INCIDENCE OF CONGENITAL SYPHILIS IN NEONATES OF POSITIVE VDRL MOTHER AT NATIONAL REFERRAL HOSPITAL

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INTRODUCTION

• Solomon Islands is still experiencing a high case load of congenital syphilis when reported separately for NNS, it is the 3rd leading cause of death (3.1%) after neonatal meningitis (21.6%) and neonatal pneumonia (4.5%)¹.

• And the 3rd leading cause of admission after cord sepsis and skin sepsis of the neonatal sepsis at NRH.

INTRODUCTION

- This research will evaluate the incidence of congenital syphilis in neonates of positive VDRL mothers at the NRH
- By using data collected from April to July 2019
- Improving neonatal health is a global health priority working towards SDG through the Child survival strategy

DEFINITIONS

 Congenital syphilis: Clinical signs and symptoms, reactive VDRL and positive TPHA and titer

Adequate treatment: completed full course of treatment

Inadequate treatment: incomplete course of treatment

No treatment: No treatment received or no documentation

OBJECTIVES

1. To determine the number of neonates born to VDRL/TPHA positive mothers at NRH.

2. To determine the VDRL status of babies born to positive VDRL/TPHA mothers who had adequate treatment.

3. To determine the gestational ages and birth weights of these neonates and their treatment outcome.

METHODOLOGY

1. Study setting:

Special Care Nursery and Post Natal ward of the National Referral Hospital,
Solomon Islands

2. Study design and participants:

- > A prospective observational study
- >An information sheet was used to collect patients information
- ➤ Inclusion criteria: neonates born to positive VDRL mothers delivered at NRH including BBA
- > Exclusion criteria: Still birth born to a positive VDRL mother

METHODOLOGY

3. Data collection Methods:

- ➤ All neonates of the positive VDRL mothers during the study period were examined, investigated, treated and entered in special prepared excel spreadsheet.
- > Follow up VDRL/TPHA for high titres (4 folds increase) at 3 months review

4. Data Cleaning

> Data summary from the Excel spreadsheet then imported into SPSS V23 for analysis

METHODOLOGY

5. Preparations for Data Analysis

➤ We used this study to better understand the burden of congenital syphilis as it is also an indicator of quality antenatal care which has an implication on neonatal morbidity and mortality.

6. Data analysis

- > All exported data from excel spreadsheet were analysed in SPSS V23
- > Descriptive statistics were used to compare outcome

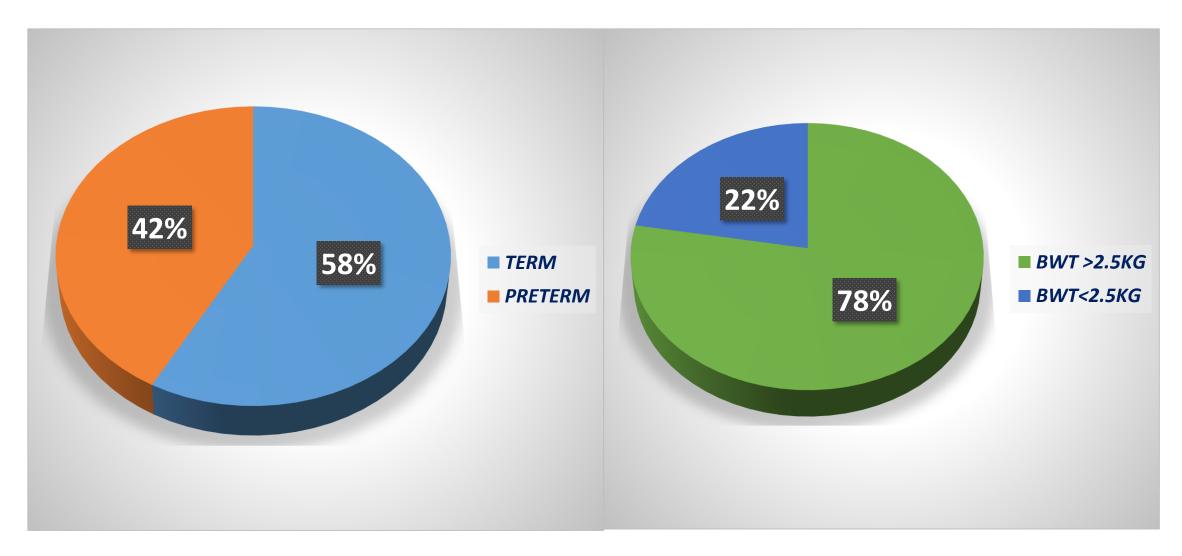
7. Ethical approval

>Approval was granted by the Solomon Islands Health Research and Ethics Review Board of the MOH

