



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

DSHS

Congenital Syphilis Activities

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Congenital Syphilis Surveillance and Prevention Program

Transferred to Community Health Improvement Division 9/1/2025 to align with Maternal and Child Health programs

Purpose: Implement a comprehensive public health approach to improve the timeliness of testing and treatment adequacy of syphilis in pregnant women and women of childbearing age (WCBA) that is informed by research, data analytics, and best practices to decrease congenital syphilis (CS) cases in Texas

General CS Surveillance and Prevention Activities

Surveillance Activities

- Review all CS case investigations for case classification, data quality, and data completeness
- Conduct report matching from other data sources to enhance pregnancy ascertainment and case finding
- Generate accessible and useable CS data for the public through Texas Health (THD) Data dashboard
- Develop analysis around recommendations identified through the Fetal Infant Morbidity Review (FIMR) processes

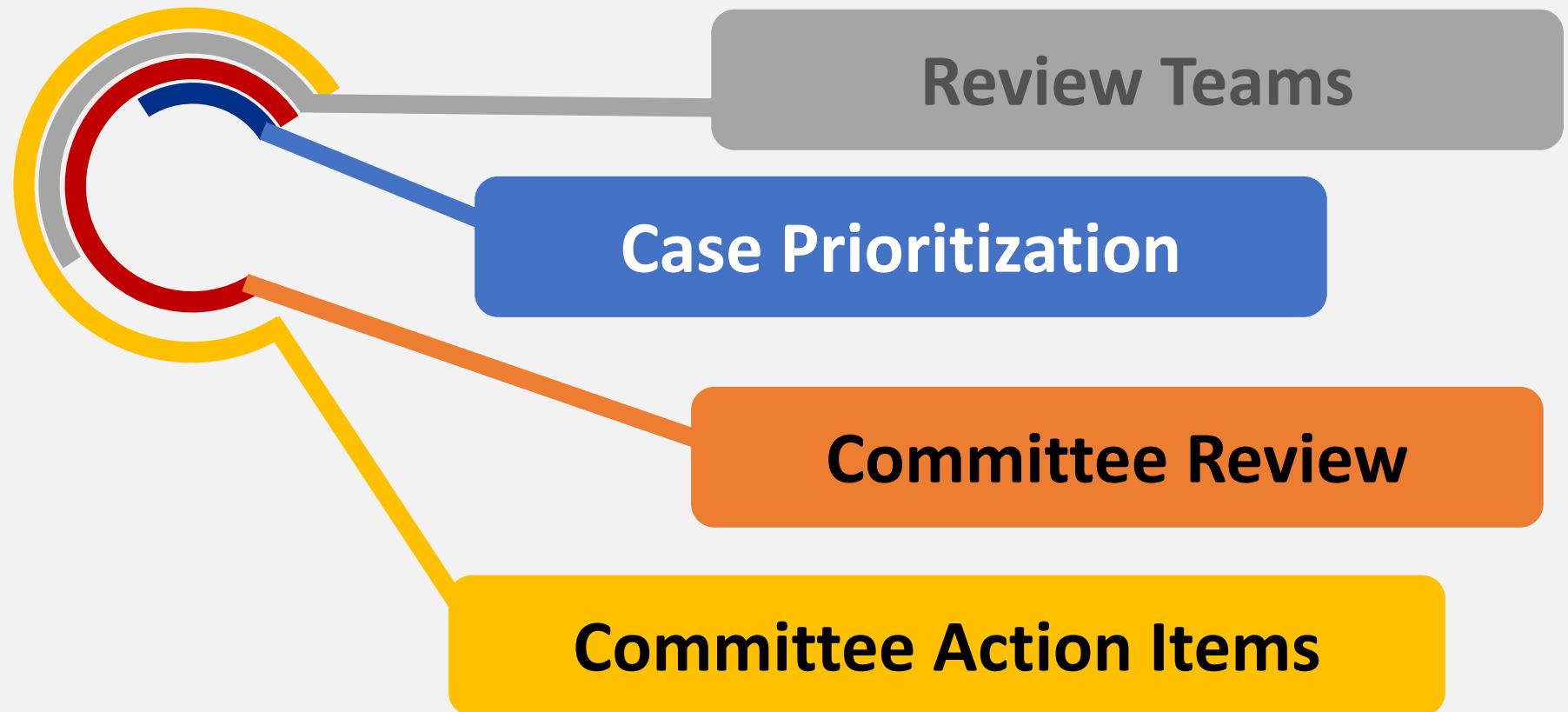
Prevention Activities

- Prioritize public health follow-up for women with syphilis who are of childbearing age or are currently pregnant and neonate/infant care
- Serve as a resource for medical consultation for complex syphilis cases
- Improve timing of case identification and treatment intervention in women who are pregnant
- Increase provider reporting of syphilis testing and treatment in WCBA and during pregnancy
- Texas Collaborative for Healthy Mothers and Babies Congenital Syphilis Quality Improvement Toolkit

