The tests have been enthusiastically welcomed by midwives and nurses at all implementing sites, who feel empowered by offering a better service to their clients and protecting the health of their infants. The tests have been welcomed by antenatal clinic attendees, who are now screened at their first visit and given their results immediately.

**Next Steps**

- Increase messages and communication on early attendance in prenatal care
- Include rapid syphilis tests on the MOH priority diagnostic list for all facilities in Uganda
- Secure rapid syphilis tests for all ANC facilities in Uganda
- Review and implement diagnostic quality management processes to ensure accuracy and reliability of testing services
- Institutionalize partner invitation letters at all ANC facilities in the country
- Plan for monitoring and evaluation of syphilis screening data collection strategies

**Useful Resources**


**Key Points**

- Syphilis is a major public health problem in sub-Saharan Africa, associated with many adverse pregnancy outcomes, including spontaneous abortion, stillbirth, premature delivery, low birth weight, congenital syphilis and perinatal death.1,2
- In addition to the morbidity and mortality associated with syphilis and congenital syphilis, co-infection of syphilis and HIV is common and, among pregnant women, is a significant risk factor for mother-to-child transmission of HIV.
- The existing syphilis screening policy for pregnant women in Uganda is not widely implemented.
- New simple, affordable tests for syphilis are now available which make it possible to screen pregnant women for syphilis at the point of care without the need for a laboratory.

**Background**

Globally, there are an estimated 12 million new cases of syphilis each year, the majority of which occur in developing countries. In sub-Saharan Africa, the prevalence of syphilis among pregnant women attending ANC clinics ranges from 2.5% to 17%.4,5,6 Co-infection of syphilis and HIV is common, with a recent systematic review of developed and developing country data estimating 9.5% of HIV-positive persons co-infected with syphilis.

Co-infected pregnant women have a significant risk factor for mother-to-child transmission of HIV. A study in Malawi observed that pregnant women co-infected with HIV and syphilis were twice as likely to transmit HIV in utero to their infants than those infected only with HIV.11 Penicillin is a widely available and inexpensive cure for syphilis and prevention method for congenital syphilis. Integrating HIV testing and syphilis screening for pregnant women may enhance prevention of mother-to-child transmission of HIV (PMTCT), and prevent the adverse pregnancy outcomes of untreated syphilis throughout pregnancy.
About the Foundation

The Elizabeth Glaser Pediatric AIDS Foundation is a global leader in the fight against pediatric HIV and AIDS, and has reached more than 11.6 million women with services to prevent transmission of HIV to their babies. The Foundation works at 5,400 sites in 17 countries to implement prevention, care, and treatment services; to further advance innovative research; and to execute strategic and targeted global advocacy activities in order to bring dramatic change to the lives of millions of women, children, and families worldwide.

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