
Health Officer Report

11.17.23

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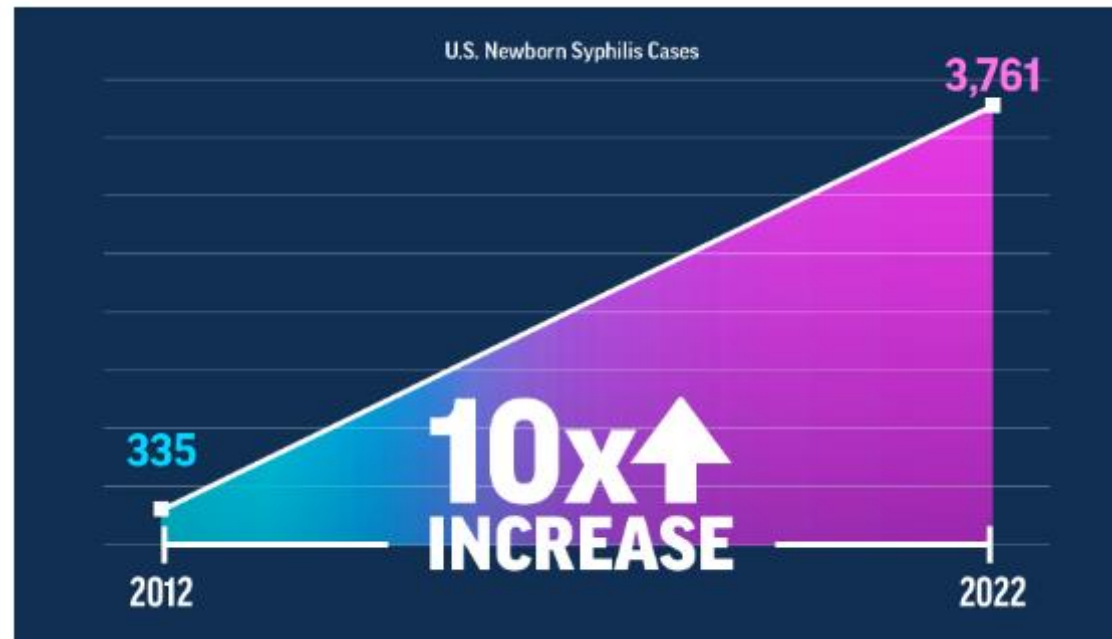
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Public Health
Prevent. Promote. Protect.



Congenital Syphilis Cases Increasing in U.S.