Local and Regional Health Department (LRHD) Level Monthly Surveillance Reports

- Women of Childbearing Age (WCBA) Trends Report
 - DSHS provides an aggregate report to LRHDs regarding pregnancy status ascertainment, family planning and prenatal care referrals, & treatment adequacy
- WCBA Report
 - DSHS provides a list of women to LRHD who received inadequate treatment and their pregnancy status
- Vital Statistics Match
 - DSHS provides a list of infants born within the calendar year to mothers with reported history of acquired syphilis using vital statistic birth matches

Fetal Infant Morbidity Review Teams



FIMR Locations

Houston Model	San Antonio Model	Dallas Model
Established in 2015, Houston and the surrounding areas were initially selected due to high morbidity of CS and perinatal HIV.	Established in 2018, San Antonio was chosen due to the historically high rates of CS in Bexar county.	Established in 2020, Dallas was chosen due to the rising rates of CS in the Dallas-Fort Worth Region.

Texas Collaborative for Healthy Mothers and Babies (TCHMB) CS Quality Improvement (QI) Toolkit

- Targeted towards outpatient Maternal Health Care Providers
- Provides support for clinics to complete QI Projects focused on improving rates of appropriate screening, treatment, and referrals for women diagnosed with syphilis during pregnancy and for women of child-bearing age
- Emphasizes partnership with Public Health Follow Up and Partner Services at every available opportunity
- Benefit to Health Care Teams: availability of Maintenance of Certification Credit and Continuing Education for health care staff implementing Toolkit
- Currently recruiting clinics to pilot beginning in Spring of 2026
- Data Collection in Maternal and Child Health Quality Improvement System (MCHQIS)
- For more information contact: tchmb-stopcs@uth.tmc.edu

Congenital Syphilis (CS) Exceptional Item (1 of 3)

- **\$8.4M and 23 FTEs**
- **CS Partner Input** – Support implementation through the development of resources, workflows, algorithms
 - DSHS and Physician Expert Panel Symposium – 10/10/2025
 - CS Hotline Consultants
 - LHD Survey and Listening Session – 11/6/2025
 - Ongoing Workgroups
 - Regional Resources
 - Infant Care
 - Prevention and Treatment

CS Exceptional Item (2 of 3)

- **CS Provider Consultation Hotline**

- Supports physicians and providers caring for women and infants in complex syphilis diagnoses and treatment decisions
- Connecting physicians and providers to education and prevention resources and women to healthcare and other support services
- Develop a CS Hotline Data Collection module supporting documentation and regional referrals

CS Exceptional Item (3 of 3)

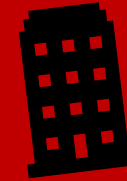
- **Regional CS Response Nurses (1 FTE/PHR and 1 FTE/Central)**
 - Build partnerships with physicians, other local providers, and community resources
 - Provide intensive case management for women and infants
 - Provide treatment for pregnant women including field delivered therapy

Partner Input: Local Health Departments



Local Health Departments

Survey sent out to Local Health Departments (LHDs)



Epidemiologists, Disease Intervention Specialists, Clinical Staff, and Social Workers



All respondents were involved with testing, treatment, or management of acquired syphilis



Infant Care primarily delivered in hospitals or pediatric specialists



LHD Resources and Challenges

Resources deemed most helpful:

- Clinical guidelines (e.g., CDC protocols)
- State and local health department support
- Electronic hospital databases
- Provider collaborations
- Education and training materials
- Patient support services consultation lines



Key challenges identified by respondents in caring for women of childbearing age and pregnant women impacted by syphilis include:

- Patient non-compliance
- Cross-border care issues
- Medication access
- Social and structural barriers
- Resource limitations



