Introduction and Protocol for Congenital Syphilis Surveillance in California

Jessica Frasure-Williams, MPH
Syphilis Elimination Coordinator
May 6, 2013  9-10AM

Call-in Information:
888-606-7149
Passcode: 63776#

Please mute your phones!
Training Series

Introduction and Protocol for Congenital Syphilis Surveillance in California
May 6, 2013 – 9-10AM

Completion of the Revised Congenital Syphilis Form
May 13, 2013 – 9-10AM

CalREDIE: Initiating, Monitoring and Entering Data for Congenital Syphilis
May 20, 2013 – 9-10AM
The Revised Congenital Syphilis Report Form – What’s New, Why, and How to Use It

John R. Su, MD, PhD, MPH
Division of STD Prevention

April 29, 2013
What we will cover today

• Rationale for changing the system
• National congenital syphilis case definition
• Revised California protocol for surveillance and case management
• Algorithm for classifying congenital syphilis cases
• Case Studies
Changing Congenital Syphilis and Case Management Protocols in California

RATIONALE
Rationale for Revisions

- Low true congenital syphilis morbidity
- Proposed changes will increase efficiencies
  - Reduce paperwork
  - Reduce workload by 3.5 hours per case
- Survey of state DIS in 2010 suggested changes that could be made
Trends in Congenital Syphilis Reporting, 1991-2010

Probable/Stillbirth/Confirmed case
Trends in Congenital Syphilis Reporting, 1991-2010

“not a case”- substantial number of reports

Probable/Stillbirth/Confirmed case  Not a case
Getting on the same page.

CASE DEFINITION
Surveillance Case Definition for Congenital Syphilis (CS)

• A **confirmed case** of CS is an infant or child in whom *Treponema pallidum* is identified by darkfield microscopy, direct fluorescent antibody, or other specific stains in specimens from lesions, placenta, umbilical cord, or autopsy material.

• A **presumptive case** of CS is either of the following: any infant whose mother had untreated or inadequately treated syphilis at the time of delivery, regardless of the findings in the infant or child; any infant or child who has a reactive treponemal test for syphilis and any one of the following:
  – evidence of CS on physical examination;
  – evidence of CS on long bone X-ray;
  – reactive CSF-VDRL;
  – elevated CSF cell count or protein (without other cause);

• A **syphilitic stillbirth** is defined as a fetal death in which the mother had untreated or inadequately treated syphilis at the time of delivery of either a fetus after a 20-week gestation or a fetus weighing >500g.

*Established by the Coalition of State and Territorial Epidemiologists*
Definition: Confirmed Case

• positive darkfield or special stains in the specimens from
  – lesions
  – placenta
  – umbilical cord, or
  – autopsy material
Definition: Presumptive Case

• inadequate treatment in the mother, regardless of infant results, OR
• reactive [non-]treponemal* test in the infant plus one of the following:
  – evidence on physical exam,
  – evidence on long bone X-ray,
  – reactive CSF-VDRL, OR
  – elevated CSF cell count or protein (without other cause)

*CDC does not recommend treponemal tests in infants, as they reflect mother’s titer. A non-treponemal test (RPR/VDRL) is sufficient.
## Elevated CSF Results

<table>
<thead>
<tr>
<th>Age of infant/neonates</th>
<th>Elevated CSF White Blood Cell Count</th>
<th>Elevated CSF Protein Count</th>
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<tr>
<td>≤30 days old</td>
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Definition: Syphilitic Stillbirth

- fetal death in which the mother had untreated or inadequately treated syphilis at the time of delivery of either
  - a fetus after a 20-week gestation or
  - a fetus weighing >500g
Adequate treatment for syphilis in pregnant females

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Pregnant women allergic to penicillin should be treated with penicillin after desensitization. There are no alternative regimens for syphilis treatment in pregnancy.

Preventing and reporting cases.

