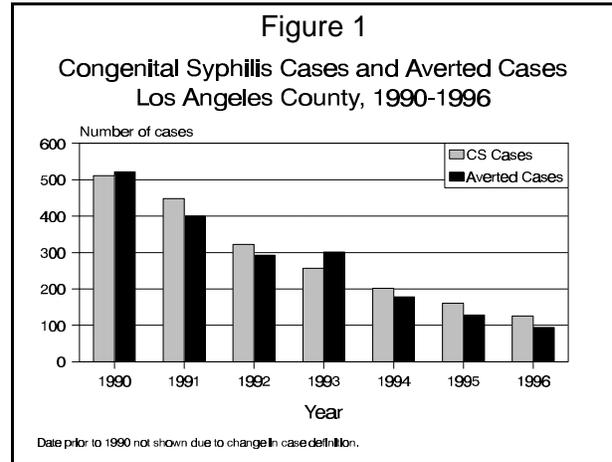




SYPHILIS, CONGENITAL

CRUDE DATA	
Number of Cases	126
Prevalence ^a	
LA County	76.8
California	40.6
United States	30.4
Age at Onset	< 1 year
Case Fatality	
LA County	4.0%
United States	N/A

^aCases per 100,000 live births. LA County rate based on 1995 live births. U.S. and California are provisional.

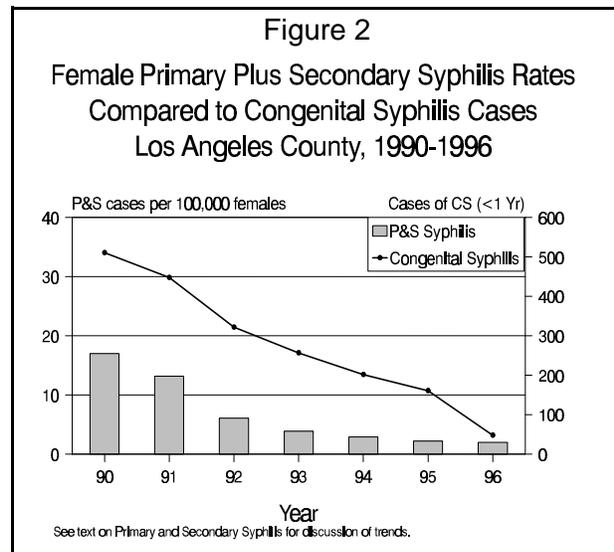


ETIOLOGY

Treponema pallidum, a spirochete bacterium.

DISEASE ABSTRACT

In 1989, the overall prevalence at birth of congenital syphilis (CS) increased dramatically following the CDC's new definition, which was expanded to include infants born to women with untreated or inadequately treated syphilis. Since the initial rise in 1989, the prevalence in LAC has subsequently decreased, although it remains far above the national level. Although CS cases and rates declined overall and for Blacks and Hispanics from 1995 to 1996, cases continue to be concentrated among Blacks and Hispanics. The core health districts continue to have the greatest portion of CS cases (see





Location section). The proportion of infected cases to cases averted due to intervention remained relatively stable from 1994-1996 (Figure1); see Comments section for discussion of averted cases).

STRATIFIED DATA

Trends: The prevalence of congenital syphilis dropped 22%, from 98 cases per 100,000 live births in 1995 to 77 in 1996 (Table 1). The decrease is similar to the decline in the rates of primary and secondary syphilis among women (Figure 2).

Seasonality: None.

