

Eliminating congenital syphilis and congenital Chagas disease



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We applaud the call for action to eliminate congenital syphilis recently published in the Journal.¹ Congenital syphilis is a major issue in our region and needs immediate attention, but congenital Chagas disease deserves a similar focus in the Americas. The “Framework for Elimination of Mother-to-Child Transmission of HIV, Syphilis, Hepatitis B, and Chagas” (EMTCT Plus) was launched in 2017 by the Pan-American Health Organization (PAHO) and provides a unique opportunity to link congenital Chagas disease elimination to other EMTCT programs.² Approximately 1.1 million women of childbearing age are infected by *Trypanosoma cruzi*. The mother-to-child transmission rate of *T. cruzi* is about 5%, and infected infants can be effectively treated if diagnosed in a timely fashion.³ The EMTCT Plus target for Chagas disease is to increase to 90% or more testing of pregnant women and neonates with *T. cruzi* seropositive mothers. The target for syphilis is to increase the coverage of screening and adequate treatment among pregnant women to 95% or more. The main challenge for both maternal syphilis and congenital Chagas disease is the likelihood of loss to follow-up during the complex cascade of confirmatory tests and referrals leading to treatment.⁴ We have shown in an implementation trial that a multifaceted behavioral intervention was effective in promoting immediate treatment of syphilis in pregnancy in Africa.⁵ Similar trials will be needed to evaluate strategies to implement EMTCT Plus in the Americas. We agree that there is no time to lose, and that congenital infectious diseases should be progressing toward elimination.

Contributors

PB wrote the original draft. All authors contributed equally to conceptualisation and writing – review & editing.

Declaration of interests

None.

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