

# Sri-Lanka: Success Story of Managing Syphilis Infection among Pregnant Women



## Background:

Sri Lanka has a well-developed primary health care system (PHC) in place for several decades, currently having 305 PHC units island-wide. The success of the PHC program is evident in the satisfactory maternal and child health indices. Close to 95% of pregnant women get registered for ANC services before 12 weeks with 99.8% having institutional deliveries.

The STD/AIDS Control services of Sri Lanka, was established in 1952 as Anti

VD Campaign which was later named National STD AIDS Control Program (NSACP).

## Management of Syphilis among Pregnant Women:

Antenatal VDRL screening for pregnant mothers have been offered since early 1950s. The ministry of health has clearly identified this as a major issue and throughout the country the facilities have been made available. When the pregnant woman gets registered for antenatal care in the public health services VDRL testing is offered as a routine screening test.

Majority of the tests are arranged through STD clinic laboratory services. Pregnant women who reach services in the private sector get VDRL screening done through private services. At the central level the major institutions responsible for maternal and child health work closely with the NSACP. Family Health Bureau which is responsible for maternal and child health services emphasize the importance of carrying out antenatal screening in their regular training programs and reviews. The links are developed at the primary health care level with the district STD clinic through the provincial team which consists of provincial authorities including medical officer of maternal and child health and medical officer of the district STD clinic. STD clinic staff consists of both curative and public health team to provide care services and to work on prevention which includes antenatal VDRL screening program.

### **Follow-up Services and Management of pregnant women with Syphilis:**

When pregnant women with positive non treponemal (VDRL) are referred to STD clinic repeat testing is done with specific treponemal tests to confirm the diagnosis. Pregnant women confirmed as having syphilis are given appropriate treatment preferably with penicillin. After completion of treatment mother is followed up regularly till delivery and partner treatment is also completed during this period to prevent repeat infections. The obstetrician responsible



for the delivery is informed regarding the management of the mother and the need for testing of the baby and provision of prophylactic penicillin injections for the baby. Irrespective of mothers treatment, all babies born to mothers with positive treponemal tests are given prophylactic penicillin. If congenital syphilis cannot be excluded babies are admitted to paediatric wards for daily penicillin injections for 10 days.

### **Coordination on the Management of Syphilis:**

Smooth functioning of the program depends on the involvement of several stakeholders. While MCH staff is responsible for collecting blood samples from pregnant mothers and delivering samples to the laboratories, STD clinic provides testing facilities and further management for mothers with syphilis. The link between these units is maintained through regular reviews and in-service training. Continuing advocacy among key players including authorities is also an essential component in the program.

### **The Success:**

During the last two decades the annual number of new diagnosis of infectious Syphilis cases has decreased markedly. During the last 5 years the prevalence of syphilis among pregnant mothers has remained at 0.02%. In the year 2012, forty five pregnant women with confirmed syphilis have been referred to STD clinics through MCH services and all of them have been managed appropriately. In the same year, 5 cases of congenital syphilis cases have been reported to the NSACP.

**Issues:**

There is room for further improvement. Measures need to be taken to improve quality of testing in private sector and also in data management. Lack of still birth or foetal wastage data related to syphilis is a concern.

In Sri Lanka the rate of congenital syphilis is 0.03 per 1000 births which is much lower than the target for elimination of mother to child transmission of syphilis (ECS) (0.5 per 1000 births).