

Summary of congenital syphilis 2006-08

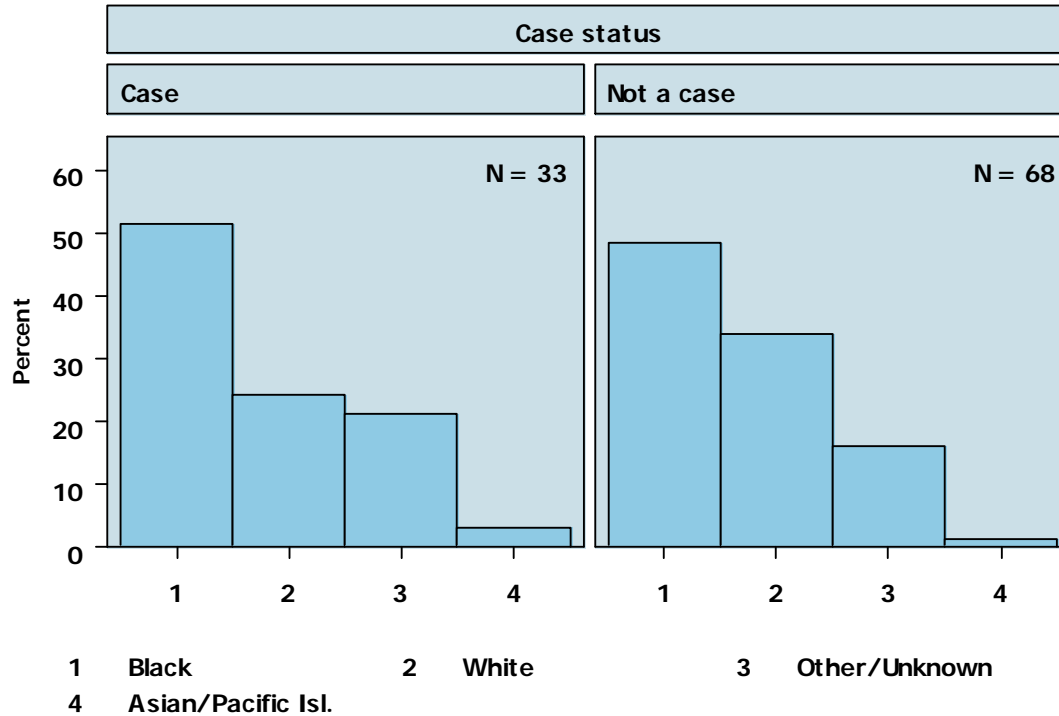
Interim Report
November 19, 2008

Case classification (total=101)

Case classification		Case	Not a case	All
Not a case	N	0	68	68
	%	0	100.0%	67.3%
Syphilitic stillbirth	N	2	0	2
	%	6.1%	0	2.0%
Presumptive case	N	31	0	31
	%	93.9%	0	30.7%

Baby status of the same mother	N	% of unique mothers
1 case(s)	21	23.6%
1 non-case(s)	60	67.4%
1 non-case(s) and 1 case(s)	2	2.2%
2 case(s)	3	3.4%
2 non-case(s)	1	1.1%
2 non-case(s) and 2 case(s)	2	2.2%

