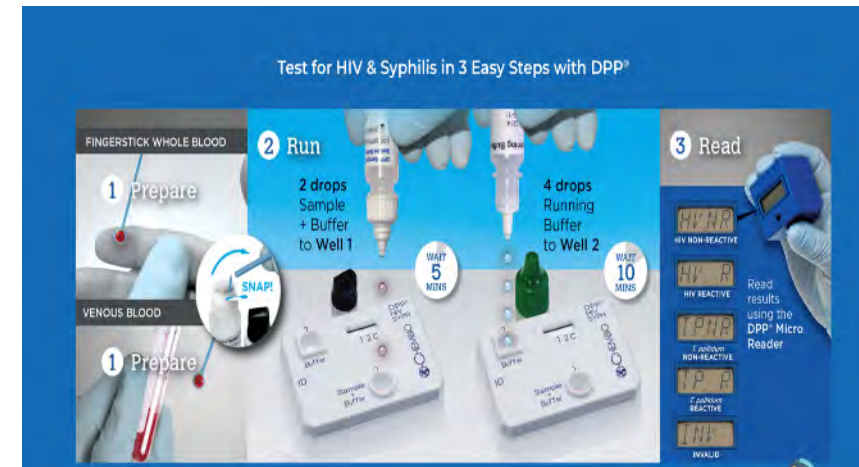
Babies who do not get treatment for CS and develop symptoms later can die from the infection. They may also be developmentally delayed or have seizures.

Field Testing in the community: Increase screening

❑ Rapid Testing by finger sticking- Chembio

- Tribal Fairs
- Rodeos
- Jails
- Shelters
- Detox Centers
- Street Medicine
- Every Clinic Visit- STI Bundle Tests

❑ Home Testing- I Want the Kit



HIV KIT



STI KIT

Treat Syphilis

❑ Field Treat of Syphilis

- Safe to give at home, at a shelter or jail, on the streets
- Directly Observed Therapy, DOT, is always best and ideal for:
 - Persons experiencing homelessness or substance use disorders
 - Persons who are incarcerated
 - Persons with transportation or adherence issues
 - Pregnant persons
 - Partners of cases
- Make sure you have cell service before giving injection
- Use incentives if available



Community Prevention


- ❑ Culturally Tailored Public Health Messaging
- ❑ Radio, Newspaper, Social Media
- ❑ Native Influencers
- ❑ Community Health Workers
- ❑ Public Health Technicians
- ❑ Availability of condoms at the clinic, restrooms, trading posts, bars, and community events



PROTECT YOURSELF AND YOUR BABY FROM SYPHILIS

Syphilis is a sexually transmitted infection. It can be cured with medicine, but it can cause serious health problems for you and your baby if not treated.

 **TALK** Ask your healthcare provider about getting tested

 **TEST** Have an honest and open conversation with your doctor about risks

 **TREAT** Discuss treatment options with your healthcare provider



Individual-level Prevention

CS Prevention

- If sexually active, getting tested is important.
 - Have an open and honest conversation with your healthcare provider.
- Reduce risk of getting syphilis before and during your pregnancy.
- Test the first time seen at healthcare provider during pregnancy.
 - Repeat testing in third trimester and at birth.
- Management of partners to prevent secondary infections.



Role of Early Childhood Programs in Prevention

- ❑ Early childhood staff who work with pregnant people and families that already have young children and may become pregnant are able to:
 - Encourage and support early access to prenatal care
 - Share information on CS and how to prevent it with the families they work with.
 - Connect families to screening and testing services.
 - Help families receive treatment if they test positive for syphilis or have a child who tests positive with CS.

- Partner with community organizations to maximize reach and streamline access to health services.



AIAN-Specific CS Resources

Northwest Portland Area Indian Health Board:

<https://www.nativehealthresources.com/>

Campaign materials specific for congenital syphilis:

https://www.nativehealthresources.com/resources/?_sft_pa_campaign=congenital-syphilis



You can make a difference by sharing these syphilis resources!

These eye-catching pieces were created to call attention to the importance of syphilis screenings. Using and displaying them around your community will help raise awareness and promote action!

POSTERS
Placing posters in locations like waiting rooms, bulletin boards, or even restrooms, puts them right in people's line of sight.

BILLBOARDS
Using billboards is a great way to engage your community.

FLAGS
Waving or tacking a flag on a booth at an event offers a great attention-getter.

BANNERS
Placing banners at front desks or reception areas makes your message hard to miss!

RACK CARDS
Putting rack cards on display or inside prescription bags makes them a great "grab-and-go."

STICKERS AND CONDOMS
People love free stuff! Sharing stickers and condoms at your clinic or event is a great way to get the word out.

POSTCARDS
Sending postcards is a good way to engage pregnant people in prenatal care.



References

❑ **Center for Disease Control and Prevention:**

[https://urldefense.us/v3/_http://www.stopsyphilis.org/_;!!Og_tST9LxTiQE1!!qCCHFFIK72yqvZq6QfunAE1GINW147pINB17KQCxbgij2NKXdiwB-VXQr24YSyLlvIY3EqsI0mDfSGYJIRegKsY\\$](https://urldefense.us/v3/_http://www.stopsyphilis.org/_;!!Og_tST9LxTiQE1!!qCCHFFIK72yqvZq6QfunAE1GINW147pINB17KQCxbgij2NKXdiwB-VXQr24YSyLlvIY3EqsI0mDfSGYJIRegKsY$)

❑ **Health and Human Services:** <https://www.hhs.gov/about/news/2024/01/30/hhs-announces-department-actions-slow-surg-ing-syphilis-epidemic.html#:~:text=Primary%20and%20secondary%20and%20congenital,was%20one%20congenital%20syphilis%20case.>

❑ **Indian Country Echo:** <https://www.indiancountryecho.org/resource-hubs/syphilis-resources/>

❑ **Northwest Portland Indian Health Board:** <https://www.nativehealthresources.com/>



Thank you!



Contact us: AIANHeadStart@acf.hhs.gov

