

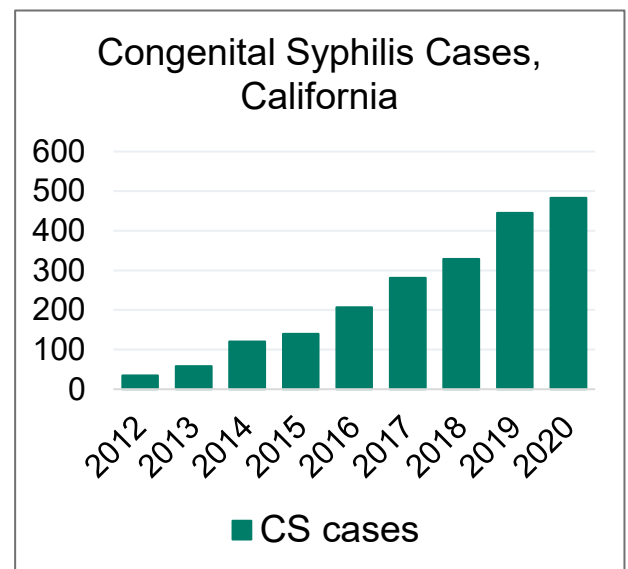
Emerging Practices for Responding to the Congenital Syphilis Crisis in California: Findings from 2021 Strategy Sessions

Background: Congenital Syphilis in California

Congenital syphilis (CS) happens when a pregnant person with untreated syphilis infection passes the infection to their baby during pregnancy. When untreated, CS can cause serious illness, including causing a baby to be born early, have low birth weight or develop birth defects, blindness, and hearing loss. Congenital syphilis can also lead to stillbirth (death of a fetus after 20 weeks of pregnancy) or infant death (death of a baby after it is born).

Congenital syphilis can be prevented if a pregnant person gets appropriately treated for their syphilis infection in time before their baby is born. Yet CS cases continue to increase in California, rising more than 1,300 percent from 33 cases in 2012 to 483 cases in 2020, the highest number of cases seen in more than 20 years (Figure 1). Furthermore, racial disparities exist; in 2020, Black and American Indian/Alaska Native infants had the highest rates of CS, and Hispanic/Latinx infants had the highest case counts of CS in California.¹ The reason for both these increases and disparities in CS is complex but is likely driven by intersecting impacts of systemic racism, poverty, homelessness, incarceration, stigma, and (the criminalization of) substance use. These social forces reduce access to and quality of health care (including prenatal care), housing, employment, and other basic needs, and disproportionately affect Black, American Indian/Alaska Native, and Hispanic/Latinx communities.

Figure 1: CS Cases, California, 2012-2020



2021 Congenital Syphilis Elimination Community Strategy Sessions

In July and August 2021, the California Department of Public Health (CDPH) Sexually Transmitted Diseases (STD) Control Branch contracted with Essential Access Health, a community-based organization with extensive expertise in promoting sexual and reproductive health, to convene a diverse range of stakeholders in four regional CS Elimination Strategy Sessions with the following objectives:

1. Clarify key strategies and roles by sector for CS prevention and response,
2. Identify regional best practices to inform statewide congenital syphilis elimination emerging practices document, and
3. Engage stakeholders on how best to center social determinants of health, including racial and health equity, in statewide CS elimination practices.

The strategy sessions brought together 70 attendees, representing 42 organizations from 16 local health jurisdictions. Attendees represented public health departments, clinics, community-

based organizations, academic institutions, other government agencies, and the private sector. Facilitated breakout group discussions were organized by the following sectors:

- Academic and Private Sectors
- Community-Based Organizations
- Corrections
- Health Care Providers
- Laboratories
- Local Sexually Transmitted Infection Programs
- Other Government Sectors
- Other Stakeholders

Breakout group sessions were recorded, transcribed, and summarized. A number of key cross-cutting themes were identified from the community strategy session notes:

Racial Equity and Reproductive Justice

- Center racial equity, harm reduction, trauma-informed care, and reproductive justice, and reduce stigma for people experiencing homelessness, doing sex work, and/or using substances, especially for people who are pregnant