LHD Considerations

Hotline Hours

- Extended hotline hours ensure provider support beyond normal business hours, including weekends

Coordination and Communication

- Maintain and support established relationships and workflows
- Prompt communication with jurisdictions (e.g. - updating patient records or active PHFU investigations)

Medication Access

- Medication through DSHS (qualified patients and patient-provider agreements)
- Regional delivery of medications

Gather Clinical Data

- Support receipt of medical records for prenatal care, labor and delivery, and infant care for investigations

Provider Education

- Real-time provider education from the hotline addresses gaps in syphilis treatment

Intensive Case Management

- Regional nurses for intensive case management, field treatment, point of care testing, and STD/HIV prevention
- Access for local health departments

Hotline Go-live: January 7, 2026



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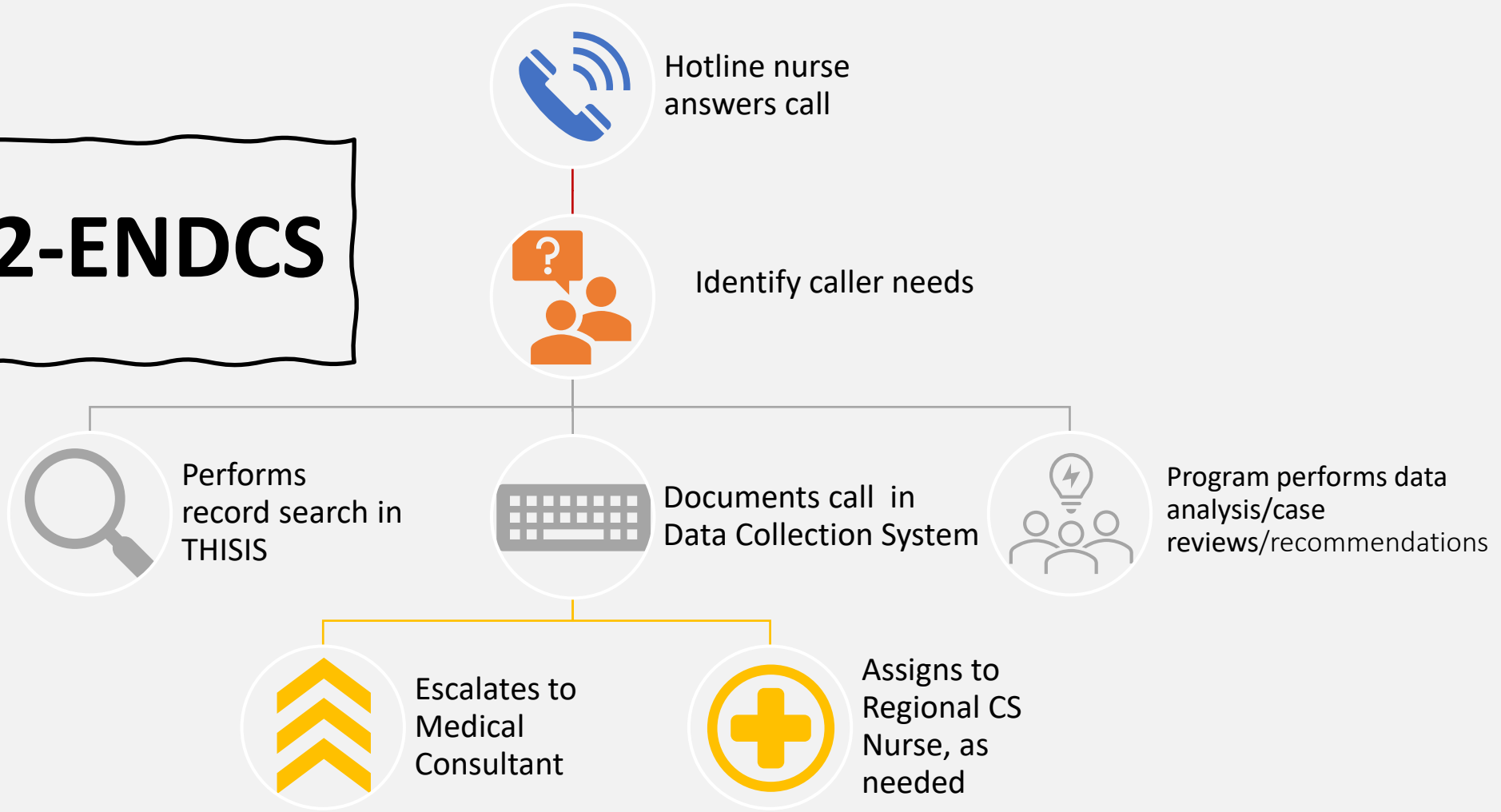
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Hotline Operations

