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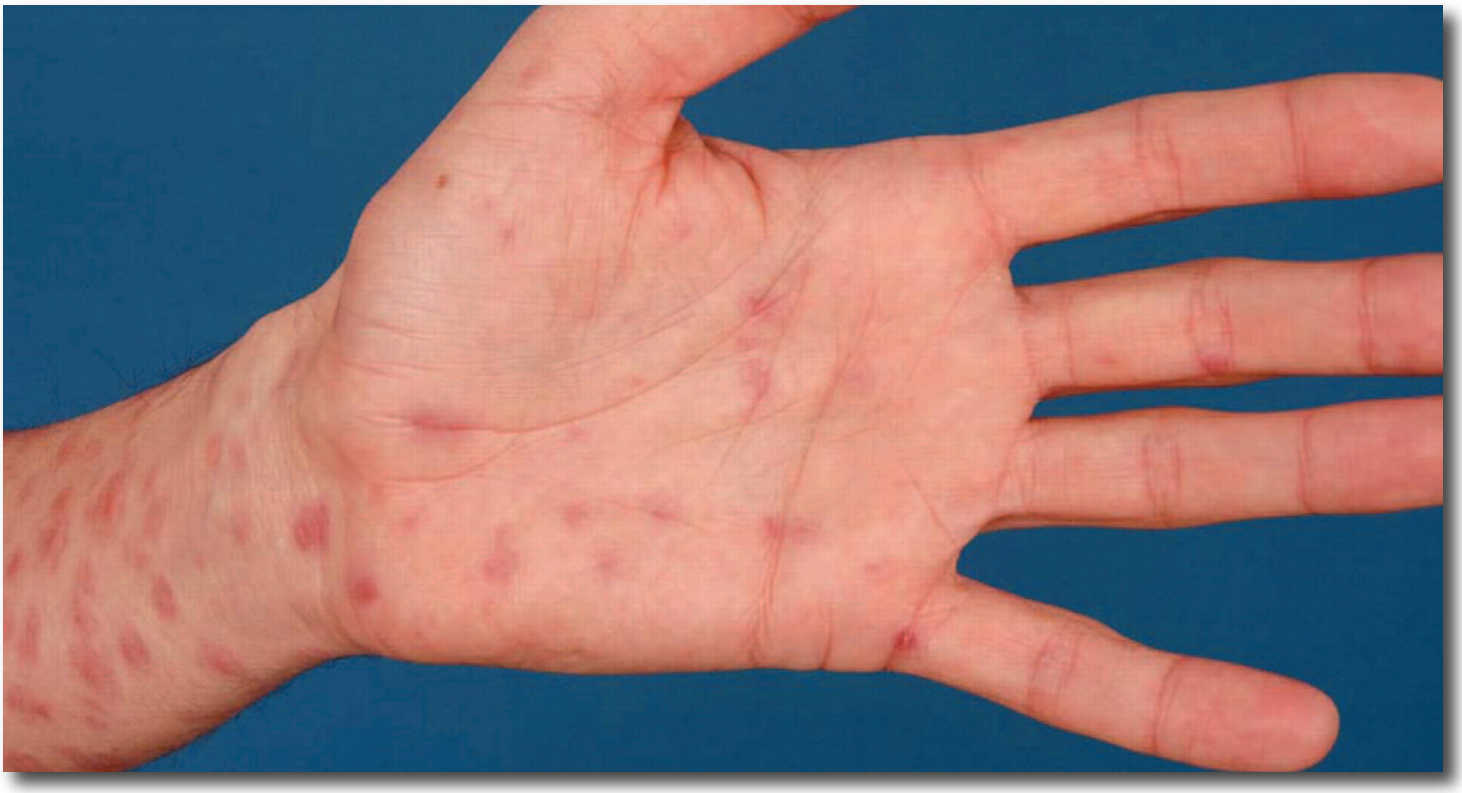

Congenital Syphilis: Case Increases Raise Index of Suspicion among MSAW Patients

By Renai Edwards, MPH, Director of Training and Technical Assistance

While congenital syphilis is completely preventable, cases in the United States have risen 740.3% over 10 years -- from 462 cases in 2014 to 3,882 cases in 2023. Congenital syphilis case increases were particularly notable among women (636.4%), and men who have sex with women (410.5%)[1] during the same period. While the population most affected by syphilis remains men who have sex with men (MSM), these poorly understood changes among heterosexuals warrant additional attention and effort to prevent congenital syphilis and related infant deaths, stillbirths, and debilitating health outcomes that can affect infants that survive over the course of their life.