Bicillin Access

- Reduce barriers to Bicillin L-A (the medication used to prevent syphilis transmission during pregnancy); reduce medication cost, increase field-delivered therapy, and stock Bicillin L-A in provider offices and pharmacies

Education

- Educate priority populations on how to navigate the health system, on common terms used in healthcare settings, on sexual health and rights
- Educate providers on adequate syphilis screening, diagnosis, and treatment

Non-Traditional Settings

- Offer routine, opt-out syphilis testing in non-traditional settings serving priority populations, such as emergency departments (EDs) and jails, and via street medicine

Partnerships

- Ensure timely and complete syphilis reporting and warm hand-offs and close collaboration between public health and clinical providers to facilitate linkages
- Offer wraparound services, including transportation, housing, mental health and substance use treatment, prenatal care, and other social supports

Congenital syphilis prevention requires diverse and innovative partnerships to reach the populations most at risk. See Appendices A – H (pages 5-16) for detailed notes from the strategy sessions, organized by sector, for potential ideas on how to get involved.

References

1. California Department of Public Health, STD Control Branch. Congenital Syphilis by Year of Birth Tables California, 2020. Richmond, CA; 2022.

Resources

Pregnancy and Substance Use Harm Reduction Toolkit. Academy of Perinatal Harm Reduction. - A toolkit for pregnant and parenting people who use drugs, their loved ones, and their service providers. [Pregnancy and Substance Use Harm Reduction Toolkit](#)

Guide to Taking a Sexual History. Centers for Disease Control - A framework for providers to use when discussing sexual health issues to help complete the overall picture of a patient's health. [Guide to Taking a Sexual History](#)

Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis – Guidelines for California Medical Providers. California Department of Public Health, STD Control Branch. [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis](#)

Provider Detailing information page with resources for providers and patients. California Department of Public Health, STD Control Branch. [Provider Detailing for STD Prevention](#)

Rapid Syphilis Test Fact Sheet and FAQs. California Department of Public Health, STD Control Branch. [Rapid Syphilis Test Fact Sheet and Frequently Asked Questions](#)

Screening for Syphilis in Emergency Departments, Resource Guide. California Department of Public Health, STD Control Branch. [Screening for Syphilis in Emergency Departments Resource Guide](#)

How to report STDs with the CMR, California Department of Public Health, STD Control Branch. [How to report STDs with the CMR](#)

STD Clinical Consultation Network- Provides consultation to licensed healthcare professionals and STD program staff. [STD Clinical Consultation Network](#)

Health Program Eligibility Chart for California Immigrants. California Immigrant Policy Center. [Health Program Eligibility Chart for California Immigrants](#)

Appendices: Expanded Emerging Practices for Congenital Syphilis Elimination in California, Organized by Sector

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Appendix A: Academic + Private Sectors

Increase Access to Care

- Prevent Bicillin L-A shortages by expanding drug production beyond a single company or facility.
- Decrease the cost of Bicillin L-A or offer treatment assistance program for providers, enabling them to stock it at their facility.
- Ensure school-based health care services include sexual health services for adolescents and young adults.
- Champion policies that increase access to the following:
 - Mobile health services
 - Harm reduction services
 - Cross-border sexually transmitted infection (STI) programs
 - Trainings on trauma-informed care and health equity
 - Universal prenatal care at any facility regardless of insurance status
 - Black perinatal health
- Secure and sustain funding for mobile health and health equity initiatives.

Improve Quality of Care

- Conduct research in the following priority areas:
 - Alternative prenatal care models for groups with high rates of CS
 - Efficacy of syphilis screening in emergency department and correctional settings as a method for CS prevention
 - Syphilis transmission in sexual networks, as well as syphilis disease intervention and partner services outcomes
 - New testing technology for accurate point of care syphilis tests during pregnancy
 - Improved understanding of pharmacokinetics of Bicillin L-A in pregnancy
 - Development of a single dose long-acting Bicillin L-A for late latent syphilis/syphilis of unknown duration
 - Syphilis vaccine development
 - Doxycycline as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) to prevent syphilis infection
 - Understanding the natural course of physical and cognitive development in infants with CS post-treatment
 - Development and evaluation of educational campaign messages and materials for the public
 - Ensure that CS research addresses social determinants of health and root causes of social inequality
- Provide comprehensive sexual health education in schools.