- Genesys Phone System
- Hours of Operation: 7:00AM – 9:00PM daily
 - Two Nurse teams
 - DSHS physician consultants 8:00AM – 5PM Monday through Friday
 - Physician Consultants after 5PM and on weekends
- Calls will be documented in a centralized database
- Nurses will escalate complex cases to physician consultants
- Regional CS Nurse Referrals as needed
- Voicemail System for after hours calls

CS Medical Consultant Hotline

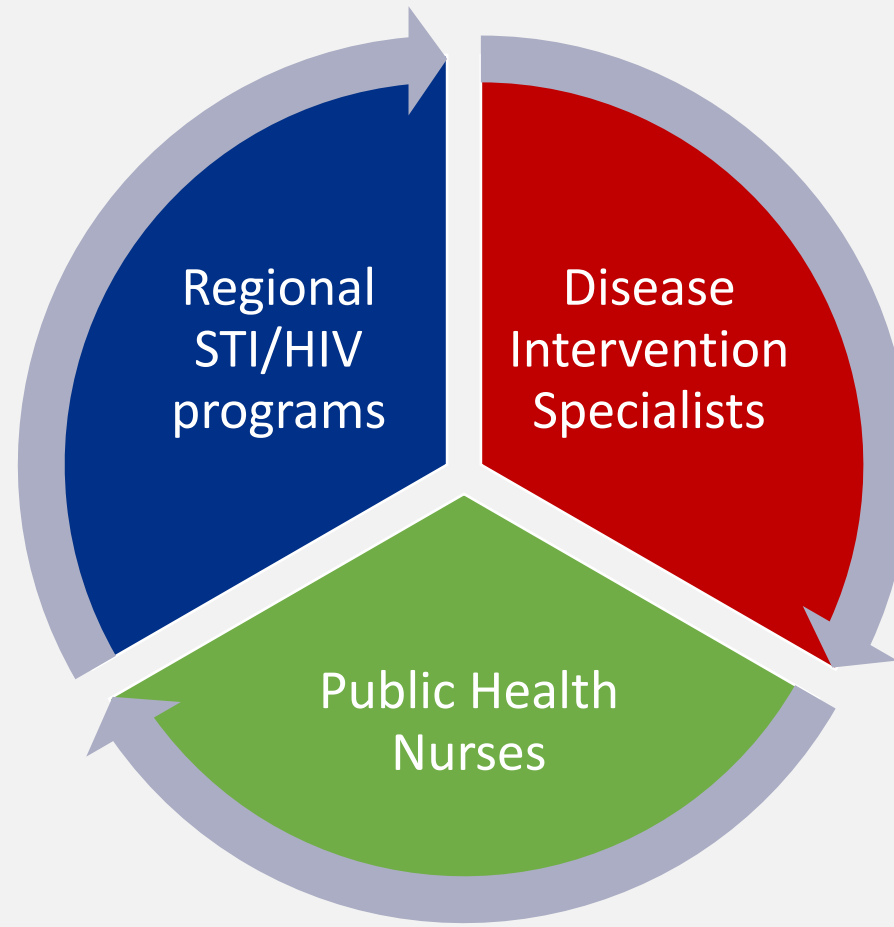
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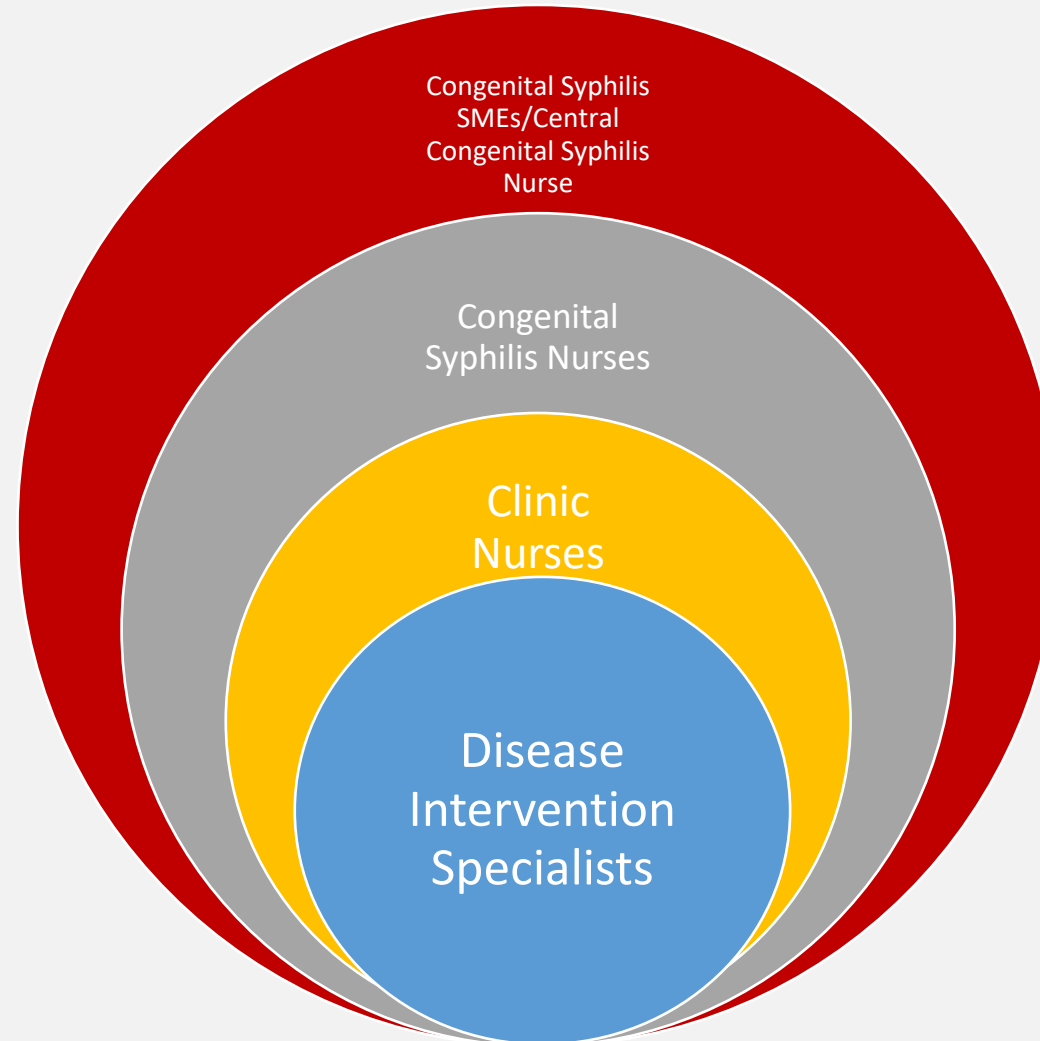
Regional CS Support Nurses