REVISED PROTOCOL
Responsibilities: Medical Providers vs Public Health

• Medical providers are responsible for the **care of individual patients** by:
  – Diagnosing and appropriately treating syphilis
  – Discussing previous pregnancies
  – Discussing partner testing and treatment
  – Reporting to the Health Department

• Public Health staff are responsible for monitoring and **reducing the spread of syphilis in the community** by
  – Following up on infectious syphilis cases to confirm treatment and conduct partner services
  – Assuring treatment of women of child-bearing age to prevent congenital syphilis
  – Assuring providers have accurate and current information about syphilis in pregnancy and infants
Summary of new protocol for CS management

- Confirm treatment for **all cases in women** of child-bearing age and **infants**
- Initiate FR for the following:
  - All **female cases** of child-bearing age
  - All **females with an infant** with a reactive STS
  - All **infants** with a reactive STS
- Syphilis interview records and partner services are only required for **early cases**
- Complete the revised CS form for the following:
  - Infants or stillborn fetuses of mothers who are **inadequately treated**
  - Infants with reactive STS and **evidence of congenital syphilis**
- Providers should be faxed information sheets according to circumstances.
- Cases should be closed within 30 days of treatment verification or delivery.
Managing Reactive STS in Women

• Reactor search and entry remains the same
  – All reactive STS, including biologic false positives in women should be entered

• Initiation of FRs and verification of clinical information
  – For all new cases
  – For all infants with reactive STS
  – For all mothers determined to be ‘Not a Case’ but deliver infants with reactive STS (rare)
Management of Non-Pregnant Female Syphilis Cases

Early Syphilis Cases
- Confirm treatment
- Initiate FR
- Interview
- Conduct partner services
- Close case within 30 days of treatment confirmation

Late Syphilis Cases
- Confirm treatment series
- Initiate FR
- No interview or partner services
- Fax to providers
  - Guidelines for Clinical Management of Late Latent Syphilis
- Close case within 30 days of treatment series confirmation
Management of Pregnant Syphilis Cases

Adequately Treated

- Confirm treatment series
- Initiate FR if new case
- Interview and partner services for early syphilis cases only
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- Close case within 30 days of treatment confirmation

Inadequately Treated

- Interview and partner services for early syphilis cases only
- Initiate FR on mother (if new case) and infant
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- Contact the ICCR headquarters for CS ID Number
- Complete the CS Form
- Classify the infant using the CS algorithm
- Alert the STD Controller
- Close case within 30 days of delivery
Management of Reactive STS in Infants

**Mother Adequately Treated**
- Confirm treatment series
- Initiate FR for mother if new case
- Initiate FR for infant
- Interview and partner services for *early* syphilis cases only (mother)
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- If infant has evidence of CS
  - Contact the ICCR headquarters for CS ID Number
  - Complete the CS Form
  - Classify the infant using the CS algorithm
- Alert the STD Controller
- Close case within 30 days of delivery

**Mother Inadequately Treated**
- Initiate FR for mother if new case
- Initiate FR for infant
- Interview and partner services for *early* syphilis cases only (mother)
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- Contact the ICCR headquarters for CS ID Number
- Complete the CS Form
- Classify the infant using the CS algorithm
- Alert the STD Controller
- Close case within 30 days of delivery
Management of Reactive STS in Delivery Blood

**Mother Adequately Treated**
- Confirm treatment series
- Initiate FR for mother if new case
- Initiate FR for infant
- Interview and partner services for *early* syphilis cases only (mother)
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- If infant has evidence of CS
  - Contact the ICCR headquarters for CS ID Number
  - Complete the CS Form
  - Classify the infant using the CS algorithm
- Alert the STD Controller
- Close case within 30 days of delivery

**Mother Inadequately Treated**
- Initiate FR for mother if new case
- Initiate FR for infant
- Interview and partner services for *early* syphilis cases only (mother)
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- Contact the ICCR headquarters for CS ID Number
- Complete the CS Form
- Classify the infant using the CS algorithm
- Alert the STD Controller
- Close case within 30 days of delivery
Management of Suspected Syphilitic Stillbirths

**Mother Adequately Treated**
- Confirm treatment series
- Initiate FR for mother if new case
- Interview and partner services for early syphilis cases only
- Close case within 30 days of treatment series confirmation

**Mother Inadequately Treated**
- Initiate FR for mother if new case
- Interview and partner services for early syphilis cases only
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
- If fetus was delivered after a 20-week gestation or weighed >500g
  - Contact the ICCR headquarters for CS ID Number
  - Complete the CS Form
  - Classify the infant as a syphilitic stillbirth
- Alert the STD Controller
- Close case within 30 days of stillbirth

Do not report as syphilitic stillbirth – does not meet the case definition.
Case Closure, Case Review and Documentation

Mother Adequately Treated

- Within 30 days of treatment confirmation

- Front line supervisors should review all cases prior to submission.

