

ANTENATAL SCREENING FOR T.PALLIDUM; YIELD AND NEONATAL OUTCOMES**B. Freyne**¹, A. Stafford², S. Knowles³, A. O'Hora⁴, E. Molloy^{2,5,6}

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Prevalence of T.pallidum is increasing in Europe. Universal antenatal screening with comprehensive follow up algorithms are in place in Ireland. We aimed to evaluate adherence to comprehensive neonatal follow up algorithms in at risk pregnancies.

Positive T.pallidum serology was identified from laboratory surveillance data (2006-2010). False positive serology, mothers not returning for delivery and spontaneous miscarriages / neonatal deaths not attributable to syphilis were excluded. A retrospective chart review was carried out to obtain relevant maternal and infant data.

58 positive maternal serological results were identified. 41 pregnancies met inclusion criteria. 2 were Irish, and 56 were first generation immigrants. Infant evaluation and follow up is assigned to one of three algorithm arms depending on maternal history. 18 had adequate, documented maternal treatment prior to this pregnancy (arm 1), 9 had been inadequately treated or were at risk of re-infection (arm 2) and 14 required and received adequate treatment in the current pregnancy (arm 3). 22 infants were incompletely evaluated. Inappropriate algorithm interpretation was the most common cause(18). Where expert advice was sought (n=6), follow up was complete. Communication difficulty was documented in 6 cases, none of which completed follow up. All 17 infants who received post natal treatment were completely evaluated.

Infants at risk of syphilis identified by antenatal screening are often inadequately followed up. Misinterpretation of treatment algorithms is the most common cause. Seeking expert advice improved algorithm completion. Positive maternal serology was associated strongly with first generation immigrant status, a vulnerable group in terms of health access.