

Accessibility to Health Services For Cases of Gestational Syphilis In a Capital City in the North Region of Brazil

Acessibilidade aos Serviços de Saúde para Casos de Sífilis Gestacional em uma Capital da Região Norte do Brasil
Accesibilidad a los Servicios de Salud para Casos de Sífilis Gestacional en una Capital de la Región Norte de Brasil

RESUMO

Objetivo: Descrever a acessibilidade aos serviços de saúde para sífilis na gestação em uma capital da Amazônia. **Método:** Estudo descritivo, do tipo relato de experiência, desenvolvido a partir de visitas técnicas a unidades da rede de atenção à saúde, incluindo a atenção primária, vigilância epidemiológica e atenção terciária, para contextualizar o fluxo de cuidado. **Resultados:** O diagnóstico da sífilis gestacional ocorre na atenção primária, via testes rápidos, com boa adesão ao tratamento pelas gestantes, mas baixa adesão dos parceiros sexuais. A vigilância epidemiológica centraliza a notificação compulsória e promove capacitações, porém não realiza o acompanhamento direto dos casos, o que contribui para a subnotificação. A atenção terciária atende casos de sífilis majoritariamente em coinfeção com HIV, encaminhando gestantes para maternidades. **Conclusão:** A acessibilidade é dificultada pela fragmentação do cuidado, pela baixa adesão dos parceiros e pela subnotificação, que se configuram como os principais desafios para o controle da sífilis gestacional.

DESCRIPTORES: Acesso aos serviços de saúde; Sífilis congênita; Sífilis na gestação; Cuidado pré-natal; Saúde materno-infantil.

ABSTRACT

Objective: To describe access to health services for syphilis in pregnancy in a capital city in the Amazon region. **Method:** Descriptive study, in the form of an experience report, developed based on technical visits to health unit's care, including primary care, epidemiological surveillance, and tertiary care, to contextualize the care flow. **Results:** The diagnosis of gestational syphilis occurs in primary care through rapid tests, with good treatment adherence by pregnant women, but low adherence by sexual partners. Epidemiological surveillance centralizes mandatory notification and provides training, but does not directly monitor cases, contributing to underreporting. Tertiary care manages syphilis cases mainly in HIV co-infected patients, referring pregnant women to maternity hospitals. **Conclusion:** Accessibility is hindered by fragmented care, low partner adherence, and underreporting, which constitute the main challenges for the control of gestational syphilis.

DESCRIPTORS: Health services accessibility; Syphilis, congenital; Syphilis; Prenatal care; Maternal-child health.

RESUMEN

Objetivo: Describir la accesibilidad a los servicios de salud para sífilis gestacional en una capital amazónica. **Método:** Relato de experiencia basado en visitas técnicas a la atención primaria, vigilancia epidemiológica y atención terciaria. **Resultados:** El diagnóstico se realiza en atención primaria con buena adhesión de las gestantes, pero baja de las parejas. La vigilancia centraliza la notificación pero no realiza seguimiento directo, generando subnotificación. La atención terciaria maneja casos complejos, derivando a las gestantes a maternidades. **Conclusión:** La fragmentación del cuidado, la baja adherencia de las parejas y la subnotificación son los principales desafíos para el control de la sífilis gestacional.

DESCRIPTORES: Accesibilidad a los servicios de salud; Sífilis congénita; Sífilis; Atención prenatal; Salud materno-infantil.

Experience Report

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INTRODUCTION

Syphilis is a sexually transmitted infection (STI) caused by the bacterium *Treponema pallidum*, transmitted through sexual contact, blood, or vertically (from mother to fetus)¹. In pregnant women, untreated infection can lead to serious outcomes such as prematurity, low birth

weight, and neonatal death². The World Health Organization (WHO) estimates that 0.8% of pregnant women worldwide are affected, with a prevalence that can reach 3.3% in low-income countries³.