- The following should be submitted to the Congenital Syphilis Coordinator within 7 days of case closure:
  - California CS Case Investigation and Report
  - Copy of the FR for mother and infant
  - Reactor history printed from the local reactor database
  - For early cases: copies of the FRs for partners and IR for mother

Mother Inadequately Treated

- Within 30 days of treatment confirmation, stillbirth or delivery

- Notify ICCR headquarters if you request a CS ID Number and the infant is subsequently determined not to be a case.

CONGENITAL SYPHILIS COORDINATOR:

cpacs@cdph.ca.gov or fax to 916.440.5949
Classifying CS Cases

THE ALGORITHM
Algorithm for Classifying CS Cases

1. **Did mother begin treatment 30 days or more prior to delivery and complete the treatment regimen appropriate for her stage?**
   - **YES**
   - **NO/Unknown**
     - **Does mother meet case definition for syphilis? (footnote e)**
       - **YES**
       - **NO/Unknown**
         - **Do you have lab or medical information for infant?**
           - **YES**
           - **What is infant/child’s non-treponemal test result?**
             - **YES**
             - **Non-reactive**
             - **Reactive/Unknown/Not Done**
           - **NO**
           - **Not a Case**
         - **Not a Case**
       - **NO/Unknown**
         - **Was this a fetal death meeting either of the following criteria:**
           - **Delivery after 20-week gestation**
           - **Birth weight >500 grams**
           - **YES**
           - **Syphilitic Stillbirth**
           - **NO/Unknown**
         - **Does infant/child have a (+) darkfield or (+) DFA exam?**
           - **YES**
           - **Confirmed Case**
           - **NO**
           - **Probable Case**
         - **NO/Unknown/Not Done**
         - **Not a Case**
   - **NO/Unknown**
     - **Does infant/child have a (+) darkfield or (+) DFA exam?**
       - **YES**
       - **Confirmed Case**
       - **NO/Unknown/Not Done**
     - **Probable Case**
     - **Not a Case**
   - **Not a Case**

2. **Did you have lab or medical information for infant?**
   - **YES**
   - **No**
     - **Non-reactive**
     - **Reactive/Unknown/Not Done**
     - **Not a Case**

3. **Does infant/child have ANY one of the following:**
   - **Physical signs of CS (footnote c)**
   - **Evidence of CS on long bone x-ray**
   - **Reactive cerebrospinal fluid VDRL (CSF-VDRL)**
   - **Elevated CSF cell count or protein (without other cause) (footnote d)**
   - **YES**
   - **Not a Case**
   - **NO/Unknown/Not Done**

**STD Control Branch**
Algorithm for Classifying CS Cases

1. **Did mother begin treatment 30 days or more prior to delivery and complete the treatment regimen appropriate for her stage?**
   - [ ] YES
   - [ ] NO/Unknown

2. **Does mother meet case definition for syphilis? (footnote e)**
   - [ ] YES
   - [ ] NO/Unknown

3. **Did you have lab or medical information for infant?**
   - [ ] YES
   - [ ] NO

4. **Was this a fetal death meeting either of the following criteria:**
   - Delivery after 20-week gestation
   - Birth weight >500 grams
   - [ ] YES
   - [ ] NO

   **Syphilitic Stillbirth**

5. **Does infant/child have a (+) darkfield or (+) DFA exam?**
   - [ ] YES
   - [ ] NO/Unknown

   **Confirmed Case**

6. **Not a Case**

   **Probable Case**

7. **Not a Case**

   **STD Control Branch**
Algorithm for Classifying CS Cases

1. **Did mother begin treatment 30 days or more prior to delivery and complete the treatment regimen appropriate for her stage?**
   - **Yes**
     - **Does mother meet case definition for syphilis?**
       - **Yes**
         - **Do you have lab or medical information for infant?**
           - **Yes**
             - **What is infant/child’s non-treponemal test result?**
               - **Non-reactive**
                 - **Not a Case**
               - **Reactive/Unknown/Not Done**
               - **Syphilitic Stillbirth**
             - **No**
               - **Probable Case**
               - **Not a Case**
         - **No**
           - **Non-reactive**
             - **Not a Case**
           - **Reactive/Unknown/Not Done**
           - **Syphilitic Stillbirth**
     - **No**
       - **Not a Case**
2. **No/Unknown**
   - **Definition for syphilis?**
     - **Yes**
       - **Does mother meet case definition for syphilis?**
         - **Yes**
           - **Do you have lab or medical information for infant?**
             - **Yes**
               - **What is infant/child’s non-treponemal test result?**
                 - **Non-reactive**
                   - **Not a Case**
                 - **Reactive/Unknown/Not Done**
                 - **Syphilitic Stillbirth**
               - **No**
                 - **Not a Case**
             - **No**
               - **Probable Case**
               - **Not a Case**
         - **No**
           - **Not a Case**
   - **No/Unknown**
Algorithm for Classifying CS Cases