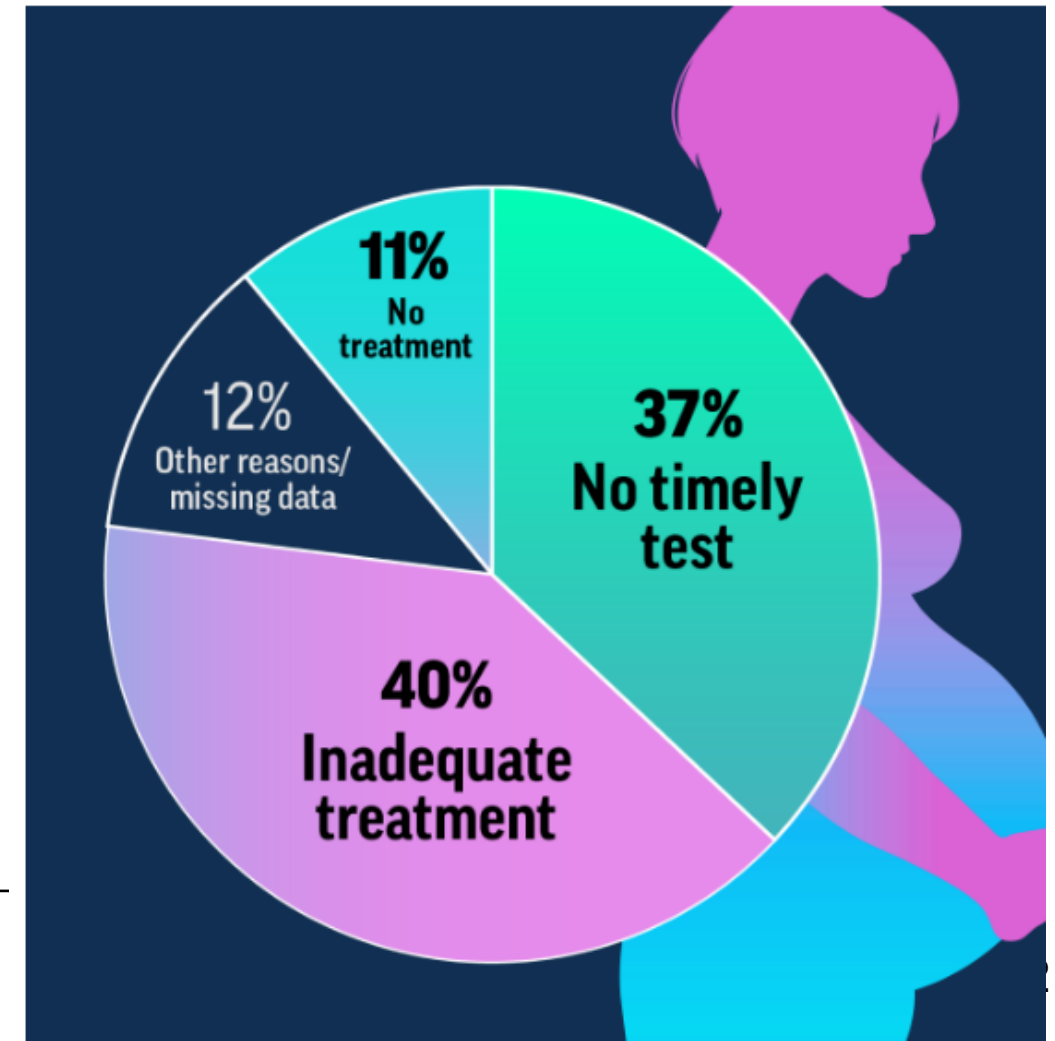
Over 10 Times as Many Babies Were Born with Syphilis in 2022 than in 2012

Increasing rates of syphilis among babies reflect a failure of the U.S. health system.



Timely Syphilis Testing and Treatment During Pregnancy Might Have Prevented Almost 90% of Cases

Newborn syphilis happens when syphilis is not identified and treated properly during pregnancy.



Congenital Syphilis Cases Increasing in U.S.

2 in 5

Two in 5 (40%) people who had a baby with syphilis did not get prenatal care.

Missed Opportunities

People face gaps in care during pregnancy.



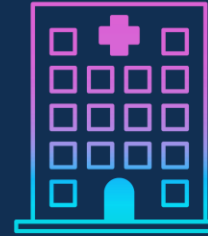
Advance Equity

Improve care during pregnancy with tailored strategies.



Prevent Syphilis

Everyone in the health system can play a role.



Emergency
Departments



Jail Intake
Settings

Opportunities to test for and treat
syphilis during pregnancy

Syringe Services
Programs



Maternal and Child
Health Programs



To Prevent Newborn Syphilis



Healthcare providers

- Understand who should get tested for syphilis, especially if your [county has high rates of syphilis](#) among those who are sexually active. [Talk](#) to patients about sexual health and [test](#) for sexually transmitted infections.
- [Test](#)—with rapid tests if necessary—everyone who is pregnant the first time you see them.
- [Repeat syphilis testing during pregnancy](#) for those living in counties with the highest rates of syphilis or those who are more likely to get syphilis during pregnancy.
- [Treat](#) syphilis immediately.



People who are sexually active

- Ask a healthcare provider about how to prevent syphilis.
- Talk to your partner(s) about sexually transmitted infections and consider what [safer sex](#) options are right for you.
- Get tested for sexually transmitted infections, especially if you or your partner are pregnant or planning to get pregnant.





