

STI & KP Program



Syphilis in South Africa – Epidemiology & Public Health Impact



Regina Maithufi



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Learning Objectives

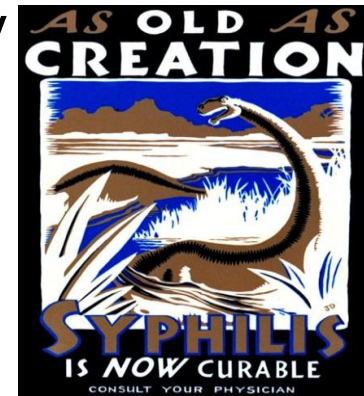


- Explore current syphilis trends in South Africa
- Understand its impact on HIV transmission and maternal health
- Identify gaps in PHC service delivery
- Strengthen district-level responses and integration strategies

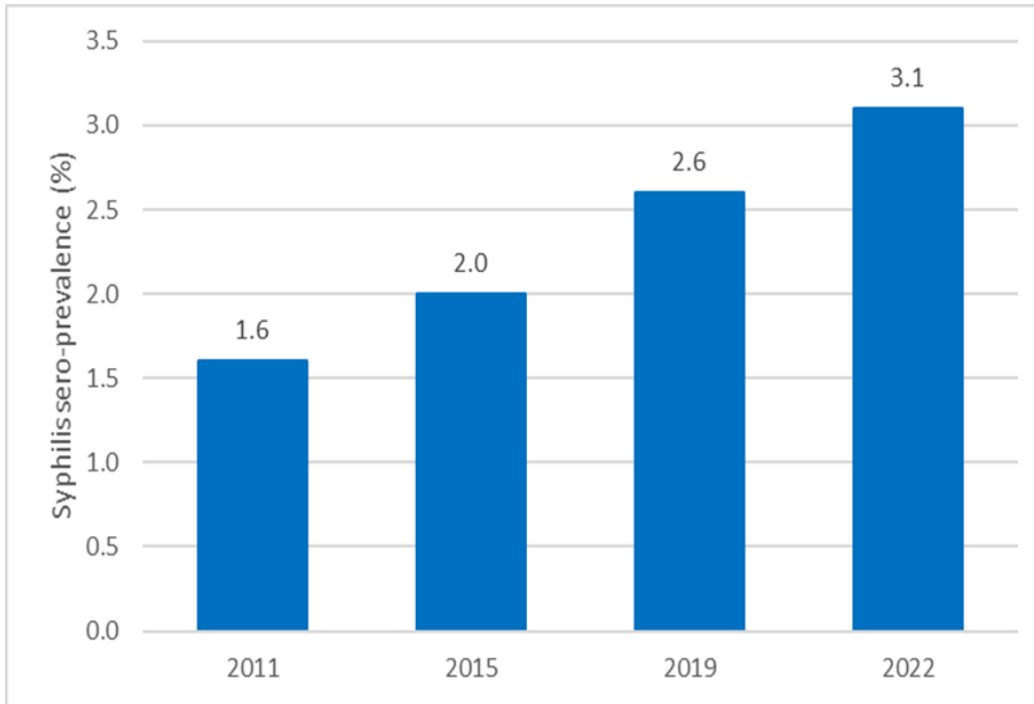
What is Syphilis?

Syphilis: a chronic bacterial disease that is contracted primarily by infection during sexual intercourse, but also vertically from mother to infant.

- ❑ When transmitted from mother to infant results in congenital syphilis, can cause spontaneous abortion, stillbirth or perinatal death.
- ❑ This highly contagious disease is spread primarily by sexual activity has also been found to facilitate HIV transmission.
- ❑ The infected person is often unaware of the disease and unknowingly passes it on to his or her sexual partner



Current Situation in South Africa



Recent data, however:

- Concerning increase in syphilis prevalence in national ANC survey
- Concerning increases in the numbers of congenital syphilis cases