Enhance Provider Education

- Include education in all provider training on screening, diagnosing, and treating STIs and on taking a thorough sexual health history.
- Include education in all provider training on the importance of provider reporting for STIs to their local health department, such as via Confidential Morbidity Report (CMR).

- Include education in all provider training on harm reduction and best practices for reducing stigma in care for people who use drugs and people who experience homelessness.
- Develop a health education curriculum with a reproductive justice lens.
- Offer training on syphilis/CS and best practices for disease investigation and case management for health care providers.

Build and Maintain Strong Partnerships

- Recruit a diverse workforce, ensure pay equity, and enact anti-racist policies in the workplace.
- Collaborate with health department to facilitate the sharing of patient data e.g., via Health information exchanges (HIEs) to assess screening and positivity rates among the general population.
- Facilitate coordination between service providers, community-based organizations, hospitals and groups that work with people who are unhoused or use drugs to support CS prevention and treatment efforts.

Appendix B: Community-Based Organizations (CBOs)

Increase Access to Care

- Work with local health care providers and STI programs to create warm handoffs and offer clients transportation or accompaniment to appointments to improve clients' ability to access care.
- Offer wraparound services to help address multifactorial barriers to care.
- Prioritize funding to improve Black health, and increase harm reduction services, services for people experiencing homelessness, and behavioral health services.

Enhance Education

- Train staff on pregnancy intention assessment, so that people who could become pregnant are linked to preconception care, prenatal care, or family planning services, as appropriate.
- Complete trainings on health equity, trauma informed care, and harm reduction.
- Offer educational materials and informational sessions about syphilis and congenital syphilis to your clients.
- Educate clients about what the health department does and encourage them to engage with health department when they reach out.
- Educate clients on their right to care during pregnancy.
- Offer pregnant clients who use drugs harm reduction resources such as Academy of Perinatal Harm Reduction's [Pregnancy & Substance Use Harm Reduction Toolkit](#), which reviews harm reduction strategies, navigating health care and legal systems, and prenatal care tips and timeline.
- Offer resources to prevent and address intimate partner violence, particularly to clients who are or could become pregnant.

Build and Maintain Strong Partnerships

- Collaborate with local health department on implementing syphilis screening in programs/at events for priority populations and refer clients for testing and treatment.
- Partner with the health department to bring sexual health education to your clients, and/or refer clients for sexual health education.
- Coordinate with health departments to locate people who are diagnosed with syphilis to get them, and their partners treated.
- Participate in congenital syphilis case review processes, e.g., CS morbidity & mortality review boards.
- Develop and/or participate in local syphilis/congenital syphilis task forces.
- Engage with local, state, and federal government to share about your community's sexual, reproductive, and other health needs.
- Work with emergency departments to offer substance use navigation. Consider cross-training substance use disorder navigators in these settings to also conduct HIV, hepatitis C, and STI navigation.
- Collaborate with, support, and learn from Black-led organizations.

Appendix C: Corrections

Increase Access to Care

- Implement universal opt-out syphilis screening with a STAT Rapid Plasma Reagin (RPR) at intake to a correctional facility for all adults; ensure results are returned and treatment is at least initiated (and ideally completed, if possible) before release.
- Prioritize screening for any individuals on medication-assisted treatment (MAT) for methamphetamine and opioid use disorders.
- Ensure access to Bicillin L-A to treat patients diagnosed with syphilis while incarcerated, either by stocking it at the facility or via collaboration with the local health department.
- Allow the local health department to conduct interviews and partner services in your correctional facility for people diagnosed with syphilis.
- Require transitional services, including a plan for linkage to health care, upon release from correctional facility, including:
 - Informing the local health department when people with untreated syphilis are released
 - Collecting locating information for clients upon release to share with health department to assist in disease intervention activities.
- Ensure access to a wide range of contraceptive options in correctional settings.

