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A mother has her baby weighed at the Tham Hin Clinic, near the Thailand border, which provides reproductive healthcare to the women and children living in a refugee village there. Numerous studies have demonstrated the stigma of NTDs carries social and economic consequences. Many women are ostracized and sometimes prevented from seeking medical attention due to their disfigurements; those who seek medical attention may be restricted to examination of their arms and legs.

Early detection crucial

SCREENING pregnant women with newer, rapid syphilis tests would improve the survival and health of babies, according to research from Haiti.

About half of pregnancies in women with untreated syphilis end in death of the baby before or shortly after birth, and surviving infants may suffer lifelong effects such as mental disability, deafness, or blindness. Testing for syphilis infection during pregnancy can prevent these outcomes, but only if the mothers receive prompt treatment. Syphilis tests currently in use require a woman to make a second trip to the clinic to receive her test results. In practice, this means that many mothers in poor countries, especially in rural areas, don't find out they are infected in time to receive treatment to save their babies.

In a study published in the open-access journal *PLoS Medicine*, Bruce Schackman and colleagues from Weill Medical College of Cornell University and the GHESKIO Center in Port-au-Prince, Haiti calculated the cost-effectiveness of newer syphilis tests that provide rapid results, allowing women to receive treatment (usually the antibiotic penicillin) immediately. Even though the cost of rapid test kits is higher than for older tests, the researchers found that better outcomes in fetal health and survival would make rapid testing more cost-effective, especially in areas where it is difficult for women to return to the clinic. Rapid testing was also more effective than treating women based on signs of infection on physical exam.

The infrastructure that poor

countries are already establishing to screen expectant mothers for HIV would permit adding a rapid syphilis test at minimal incremental cost. The researchers estimate that integrating rapid syphilis testing into scaled-up prenatal health programs in Haiti would prevent 1,125 cases of congenital syphilis as well as 1,223 stillbirths or neonatal deaths each year at a cost of USD525,000.

According to this study, which was sponsored by the UNICEF/UNDP/World Bank/WHO Special Programme for Research and Training in Tropical Diseases and by the US National Institutes of Health, prenatal care that integrates HIV and syphilis screening will have a powerful effect on improving child survival and health in Haiti, and can be a model for similar programmes throughout the world.