

# Outbreak Response from the DIS Perspective

July 31, 2019

DIS Community of Practice

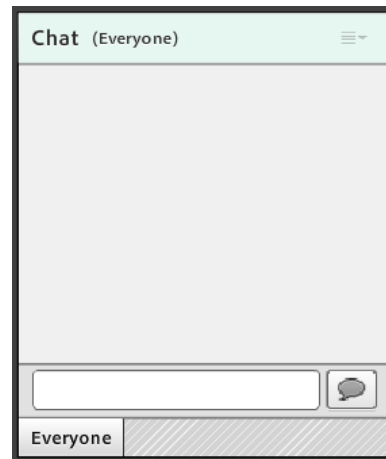
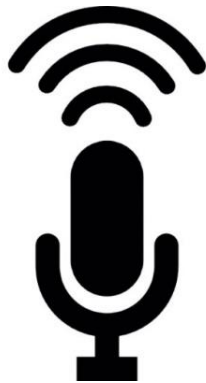


**NCS D**

National Coalition  
of STD Directors

# Logistics

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This webinar is being recorded and will be shared with you.

# Objectives



This webinar aims to:

- Highlight the specific ways in which DIS have been used to address rises in syphilis in New York State, Louisiana, and Texas
- Outline how DIS have been integrated into rapid response plans in these jurisdictions
- Detail how DIS have collaborated with community-based organizations to address rises in syphilis in these jurisdictions

# Agenda



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1. Kate DiBenedetto- New York State Department of Health
  2. Ashley Larche- Louisiana Department of Health
  3. Sydney Minnerly – Texas Department of State Health Services
  4. Q&A – submit your question via the chat box

# Kate DiBenedetto, MPA, MSEd

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Technical Assistance Representative  
*New York State Department of Health*

# DIS Addressing an Uptick: Syphilis in Monroe County, New York

Kate DiBenedetto, MPA, MEd

New York State Department of Health, AIDS Institute

Division of Epidemiology, Evaluation, and Partner Services

Bureau of HIV/STD Field Services

## An Upward Trend in STI Diagnoses from 2014 to 2018\*

**21.6%** ↑

in **chlamydia** diagnoses

**69.2%** ↑

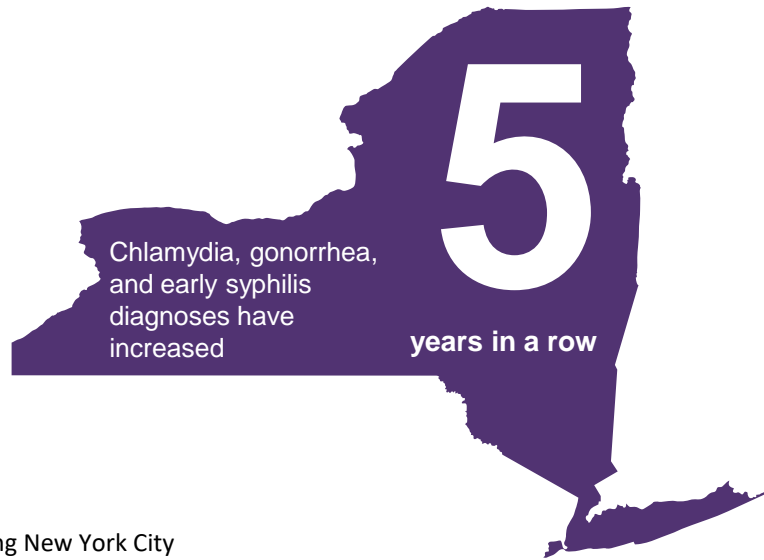
in **gonorrhea** diagnoses

**57.1%** ↑

in **primary & secondary syphilis** diagnoses

**200%** ↑

in **congenital syphilis** diagnoses

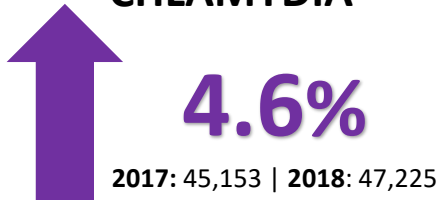


\*Data are specific to New York State excluding New York City

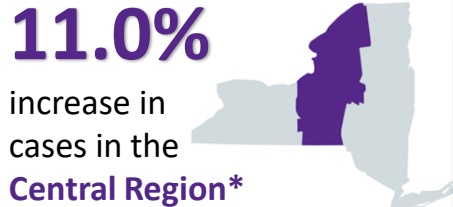
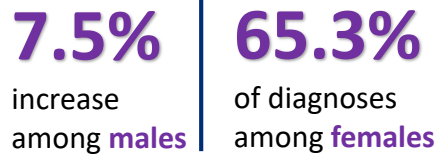
Created by: Bureau of Sexual Health and Epidemiology