Current RLHO Relationships

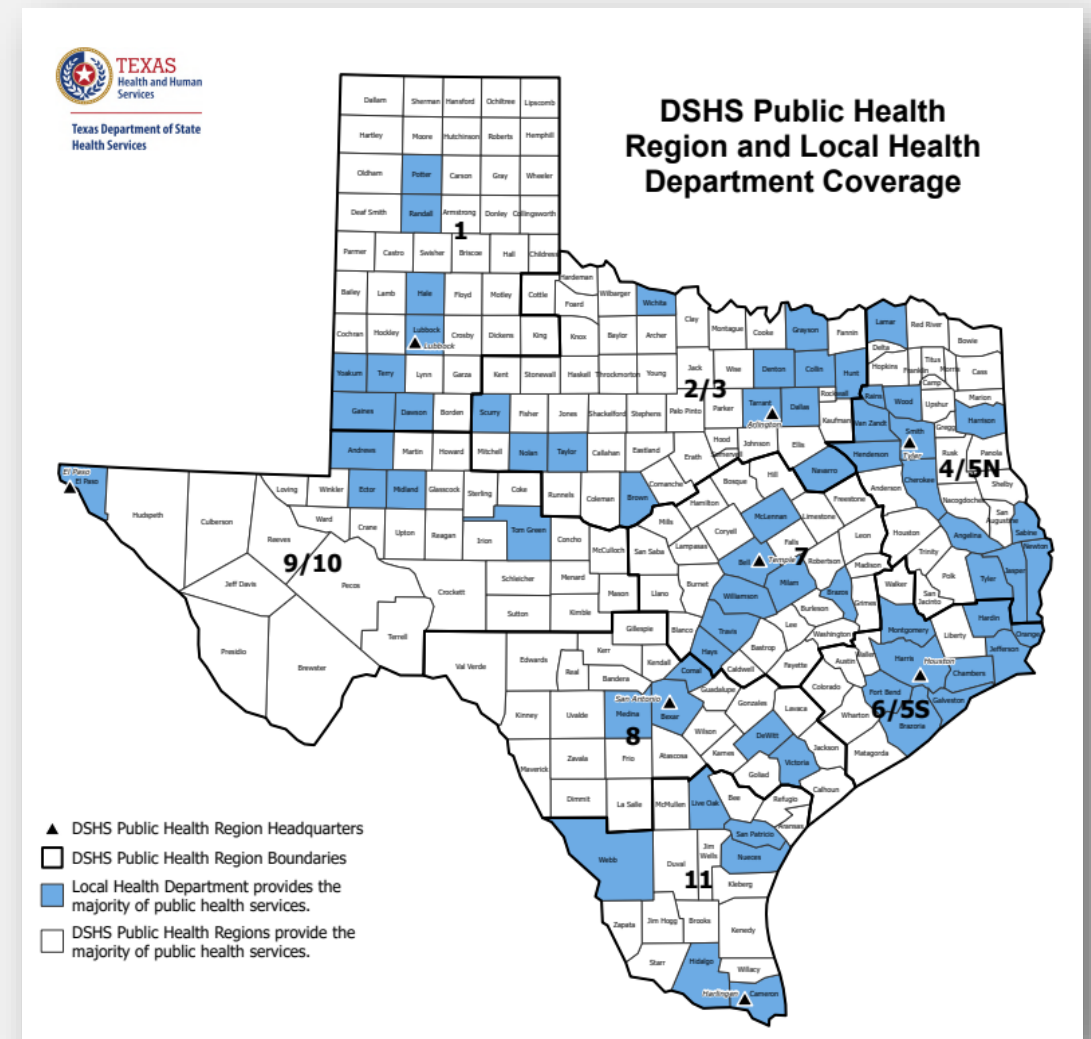


RLHO Envisioned Growth of CS Care



Current PHR Activities and Workflow

- Referral Sources
- Clinic Services Provided by Public Health Nurses
- Public Health Follow-Up



PHR 1 PH Nurse Activities

Referral Sources

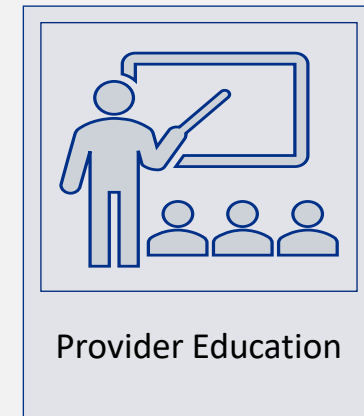
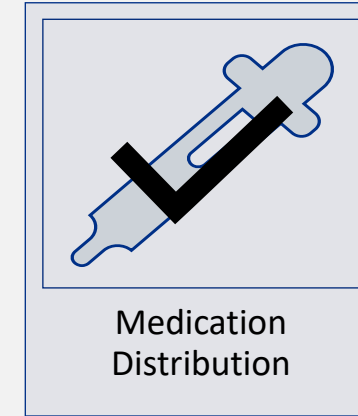
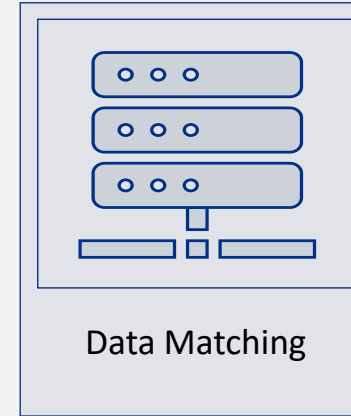
- Public Health Follow-Up
- Scheduled appointments
- Walk Ins