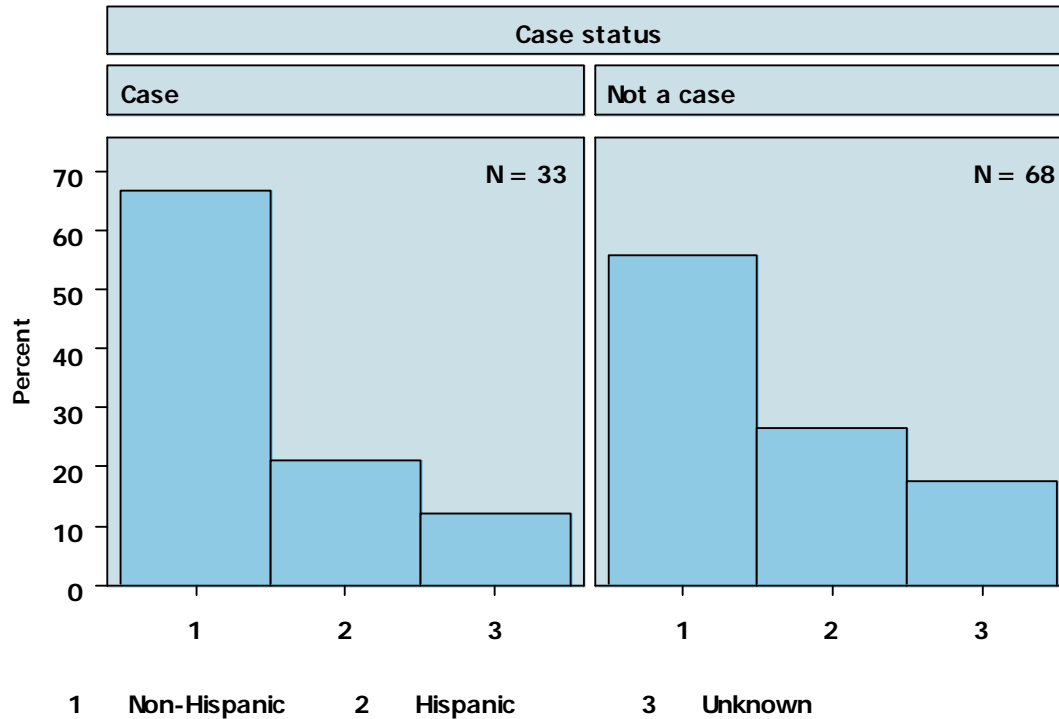
Racial composition (total=101)



Infant's race

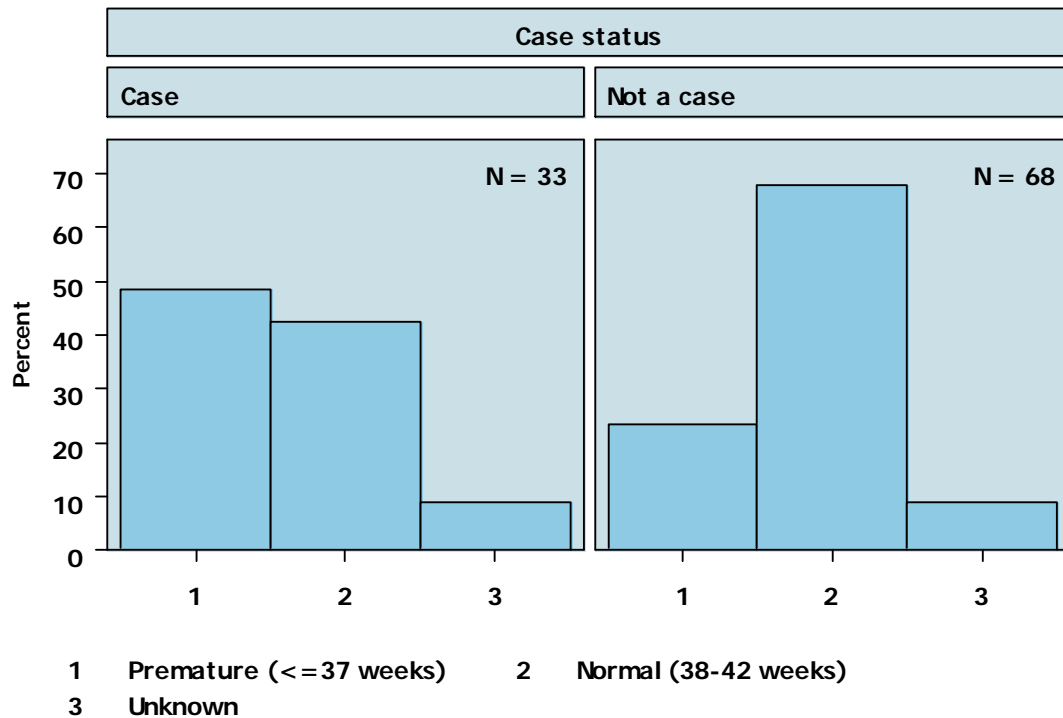
		Case	Not a case	All
Asian/Pacific Isl.	N	1	1	2
	%	3.0%	1.5%	2.0%
Black	N	17	33	50
	%	51.5%	48.5%	49.5%
White	N	8	23	31
	%	24.2%	33.8%	30.7%
Other/Unknown	N	7	11	18
	%	21.2%	16.2%	17.8%

Ethnic composition (total=101)



<i>Infant's ethnicity</i>		Case	Not a case	All
	Hispanic	N	7	18
	%	21.2%	26.5%	24.8%
Non-Hispanic	N	22	38	60
	%	66.7%	55.9%	59.4%
Unknown	N	4	12	16
	%	12.1%	17.6%	15.8%