Health departments


- Identify [counties in your states with high rates of syphilis](#) and notify physicians in these counties to encourage more testing and coordinated treatment.
- Collaborate with community programs to address [structural barriers to syphilis care](#) [↗](#), make testing (including rapid syphilis tests) and [treatment more accessible](#) [↗](#), and link people to other needed services.
- Know the pregnancy status for people with syphilis to facilitate timely treatment. Verify that people with syphilis and their partners are treated.



High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches

 CDC issuing Health Advisory for clinicians and health departments to consider possible illness due to lead exposure and report cases to local health authorities

 Multiple states reporting potential cases to FDA in children consuming cinnamon-containing applesauce products

 Testing indicated the products contained extremely high levels of lead. WanaBana, Schnucks, Weis voluntarily recalled certain lots of:

- WanaBana brand apple cinnamon fruit purée pouches
- Schnucks brand cinnamon applesauce pouches
- Weis brand cinnamon applesauce pouches



 Info on specific recalled products: [Investigation of Elevated Lead Levels: Applesauce Pouches \(November 2023\) | FDA](#)



High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches

- As of 11/7/23, 22 cases from 14 states (none yet in ND), in patients ages 1-3 years
- Symptoms: headache, nausea, vomiting, diarrhea, activity level change, anemia
- Lead toxicity primarily targets the central nervous system (children more vulnerable than adults because systems still developing, and they absorb higher fractions of ingested lead)
- Some children have no symptoms, but even low levels of lead exposure associated with learning, behavioral, and cognitive deficits and some effects of lead poisoning may continue into adulthood





High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches

Recommendations for Public Health Professionals

- Know that people with high blood lead levels may not experience symptoms
- Case finding may be mainly from reporting by clinicians performing screening
- Consider conducting case-finding activities that leverage existing data sources such as medical encounter and hospital discharge data, electronic syndromic surveillance systems, your local poison center, and other applicable surveillance systems

Recommendations for the Public (Parents, Caregivers, Guardians)

- Do not buy, eat, sell, or serve recalled cinnamon-containing applesauce pouch products
- Parents and caregivers of children who may have consumed recalled products should contact the child's healthcare provider about getting a blood test for lead

North Dakota Experiencing Increase in Pertussis Cases

8 confirmed or probable cases reported in Eastern part of state since Nov 2

Clinical criteria: cough \geq 2 weeks + at least 1:

- Paroxysms (uncontrollable bursts) of coughing
- Inspiratory whoop
- Post-tussive vomiting
- Apnea (infants < 12 months)

If suspected, patient should be immediately treated and excluded from school/childcare and other activities until 5 days after start of antibiotics

Pertussis cases must be reported immediately to ND HHS

Pertussis Contacts



All household contacts of confirmed cases, regardless of symptoms, should be placed on appropriate antibiotics



ND HHS will determine if other contacts need prophylaxis



Pertussis incubation period:
7–10 days (range 4 – 21 days)



Symptomatic contacts to confirmed cases should be treated, reported, advised to exclude from all activities until 5 days after start of antibiotics OR after 21 days of cough

Pertussis Immunizations



- ***Vaccine is the best available protection against disease***
- Babies, pregnant women at risk to develop severe whooping cough
- Vaccines 73–98 % effective in 1st year; protection wanes over time
- People s/p whooping cough are susceptible to disease after 5–10 years
- **DTaP** vaccine given at 2, 4, 6 & 15–18 months; booster at 4–6 years
- **Tdap** vaccine should be administered to:
 - Adolescents 11–12 years
 - Adolescents or children 7–10 years incompletely vaccinated
 - Single dose Tdap should replace Td booster (every 10 years) for adults not previously vaccinated with Tdap, including adults ≥ 65
 - Health-care workers
 - Pregnant women during 3rd trimester (preferably 27–32 weeks)
 - People in contact with infants (parents, grandparents, caregivers, child-care providers, etc.)