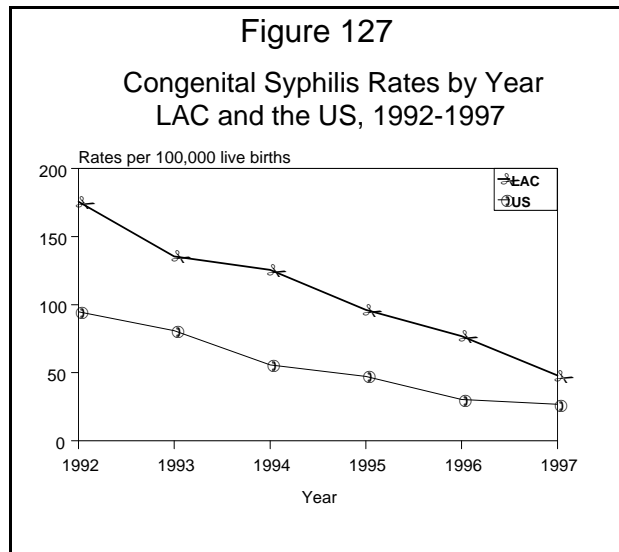


SYPHILIS, CONGENITAL

CRUDE DATA	
Number of Cases	76
Prevalence ^a	
LA County	48.1
California ^b	32.3
United States ^b	26.9
Age at Onset	<1 year
Case Fatality	
LA County	1.3%
United States	N/A



^a Cases per 100,000 live births. LA County rate based on 1996 live births.
^b U.S. and California data are provisional.

ETIOLOGY

Treponema pallidum; a spirochete bacterium. (Infection transmitted from mother to fetus *in utero*.)

DISEASE ABSTRACT

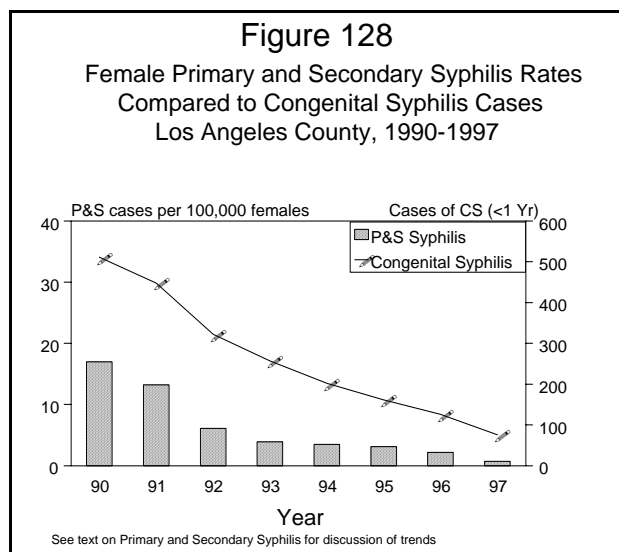
In 1997, congenital syphilis (CS) prevalence in LAC continued its decade-long decline. The ratio of infected cases to cases averted by prenatal intervention has remained relatively stable since 1994 (Figure 127).

STRATIFIED DATA

Trends: In 1997, the prevalence of congenital syphilis dropped 37%, from 77 cases per 100,000 live births in 1996 to 48 in 1997 (Table 25). The decrease parallels the decline in primary and secondary syphilis rates among women (Figure 128).

Seasonality: None.

Race: Ninety-seven percent (97%) of CS cases were among Blacks and Hispanics. The majority of congenital syphilis cases occurred among Hispanics (60%), but Blacks continued to have a much higher prevalence, adjusted for