Improve Quality of Care

- Collect and document a thorough sexual history for syphilis patients – including pregnancy status, gender of sex partners, syphilis staging, treatment, and partner info. See the [CDC's Guide to Taking a Sexual History](#) to learn more about the five “P’s” (partners, practices, protection from STIs, past history of STIs, pregnancy intention).
- Practice trauma-informed care principles in health screenings.

Enhance Education

- Educate staff and people who are incarcerated on syphilis and congenital syphilis.
- Educate people who are incarcerated about the importance of continuing their clinical care and engaging with the local health department upon their release.
- Educate staff involved in corrections, including probation staff, jail staff, adult education staff, and juvenile education staff on syphilis and congenital syphilis.
- Make STI education materials available to people who are incarcerated.
- Ensure compliance with CA Penal Code Section 4023.8 by training corrections staff on pregnancy intention assessment, so that people who could become pregnant are linked to preconception care, prenatal care, or family planning services, as appropriate.

Create Strategic Communications

- Promptly report cases of syphilis to the health department within one working day of diagnosis – document pregnancy status, gender of sex partners, syphilis staging, treatment, and partner information on the CMR.
- Share correctional medical record data with the health department to facilitate an assessment of syphilis screening and treatment practices where allowable and appropriate.
- Complete trainings on trauma-informed care.

Build and Maintain Strong Partnerships

- Collaborate with CBOs to connect individuals with community, housing, behavioral and sexual/reproductive health services upon release from prison and jails.
- Collaborate with CBOs to provide harm reduction and sexual health education in correctional facilities.

Appendix D: Health Care Providers

Increase Access to Care

- Stock, administer, and bill insurance for Bicillin L-A, and contact your local health department if you are having any challenges with treatment for syphilis, as they may have resources to assist you.
- Implement equitable drug testing policies for patients in prenatal care or for pregnant patients seen outside of the prenatal care setting. Treat every health care visit with a pregnant person as a prenatal visit, regardless of the location.
- Screen all eligible patients for syphilis, regardless of gender under [California's STI and expanded syphilis screening guidelines](#).
- Educate patients on syphilis and congenital syphilis prevention and make related health education materials available to patients.
- Ensure all materials on syphilis and congenital syphilis are written at or below 5th grade reading level and are culturally and linguistically relevant to patient population.
- Consider increasing access to care through mobile testing units, special clinic times for people experiencing homelessness, same-day and low barrier appointments, and telehealth options.
- Reduce barriers to care by providing transportation stipends (e.g., transit passes, gas cards, transportation services) and partnering with CBO staff to accompany patients to appointments.
- Evaluate clinic forms for address and identification requirements that may be a barrier to undocumented patients or patients experiencing homelessness.
- Normalize and implement opt-out testing for syphilis.
- Create a non-judgmental care environment that meets patients where they are at regardless of substance use, housing status, number of partners, or any other factor.
- When a patient is receiving a blood draw in primary care, emergency care, or street medicine, run a routine HIV, hepatitis C, and syphilis test, if [eligible](#).
- Offer incentives for accessing care.
- Conduct active follow up with pregnant patients who miss appointments and consider placing a notice in the electronic health record to flag patients who may have challenges returning to the clinic.

Improve Quality of Care

- Follow syphilis screening recommendations, including local recommendations; see [Expanded Syphilis Screening Recommendations for the Prevention of Congenital Syphilis – Guidelines for California Medical Providers](#) and [California STI Screening Recommendations](#) for more information.
- Utilize STAT RPR testing at the time of delivery.
- Draw blood for syphilis testing on-site at the time of prenatal visit.
- Conduct pregnancy testing at the time of syphilis testing.
- Conduct a physical exam for all patients diagnosed with syphilis to support disease staging.