# 2018 STI Surveillance Increases Highlighted for New York State (excluding New York City)

## CHLAMYDIA



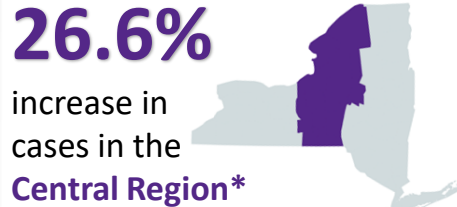
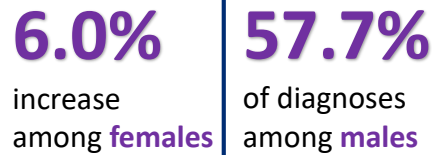
5 consecutive years of increases



## GONORRHEA



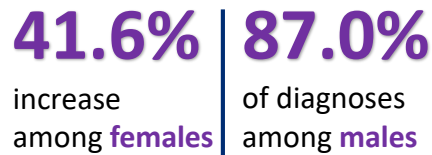
5 consecutive years of increases



## EARLY SYPHILIS



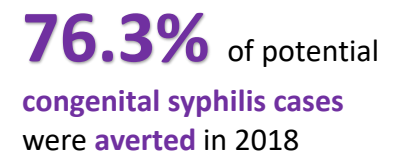
9 consecutive years of increases



## CONGENITAL SYPHILIS



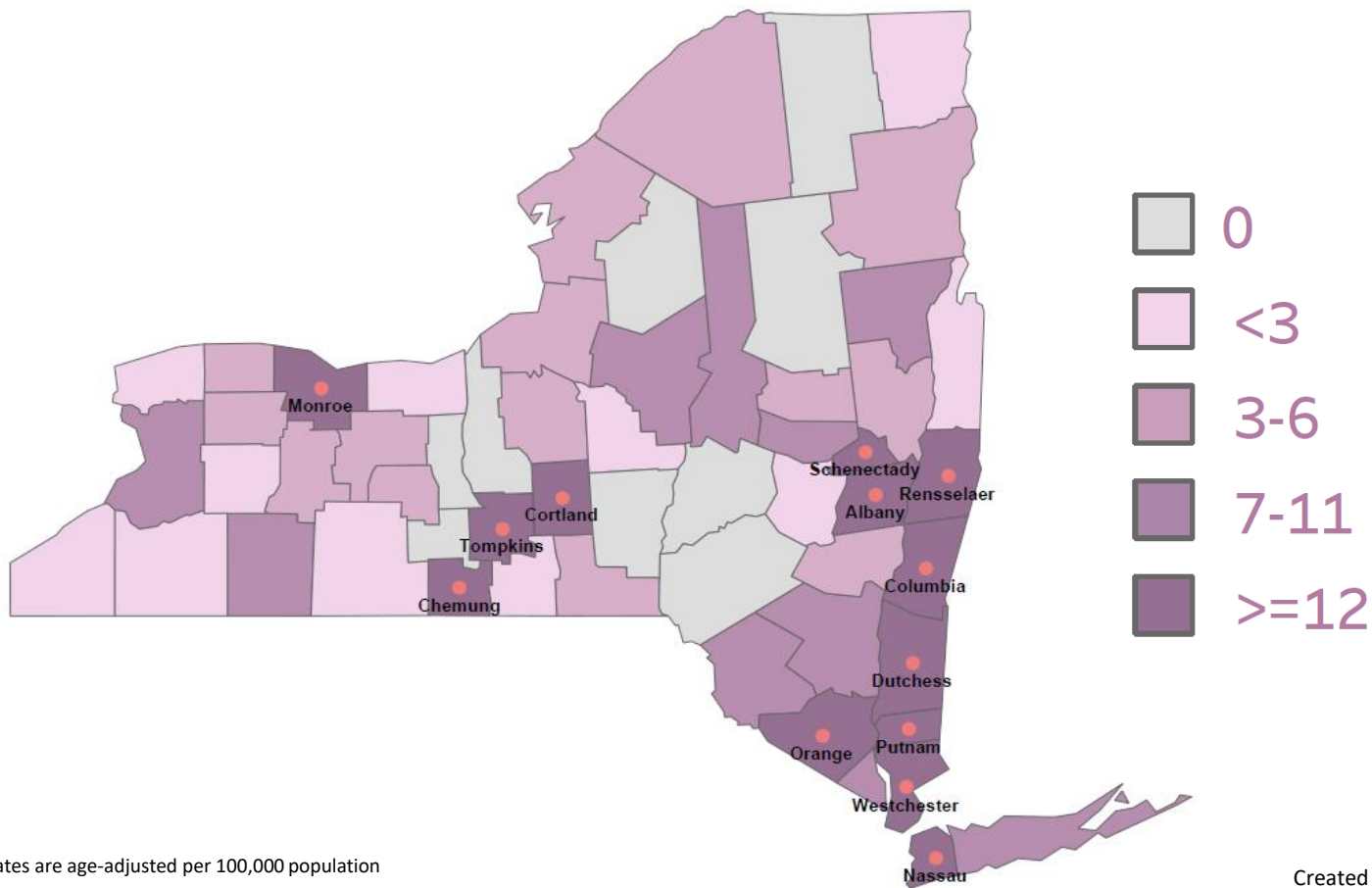