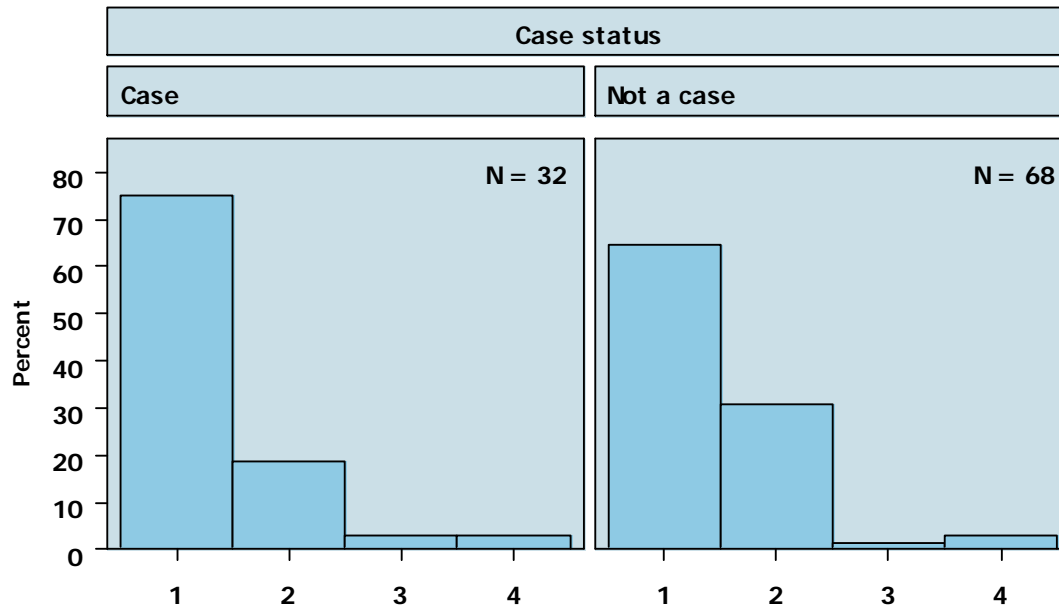
Gestational age* (total=101)



Gestational age		Case	Not a case	All
	Normal (38-42 weeks)	N	14	46
%		42.4%	67.6%	59.4%
Premature (<=37 weeks)	N	16	16	32
	%	48.5%	23.5%	31.7%
Unknown	N	3	6	9
	%	9.1%	8.8%	8.9%

*The odds of premature deliver is 3.3 times higher among cases than non-cases (95% confidence interval for odds ratio: [1.32, 8.21]).

Mother's marital status* (twins, triplets, etc. counted as one birth; total=100**)