- Treat all patients who are or could become pregnant who report exposure to syphilis at time of testing; initiation of treatment should not be delayed due to testing results.
- Treat all patients who are or could become pregnant diagnosed with syphilis according to stage of disease following [clinical guidelines](#).
- Ensure patients who are or could become pregnant who are positive for syphilis complete treatment by returning to clinic or accessing treatment elsewhere.
- Prioritize partner treatment to reduce reinfection.
- Take a routine sexual history at least annually that includes the five “P’s” (partners, practices, protection from STIs, past history of STIs, and pregnancy intention) with all patients who are or could become pregnant. See the [CDC’s Guide to Taking a Sexual History](#) for more information.
- Collect as much contact information on patients as possible, e.g., alternate telephone numbers, emails, social media accounts, emergency contact information, and where they reside, spend time, or access services.
- Promptly report cases of syphilis to the health department within one working day of diagnosis – document pregnancy status, gender of sex partners, syphilis staging, treatment, and partner information on the CMR.
- Mandate and enforce policy requiring that maternal syphilis serostatus is obtained before an infant is discharged from the hospital.
- Offer resources to prevent and address intimate partner violence, particularly to patients who could become pregnant.
- Consider utilizing [family centered model of care](#) to reduce reinfection and address family-wide health concerns that may contribute to CS risk.
- For ED providers, run a pregnancy test for anyone who may be pregnant. If pregnant, run a rapid syphilis test and treat empirically if preliminary results are positive, especially if likelihood to return for treatment is low.
- Offer syphilis testing during abortion clinic services.
- Utilize peer navigators who have been pregnant and experienced homelessness, incarceration, or substance use to support current and potential patients in accessing care.
- Consider adding a standardized check out protocol in clinics to ensure patients have received all necessary testing, blood draws, and treatment before leaving.
- Review harm reduction resources and offer to pregnant clients who use drugs. One resource is the Academy of Perinatal Harm Reduction’s [Pregnancy & Substance Use Harm Reduction Toolkit](#), which reviews harm reduction strategies, navigating health care and legal systems, and prenatal care tips and timeline.

Enhance Provider Education

- Stay up to date on syphilis and congenital syphilis trends in your area by monitoring your local health department’s website.
- Seek continuing medical education opportunities on syphilis/congenital syphilis screening, diagnosis, and treatment through organizations like the [California Prevention Training Center](#) and [Essential Access Health’s Learning Portal](#).
- Seek education on symptom assessment and testing to avoid misdiagnosis.
- Complete trainings on health equity, trauma informed care, and harm reduction.
- Ensure that syphilis and CS toolkits are available on-hand for providers.

- Learn about the historical experiences that create medical mistrust (e.g., experimentation, forced sterilization, medical apartheid, family separation) and recognize how they are relevant to your patient population. Black, Indigenous, and other people of color, people who experience homelessness, people who use drugs, people living in poverty, immigrants, and people living with mental illness in particular have been subjected to medical trauma.
- Become familiar with [Medi-Cal and Family Planning, Access, Care, and Treatment \(PACT\)](#) availability for immigrants, including access for individuals who are undocumented.

Build and Maintain Strong Partnerships

- Call the local health department as soon as possible when a baby is born to a birth parent with syphilis.
- Allow the local health department to access the electronic health record or, if necessary, provide the local health department with a direct line for medical record requests.
- Partner with CBOs to develop linkage to care.
- Engage with CBOs to raise awareness of syphilis and congenital syphilis in the community.
- Collaborate with, support, and learn from Black-led organizations, particularly those that center Black perinatal health.
- Partner with CBOs who work with undocumented individuals and new arrivals.

Appendix E: Laboratories

Improve Quality of Care

- Ensure syphilis laboratory testing algorithms (traditional or reverse) are accurate and followed, including ensuring appropriate reflex testing is in place.
- Preferably use treponema pallidum particle agglutination (TP-PA) over fluorescent treponemal antibody absorption (FTA-ABS) as a confirmatory treponemal test due to increased sensitivity and specificity.
- Include pregnancy status in electronic laboratory reports sent to health departments.
- Provide negative laboratory reporting to confirm syphilis histories on people who could become pregnant and infants.