2 consecutive years of increases



\*Regional data displays region with the largest percent increase



# 2018 Early Syphilis Rates\* by County (excluding New York City)

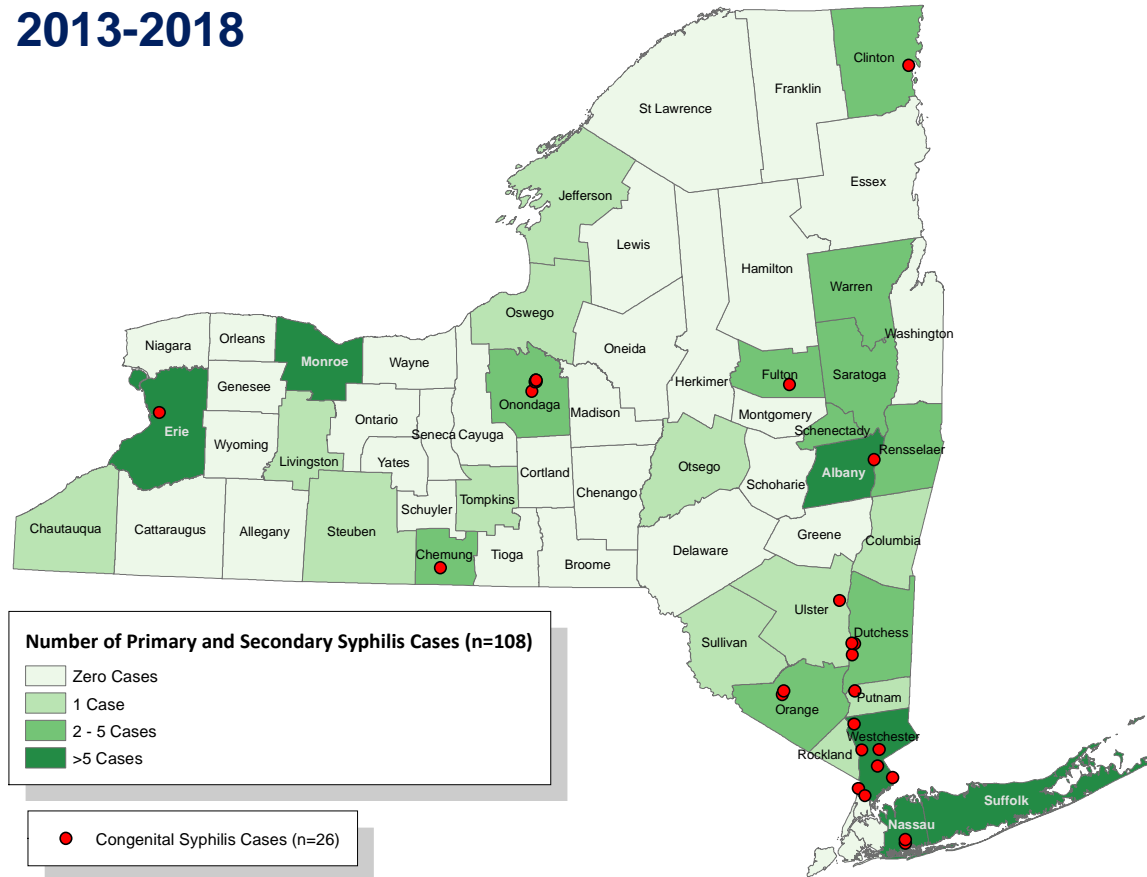


\*Rates are age-adjusted per 100,000 population

Created by: Bureau of Sexual Health and Epidemiology

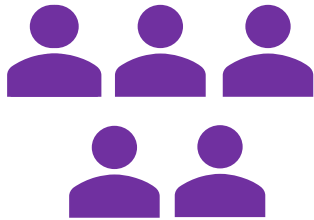


# Congenital Syphilis and Primary and Secondary Syphilis Cases among Women of Childbearing Age, by County, New York State excluding New York City, 2013-2018