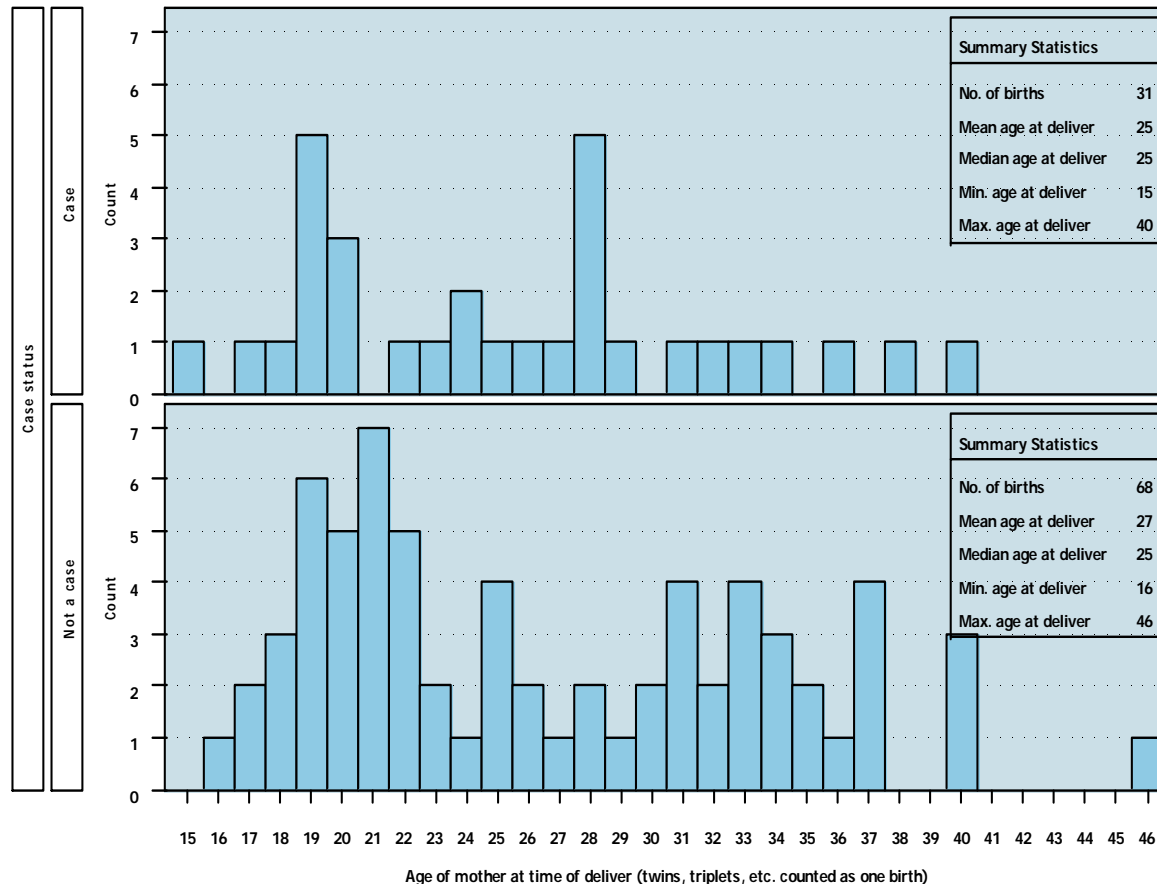
		Case status		
		Case	Not a case	All
Mother's marital status				
Single, never married	N	24	44	68
	%	75.0%	64.7%	68.0%
Married	N	6	21	27
	%	18.8%	30.9%	27.0%
Separated, divorced	N	1	2	3
	%	3.1%	2.9%	3.0%
Other/Unknown	N	1	1	2
	%	3.1%	1.5%	2.0%

