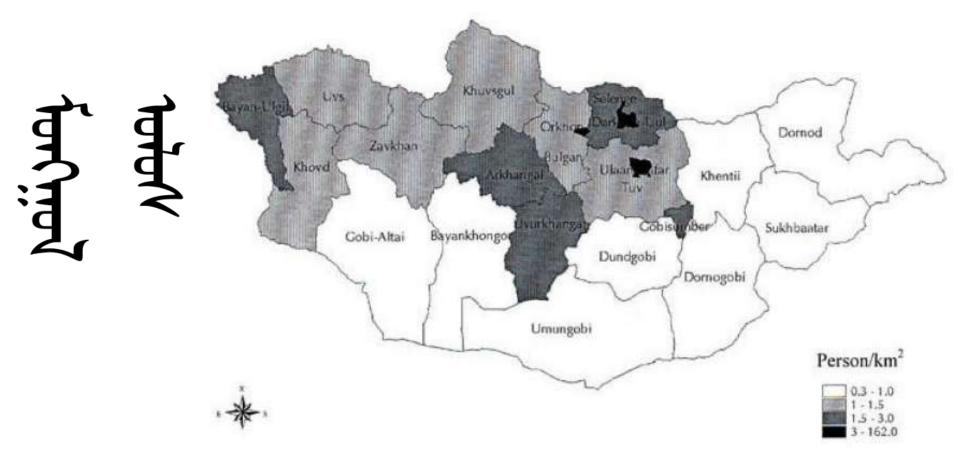
Feasibility of Rapid Syphilis Test in Antenatal Screening Programs: *Prevalence of syphilis among pregnant women in rural Mongolia*

Training Course in Reproductive Health Research WHO Geneva, 2008

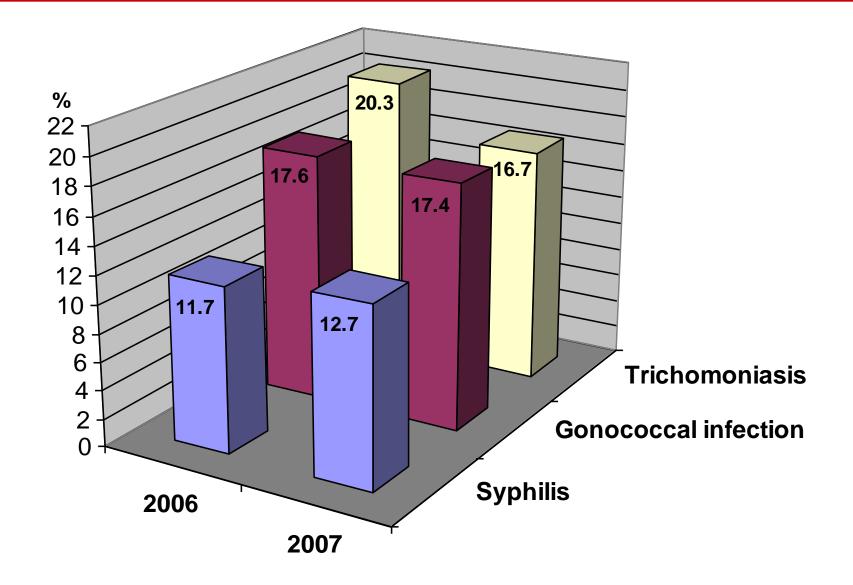
Dr. Enkhmaa Davaasambuu

Mongolia Overview

- Landlocked between Russia and China
- Population 2.6 million
- Density 1.7 person/km²