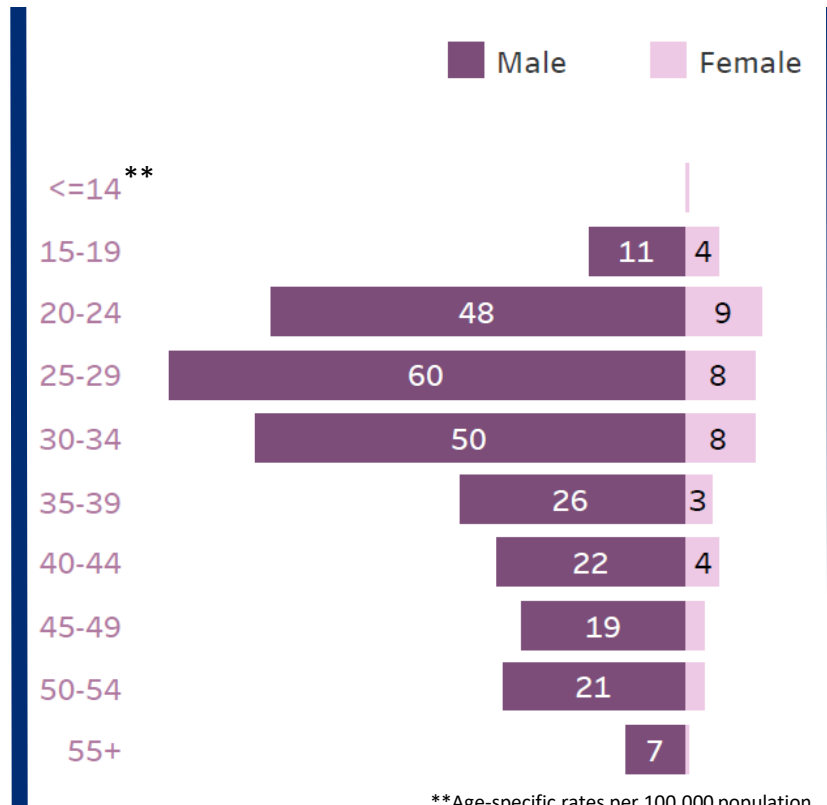


# Early Syphilis in New York State (excluding New York City) - 2018

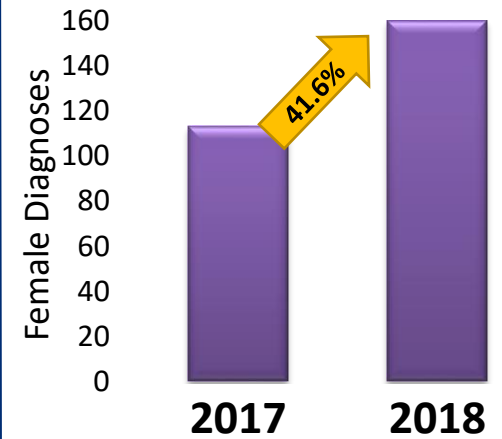
Compared to white non-Hispanic persons\*, black non-Hispanic persons are...



**5x** more impacted by Early Syphilis



\*\*Age-specific rates per 100,000 population



Higher percent increase among female diagnoses

\*Based on age-adjusted rates per 100,000 population

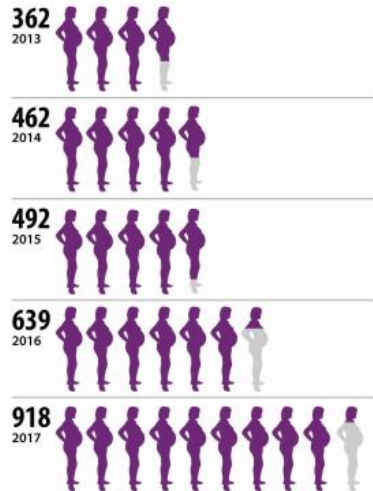
Created by: Bureau of Sexual Health and Epidemiology

# SYPHILIS IN NEWBORNS IS ON THE RISE IN U.S.

Congenital syphilis is a tragic disease that can cause miscarriages, premature births, stillbirths, or even death of newborn babies.

In the past 4 years, cases of congenital syphilis have

## MORE THAN DOUBLED



80%

The chance of a mother passing syphilis onto her unborn baby if left untested or untreated.

Source: U.S. Centers for Disease Control and Prevention

## CONGENITAL SYPHILIS IS:



INCREASING IN THE UNITED STATES

A SOURCE OF MAJOR HEALTH PROBLEMS, EVEN DEATH



PREVENTABLE



Department of Health

ANDREW M. CUOMO  
Governor

HOWARD A. ZUCKER, M.D., J.D.  
Commissioner

SALLY DRESLIN, M.S., R.N.  
Executive Deputy Commissioner

**To:** Family Planning Providers, Hospitals, Emergency Rooms, Community Health Centers, Urgent Care, College Health Centers, Local Health Departments, Community Based Organizations, and Internal Medicine, Obstetrics and Gynecology, Pediatric, Adolescent Medicine, Dermatology, Family Medicine, Infectious Disease, and Primary Care Providers

**From:** New York State Department of Health, AIDS Institute, Bureau of Sexual Health & Epidemiology

**Date:** July 16, 2018

**HEALTH ADVISORY: CONGENITAL SYPHILIS INCREASING IN NEW YORK STATE (NYS) EXCLUDING NEW YORK CITY (NYC)**

### SUMMARY

- Congenital syphilis (CS) diagnoses increased 167% in 2017 (n=8) compared to the average number of annual diagnoses from 2014 – 2016 (n=3).
- Preliminary 2018 data suggest this concerning trend will continue, with four cases diagnosed in the first three months of the year.
- CS can cause miscarriage, stillbirth, prematurity, or death shortly after birth.
- Infants born with CS may have and/or develop deformed bones, neurological problems, skin rashes, severe anemia, jaundice, or meningitis.
- Providers who provide care for women of childbearing age are encouraged to take measures to ensure timely screening, diagnosis, and treatment of syphilis infection.

