

We read with interest the Seminar by Edward W Hook 3rd (April 15, p 1550) [1] but were disappointed that the major public health importance of mother-to-child transmission of syphilis was not mentioned. According to WHO estimates, syphilis caused 350 000 adverse pregnancy outcomes in 2012, [2] and *The Lancet Series* [3] on ending preventable stillbirths highlighted that syphilis causes 200 000 stillbirths annually. These adverse outcomes can be prevented with a single dose of penicillin [4] which is one of the most cost-effective health interventions available [5].

As Hook pointed out, Cuba has met the WHO elimination target for mother-to-child transmission of syphilis; [1] however, this achievement is no reason for complacency. In sub-Saharan Africa, where the prevalence of syphilis is highest, WHO estimated that only 51% of women attending antenatal clinics were screened for syphilis in 2012 [2]. A much higher proportion of pregnant women were screened for HIV than syphilis in most African countries, but what is the purpose of the prevention of HIV infection in a baby who dies of syphilis? Point-of-care tests are available for syphilis that need only one drop of blood, cost less than US\$1, require no laboratory equipment, and provide a result in 15 min [5]. Dual point-of-care tests are available that test for syphilis and HIV, thus why are pregnant women not being screened for syphilis? The problem is that most policy makers and health professionals seem unaware of the number of babies who die needlessly of syphilis. Unfortunately, this Seminar missed an opportunity to inform these individuals.

1. Hook EW 3rd. Syphilis. *Lancet* 2017; 389: 1550-1557.
2. Wijesooriya NS, Rochat RW, Kamb ML, Turlapati P, Temmerman M, Broutet N, Newman LM. Declines in maternal and congenital syphilis from 2008 to 2012: progress towards elimination of mother-to-child transmission of syphilis. *Lancet Glob Health*. 2016;4(8):e525-33
3. Lawn JE, Blencowe H, Waiswa P, et al. Stillbirths: rates, risk factors, and acceleration towards 2030. *Lancet*. 2016;6:387(10018):587-603.
4. Watson-Jones D, Gumodoka B, Weiss H, Changalucha J, Todd J, Mugeye K, et al. Syphilis in pregnancy in Tanzania. II. The effectiveness of antenatal syphilis screening and single-dose benzathine penicillin treatment for the prevention of adverse pregnancy outcomes. *J Infect Dis* 2002; 186: 948-57.
5. Peeling RW, Mabey D. Celebrating the decline in syphilis in pregnancy: a sobering reminder of what's left to do. *Lancet Glob Health*. 2016;4(8):e503-4. doi: 10.1016/S2214-109X(16)30154-1. PMID:27443768.

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