Of particular interest to Migrant Clinicians Network is the increased risk these recent epidemiologic changes may mean for migratory and seasonal agricultural workers (MSAWs). While current data on MSAWs and sexually transmitted infections are sparse, we know that many do not have easy access to health care or transportation, may lack insurance, may have language and financial barriers, and may move frequently, making it hard to start or stay in prenatal care.[2] Additionally, regular relocation may influence people to seek new partners in their new locations. An increase in the number of partners brings increased risk for the individual, and potentially for a long-term partner to whom they may return later.[3,4]

Furthermore, the National Agricultural Worker Survey: 2021-2022 reports that 75% of agricultural workers identify as Hispanic/Latino and 9% as Indigenous based on primary language reported.[5] Cases of congenital syphilis were highest among Hispanic/Latina birth parents, followed closely by Black/African American parents. Both populations, along with the American Indian/Alaska Native and Native Hawaiian/Pacific Islanders, are significantly and disproportionately affected, indicating the

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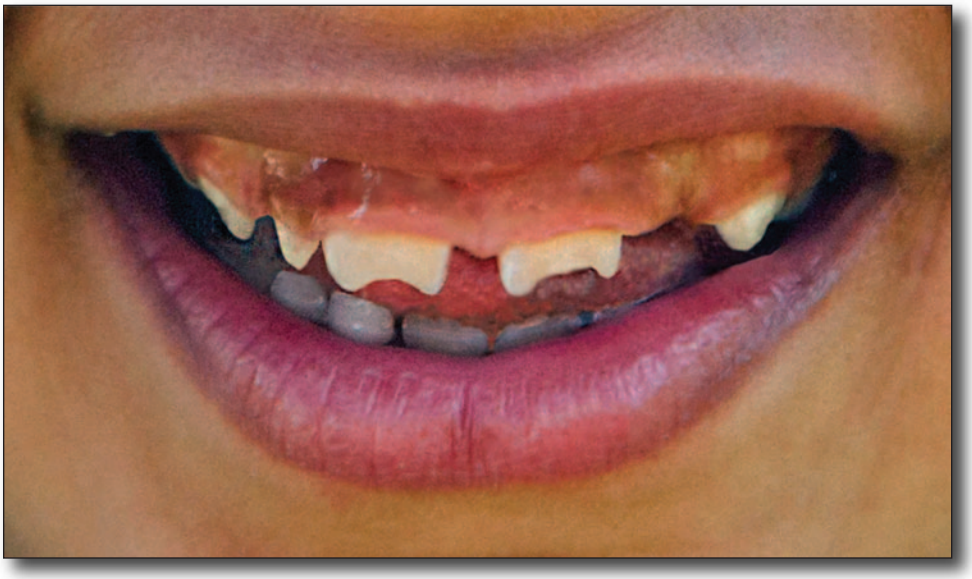

Hutchinson teeth in children is caused by exposure to syphilis while in utero or during birth.

importance of a concentrated effort to serve these communities in syphilis detection and prevention.

Community health centers (CHCs), in partnership with health departments, can increase opportunities for testing, appropriate syphilis staging, completion of treatment, and partner services. CHCs are often the most convenient place for MSAWs to seek health care, whether at a physical clinic, on a mobile unit, or during other types of outreach. Awareness of the current increase in syphilis in women and babies should drive staff to initiate conversations and services for reproductive health, plans to become pregnant, partners or changes in partners, and prenatal care if already pregnant, then initiating testing as appropriate.

Providers should have a testing algorithm in place. The traditional algorithm starts with a non-treponemal (RPR) and follows reactives with a treponemal (EIA) to confirm. The reverse algorithm starts with a treponemal (EIA) and confirms with a non-treponemal (RPR). In the reverse algorithm, a non-reactive RPR is followed with a second treponemal (TPPA) to confirm a truly negative result. Staging is the next critical step to determine appropriate treatment. Use the Centers for Disease Control and Prevention Sexually Transmitted Infection Treatment Guidelines to ensure correct dosing by syphilis stage. (See Resources at the end of this article.) Contact your local or state health department (HD) for additional support or questions about staging or dosing.