Client Care by Field Nurses

- Screening
- Treatment
- Referred out to OB with warm hand off if complicated

Post-Treatment Follow-Up

- Communication with the STI program is via email updates or notifications about POPS/clinical standards.
- A chart is opened for every client assessed/treated in clinic or field.
- Treatment and results for DIS-referred clients are sent back to DIS.
- Follow-up is based on:
 - SDO
 - OB/Pediatrics communication
 - Consultation with Dr. Milton



PHR 2/3 PH Nurse Activities

Referral Sources

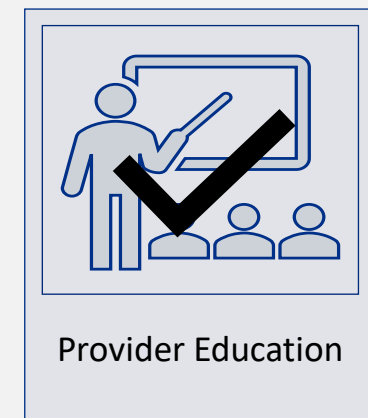
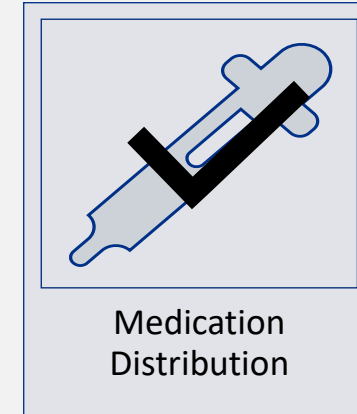
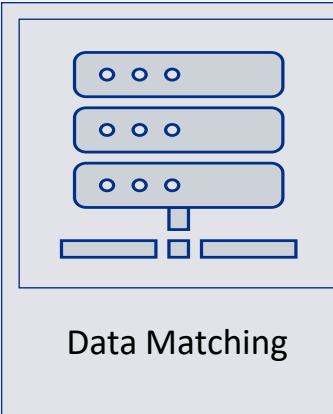
- Public Health Follow-Up
- OB providers
- Walk Ins

Client Care by Field Nurses

- Screening for STI/HIV
- Education, including referral to OB provider if needed
- Treatment

Post-Treatment Follow-Up

- Nurses report any positive test results to STI/HIV program.
- STI/HIV program then takes over care and case management.



PHR 6/5S PH Nurse Activities

Referral Source

- Field nurses only receive congenital syphilis case referrals from regional DIS workers.
- If a community provider wants to refer a case, field nurses redirect them to the regional DIS office.

Initial Referral Process

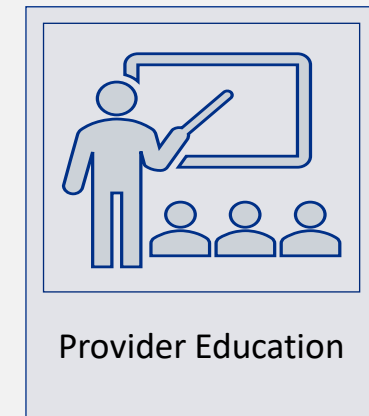
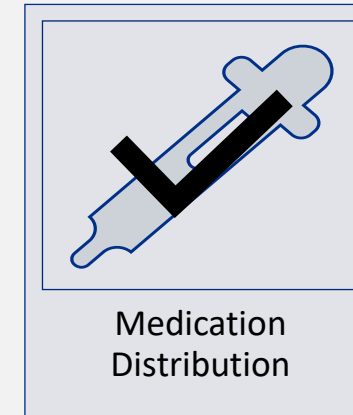
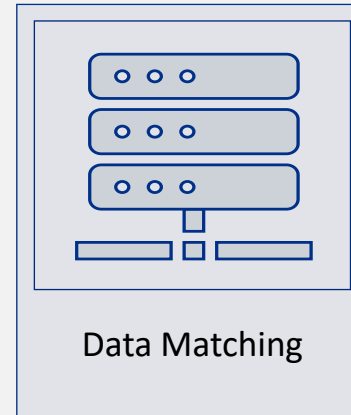
- Regional DIS sends referrals to field nurses with lab results (HIV/syphilis).

Client Care by Field Nurses

- Field nurses see the referred clients.
- They offer chlamydia and gonorrhea testing.
- They treat syphilis.
- Clients remain under field nurse care until treatment is completed.
- Partners of clients are also treated.

Post-Treatment Follow-Up

- After treatment, field nurses send referral updates back to regional DIS.
- Updates include post-treatment information for regional follow-up.



Thank You