RESULTS

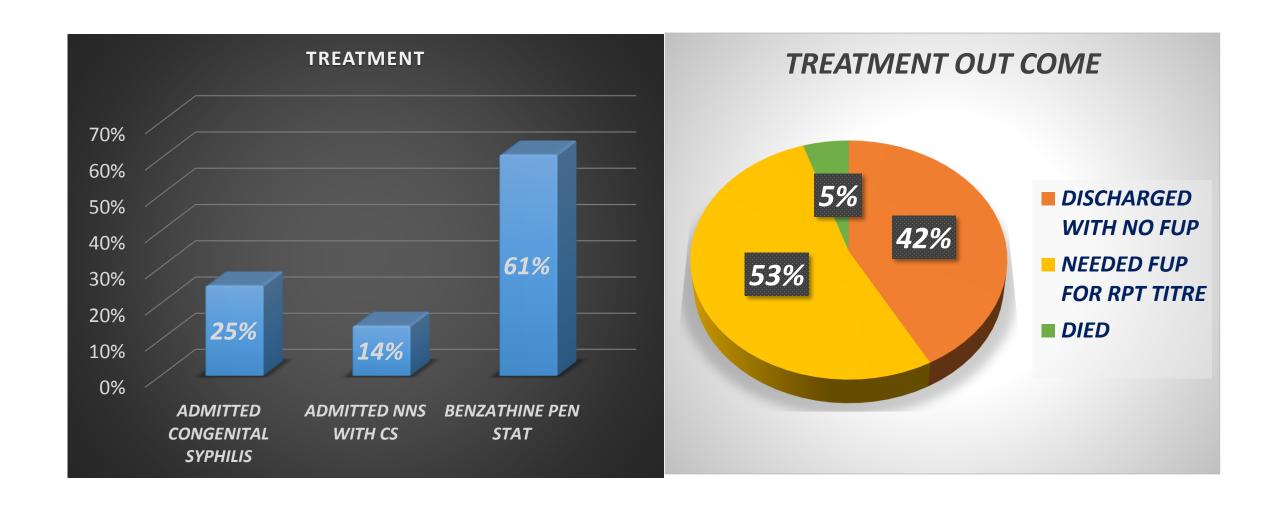
BASE LINE PATIENT CHARACTERISTIC AT N	IATIONAL REFERRAL HOSPITAL FROM APRIL TO JULY 2019
Total deliveries	1534
Mothers with reactive VDRL	130 (8.5%)
Mothers completed treatment for syphilis	48 (37%)
Mothers partially treated for syphilis	46 (35%)
Mothers not treated for syphilis	36 (28%)
Total neonates for investigation	130 Male 58 (45%) Female 72(55%)
Symptomatic for congenital syphilis (hepatosphlenomegaly, skin peeling	7 (5%) – 73 % are from mothers who were partially or and not
of palms and soles, jaundice and anaemia)	treated.,
Asymptomatic for congenital syphilis	123 (95%)
Gestational age	Term 106 (81.5%) Preterm 24 (18.5%)
BWT	>2.5KG 1500g - 2499g < 1500g
	101 (77.7%) 26 (20%) 3 (2.3%)
Neonates with reactive VDRL	72 (55%)
Neonates with non-reactive VDRL	58(45%)
Neonates from mother who completed treatment for syphilis	17 (24%)
Neonates from mothers who is partially treated for syphilis	29 (40%)
Neonates from mothers who is not treated for syphilis	26 (36%)
Neonates with positive TPHA	67 (93%) – (10.5 % of them were symptomatic, and 89.5 % were
	asymptomatic.
Neonates with negative TPHA	5 (7%)
Titres	1:1-1:2 (27cases) 1:4-1:8 (>1:16 5

RESULTS 72 VDRL/TPHA POSITIVE NEONATES



RESULTS

72 VDRL/TPHA POSITIVE NEONATES



FOLLOW UP

➤ Out of this, only 12% were reviewed and VDRL results showed that 80 % of them had their titre reduced

DISCUSSION

- High percentage of VDRL reactive neonates are those from mothers who were partially treated or not treated. which means that neonates born to adequately treated VDRL positive mothers are protected. However information of progressive titres will give more accuracy of this information. This study could not provide this information.
- Babies with clinical manifestations and positive TPHA had high mortality.
- From WHO references, these babies with congenital syphilis will often have low birth weight, however my study showed that most of the neonates with positive VDRL/TPHA were term babies with normal birth weights.

STRENGTH & LIMITATION

STRENGTH

- >Availability of data and inexpensive
- **➤** Support from health staff

LIMITATION

- > Delayed results from investigation
- >Accuracy of diagnosis (diagnosis was based on a single VDRL result)
- > Require more time
- > Exclusion of stillbirth.

RECOMMENDATION

- A bigger study which include still births and progressive
 VDRL and TPHA titre is required to provide better
 understanding of the incidence of syphilis among pregnant
 mothers and congenital syphilis in neonates.
- Improvement in antenatal visits
- More education and awareness

CONCLUSION

- ➤ Congenital syphilis can be asymptomatic thus we must be vigilant.
- > symptomatic and high VDRL titres associated with high mortality rate

REFERRENCE

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THANK YOU