Appendix F: Local Health Department STI Programs

Increase Access to Care

- Conduct [provider detailing](#) to increase awareness and improve reporting.
- Increasing access to care through mobile testing units and field testing, utilizing field phlebotomists, and offering field-delivered treatment.
- Offer special clinic times for people experiencing homelessness, same-day and low barrier appointments, and telehealth options.
- Reduce barriers to care by providing transportation stipends and partnering with CBO staff to accompany patients to appointments.
- Reduce stigma associated with mobile STI services by combining with other mobile health services such as primary care, wound care, and street medicine.
- Offer [syphilis rapid tests](#) when a patient is unlikely to return for their results.
- Ensure all materials on syphilis and congenital syphilis are written at or below 5th grade reading level and are culturally and linguistically relevant to the patient population.
- Prioritize funding for and reestablish STI clinics.
- Ensure access to Bicillin L-A to treat syphilis by stocking it at health department clinics, implementing a delivery program, offering field-delivered therapy, or building provider capacity to stock it at their own practice.
- Incorporate trauma-informed approaches into disease investigation work.
- Provide low barrier prenatal care that does not require drug testing to build trust with patients.
- Normalize and implement opt-out testing for syphilis.
- Consider setting up suitcase clinics or other field-based services that are co-located with feeding programs or other services for people experiencing homelessness.
- Create a non-judgmental care environment that meets patients where they are at regardless of substance use, housing status, number of partners, or any other factor.
- Work with correctional facilities to eliminate the cost burden of treatment by establishing local health departments as the treatment provider for incarcerated individuals who are or could become pregnant.

Improve Quality of Care

- Prioritize follow-up for pregnant people, people who could become pregnant, and infants with syphilis.
- Ascertain pregnancy status for all people with syphilis who could become pregnant.
- Assess pregnancy intention among people who could become pregnant and link them to preconception care, prenatal care, or family planning services, as appropriate.
- Implement comprehensive case management for pregnant patients with syphilis through pregnancy to delivery.
- Follow-up on infants exposed to syphilis to confirm adequate evaluation, treatment, and follow-up serology.

- Conduct congenital syphilis morbidity and mortality reviews to identify missed opportunities for prevention and follow-up actions.
- Ensure health care providers complete accurate and timely reporting of syphilis.
- Educate patients on their right to care during pregnancy.
- Offer pregnant clients who use drugs harm reduction resources such as Academy of Perinatal Harm Reduction's [Pregnancy & Substance Use Harm Reduction Toolkit](#), which reviews harm reduction strategies, navigating health care and legal systems, and prenatal care tips and timeline.
- Create sustainability plans for CS-related initiatives, including mobile health initiatives, to maintain trust and consistency with priority populations.
- Prioritize partner treatment to reduce reinfection.
- Consider utilizing a [family centered model of care](#) to reduce reinfection and address family-wide health concerns that may contribute to CS risk.
- Utilize peer navigators who have been pregnant and experienced homelessness, incarceration, or substance use to support current and potential patients in accessing care.
- Implement data-driven programming based on syphilis epidemiology data stratified by race/ethnicity, prenatal access, income, insurance status, etc.

Enhance Provider Education

- Complete trainings on health equity, trauma-informed care, harm reduction, Black perinatal health, and reproductive justice to improve provider's foundational knowledge on social determinants of health and improve care.
- Educate providers in diverse settings, such as emergency departments, jails, urgent care, primary care who care for pregnant people and people who could become pregnant about congenital syphilis and syphilis in pregnancy.
- Educate providers on STI symptom assessment and testing to avoid misdiagnosis, including education on monkeypox (MPX).
- Educate providers on the requirements and [process for syphilis reporting](#).
- Increase health care provider awareness of [STD Clinical Consultation Network](#) for clinical consultation as needed.
- Learn about the historical experiences that create medical mistrust (e.g., experimentation, forced sterilization, medical apartheid, family separation) and recognize how they are relevant to your patient population. Black, Indigenous, and other people of color, people who experience homelessness, people who use drugs, people living in poverty, immigrants, and people living with mental illness in particular have been subjected to medical trauma.
- Become familiar with [Medi-Cal and Family PACT](#) availability for immigrants, including access for individuals who are undocumented.

Create Strategic Communications

- Increase public awareness of Disease Intervention Specialists (DIS) and what they do.