# Acknowledgments

Monroe County Department of Public Health,  
Disease Intervention Specialists

NYS Department of Health Rochester Region,  
Disease Intervention Specialists

NYS Department of Health  
Bureau of Sexual Health and Epidemiology

NYS Department of Health  
Bureau of HIV/STD Field Services

# Ashley Larche, MA

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Lead Field Operations Specialist  
*Louisiana Department of Health*



# Outbreak Response from the DIS Perspective: Louisiana

ASHLEY LANCHE, MA, LEAD FIELD OPERATIONS SPECIALIST

LOUISIANA DEPARTMENT OF HEALTH

OFFICE OF PUBLIC HEALTH STD/HIV PROGRAM

# Presentation Overview

- ▶ Introduction
- ▶ Identification of an Outbreak
- ▶ Outbreak Response and DIS
- ▶ 2018 Region 6 Outbreak
- ▶ Recommendations



# Louisiana DIS Overview



- ▶ 9 Public Health Regions
- ▶ Integrated STD/HIV Program
- ▶ 9 DIS Supervisors (1 vacancy)
- ▶ 25 DIS (2 vacancies)
- ▶ 3 Central Office Support Staff: Field Operations Manager, Lead Field Operations Specialist, Field Operations Specialists

# Identification of an Outbreak

- ▶ DIS- increased caseloads
- ▶ DIS- increased symptomatic clinic walk-ins and referrals
- ▶ DIS interviews- drug use or other risks
- ▶ Surveillance Data
  - ▶ Demographics
    - ▶ Gender, Race, Age, Parish level, Zip Code level, treatment status
  - ▶ Risk Behaviors
  - ▶ HIV Status/Co-infection rates
  - ▶ Acute HIV Infection
  - ▶ Virally Suppressed
  - ▶ Linkage to HIV Care within 90 days of HIV diagnosis

# Outbreak Response and DIS

- ▶ Reassessing work distribution in region
- ▶ Temporary re-allocation of resources
  - ▶ Voluntary call for regional field assistance
  - ▶ Central Office staff assistance
    - ▶ Case Closure
    - ▶ Field work
- ▶ Provider Outreach and Alert
  - ▶ Regional Task Forces
- ▶ Congenital Syphilis
  - ▶ Verifying 3 sets of bicillin, if needed before field record closure
  - ▶ Collaboration with CS case managers for more long-term follow-up of women of child-bearing age
- ▶ Collaboration with Linkage to Care Coordinators
- ▶ Regular meetings to assess and evaluate impact of response

# Alert Letter

- Sent by state health officer
- Surveillance data related to outbreak
- Recommendations for providers & CBOs to increase screening, testing, and treatment in their practices.
- Reminder for clinicians to screen women with syphilis for pregnancy.
- Directing providers to CDC Website and Denver PTC for consultation needs.

## PUBLIC HEALTH ALERT ALEXANDRIA REGIONAL AREA – SYPHILIS AND HIV ALERT

To: Medical Providers and Community Leaders in the Alexandria Area  
From: James Guidry, MD  
State Health Officer/DHH Medical Director  
Date: May 1, 2019  
Subject: Syphilis and HIV in the Alexandria Public Health Region

Despite increased STD testing and surveillance by the Louisiana Department of Health and Hospitals Office of Public Health (OPH), the number of syphilis cases in the Alexandria area have reached alarming levels.

- Compared to 2017, in 2018 the number of primary, secondary, and early latent syphilis cases have increased 2.8 times from (49 in 2017 to 112 in 2018).
- The number of HIV diagnoses have increased 80% between 2017 and 2018 (39 in 2017 and 70 in 2018).
- Nearly two-thirds of syphilis cases reported illegal drug use. Of those, 56% reported recent use of stimulants such as crack, cocaine, or methamphetamines. Among new HIV diagnoses that reported illegal drug use, 46% reported cocaine use and 46% reported methamphetamine use.
- In 2018, many persons with a syphilis diagnosis were members of high-risk and vulnerable populations. A quarter of all syphilis cases traded money, drugs, or shelter for sex.
- The number of congenital syphilis cases increased 400%, from 1 in 2017 to 4 in 2018.
- Over 20% of persons with an early syphilis diagnosis and 12% of persons with a late syphilis diagnosis in 2018 were co-infected with HIV and 40% of co-infected persons were not virally suppressed.
- 66% of HIV co-infected persons have been diagnosed with HIV at least one year prior to their syphilis diagnosis, indicating ongoing sexual risk behaviors.

