Antenatal syphilis in Wales

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Background - congenital syphilis

- In UK <0.5/1000 live births
- Preventable through screening and treating pregnant women

Problems:
- Late presentation
- Infection after screening
- Increased risk even if syphilis treated in pregnancy

Potential for serious consequences
Risk of re-emergence of congenital syphilis with increasing incidence in women
Syphilis in Wales: increasing

- Mainly MSM
- But – increase in new antenatal diagnoses via National Enhanced Syphilis Surveillance (NESS) in 2017 and early 2018

http://www.wales.nhs.uk/sitesplus/888/page/88720
Main aims

- Describe the number and demographics of syphilis amongst pregnant women, and women generally

- Investigate what measures may be required to attempt to control syphilis within Wales, particularly antenatal and congenital syphilis
Methods

Sources of data:
- NESS
- Lab results
- SWS
- Discussions with clinicians
Results: NESS

Infectious syphilis cases in pregnant women reported through NESS by year, 2001-2017
Demographics

- Health boards:
  - 2016: Cardiff and Vale
  - 2017: Betsi Cadwaladr and Abertae Bro Morgannwg

- 21-31 years old (mean = 25) + white British

- None appeared to have any traditional risk factors
Laboratory Data

Where first diagnosed:

- 12 / 14 detected through antenatal service blood testing 1 = unclear, 1 = TOP

Health board:

Antenatal syphilis cases (laboratory data) by health board 2016-2017
Comparison of antenatal syphilis cases in 2017 identified through different sources

- Data store search of lab data: 6 cases (all probable)
- NESS forms: 3 cases

Total cases: 9
Congenital syphilis

- 1 case in 2017
Why was there an increase in antenatal syphilis?

- Increase in 2 HBs, also saw an increase in syphilis cases amongst all women

  - Echoed in England

**SWS: number of women with any syphilis diagnosis A1-7a (2016-2017)**

- Unknown
- Total (all Wales)

However, in England, areas also had a higher proportion of behaviourally bisexual MSM diagnosed with syphilis.

Neither HB had an increase in diagnoses in MSM compared to other health boards in 2016 and 2017.

Neither had a higher proportion of MSM coded as bisexual.

- Betsi Cadwaladr had a large increase in syphilis diagnoses in 2013/14 amongst MSM.

<table>
<thead>
<tr>
<th>Health Board</th>
<th>Percentage of MSM coded by GUM clinics as bisexual</th>
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</thead>
<tbody>
<tr>
<td>Abertawe Bro Morgannwg</td>
<td>5.6%</td>
</tr>
<tr>
<td>Aneurin Bevan</td>
<td>12.3%</td>
</tr>
<tr>
<td>Betsi Cadwaladr</td>
<td>13.8%</td>
</tr>
<tr>
<td>Cardiff and Vale</td>
<td>3.3%</td>
</tr>
<tr>
<td>Cwm Taf</td>
<td>37.5%</td>
</tr>
<tr>
<td>Hywel Dda</td>
<td>0%</td>
</tr>
</tbody>
</table>
What should we do now?

- Controlling overall rates, particularly in MSM
- Need further investigation re: why?
- Increase screening of women?
  - Community clinics?
  - Other services eg primary care / TOP...
- Improving antenatal surveillance
  - Electronic submission
  - Clinicians asked to submit all new antenatal cases
- Improving congenital syphilis surveillance
- Improving pathways / teamwork for antenatal women
Thank You