### **Missed Opportunities to Prevent Congenital** Syphilis in Antenatal PrEP Services in South Africa

### **Dr. Dvora Joseph Davey** Associate Professor of Infectious Diseases & Epidemiology, UCLA Honorary Associate Professor, Epidemiology & Biostatistics, University of Cape

Town, South Africa

WCE, Cape Town 26 September 2024







School of Public Health **Departement Openbare Gesor** Isikolo Sempilo Yoluntu

NIVERSITY OF CAPE TOWN

### HIV and congenital syphilis in pregnant and lactating people

- Pregnant women are a crucial target population for HIV prevention  $\bullet$ + diagnosis & treatment of syphilis infection
- <sup>†</sup> rates of congenital syphilis<sup>1, 2</sup>
  - In South Africa, RPR seropositivity in syphilis exposed infants ↑ from 6.5% to 13.0% between 2010 and 2019<sup>1</sup>
- Few insights into burden of syphilis in pregnant women on PrEP and their infants in Africa



- 1. Mathebula R, Kuonza L, Musekiwa A, et al. Trends in RPR Seropositivity among Children Younger than 2 Years in South Africa, 2010-2019. J Trop Pediatr. 2021;67(1):fmab017. doi:10.1093/tropej/fmab017
- 2. Moseley P, Bamford A, Eisen S, et al. Resurgence of congenital syphilis: new strategies against an old foe. Lancet Infect Dis. 2024;24(1):e24-e35. doi:10.1016/S1473-3099(23)00314-6



## **Congenital syphilis in South Africa**

Global rate of congenital syphilis (CS), 2020: 425 cases per 100k livebirths World Health Organization's target: 50 cases per 100k livebirths

**South Africa: steady** increase in clinical notifications of CS cases and rapid plasma reagin (RPR) positive results in infants/children <2 years between 2017 and 2020





Morifi M et al. *Congenital Syphilis Quarterly Surveillance Report, December 2020.* National Institute for Communicable **Diseases Centre for HIV and STIs** 

Mathebula R, Kuonza L, Musekiwa A, et al. Trends in RPR Seropositivity among Children Younger than 2 Years in South Africa, 2010-2019. J Trop Pediatr. 2021;67(1):fmab017. doi:10.1093/tropej/fmab017

### HIV risk during pregnancy and postpartum in **South Africa**

HIV prevalence among pregnant women in South Africa: ~30%, and lacksquareincidence in pregnancy and postpartum remains high, contributing to over one-third of infant HIV infections<sup>1</sup>

**SCOPE-PP:** ongoing randomized trial of 750 pregnant and postpartum women in Cape Town, South Africa<sup>2</sup>

- Enroll women on PrEP ≥21 gestational weeks  $\bullet$
- Follow through 12m postpartum to evaluate oral  $\bullet$ **PrEP uptake & persistence**
- 1. Woldesenbet, S.A., Lombard, C., Manda, S., Kufa, T., Ayalew, K., Cheyip M., and Puren, A. (2021). The 2019 National Antenatal Sentinel HIV Survey, South Africa, National Department of Health
- 2. Joseph Davey DL, et al. Stepped care to optimize pre-exposure prophylaxis (PrEP) effectiveness in pregnant and postpartum women (SCOPE-PP) in South Africa: a randomized control trial. BMC Public Health. 2022;22(1):1306.

Dvora Leah Joseph Davey, X1,2,3 Kathryn Dovel, Susan Cleary, Nehaa Khadka, Nyiko Mashele, Miriam Silliman, 1 Rufaro Mvududu,<sup>2</sup> Dorothy C. Nyemba,<sup>2</sup> Thomas J. Coates,<sup>3</sup> and Landon Myer<sup>2</sup>

BMC Public Health. 2022; 22: 1306. Published online 2022 Jul 7. doi: 10.1186/s12889-022-13652-5

PMCID PMC9264672 PMID: 35799121

Stepped care to optimize pre-exposure prophylaxis (PrEP) effectiveness in pregnant and postpartum women (SCOPE-PP) in South Africa: a randomized control trial



# Methods

From March 2022 to December 2023, we evaluated syphilis positivity and <u>congenital syphilis</u> among a cohort of pregnant women (>15 years) on oral PrEP in routine primary care clinics within Cape Town (enrolled in SCOPE-PP)