- 1 Single, never married 2 Married
3 Other/Unknown 4 Separated, divorced

*At time when records were written to STD-MIS congenital syphilis module.

**One twin birth.

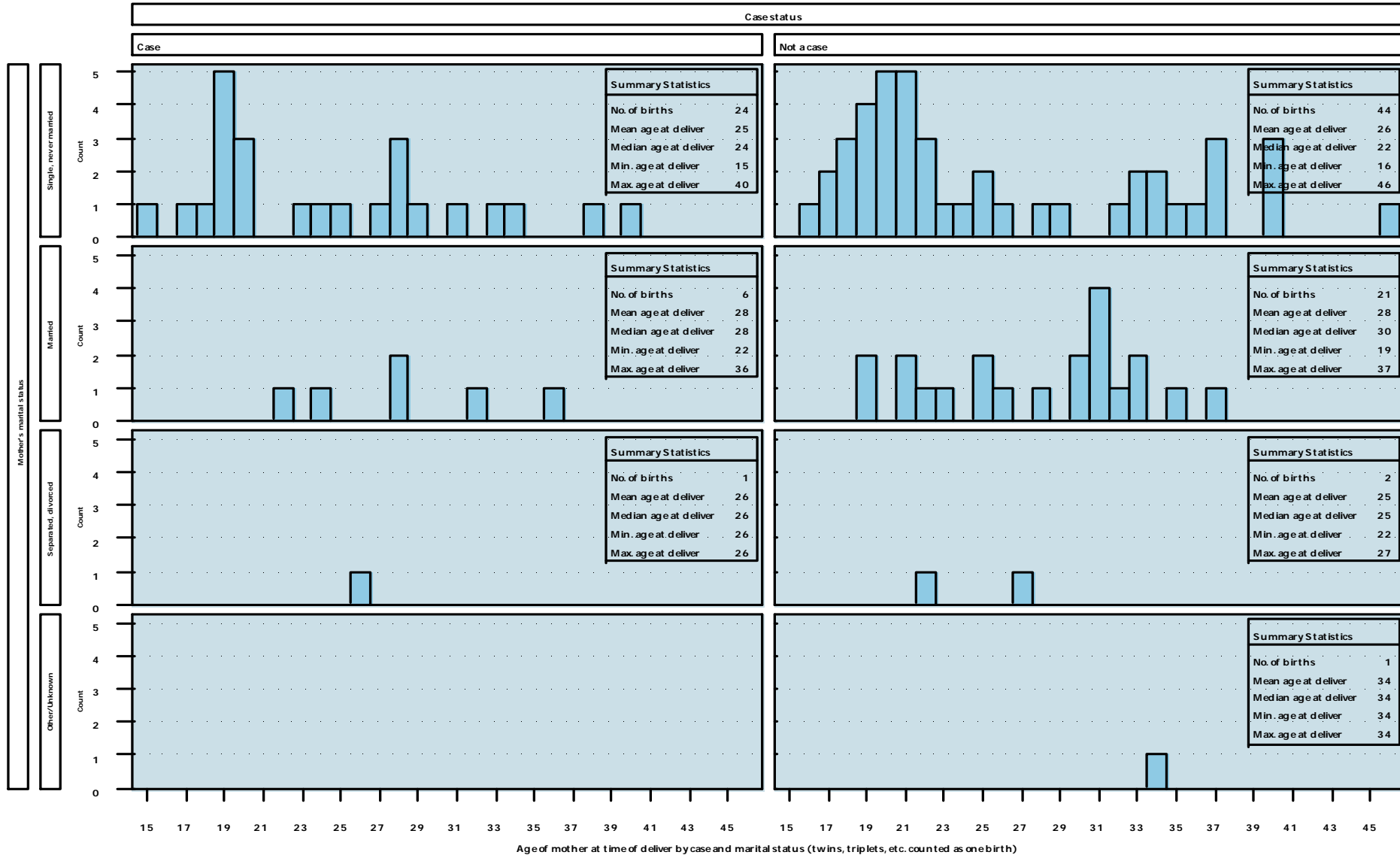
Age of mother at time of deliver (twins, triplets, etc. counted as one birth; total=99*)