Clinicians who have not worked with local or state HDs may not be aware of other services that are available and that could facilitate treatment initiation, completion of treatment, and follow-up with partners. For example, HDs may be able to share the specific penicillin that is necessary to adequately treat syphilis, and which many providers do not always have in stock. As mentioned, HDs can help with staging a syphilis diagnosis to ensure appropriate levels of treatment and help find a patient if they are not responding to requests for follow-up.

Health departments also have Disease Investigation Specialists (DIS) that may be able to meet the patient at a place convenient for them to receive treatment. They often offer confidential partner services for people who are not comfortable letting a partner know that they were diagnosed with syphilis. HDs will not only attempt to call cases and their partners, but they may also go to their home or other places to find them to ensure they are aware of their potential exposure, and offer testing and treatment at a convenient time and place.

Even when a clinic may not need those supports from a health department, it will be helpful for clinicians to let patients diagnosed with syphilis know that a DIS will reach out to them, that the DIS are not concerned with immigration status, and that conversations are confidential. They will ask about partners to ensure that any partners are tested and treated to prevent further spread of syphilis and prevent re-infection of the patient. While this may feel uncomfortable for some patients, syphilis is a required reportable condition; if the clinician does not report, the laboratory will, and HDs are required by law to follow-up on all syphilis cases. It is all about prevention and decreasing the spread of disease.

Finally, Migrant Clinicians Network can assist patients diagnosed with syphilis and/or in prenatal care if the patient is moving. Health Network, our continuity of care program, can help find care at the patient's new location, transfer medical records, and support follow-up care through the process. Sign up here to enroll a patient: https://www.migrantclinician.org/our-work/health-network.html

Learn more about syphilis prevention, testing, staging, treatment, and taking a sexual history:

https://www.cdc.gov/std/treatment-guidelines/pocket-guide.pdf

https://www.cdc.gov/std/treatment-guidelines/wall-chart.pdf

https://www.cdc.gov/syphilis/media/pdfs/2024/07/Prenatal-Syphilis-Screening-Laws-Web-Document-25-July-2024-final.pdf

https://www.std.uw.edu/page/clinical-guides/guides#doxy-pep

https://www.cdc.gov/sti/hcp/clinical-guidance/taking-a-sexual-history.html

References

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2. 2024. Farmworker Justice. Issue Brief: Farmworkers and HIV.
3. Wilson Chialepeh N, Sathiyasusuman A. 2015. Associated Risk Factors of STIs and Multiple Sexual Relationships among Youths in Malawi. PLOS ONE 10(8): e0134286
4. Mercer CH, Jones KG, Geary RS, et al. 2018. Association of Timing of Sexual Partnerships and Perceptions of Partners' Concurrency with Reporting of Sexually Transmitted Infection Diagnosis. JAMA Netw Open;1(8):e185957
5. 2023. JBS International/US DOL. Findings from the National Agricultural Workers Survey (NAWS) 2021–2022: A Demographic and Employment Profile of United States Crop Workers. *Findings from the National Agricultural Workers Survey (NAWS) 2021–2022: A Demographic and Employment Profile of United States Crop Workers.* Accessed: December 2024.

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Wildfires: New Resource

Marysel Pagan Santana, DrPh, Director of Environmental and Occupational Health, Migrant Clinicians Network

In recent years, we have seen wildfires become headlines as they have gone from seasonal events to major disasters in places like Canada, Alaska, and California. Canada's 2023 wildfire season resulted in millions of burned acres, causing air quality emergencies in several states along the North and East Coast of the United States. In California, we watched as earlier this year several fires destroyed entire urban neighborhoods, displacing thousands of people and leaving fatalities across Los Angeles. These events not only cause financial losses but have a direct and indirect effect on the health of populations. Some populations may be more affected than others depending on their exposure; one particular at-risk population is agricultural workers.