These astounding increases of syphilis and HIV diagnoses are unacceptable. When left undiagnosed and untreated, there are serious consequences such as blindness, deafness, long term neurological dysfunction, and of course congenital syphilis. Currently, Louisiana ranks #1 in congenital syphilis diagnosis rates in the United States. The high-risk behaviors of persons with a syphilis diagnosis in the Public Health Region indicate that it may be hard to locate them for follow-up, making timely treatment vital for interrupting further disease transmission.

Clearly the OPH cannot fight this epidemic alone. OPH is asking all licensed health care providers to increase screening, testing, and treatment in their practices. OPH is asking community-based health centers to do the same in our communities. All women with a suspected syphilis infection should also be screened for pregnancy. For more specific information on diagnosis and treatment of syphilis, HIV, and other STDs, please visit the CDC website [www.cdc.gov/std/treatment](http://www.cdc.gov/std/treatment). Clinical consultation with STD experts can be accessed online at the Denver Prevention and Training Center: [www.denverptc.org/Consultation.html](http://www.denverptc.org/Consultation.html).

We must all work together to effectively reduce the spread of syphilis and its sequelae through the appropriate application of screening, disease intervention, and treatment according to the 2015 CDC STD Treatment Guidelines. For questions or assistance, please call the OPH STD/HIV Program Medical Director, Dr. Stephanie N Taylor at (504) 293-6876 or [staylo@lsuhsc.edu](mailto:staylo@lsuhsc.edu).

# Region 6 Outbreak Example

- ▶ 710, 720, 730 cases increased 2.8 times from 2017 to 2018 (49 in 2017 to 112 in 2018)
- ▶ Number of HIV diagnoses increased 80% between 2017 and 2018 (39 in 2017 and 70 in 2018)
- ▶ Nearly two-thirds of 700 cases reported illegal drug use. Of those, 56% reported recent use of crack, cocaine, and methamphetamines.
- ▶ Among new HIV diagnoses that reported illegal drug use, 46% reported cocaine use and 46 reported methamphetamine use.
- ▶ Population was primarily high-risk and vulnerable. 25% of all syphilis cases traded money, drugs, or shelter for sex.
- ▶ Congenital Syphilis cases increased 400%, from 1 in 2017 to 4 in 2018.
- ▶ Over 20% of persons with an early syphilis diagnosis and 12% of persons with a late syphilis diagnosis in 2018 were co-infected with HIV.
- ▶ 40% of co-infected persons were not virally suppressed.
- ▶ 66% of HIV co-infected persons have been diagnosed with HIV at least one year prior to their syphilis diagnosis, indicating ongoing sexual risk behaviors.

Thank You!

[www.Louisianahealthhub.org](http://www.Louisianahealthhub.org)

# Sydney Minnerly, MA

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STD Prevention Program Manager  
*Texas Department of State Health Services*



**TEXAS**  
Health and Human  
Services

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Texas Department of State  
Health Services

# **Rapid Response: This place is on fire!**

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**Sydney S. Minnerly, MA**  
**STD Prevention Program Manager**  
**Texas Department of State Health Services**