Age of mother at time of deliver	Case status		All
	Case	Not a case	
<=15 years	N 1 % 3.2%	0 0	1 1.0%
16-20 years	N 10 % 32.3%	17 25.0%	27 27.3%
21-25 years	N 5 % 16.1%	19 27.9%	24 24.2%
26-30 years	N 8 % 25.8%	8 11.8%	16 16.2%
31-35 years	N 4 % 12.9%	15 22.1%	19 19.2%
36-40 years	N 3 % 9.7%	8 11.8%	11 11.1%
46-50 years	N 0 % 0	1 1.5%	1 1.0%

*Of the 89 unique mothers, 88 have DOB recorded in STD-MIS, amounting to a total of 99 births where age at delivery is known.

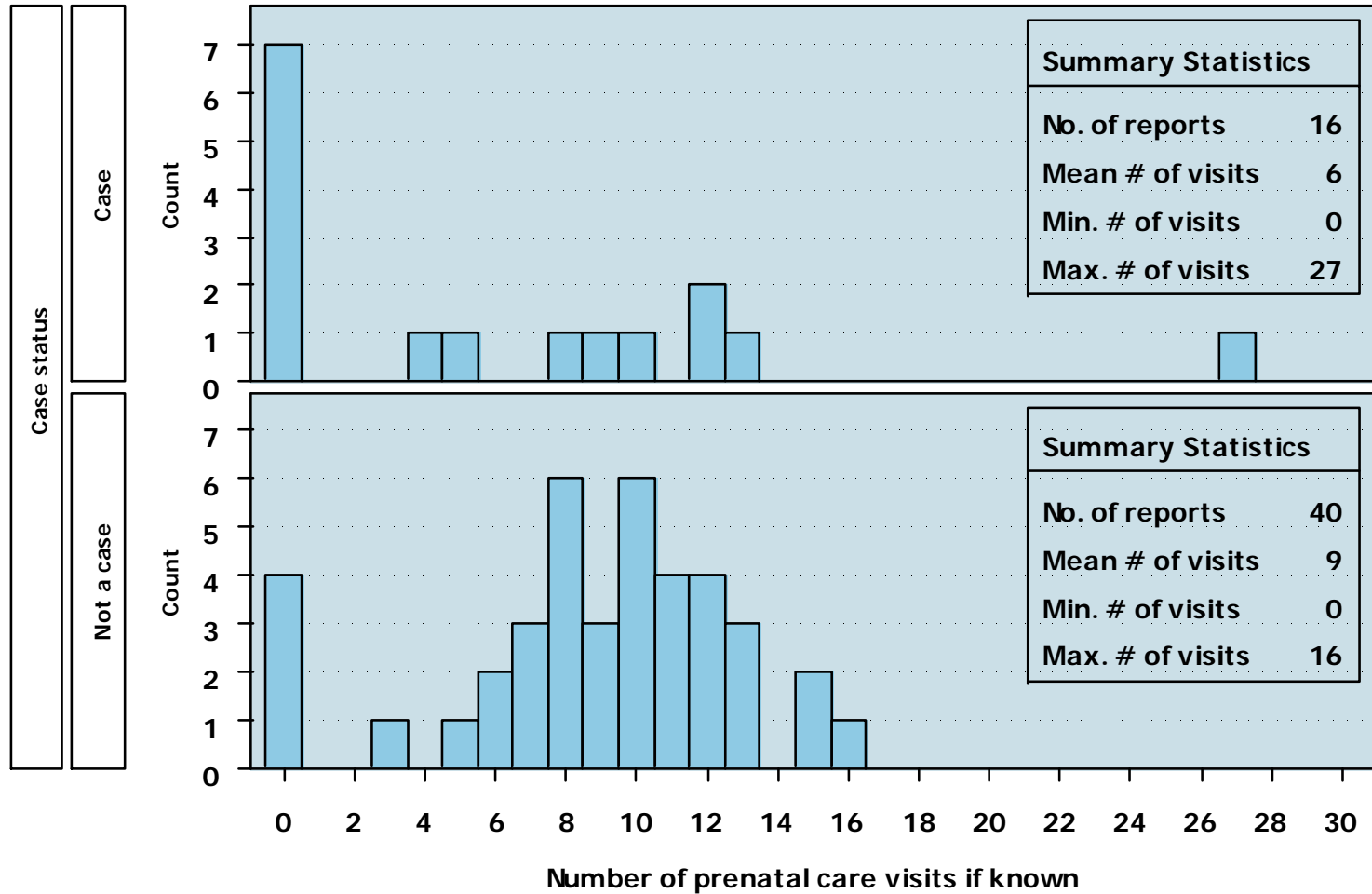
Age of mother by marital & case status (twins, triplets, etc. counted as one birth; total=99)



Prenatal care status (twins, triplets, etc. counted as one birth; total=100)