Prevalence of STDs in Mongolia

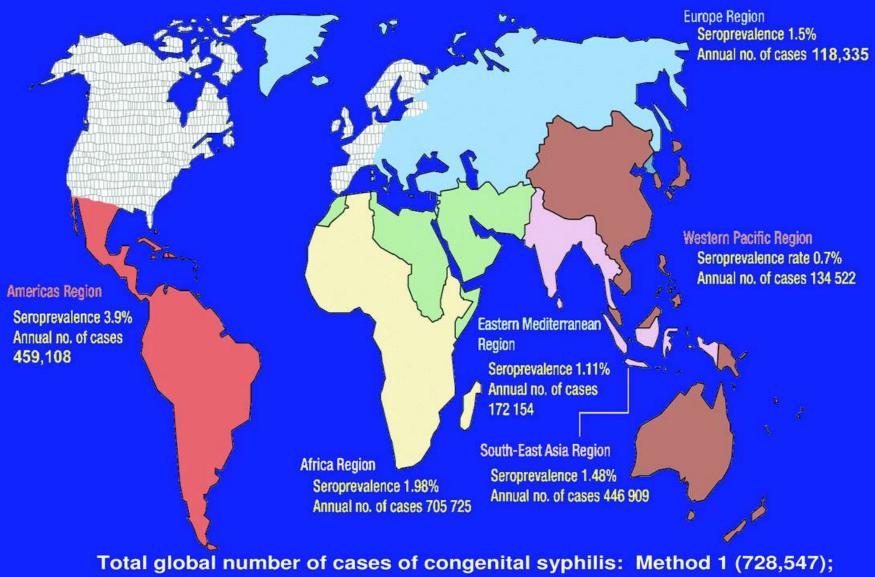


Project Context

- Syphilis: A common infectious disease in developing countries
- Untreated syphilis in pregnancy leading to adverse outcomes for both mother and infant:
 - Miscarriage, pre-term delivery, stillbirth, congenital syphilis
- The screening and treatment of syphilis in pregnant women is the standard measure for preventing congenital syphilis but is not fully operational in Mongolia.



Global Burden of Congenital Syphilis



Method 2 (1,323,889); Method 3 (1,527,565)

Congenital Syphilis



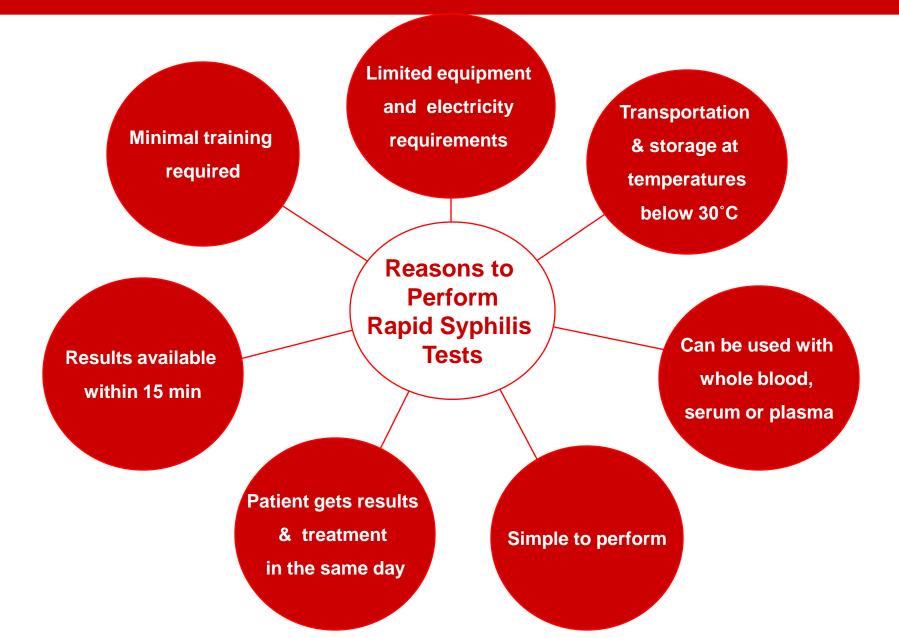
 Pregnant women with syphilis delivered babies with congenital syphilis.



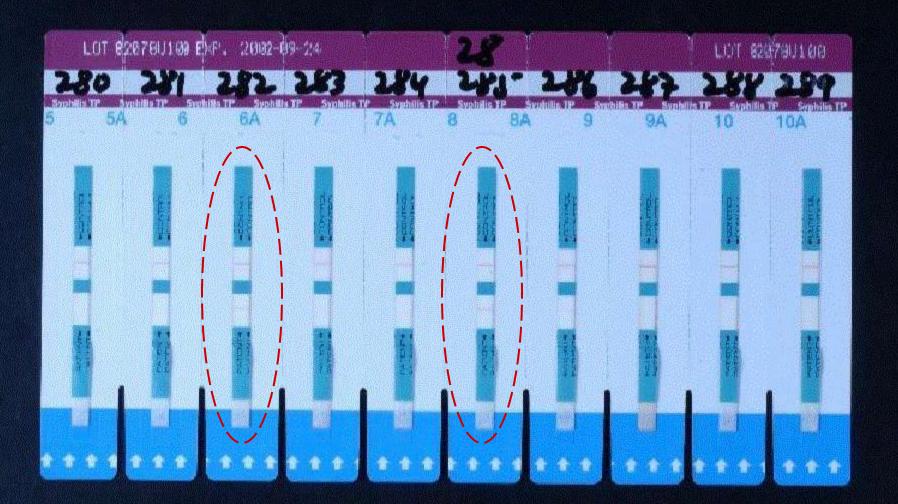
 Out of a sample of 5 babies, born from 5 women, 4 had hepatomegaly and 1 showed osteochondritis. All 5 had + FTA-ABS-19-sIgM*