- Tested on site with rapid treponemal test to guide treatment, followed by laboratory testing (TPHA) confirmed with RPR)
- Maternal infant data abstracted from antenatal care files, neonatal clinical records, and lab testing data

Examined risk factors of maternal syphilis using logistic regression, adjusted for maternal age







### Not all women received rapid test at first ANC visit

 26 women with rapid test were treated immediately at

 45% of TPHA+ were RPR+ (current infection)

# High syphilis incidence in ANC testing of women without HIV, on PrEP, by ANC visit





- Syphilis Incidence: % positive (95% Cl)
- 1st ANC: 4.6% (3.1, 6.9)
- 2nd/3rd ANC: 2.8% (1.5, 5.5)
  - Overall: 6.3% (4.3, 8.8)

### **Risk factors associated with maternal syphilis (in women on** oral PrEP, Mar 2022-Dec 2023) in Cape Town, South Africa

	Overall (N=500)	RPR negative (N=469, 94%)	RPR+ during pregnancy (N=31, 6.3%)	OR (95% CI)	Age adjusted OR (95% CI)
Maternal age (median, IQR) yea	<b>rs</b> 25 (21 - 31)	26 (21 - 31)	24 (22 - 28)		-
16 – 24	224 (45%)	203 (43%)	21 (68%)	2.75 (1.30, 6.22)	-
Relationship status					
Married / cohabiting	175 (35%)	166 (35%)	9 (29%)	-	-
Not married / not cohabiting	283 (57%)	268 (57%)	15 (48%)	1.03 (0.45, 2.51)	0.88 (0.36, 2.23)
No partner	42 (8%)	35 (8%)	7 (23%)	3.69 (1.24 <i>,</i> 10.6)	3.07 (0.98, 9.22)
IPV experienced in past 12m	43 (9%)	37 (8%)	6 (19%)	2.80 (0.99, 6.87)	2.81 (0.99, 6.91)
Any alcohol use in last 12m	212 (42%)	191 (41%)	21 (68%)	3.06 (1.44, 6.91)	2.89 (1.35, 6.58)
IPV: Intimate partner violence	Risk factors for synł	nilis infection.			



- Younger age (16-24 vs >24 years)
- No recent sex partner (vs. sex partner)
- Experience with IPV and alcohol use in past year •

### **Maternal and Infant Outcomes**

	Number	Proportion	Definition			
Maternal outcomes (in n=31 RPR seropositive women)						
Treated ( <i>file review</i> )	16	52%	3 doses of p days prior to			
Treated (lab review)	15	48%	>4-fold RPF in 3-months			
Infant outcomes (in live births)						
Congenital syphilis	2	<ul> <li>6.4% vertical transmission</li> <li>0.4% population prevalence</li> </ul>	File review results or ne symptoms			
Symptomatic infants	1	50%	Hepatosple newborn ex			

Both CS cases born to mothers with maternal diagnosis and treatment <30 days before delivery

### penicillin $\geq 30$ o delivery

R titer decline

of infant RPR eonatal

nomegaly in am





# **Key Takeaways**

- These novel data demonstrate a remarkably high occurrence of incident syphilis in pregnancy among women enrolled in antenatal PrEP services
  - 1/2 of women not fully treated in pregnancy leading to preventable congenital syphilis

 To achieve WHO Triple Elimination targets<sup>1</sup>, there is a clear and urgent need to integrate syphilis prevention and treatment into antenatal PrEP and ART services



1. WHO Syphilis Target: <50 cases of congenital syphilis per 100 live births by 2030 Triple elimination initiative of mother-to-child transmission of HIV, syphilis and hepatitis B (who.int)



# Acknowledgements



SCOPF-PP tepped Care to Optimise PrE

Pregnant & Postpartum Wo

School of Public Health **Departement Openbare Gesondheid** Isikolo Sempilo Yoluntu



health

Department: Health **REPUBLIC OF SOUTH AFRICA** 

UNIVERSITY OF CAPE TOWN



Thank you to the participants in our study, study staff, and to the following co-authors and contributors:

- **Professor Landon Myer**
- Dr. Alex de Voux
- Lerato Hlatshwayo
- Dr. Aurelie Nelson
- Dr. Lisa Frigati
- Kalisha Bheemraj
- Nafisa Wara
- Rufaro Mvududu

Funder: NICHD (R01HD106862)

### More information or questions? Email: <u>dvora.josephdavey@ucla.edu</u>