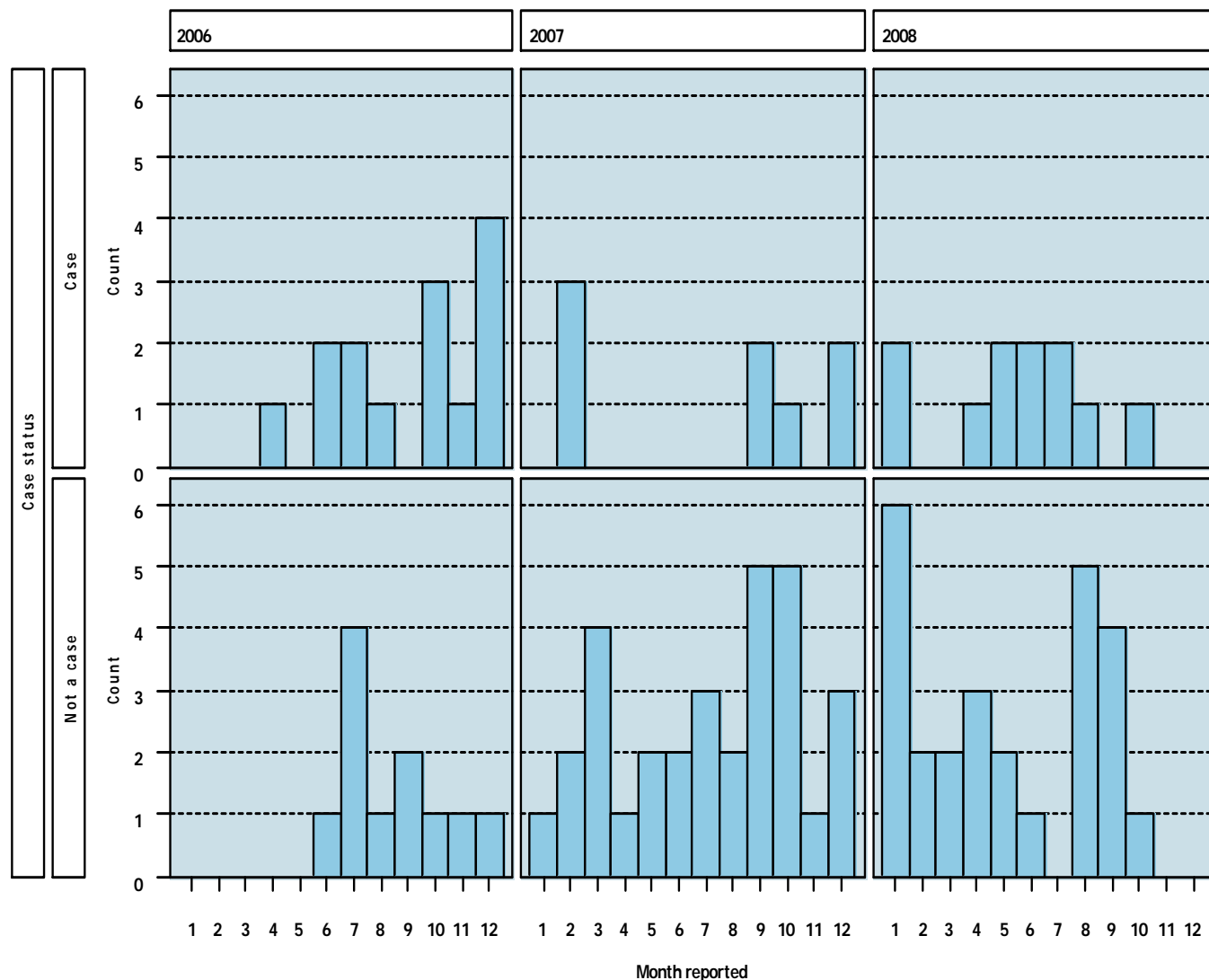
		Case status		
		Case	Not a case	All
Prenatal care?				
Yes	N	22	60	82
	%	68.8%	88.2%	82.0%
No	N	7	4	11
	%	21.9%	5.9%	11.0%
Unknown	N	3	4	7
	%	9.4%	5.9%	7.0%
Trimester when had 1st prenatal care visit				
Unknown	N	20	26	46
	%	62.5%	38.2%	46.0%
1st (weeks 1-14)	N	6	25	31
	%	18.8%	36.8%	31.0%
2nd (weeks 15-28)	N	4	15	19
	%	12.5%	22.1%	19.0%
3rd (weeks 29 through labor/deliver)	N	2	2	4
	%	6.3%	2.9%	4.0%
Prenatal care visits				
Unknown	N	16	28	44
	%	50.0%	41.2%	44.0%
0-5 times	N	9	6	15
	%	28.1%	8.8%	15.0%
6-10 times	N	3	20	23
	%	9.4%	29.4%	23.0%
>10 times	N	4	14	18
	%	12.5%	20.6%	18.0%

Number of prenatal care visits if known (twins, triplets, etc. counted as one birth; total=56)



Congenital syphilis cases (presumptive including stillbirths) and non-cases by date reported (01JAN06-29OCT08)

RPyear	RPmonth	Case N	Not a case N
2006	Apr	1	0
	Jun	2	1
	Jul	2	4
	Aug	1	1
	Sep	0	2
	Oct	3	1
	Nov	1	1
	Dec	4	1
2006	Total	14	11
2006	Monthly Avg.	1.17	0.92
2007	Jan	0	1
	Feb	3	2
	Mar	0	4
	Apr	0	1
	May	0	2
	Jun	0	2
	Jul	0	3
	Aug	0	2
	Sep	2	5
	Oct	1	5
	Nov	0	1
	Dec	2	3
2007	Total	8	31
2007	Monthly Avg.	0.67	2.58
2008	Jan	2	6
	Feb	0	2
	Mar	0	2
	Apr	1	3
	May	2	2
	Jun	2	1
	Jul	2	0
	Aug	1	5
	Sep	0	4
	Oct	1	1
2008	Total	11	26
01JAN06 - 29OCT08	Grand Total	33	68



Possible Recommendations

- All pregnant women should have a serologic test for syphilis during the 1st and 3rd trimester and at the time of delivery
- All pregnant women with a positive test result should be immediately reported to the SNHD and receive expert consultation on clinical management and treatment
- Access to prenatal care is essential
- Increased efforts to detect syphilis and respond with aggressive DIS activities are warranted