"Wildfire Smoke as an Occupational Risk Factor: Clinician's Guide," a new resource from Farmworker Justice in partnership with Migrant Clinicians Network, informs and increases the capacity of health care providers to support agricultural workers in preventive and risk mitigation practices related to wildfires. The guide provides a background on recent wildfire events, the effect these events have on outdoor air quality, and how to interpret air quality levels. One of the key sections is the description of the populations that are at higher risk of suffering adverse health effects, such as the elderly, children, and agricultural workers. This resource also describes the different health implications and actions that patients can take to protect themselves, such as using respiratory protection. Finally, this guide addresses in a comprehensive, easy-to-understand way, the different actions that health care providers and outreach workers can take to promote the protection of the population they serve.

Protecting the health of agricultural workers during natural disasters is particularly essential since they are the backbone of our food and nutrition chain. Implementing simple education and outreach programs and supporting respiratory protection programs can go a long way to keep them safe and healthy.

Access the new Wildfire resource on the MCN website, where you can flip through it on the site or download it as a PDF. It will soon be available in Spanish as well. https://www.migrantclinician.org/resource/wildfire-smoke-occupational-risk-factor-clinicians-guide.html

Pesticide Exposures: What Clinicians Need to Know

By Amy K. Liebman, MPA, Chief Program Officer, and Claire Seda, Director of Communications, Migrant Clinicians Network

Pesticide exposure remains a serious and common health risk among agricultural workers in the United States. Clinicians often miss pesticide exposure because the symptoms at times are nonspecific; a strong medical history can greatly assist in uncovering potential exposures.

"Workers exposed to pesticides, they typically present with very vague symptoms, systemic systems as well, so you might get workers who present with a little bit of nausea or vomiting, or gastrointestinal symptoms, or you might get workers with respiratory symptoms," noted Brett Shannon, MD, PhD, occupational and environmental medicine -specialist, in a recent three-part webinar series on pesticides, presented in English and Spanish by Migrant Clinicians Network. Data that he pulled from Illinois state pesticide reporting pointed to dermatological, asymptomatic, and neurological symptoms as the top signs and symptoms, expanding the range of symptoms a clinician must look for. "I think this is why we miss a lot of cases… Sometimes the clinical picture is not so clear, that a worker is being exposed to pesticides," he explained. "If a worker presents with very vague or very generalized symptoms, it's really important to ask about exposure to pesticides as part of your clinical history and consider it as a potential exposure because of the kind of symptoms we're seeing."

Determining Exposure Scenario

Taking a thorough occupational history is an important way to understand the circumstances surrounding a pesticide exposure. Identifying the exposure scenarios including the source of the exposure helps clinicians in their diagnosis. Also, considerations like the nature of the task or job, use of personal protective equipment, and type of space such as an

enclosed space like a greenhouse are relevant when assessing the exposure scenario. The route of exposure, determining if the exposure was dermal, inhaled, ocular, or ingested, is also important.

Four Areas of Questioning

Dr. Shannon generally focuses on four areas of questions when triaging a patient exposed to pesticides. First, he asks about general health concerns the patient may have, such as any major health problems, their range of symptoms – whether they are localized or systemic — and whether the patient could be pregnant. Second, he asks questions about the specific incident and what they were doing at the time of exposure. Third, he inquires about their job, the nature of their role, and the tasks they do each day. He asks his patients to give him a rundown of what a typical day looks like. Lastly, he wants to know if they have been getting any kind of treatment, if they've seen another provider for this issue, or if they have been self-treating.

Organophosphates, Pyrethroids, and Rodenticides

To best interpret the medical history, clinicians need a basic understanding of the acute health effects of each class of commonly used pesticide. Organophosphates cause acute symptoms like nausea, dizziness, breathing difficulties, and, in severe cases, nerve damage, paralysis, and death. Pyrethroids are synthetic versions of natural pyrethrins found in chrysanthemum flowers. They are generally less toxic but can still cause skin irritation and respiratory problems and can affect the nervous system. Long-term exposure to either pesticide has been linked to potential neurological and developmental issues. Rodenticides, used to kill rodents, are harmful to humans if swallowed, inhaled, or touched. They can cause symptoms like nausea, dizziness, internal bleeding, and organ damage. Some rodenticides are anticoagulants and can cause serious bleeding. Others can affect the nervous system or kidneys.