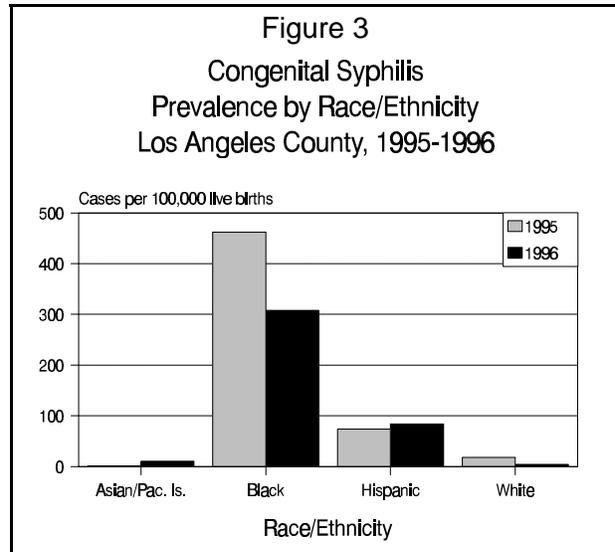
Race: Where race was reported, 93% of CS cases were among Blacks and Hispanics, although the rate is the highest for Blacks. The prevalence among Hispanics has declined by 35%, and among Blacks by 24%. However, the prevalence of CS for Blacks is over seven times that of Hispanics and over 16 times that of Whites (Table 1 and Figure 3). While the rate among Asian/Pacific Islanders increased, it reflects a change in cases from only 0 to 1.

Location: In 1996, the six core health districts reported 64% of all reported cases, which is up from 60% in 1995 (Table 2).

Reporting: The STD Program uses active and passive surveillance for congenital syphilis. Cases are derived from confidential morbidity reports, positive tests from laboratories, and patient, partner, and sibling follow-up. Despite federal and County policy to follow up all reported cases and national focus on syphilis control, substantial underreporting continues. Underreporting is due in part to improper recognition of the disease, absence of prenatal care, and physicians' non-reporting to protect patients' legal status or social relationships.

COMMENTS

The decline in congenital syphilis is consistent with a decline in all types of syphilis in LAC over the last decade. However, a congenital syphilis epidemic could easily occur if access to prenatal care is reduced. In recent years up to 80% of infants with CS in LAC have been born to women who received either no or inadequate prenatal care. The current political climate threatens to limit the County's STD control and prevention efforts. For example, recent federal and state-level anti-immigrant policies threaten undocumented women's access





to publicly-funded prenatal care. These services offer a critical opportunity to screen, detect, and treat syphilis.

In 1996, averted cases (94 reported) were 25% less than reported cases, while they were 20% less in 1995 (Figure 1). Preliminary results of a study comparing averted and nonaverted cases indicate that cultural and behavioral differences among different racial/ethnic groups are associated with infection. Outreach programs need to pinpoint the individual and social conditions affecting use of prenatal care.

**Table 1. Reported Congenital Syphilis Cases and Prevalence at Birth by Race/Ethnicity
Los Angeles County, 1995-1996**

	Number of		Prevalence ^a		Percent Change in Prevalence
	Cases 1996	Cases 1995	1996	1995	
American Indian ^b	0	0	0	0	--
Asian/Pacific Islander	1	0	9.9	0.0	--
Black	53	70	349.8	462.0	-24
Hispanic	48	74	48.0	73.9	-35
White	7	6	21.3	18.2	17
Unknown	17	11	--	--	--
County Total	126	161	76.8	98.1	-22

^a Cases per 100,000 live births.

^b Number of cases for American Indian race/ethnicity category is not available.



**Table 2. Congenital Syphilis Cases by Health District
Los Angeles County, 1995-1996**

Health District	Number of Cases	
	1996	1995
Southwest ^a	26	21
South ^a	18	15
Central ^a	13	10
Inglewood ^a	12	16
Southeast ^a	8	17
West Valley	7	11
San Fernando	7	7
Compton ^a	4	18
Hollywood-Wilshire	4	9
East Valley	4	4
East Los Angeles	4	2
San Antonio	3	6
El Monte	3	5
Northeast	3	2
Glendale	2	3
Bellflower	1	4
Pomona	1	4
West	1	2
Torrance	1	2
Harbor	1	1
Foothill	1	1
Whittier	1	0
Alhambra	0	0
Unknown District/Network	1	1
TOTAL	126	161

^aCore Health District.