# Texas in a nutshell...



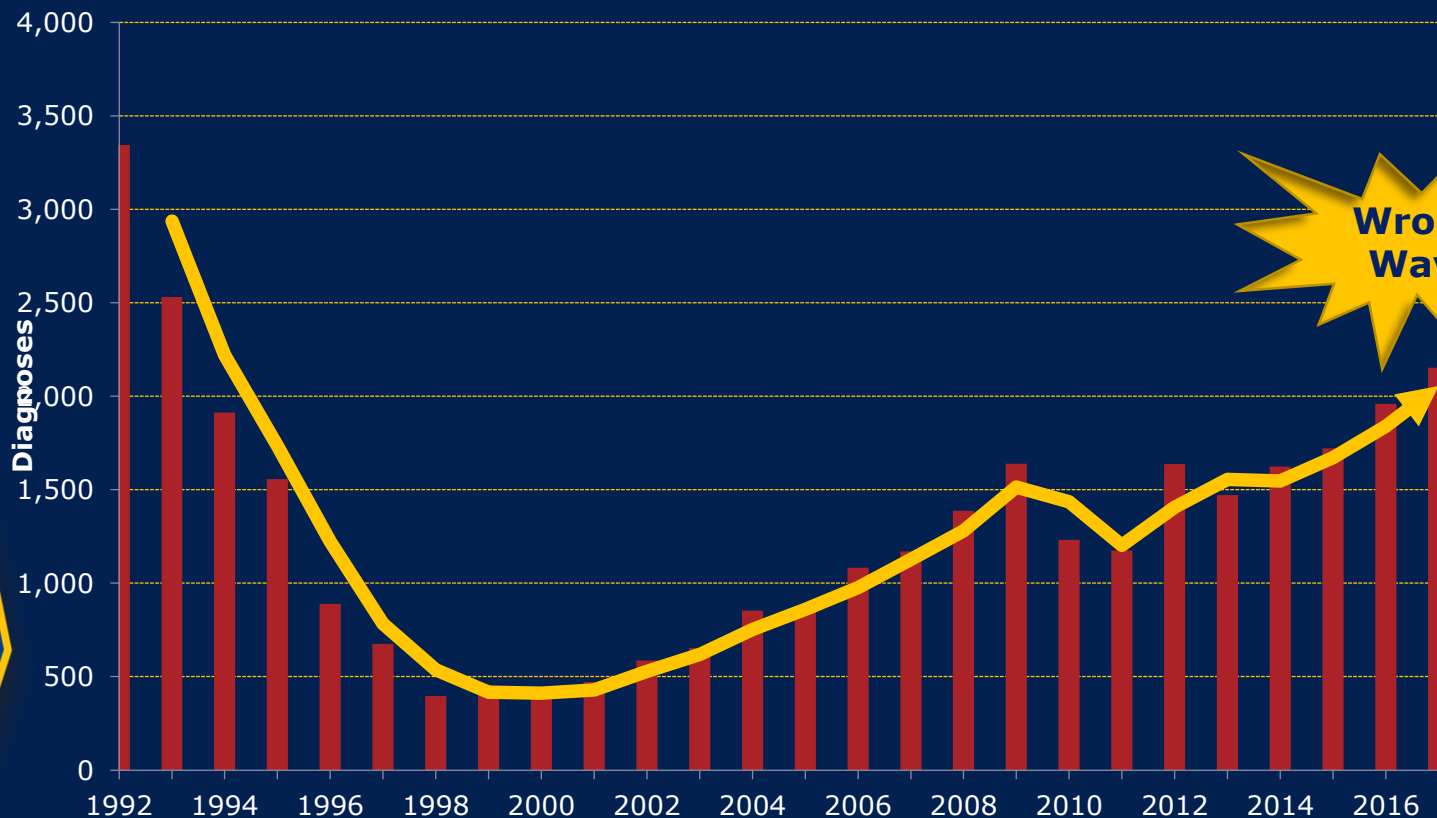
TEXAS  
Health and Human  
Services

Department of State  
Services

- 254 Counties
- Over 28 million people
- Plenty of STDs
- Decentralized
  - 10 Local Health Departments
  - 8 Regional Health Departments
- ~120 DIS



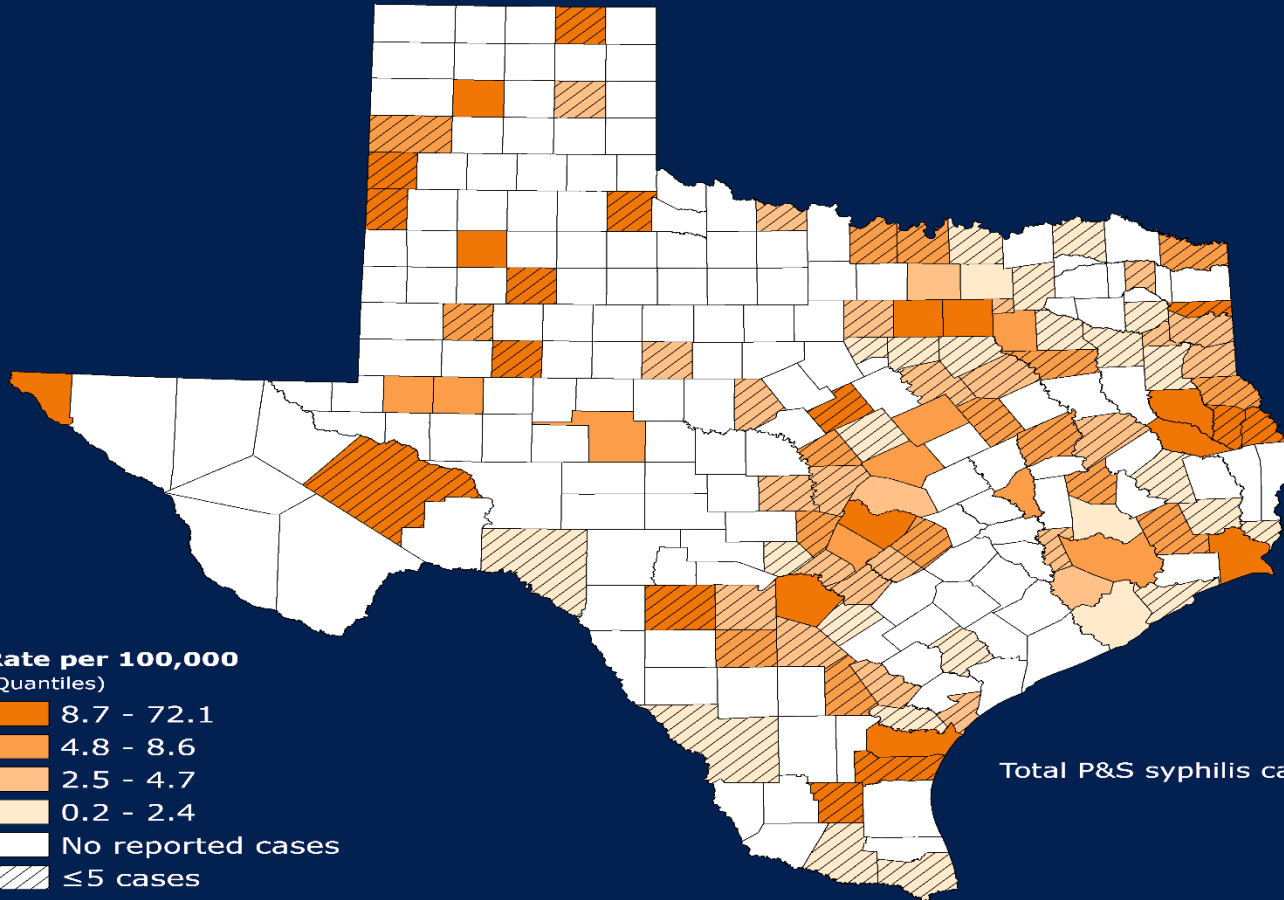
# Primary & Secondary Syphilis Diagnoses: Texas, 1992-2017



