



COUNTY OF YOLO

Health and Human Services Agency

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Health Alert

Date: April 3, 2023

To: All Healthcare Providers in Yolo County

From: Josh Hoffner, DO, MPH, Preventive Medicine Resident and Aimee Sisson, MD, MPH, Health Officer

Subject: Importance of Providing Pregnancy Status When Reporting Syphilis Cases

Introduction:

This Health Alert aims to raise awareness and assist providers in reporting pregnancy status in patients with syphilis and other sexually transmitted infections (STIs). Congenital syphilis is an infection caused by the bacterium *Treponema pallidum* that is typically acquired through transplacental transmission from a pregnant person to a fetus; however, transmission can occur during delivery if the fetus contacts an infectious lesion. The fetus may develop severe illness, which could result in birth defects, hearing loss, blindness, premature birth, low birth weight, and sometimes stillbirth and death.

From 2012-2018, California experienced a large increase in congenital syphilis and syphilis among women. Over this timeframe, syphilis cases among women have increased by nearly 550%. Consequently, there has also been an increase in congenital syphilis rates by nearly 900%. Syphilis rates have risen in several counties in California, with some counties seeing their first congenital syphilis case for the first time in years. In Yolo County, there has been at least one confirmed congenital syphilis case per year since 2018.

Persons who gave birth to infants with congenital syphilis did not receive prenatal care or received prenatal care late in pregnancy. Congenital syphilis is preventable, and we must all work together to avoid the devastating effects of congenital syphilis. **Reporting pregnancy status of syphilis cases is an effective way to prevent congenital syphilis.** Early treatment of pregnant patients and their sexual partner(s) for syphilis during prenatal care can **prevent 100% of congenital syphilis.** **It only takes a few seconds to do a chart check to verify pregnancy status before reporting pregnancy status via a confidential morbidity report.** This short amount of time can prevent congenital syphilis and make a lifetime of difference for a family. On the other hand, not reporting pregnancy status of a syphilis case can result in a lifetime of problems and even fetal death.

How to report pregnancy status in patients with syphilis:

- 1) Syphilis cases can be reported via confidential morbidity report (CMR) forms: 1) as a PDF or paper form which can be found [online](#); or 2) as an electronic CMR (eCMR) in CaREDIE.
- 2) On the PDF form, pregnancy status should be recorded where indicated in Figure 1 below. The completed form can be submitted to CMR.Fax@yolocounty.org OR to the confidential fax line at (530) 669-1549.

Davis

600 A Street
Davis, CA 95616
Mental Health (530) 757-5530

West Sacramento

500 Jefferson Boulevard
West Sacramento, CA 95605
Service Center (916) 375-6200
Mental Health (916) 375-6350
Public Health (916) 375-6380

Winters

111 East Grant Avenue
Winters, CA 95694
Service Center (530) 406-4444

Woodland

25 & 137 N. Cottonwood Street
Woodland, CA 95695
Service Center (530) 661-2750
Mental Health (530) 666-8630
Public Health (530) 666-8645

State of California—Health and Human Services Agency California Department of Public Health

CONFIDENTIAL MORBIDITY REPORT

PLEASE NOTE: Use this form for reporting all conditions except Tuberculosis and conditions reportable to DMV.

DISEASE BEING REPORTED ➔

Patient Name - Last Name		First Name		MI	Ethnicity (check one)	
Home Address: Number, Street		Apt./Unit No.		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Unknown		
City		State	ZIP Code		Race (check all that apply)	
Home Telephone Number		Cell Telephone Number		<input type="checkbox"/> African-American/Black <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian (check all that apply)		
Email Address		Primary Language		<input type="checkbox"/> Asian Indian <input type="checkbox"/> Hmong <input type="checkbox"/> Thai <input type="checkbox"/> Cambodian <input type="checkbox"/> Japanese <input type="checkbox"/> Vietnamese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (specify): <input type="checkbox"/> Filipino <input type="checkbox"/> Laotian		
Birth Date (mm/dd/yyyy)	Age	<input type="checkbox"/> Years <input type="checkbox"/> Months		Gender		
Pregnant?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> M to F Transgender <input type="checkbox"/> F to M Transgender <input type="checkbox"/> Other:		
Occupation or Exposure Setting (check all that apply):		<input type="checkbox"/> Food Service <input type="checkbox"/> Day Care <input type="checkbox"/> Health Care <input type="checkbox"/> Correctional Facility <input type="checkbox"/> School <input type="checkbox"/> Other (specify):				
Date of Onset (mm/dd/yyyy)	Date of First Specimen Collection (mm/dd/yyyy)	Date of Diagnosis (mm/dd/yyyy)	Date of Death (mm/dd/yyyy)			
Reporting Health Care Provider		Reporting Health Care Facility			REPORT TO:	
Address: Number, Street		Suite/Unit No.			Yolo County Health Department 137 N. Cottonwood St., Suite 2450 Woodland, CA 95695 (530) 666-8645 or (916) 375-6380 CONFIDENTIAL FAX (530) 669-1549 (Obtain additional forms from your local health department.)	
City		State	ZIP Code			
Telephone Number		Fax Number				
Submitted by		Date Submitted (mm/dd/yyyy)				
Laboratory Name		City		State	ZIP Code	
SEXUALLY TRANSMITTED DISEASES (STDs)						
Gender of Sex Partners (check all that apply)		STD TREATMENT		Treatment Began		
		<input type="checkbox"/> Treated in office <input type="checkbox"/> Given prescription		<input type="checkbox"/> Untreated		

Figure 1. Reporting Pregnancy Status on Confidential Morbidity Report (CMR) Form.

- 3) On the eCMR form in [CalREDIE](#), pregnancy status should be recorded where indicated in Figure 2 below. Once the eCMR is completed, it can be submitted via CalREDIE.

The form is titled "Patient" and "Case Investigation". It contains various fields for patient information, including name, SSN, DOB, address, and contact information. A red arrow points to the "Pregnant?" section, which has radio buttons for "Yes", "No", and "Unknown". The "Pregnant?" section is highlighted with a red box.

Figure 2. Reporting Pregnancy Status on Electronic Confidential Morbidity Report (eCMR) Form.

Contact Information:

If you have any questions about completing a CMR or eCMR, please reach out to (530) 666-8743, (530) 341-4057, or xee.moua@yolocounty.org.