Did mother begin treatment 30 days or more prior to delivery and complete the treatment regimen appropriate for her stage?

- **YES**
  - Does mother meet case definition for syphilis? (footnote e)
  - **NO/Unknown**

- **NO/Unknown**

Was this a fetal death meeting either of the following criteria:
- Delivery after 20-week gestation
- Birth weight >500 grams

- **YES**
  - Syphilitic Stillbirth
  - **NO/Unknown**

Does infant/child have a (+) darkfield or (+) DFA exam?

- **YES**
  - Confirmed Case
  - **NO/Unknown/Not Done**

Does infant/child have ANY one of the following:
- Physical signs of CS (footnote c)
- Evidence of CS on long bone x-ray
- Reactive cerebrospinal fluid VDRL (CSF-VDRL)
- Elevated CSF cell count or protein (without other cause) (footnote d)

- **YES**
  - Probable Case
  - **NO/Unknown/Not Done**

- **NO/Unknown**

Does you have lab or medical information for infant?

- **YES**
  - What is infant/child’s non-treponemal test result?
  - **REACTIVE/UNKNOWN/NOT DONE**

- **NO**
  - Non-reactive

- **NOT A CASE**
Putting theory into practice.

CASE STUDY #1
Case Study #1: Sophia

- 27 year old mother, who is TP-PA+ with RPR of 1:16
- Previously treated for secondary syphilis (2009) with 2.4 MU BIC
- Last reported RPR of 1:2 in 2010

What stage of syphilis does Sophia have?
What stage of syphilis does Sophia have?

- She has no symptoms
  - Reports no symptoms consistent with syphilis in past 12 months
- She has reactive treponemal test (TP-PA+)
  - Treated for secondary syphilis in the past
- Her last RPR = 1:2, but her titer is now 1:16
  - Four-fold increase in non-treponemal titer
- Sophia meets case definition for late latent syphilis.
Case Study #1: Sophia (cont)

- Sophia received her first dose of 2.4 MU of BIC 40 days before delivery.
- She received her 3rd dose of BIC (i.e., she completed treatment) 26 days before delivery.
- Treatment was verified by a medical provider.

Was Sophia adequately treated for syphilis?
Adequate treatment for syphilis in pregnant females

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Pregnant women allergic to penicillin should be treated with penicillin after desensitization. There are no alternative regimens for syphilis treatment in pregnancy.

Was Sophia adequately treated for syphilis?

• Sophia received 7.2 MU BIC
  – Appropriate treatment for late latent syphilis
• She began treatment 40 days before delivery
  – She completed treatment 26 days before delivery

Yes, Sophia was adequately treated for syphilis.
Management of Pregnant Syphilis Cases

Adequately Treated

• Confirm treatment series
• Initiate FR if new case
• Interview and partner services for early syphilis cases only
• Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
• Close case within 30 days of treatment confirmation

Inadequately Treated

• Interview and partner services for early syphilis cases only
• Initiate FR on mother (if new case) and infant
• Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
• Contact the ICCR headquarters for CS ID Number
• Complete the CS Form
• Classify the infant using the CS algorithm
• Alert the STD Controller
• Close case within 30 days of delivery
Management of Sophia’s Case

- Confirm treatment series
- Initiate FR if new case
- No interview required – late latent case
- Fax to provider
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- Close case within 30 days of treatment confirmation
- Submit to Congenital Syphilis Coordinator within 7 days of case closure
Was this a fetal death meeting either of the following criteria:
- Delivery after 20-week gestation
- Birth weight >500 grams

Did mother begin treatment 30 days or more prior to delivery and complete the treatment regimen appropriate for her stage?

Do you have lab or medical information for infant?

What is infant/child’s non-treponemal test result?