Once an exposure is confirmed, Dr. Shannon underscores the value of determining which specific pesticide was used – and reviewing the information on that pesticide's label. Data to collect from the acutely exposed patient includes contaminated clothing, a urine sample, and other samples as needed.

Effects of the Exposure

In treating exposed patients, the effects and subsequent treatment will depend on the type of pesticide, the dose, routes of exposure, distribution, metabolism, elimination, and individual sensitivity. Age – especially if the patient is a child – gender, the possibility of pregnancy, health status, genetics, and concurrent exposures such as use of pesticides at home all impact how an individual will respond to the exposure.

Acute pesticide exposure and long-term exposure may each result in chronic health effects. During the webinar, Dr. Shannon reviewed some of the evolving findings regarding chronic pesticide exposure including among children who are vulnerable. The research has shown neurodevelopmental delays from exposure to the fetus in pregnant women and to children at young ages. Pesticide exposure is also associated with attention deficit hyperactive disorder and autism spectrum disorder. For adults, Dr. Shannon shared that there is a diagnosis called chronic organophosphate neuropsychiatric disorder that involves mood instability, suicidal ideation, and cognitive impairment. Agricultural workers exposed to pesticides may face a wide range of long-term health issues; for example, research suggests associations between pesticide exposure and Parkinson's disease, certain kinds of cancers, and endocrine disruption.

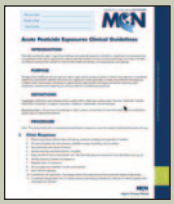
Taking a Holistic Approach

Dr. Shannon encourages clinicians to think about exposures in the larger context, including the mental health of the patient. "Too many times…we focus on the pathology or the red flags for these chemical exposures including pesticides. We treat the pathology instead of treating the patient holistically," he said. "It's very important to consider that any exposure to pesticide or any other work hazard is a very traumatic experience for many workers. It's something that could potentially kill them, it's something that's very scary for them. And you have to consider this and consider examining their mental health during and after the incident." He emphasized the importance of looking at additional factors including job status, access to insurance, ongoing exposures, and fear of retaliation after reporting of the exposure. "I think [asking these additional questions] is almost just as important as the pesticide exposure itself," Dr. Shannon said. "We can treat the pesticide exposure, but the trauma can stay for many many years."

RESOURCE

MCN's three-part webinar series, "How to Prevent Pesticide Poisoning in Farmworkers" is available to watch at: *https://www.migrantclinician.org/webinar/diagnosis-and-management-pesticide-related-illness-how-prevent-pesticide-poisoning*

Pesticide Clinical Tools and Resources

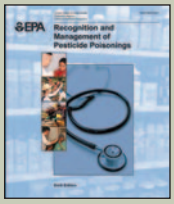


Acute Pesticide Exposure Clinical Guidelines

MCN's Pesticide Clinical Guidelines and Pesticide Exposure Assessment Form assists in the recognition and management of acute pesticide exposures in primary care settings. https://www.migrantclinician.org/resource/mcn-pesticide-exposure-clinical-guidelines-and-assessment-form.html

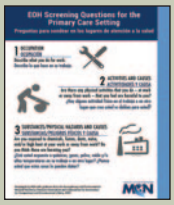
Cholinesterase Testing Protocols and Algorithm

These clinical tools provide a concise and simple format for clinicians to use as guides in managing care for patients working with Class I and Class II organophosphates (OP) or OP and N-methyl-carbamates. https://www.migrantclinician.org/toolsource/tool-box/cholinesterase-testing-protocols-and-algorithm-healthcare-providers.html



Recognition and Management of Pesticide Poisonings

EPA's Recognition and Management of Pesticide Poisonings, 6th Edition, is an essential guide for health care providers on pesticide toxicology, diagnosis, and treatment. Includes a comprehensive index of signs and symptoms and important resources. https://www.epa.gov/pesticide-worker-safety/recognition-and-management-pesticide-poisonings



Environmental and Occupational Health Screening Questions for Primary Care

Three concise and effective environmental/ occupational health screening questions for the primary care provider. English and Spanish. https://www.migrantclinician.org/resource/environmental-and-occupational-health-screening-questions-primary-care.html

Relying on Volunteer SCAN Champions, Overcoming Language Barriers to Help Children Find Care