In Brazil, the disease remains a serious public health problem. In 2023, 86,111 cases of syphilis in pregnant women were reported, with the high-

est detection rates in the Southeast and South regions. In the state of Amazonas, there has been a significant increase in cases, reaching a peak of 2,162 in 2022, with the metropolitan region of Manaus accounting for almost 80% of the total. In 2024, the municipality of Manaus recorded a total of 5,589 cases of syphilis, 1,741 of which were in pregnant women and

417 of which were congenital syphilis, highlighting a worrying scenario.

This scenario of vulnerability motivated the present study. The objective of this study is to describe the accessibility of health services for cases of syphilis during pregnancy in the city of Manaus, through a report on the experience of medical students from a public university in the state of Amazonas.

METHOD

This is a descriptive study in the form of an experience report, developed by medical students at the Federal University of Amazonas during the Public Health 2 course. To understand the flow of care, technical visits were made to health units in Manaus that are part of the STI care chain, with a focus on syphilis care during pregnancy.

The visits took place at different lev-

els of health care (primary care, epidemiological surveillance, and specialized tertiary care) and were authorized by the Amazonas State Health Secretariat and the Municipal Health Secretariat. To collect information, semi-structured questionnaires were developed and administered to health professionals at each location visited, as detailed in Table 1. Data were obtained through informal interviews and direct observation.

Table 1. Questionnaire for the practical fields visited.

Level of Care	Key Questions
Primary care - Ajuricaba UBS	1. How do patients arrive for STI testing? 2. How is the diagnosis made and what is the patient's reaction? 3. What tests are used and how are cases identified? 4. What is the clinical conduct and level of adherence to treatment? 5. How are cases and sexual partners monitored? 6. What preventive actions are developed?
Specialized care - SEMSA STI Directorate, Tropical Hospital	1. What are the criteria for hospitalization of pregnant women with syphilis? 2. What are the most common complications during pregnancy, childbirth, and in newborns? 3. How are newborns with congenital syphilis managed? 4. What is the prognosis for mother and baby? 5. What guidance is given upon hospital discharge?
DVAE - (Directorate of Epidemiological, Environmental, Zoonosis, and Occupational Health Surveillance)	1. What are the strategies for screening and controlling syphilis in pregnant women? 2. How does DVAE act in the notification and investigation of cases? 3. What actions are taken to ensure the treatment of pregnant women and their partners? 4. How does DVAE contribute to the training of health professionals? 5. What are the main challenges in addressing gestational syphilis?

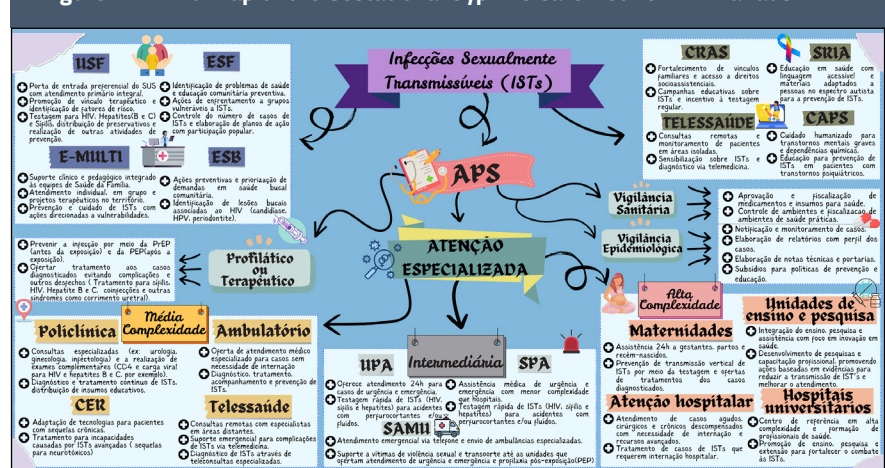
Source: Prepared by the authors, 2025.

RESULTS

The results were organized according to the level of health care visited, describing the flow of care, the services offered, and the challenges identified.