TEXAS  
Health and Human Services

Texas Department of State  
Health Services

# P&S Syphilis Incidence Rate by County, 2017



TEXAS  
Health and Human Services

Texas Department of State  
Health Services

# What is an outbreak?



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

- a sudden rise in disease...  
(boring)
- more cases of disease than expected  
(getting closer...)

Sustained increase in early syphilis of  
greater than 2 standard deviations  
over the past 36 months



# Process



TEXAS  
Health and Human  
Services

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Texas Department of State  
Health Services

- **Identify an Outbreak**
- **Communication with Sites**
- **Deployment of Team**
- **Follow-up Monitoring**

# Threshold Report



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

- Bi-weekly
- Based on morbidity reported
- Distinguishes between stages
- Broken up three different ways
  - County
  - Surveillance/PHFU Area
  - Region
- Reviewed by Central Office staff



# Can we just talk?



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services



- Consultant notified
- Site notified
- Cases analyzed
- Rapid Response plan reviewed
- Resources identified
- Plan developed

# Deployment



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services



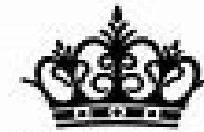
# Successes



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

- Golden Triangle
- Northeast Texas
- Metroplex
- Houston
- West Texas



**Keep  
Calm**

**And  
Let  
RRT  
Handle It**

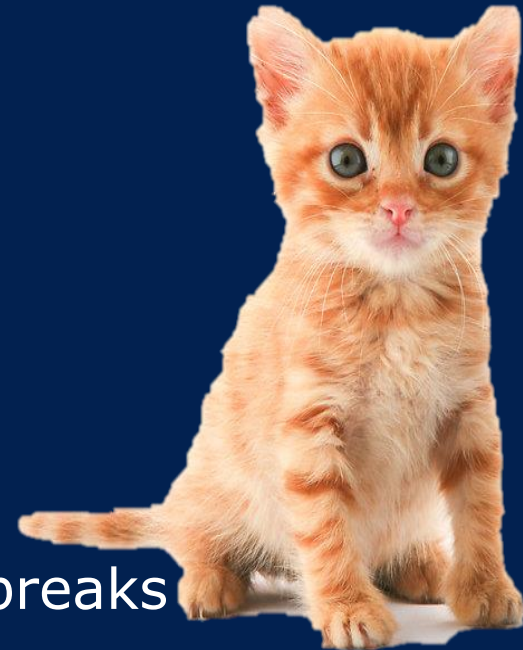
# Challenges



TEXAS  
Health and Human  
Services

Texas Department of State  
Health Services

- Funding/Leadership Support
- Staff Resources
- Media attention
- Increase in workload
- Monitoring/Follow-up
- Other priorities
- Sustained increases that are not outbreaks





**TEXAS**  
Health and Human  
Services

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Texas Department of State  
Health Services

# Got RRT?

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**Thank you!**

**Sydney Minnerly**

**[sydney.minnerly@dshs.texas.gov](mailto:sydney.minnerly@dshs.texas.gov)**

# Questions



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- If you are a DIS and want to connect with peers around the country and share tips and resources, you can join NCSD's DIS Slack workspace at the link below. It is also in the chat box. <http://bit.ly/ncsddis>
- Please complete the webinar evaluation once the webinar is complete.