By Claire Hutkins Seda, Director of Communications, Migrant Clinicians Network

In July 2024, Helen,* an 11-year-old female immigrant from Eritrea was seen at a hospital in a Southwest state. There, she was diagnosed with cerebral palsy, malnutrition, and vitamin D deficiency. The family intended to move northward to a Midwest state where members of her immediate family lived, so the patient's pediatrician enrolled her in Specialty Care Access Network (SCAN), a Migrant Clinicians Network program that combines Health Network, our continuity of care program, with a network of volunteer clinicians and advocates, to expand specialty care access to children who encounter significant barriers to accessing such care because they are leaving a service area.

After enrollment, the first step is for the Health Network Associate who supports SCAN, Elizabeth Gonzalez Ibarra, to directly contact the patient's family to confirm contact information and the address to which the family planned to move. "Typically, we use the translation line, and from the main menu, it says, 'If you need Spanish, press one. If you need another language, press 2…' Then, they go find an interpreter. Usually, it's within seconds that we connect to a translator… but I needed someone who speaks Tigrinya," explained Gonzalez Ibarra. Tigrinya is the most widely spoken language in Eritrea, with about half of the country's population speaking it as their first language, but interpretation was still difficult to secure.

"It took a few minutes to find someone who speaks the language – but then I ended up losing the interpreter. Something went wrong with the signal, and we had to go through the process a second time," recalled Gonzalez Ibarra. "It was taking a long while" to connect to a second interpreter, she said, and during that wait, the patient's uncle, who speaks English, offered to interpret in the absence of an official interpreter. Because the initial call was just an introductory call to offer the program's services and confirm contact details, Gonzalez Ibarra chose to continue with the uncle's interpretation.

"I explained how Health Network works, and I got their address," she recalled. After the call, she looked for a SCAN Champion who lives in the Midwest state to where the patient and her family was moving. SCAN Champions are general practitioners or specialists with working relationships with specialists in their communities and beyond. They volunteer their time, expertise, and networks to supporting children with specialty care needs who are moving. The SCAN Champion that she found connected Gonzalez Ibarra with a colleague, a physician who works at a community health center nearby. Gonzalez Ibarra explained the patient's expected extensive care needs – appointments in pediatrics, GI, rehabilitation and physical therapy, speech therapy, sleep study, and occupational therapy – to this clinician.

"She was quick to say 'yes, we can take her in, just call the scheduling team,'" which Gonzalez Ibarra immediately did. "Everything flowed really well. [The health center staff] were patient and understanding. The patient speaks a different language and yet they were very fast in getting her to an appointment and helping them getting scheduled," Gonzalez Ibarra said. The health center also enrolled the family into programs for which they are eligible, including transportation assistance. For the patient's first appointment, Gonzalez Ibarra arranged for an Uber through Health Network's partnership with the Uber Foundation, but the health center arranged for future transportation vouchers to her many appointments, removing one of the significant barriers that many patients face.

Gonzalez Ibarra regularly followed up with the patient's family after the patient's initial appointment to ensure that they were able to schedule and attend all the appointments she needed, but after connection with the health center, the patient's family needed no additional assistance. "This case was a really quick – the family was attended to amazingly, and things ran smoothly, so I closed the case."

"Connecting patients to local health centers is important especially for displaced people who are moving, who often have the most difficulty getting the care they need," said Laszlo Madaras, MD, MPH, Chief Medical Officer of Migrant Clinicians Network. "Often, these patients are from agricultural worker families who need to be on the move to wherever they are needed. Mobility is just one of many barriers that agricultural workers face, and our Health Network Associates work hard to remove such barriers. This is especially true for our SCAN program which often has a critical time component as we often deal with very sick children."

"Our work here at Health Network is so impactful not only for families but also for community health centers and other organization that work with us," emphasized Gonzalez Ibarra. "If it weren't for our partners, from health centers to SCAN Champions, we would not be doing this amazing, important work. Thank you. Please join us to continue this great work."

**Name and certain identifying details have been changed or anonymized to protect the patient's identity.*

Most families who are moving are healthy. Occasionally, a family member needs virtual care coordination for a child with specialty care needs. That's when SCAN can help.