Mind Map of the STI Care Network A mind map was developed to visualize the care structure. A mind map is a graphic representation that facilitates the assimilation of complex content through the association of keywords and conceptual hierarchies⁷.

Figure 1 – Mind Map of the Gestational Syphilis Care Network in Manaus.



Source: Prepared by the authors, 2025.

Experience Report

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Primary Care – Ajuricaba Basic Health Unit (UBS) Syphilis is diagnosed at the Basic Health Unit (UBS) through rapid tests (RT), usually during the first prenatal visit. Pregnant women's reaction to a positive diagnosis usually involves fear and anxiety, but concern for the baby's health results in high adherence to treatment with benzathine penicillin. In contrast, sexual partners, who are often asymptomatic, show greater resistance, making it difficult to control the infection. Follow-up includes repeat testing and registration in the Electronic Citizen Record (PEC). Challenges such as underreporting of cases and structural limitations persist.

Epidemiological Surveillance – DVAE The Directorate of Epidemiological Surveillance (DVAE) encourages active case finding and mandatory reporting of syphilis cases. The surveillance system is unified for both public and private networks. However, the DVAE's role is limited to epidemiological surveillance and monitoring, without direct follow-up of pregnant women and their partners. The DVAE promotes periodic training for frontline professionals, especially during the "Green October" campaign. The main challenge reported is underreporting, which compromises the reliability of data and the effectiveness of control actions.

Tertiary Care – Dr. Heitor Vieira Dourado Tropical Medicine Foundation (FMT-HVD) The FMT-HVD is a reference center for infectious diseases. Syphilis care at the unit generally occurs only in cases of co-infection with HIV. Pregnant women diagnosed with syphilis are rarely treated, as the protocol recommends direct referral to referral maternity hospitals, which have the structure to care for both mother and baby simultaneously. This dynamic reflects the institution's focus on managing

more complex cases and the existence of a specific line of care for gestational syphilis outside general infectious disease hospitals.

DISCUSSION

The results show that the provision of rapid tests at the UBS is in line with national guidelines that recommend early diagnosis. However, the difficulty in getting sexual partners to adhere to treatment, observed at the UBS visited, is a documented obstacle in several regions of Brazil, compromising the control of vertical transmission. Health promotion actions, although existing, face challenges in effective implementation, such as the need for greater professional training and adequate resources, a reality shared by other health units in the country¹⁰.

The experience in DVAE reveals the tension between surveillance policy and healthcare practice. Compulsory notification and active search are fundamental pillars, but underreporting persists as a significant obstacle, a phenomenon exacerbated by logistical and structural limitations in extensive territories such as the Amazon¹¹. The lack of a system that integrates epidemiological surveillance with direct clinical monitoring of pregnant women and their partners reflects institutional fragmentation. This separation hinders real-time monitoring of cases and the reduction of treatment abandonment, a challenge for which other states have developed integration strategies, such as municipal committees¹².

The dynamics of the FMT-HVD illustrate how the health network is organized to deal with complex cases. The referral of pregnant women with syphilis to maternity hospitals is in accordance with the protocols of the Ministry of Health, which aim to ensure specialized and comprehensive care for the mother-baby dyad.

However, the centralization of syphilis/HIV care at the FMT-HVD may also reflect an institutional stigma that overloads referral services¹⁴. The care structure for gestational syphilis, therefore, depends on a coordinated network, where primary care performs the diagnosis, surveillance monitors the data, and maternity wards offer specialized care. Failures at any of these points impact the entire chain.

CONCLUSION

The analysis of accessibility to health services for gestational syphilis in Manaus reveals a structure with critical potentialities and challenges. Although the diagnostic flow in primary care is established, the effectiveness of control is severely compromised by low adherence to treatment by sexual partners, fragmentation between surveillance and direct care services, and persistent underreporting of cases.

Overcoming these obstacles requires strengthening primary care with effective strategies for approaching partners and implementing mechanisms that integrate epidemiological surveillance with clinical follow-up, ensuring that each diagnosis is converted into complete treatment and interruption of the chain of transmission.

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