- Implement syphilis and CS prevention public awareness campaigns, including billboards, public service announcements on TV and radio, print materials, and social media/apps that are developed by and for priority populations. Consider partnering with non-profit organizations (e.g., Essential Access Health) who have the capacity to support with this work.
- Partner with CBOs, especially those organizations that work with people experiencing homelessness and people who use drugs, to educate the public at programs/events.
- Develop policies to implement the use of technology and social media to support disease investigation and partner services.
- Issue health alerts about increases in syphilis among people who can become pregnant and congenital syphilis, outbreaks, emerging diseases, recommended treatment changes, biomedical advances, and reporting requirements.
- Prepare clear and visually appealing data briefs for partners including health care providers, CBOs, and the public.
- Ensure implementation of the [expanded syphilis screening guidelines](#) for additional syphilis screening in pregnancy; during the third trimester and at delivery, in compliance with [Senate Bill 306](#).

Build and Maintain Strong Partnerships

- Foster the development of local syphilis/congenital syphilis task forces, including public and CBO participation.
- Share data with local health care providers and hospitals on diagnosis and treatment of syphilis/CS cases at their facility; help with reporting if needed.
- Opt-in to data sharing agreements with other local health jurisdictions in California.
- Leverage partnerships with CBOs, harm reduction, feeding, and housing programs that work with people experiencing homelessness and people who use drugs to build trust with patients experiencing homelessness or using drugs.
- Collaborate with STI prevention and treatment programs across Oregon, Nevada, and Mexico borders as relevant to local communities.
- In collaboration with other government agencies such as Maternal, Child and Adolescent Health (MCAH), behavioral health and CBOs, offer comprehensive prenatal care programs that include prenatal care, screening, testing, nutrition services, behavioral health services, and housing services.
- Foster relationships between hospitals and CBOs to facilitate linkage to care.
- Collaborate with, support, and learn from Black-led organizations, particularly those that center Black perinatal health.
- Partner with CBOs who work with undocumented individuals and new arrivals.

Appendix G: Other Government Agencies

California Department of Public Health

California Reportable Disease Information Exchange (CalREDIE):

- Access electronic health record data via electronic case reporting (eCR) efforts and improve the use of CalREDIE for direct reporting from health care providers.

Center for Health Statistics and Informatics (CHSI):

- Facilitate timely data sharing for public health action.

Maternal, Child, and Adolescent Health (MCAH) and Special Supplemental Nutrition Program for Women, Infants, and Children (WIC):

- Educate health care providers in the MCAH network (e.g., Comprehensive Perinatal Services Program [CPSP], Regional Perinatal Programs of California) on syphilis and congenital syphilis increases and screening, diagnosis, and treatment recommendations.
- Provide education and resources to clients in MCAH programs (e.g., CPSP, case management programs) about the increase in syphilis and congenital syphilis cases, as well as the importance of prompt screening and treatment.
- Offer syphilis screening to clients in MCAH programs.
- Collaborate on case management for pregnant people with syphilis.

Department of Health Care Services (DHCS):

- Make syphilis screening in pregnancy a state quality measure.
- Assess whether Bicillin L-A reimbursement matches the cost of acquisition in Medi-Cal.
- Increase awareness about Medi-Cal and Family PACT policies covering the reverse algorithm syphilis testing.

Local Departments of Behavioral Health:

- Ensure access to substance use and mental health treatment for pregnant people at the local level.
- Offer syphilis screening to clients in substance use and mental health programs, including outpatient settings.

Law Enforcement, Courts, Prisons, and Jails:

- [Reduce criminalization](#) of substance use, sex work, and homelessness (federal and state).
- Implement syphilis screening in prisons, jails, juvenile detention facilities, probation, and parole settings.

Explore Policy Solutions:

- Electronic medical record companies: include syphilis screening and treatment pop-ups in the electronic medical record.
- American College of Obstetricians and Gynecologists: recommend third trimester and delivery screening in California.
- Pfizer: make Bicillin L-A affordable and ensure no shortage occurs.
- Pharmacies: stock and administer Bicillin L-A.