*Zhou et al, STD, 2007

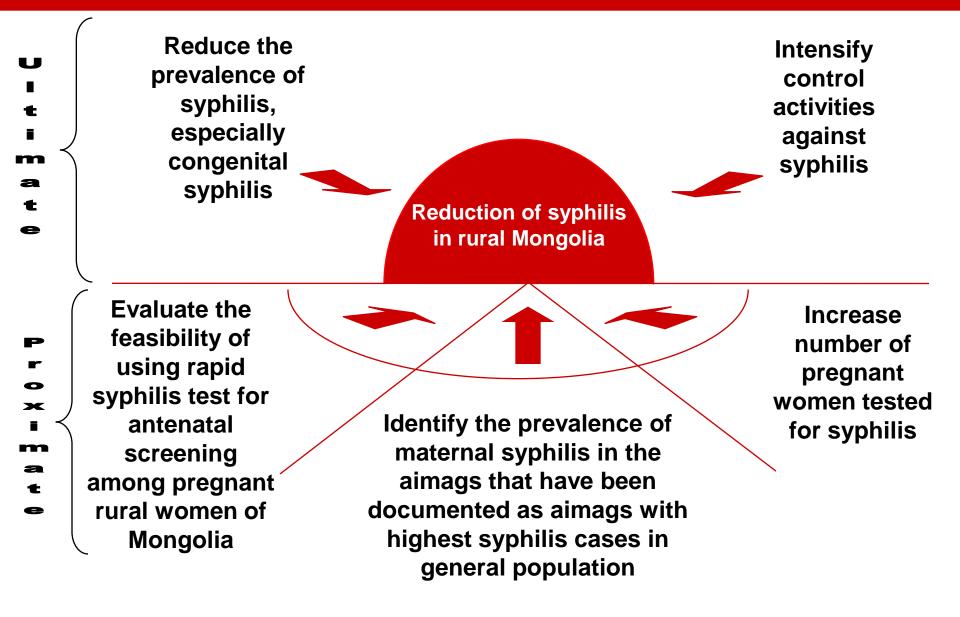
Why Conduct Rapid Syphilis Tests



Immunochromatographic test image



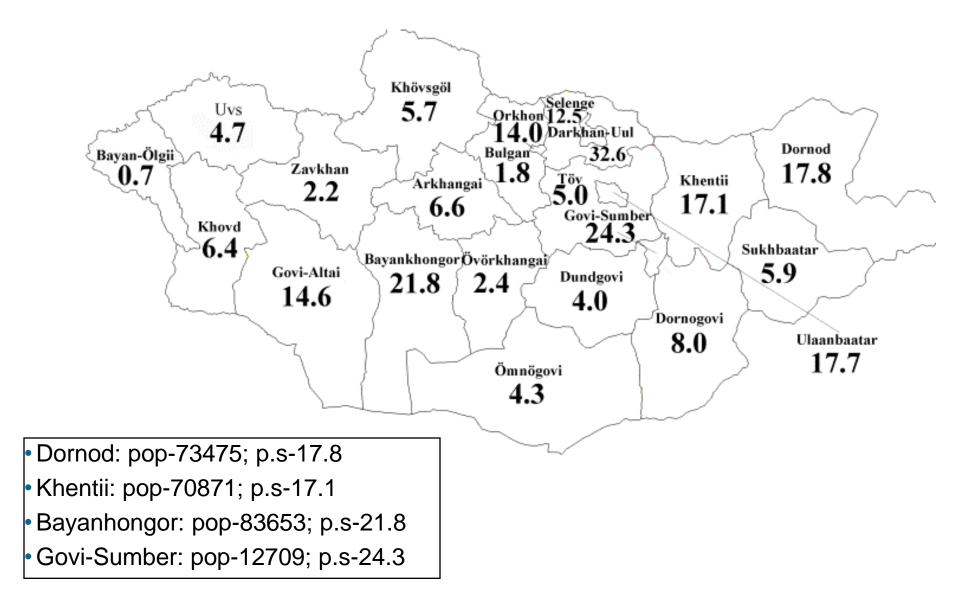
Objectives



Project Methodology

Determine	Selection of	Determine Sample	Conduct
Intervention type	Provinces	size	Study
 Prospective, interventional multi-center. 	 Rural provinces selected on the high prevalence of syphilis in general population. 	 Previous study- 2.2% Acceptable difference- 5/1000 (±0.5%) Assumed rate- 22/1000 (2.2%) Computed sample size- 3307 pregnant women (CI 95%) 	 Study duration 10-11 months Results reporting and publishing: 3 months

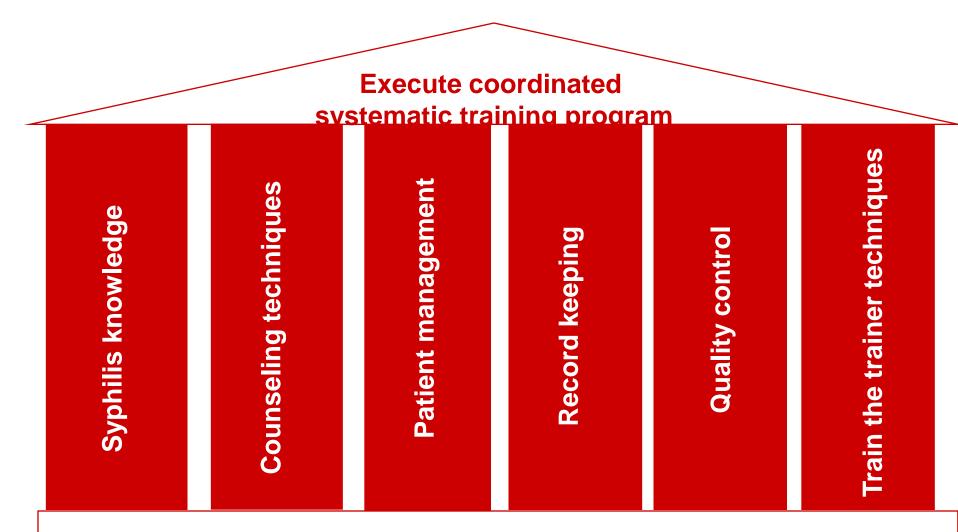
Prevalence of syphilis in general population / 10000 (2007)



Description of Intervention

ANC service providers	Aimag Central Clinics	
Syphilis screening test	Rapid Syphilis Test	
Place of performance	Aimag Central Clinics	
Staff	Trained physicians/nurses	
Gestational period of testing	Irrespective	
Treatment indication	Treat all test positive cases	
Partner treatment	Treat all partners of positive mothers	
Management at delivery	Repeat testing at delivery regardless of test	
	Test all babies delivered by test positive mothers	
	Free treatment for positive mothers and infants	

Proposed training for nurse clinicians



Design training program and identify target nurse clinicians

Testing procedure

Antenatal women educated about syphilis:

- Risk factors for syphilis transmission
- Effects of untreated syphilis on mother and a baby
- Possibility of false positive results
- Importance of partner treatment and effects of untreated partner on mother and baby
- Risk reduction method such as condom use

Finger prick blood collected.

Test results returned to women with counseling.

Treatment and Follow up

Positive test result

- Immediate treatment
- Antenatal women given partner notification card
- Re-test at delivery, if positive treat both
- Negative test result
 - Counseling on prevention until delivery

- Feasibility (validity, cost effectiveness, acceptance and compliance) of rapid test that can be replicated to the remaining rural parts of Mongolia
- Reliable data on prevalence of syphilis in rural pregnant women and newborns
- Improve knowledge in rural pregnant women

Act as input for formulation of national policy on systematic screening of syphilis in relation to antenatal women as well as the general population.

Plan to publish in internationally recognized journals and disseminate information using national media.

Thank you for your attention