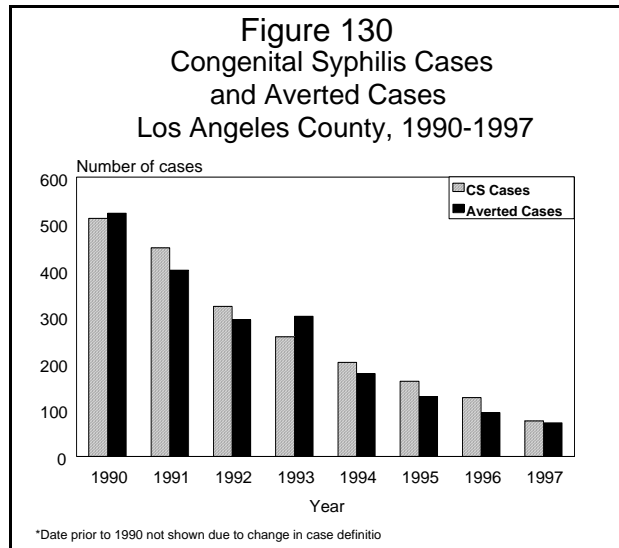
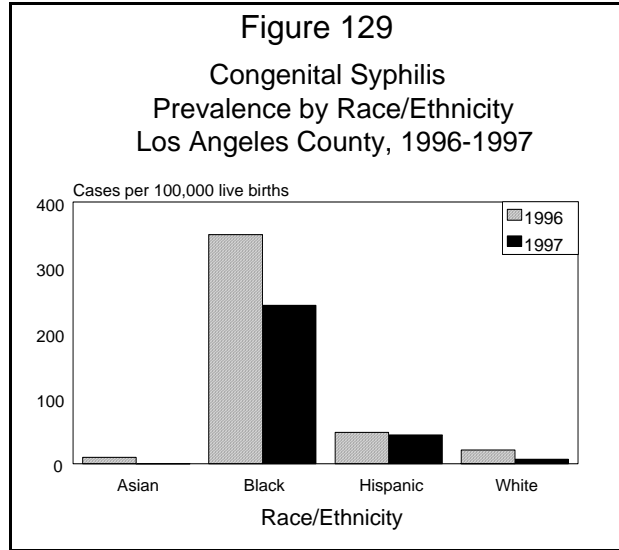
population size. Although CS prevalence among Blacks decreased 31% from 1996 to 1997, it remains five and a half times higher than that of Hispanics and thirty-five times that of Whites (Table 25 and Figure 129). The number of cases among Whites and Asian/Pacific Islanders was very low in 1997.

Location: In 1997, the six core health districts reported 70% of all reported cases (Table 26).

Reporting: The STD Program uses a combination of active and passive surveillance for congenital syphilis. Cases are ascertained from confidential morbidity reports, positive tests from laboratories, and patient, partner, and sibling follow-up. In spite of the efforts of federal, state and county governments to assure proper reporting and the follow-up of all CS cases, non-reporting continues, whether from failure to recognize the disease, the absence of prenatal care, or from noncompliance with reporting laws by physicians and other health care providers.

COMMENTS: The decline in congenital syphilis parallels the decrease in all types of syphilis in LAC over the last decade. However, actual and proposed changes in federal and state policies (regarding eligibility for funding due to immigration status and citizenship) that have reduced access to prenatal care among certain sections of the population, have also heightened the risk of a renewed syphilis outbreak and impeded the effectiveness of County STD control and prevention efforts. The ability of women to use publicly funded prenatal care freely offers a critical opportunity to screen, detect, and treat for syphilis and other STDs.

In 1997, reported cases of CS exceeded prevented cases (72) by only 4%, compared to a 25% difference in 1996 (Figure 130). This smaller gap hopefully reflects the effects of improvements in prenatal detection and treatment of maternal primary and secondary syphilis. Preliminary results of a study comparing prevented and actual CS cases indicate that cultural and behavioral differences among different racial/ethnic groups are associated with infection.



**Table 25. Reported Congenital Syphilis Cases and Prevalence at Birth by Race/Ethnicity
Los Angeles County, 1996-1997**

	Number of Cases		Prevalence ^a		Percent Change in Prevalence
	1997	1996	1997	1996	
Asian/Pacific Islander	0	1	0	9.9	-100
Black	28	53	241.8	349.8	-31
Hispanic	46	48	44.2	48.0	-8
White	2	7	6.9	21.3	-68
Unknown	0	17	--	--	--
County Total	76	126	48.1	76.8	-37

^a Cases per 100,000 live births.

**Table 26. Congenital Syphilis Cases by Health District
Los Angeles County, 1996-1997**

Location	Number of Cases	
	1997	1996
Health District		
Central ^a	12	13
Southeast ^a	10	8
Inglewood ^a	9	12
Southwest ^a	8	26
South ^a	8	18
Compton ^a	6	4
San Fernando ^b	4	7
West Valley	4	7
Northeast	3	3
Hollywood-Wilshire	2	4
El Monte	2	3
Foothill	2	1
West	2	1
East Valley	1	4
San Antonio	1	3
Alhambra	1	0
East Los Angeles	1	4
Glendale	0	2
Bellflower	0	1
Harbor	0	1
Pomona	0	1
Torrance	0	1
Whittier	0	1
Unknown District/Network	0	1
TOTAL	76	126

^a Core Health District

^b Includes Antelope Valley