Does infant/child have any one of the following:
- Physical signs of CS (footnote c)
- Evidence of CS on long bone x-ray
- Reactive cerebrospinal fluid VDRL (CSF-VDRL)
- Elevated CSF cell count or protein (without other cause) (footnote d)
Putting theory into practice.

CASE STUDY #2
Case Study #2: Isabella

- 3 month-old female with RPR of 1:8
- Adopted – no information on mother
- Lumbar puncture results:
  - WBC count = 3 WBC/mm$^3$
  - CSF protein = 58 mg/dL
- No long bone X-ray available

*Is Isabella's serology consistent with a diagnosis of CS?*
Is Isabella's serology consistent with a diagnosis of CS?

- Isabella has a reactive non-treponemal test – RPR 1:8
- She does not have a reactive treponemal test, but this is not required in infants.

Yes, Isabella's serology is consistent with a diagnosis of CS.
Management of Reactive STS in Infants

**Mother Adequately Treated**
- Confirm treatment series
- Initiate FR for mother if new case
- Initiate FR for infant
- Interview and partner services for early syphilis cases only (mother)
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- If infant has evidence of CS
  - Contact the ICCR headquarters for CS ID Number
  - Complete the CS Form
  - Classify the infant using the CS algorithm
- Close case within 30 days of delivery

**Mother Inadequately Treated**
- Initiate FR for mother if new case
- Initiate FR for infant
- Interview and partner services for early syphilis cases only (mother)
- Fax to providers
  - Evaluation and Management of Pregnant Women with Syphilis
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- Contact the ICCR headquarters for CS ID Number
- Complete the CS Form
- Classify the infant using the CS algorithm
- Alert the STD Controller
- Close case within 30 days of delivery
Management of Isabella’s Case

- Initiate FR for infant
- Fax to provider
  - Guidelines for Evaluation and Management of Neonates Exposed to Syphilis
- Contact the ICCR headquarters for CS ID Number
- Complete the CS Form
- Classify the infant using the CS algorithm
- Alert the STD Controller
- Close case within 30 days of lab report
- Submit to Congenital Syphilis Coordinator within 7 days of case closure
Was this a fetal death meeting either of the following criteria:
• Delivery after 20-week gestation
• Birth weight >500 grams

Did mother begin treatment 30 days or more prior to delivery and complete the treatment regimen appropriate for her stage?

Does mother meet case definition for syphilis? (footnote e)

Do you have lab or medical information for infant?

What is infant/child’s non-treponemal test result?

Does infant/child have a (+) darkfield or (+) DFA exam?

RPR 1:8
Reactive/Unknown/Not Done

Does infant/child have ANY one of the following:
• Physical signs of CS (footnote c)
• Evidence of CS on long bone x-ray
• Reactive cerebrospinal fluid VDRL (CSF-VDRL)
• Elevated CSF cell count or protein (without other cause) (footnote d)
Definition: Presumptive Case

• inadequate treatment in the *mother*, regardless of infant results, OR

• reactive non-treponemal test in the *infant* plus one of the following:
  – evidence on physical exam,
  – evidence on long bone X-ray,
  – reactive CSF-VDRL, OR
  – elevated CSF cell count or protein (without other cause)

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SUMMARY
Protocol Summary

• Confirm treatment for **all cases in women** of child-bearing age and **infants**

• Initiate FR for the following:
  – All **female cases** of child-bearing age
  – All **females with an infant** with a reactive STS
  – All **infants** with a reactive STS

• Syphilis interview records and partner services are only required for **early cases**

• Complete the revised CS form for the following:
  – Infants or stillborn fetuses of mothers who are **inadequately treated**
  – Infants with reactive STS and **evidence of congenital syphilis**

• Providers should be faxed information sheets according to circumstances.

• Cases should be closed within 30 days of treatment verification or delivery, and sent to the CS Coordinator within 7 days.
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Thank You!

California Department of Public Health
• Michael Samuel
• Denise Gilson
• Romni Neiman
• Edwin Lopez
• George Camarillo
• Heidi Bauer

County of San Diego
• Heidi Aiem
• Debra Lopez-Devereaux

Contact Information

PRESENTER INFORMATION:
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Syphilis Elimination Coordinator
Jessica.Frasure@cdph.ca.gov

SUBMIT ALL FORMS TO:
Congenital Syphilis Coordinator
cpacs@cdph.ca.gov or
fax to 916.440.5949