Self-Care Practices for High Stress Times

By Kaethe Weingarten, PhD, Founder and Advisor of Witness to Witness

Community health center staff, including health care providers and outreach staff, face the typical stressors of any job and daily life, with added challenges unique to their job, like feeling the stress and trauma their patients experience; limited staffing and turnover; and the feeling of overwhelm when unable to address the many needs of patients in the short time they have with them.

At the Witness to Witness Program at Migrant Clinicians Network, we support a variety of activities that clinicians can use to support their own well-being. Our recommendations are predicated on several beliefs we hold. First, small changes are not the same as trivial ones. Sometimes a small shift is sufficient to trigger a big difference. Thus, making a small change is worth the effort it takes. Second, finding one person you trust to enter into a "buddy" relationship can be helpful. For many people, knowing you can tell someone on a regular basis what troubles you is in and of itself comforting. When we share what burdens us, it lightens our load. However, by sharing we do not mean taking the other person's burden on as our own. Our third belief is that there is a way of practicing empathy with patients that is helpful and a way of practicing empathy that can be troublesome. Our third suggestion is not to follow the adage, "To truly understand another person, walk in their shoes for a mile," but rather to imagine what the other person's journey is like when they walk a mile. Taking on – even in our imagination — the struggles of others can be exhausting. Being a good listener doesn't mean we enter into the other's experience. It means we respond open-heartedly to what they us to understand without feeling it ourselves.

In our resource, "A Daily Practice to Restore Equanimity," we gather specific and simple measures that health care providers can integrate into their daily rhythm. This one-pager is also available in Spanish. Go to the resource page online to download as a PDF: https://www.migrantclinician.org/resource/daily-practice-restore-equanimity-w2w-resource.html

THE witness to witness PROGRAM

A DAILY PRACTICE TO RESTORE EQUANIMITY

When any of us is under stress, and a new situation arises that is disturbing, it is hard to stay calm and composed. ***Equanimity*** is a state of mind, but also a practice, that helps us stay stable when things are in turmoil around us. Equanimity feels good for us and it is helpful to those around us who can benefit from our maintaining our emotional balance.

Here is a daily practice you can use to restore equanimity:

1. Start each day by remembering that your intention is to offer compassionate, competent care to those you serve.
2. Notice sensations in the body that are signaling that you are in distress. Pause and take a few, full breaths.
3. If possible, create a buddy system so that you are able to check in with someone about what is challenging for you.
4. Take a moment at a specified time each day – brushing your teeth in the morning, at lunch –to think about how much a loved one cares for you.
5. Recognize that circumstances, not you, may produce harms.
6. Repeat: Everyone, including you, is just doing the best that one can do.
7. Be kind to others and yourself whenever possible.
8. Find one thing that one person did that day and offer a verbal, brief appreciation. It's particularly good if this acknowledgment and appreciation can be observed by at least one other person.
9. When you leave work, take good care of your body, mind and spirit. Take a moment of silence to allow your soul to catch up with you.

Kaethe Weingarten, Ph.D.
The Witness to Witness Program | https://www.migrantclinician.org/witness-to-witness

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MCN's Blog: Clinical News Between Issues

Migrant Clinicians Network offers clinicians and health advocates a deep dive into issues of health in its active blog, Clinician to Clinician. Access the blog and subscribe: www.migrantclinician.org/blog

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calendar

March 25
MCN Webinar: Strengthening Resilience and Action in Immigrant Families: Talking to Children About Current Immigration-Related Challenges
https://www.migrantclinician.org/webinars/upcoming

March 26
MCN Webinar Series: The Air We Share: Protecting Health Center Patients from Air Quality Issues
https://www.migrantclinician.org/webinars/upcoming

May 19 – 20
Rural Health Access Conference
Atlanta, GA
https://www.ruralhealth.us/events/schedule/rural-health-access-conference

May 28-30
Agricultural Worker Health Spring Symposium
Grand Rapids, MI
https://www.ncfh.org/symposia.html

June 5- 7
2025 National Hispanic Medical Association Conference
Anaheim, CA
https://nhmaconference.org/

August 17 – 19
2025 Community Health Institute & Expo
Chicago, IL
https://www.nachc.org/conference-page/chi-expo-conference/