- Antenatal client syphilis first test positivity rate is estimated at 3.5%

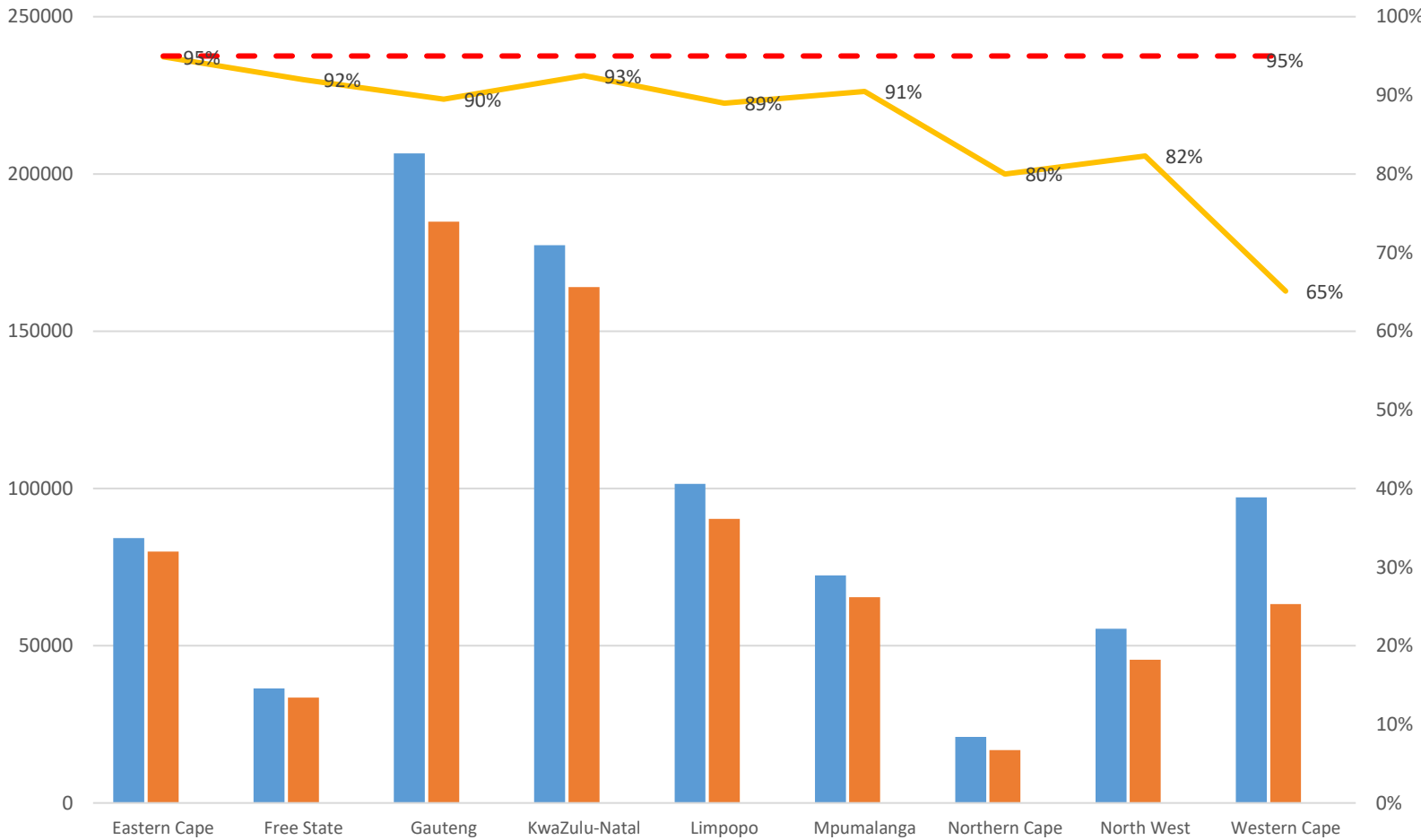


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ANC Screening coverage, 2024/25



ANC 1st Test Positive, 2024/25



organisationunitname	Antenatal syphilis 1st test	Antenatal client syphilis 1st test positive	Antenatal syphilis 1st test positive rate
ec Eastern Cape Province	79943	3686	4.61%
fs Free State Province	33472	1968	5.88%
gp Gauteng Province	184794	3305	1.79%
kz KwaZulu-Natal Province	164029	10297	6.28%
lp Limpopo Province	90317	1205	1.33%
mp Mpumalanga Province	65472	1671	2.55%
nc Northern Cape Province	16767	590	3.52%
nw North West Province	45560	1169	2.57%
wc Western Cape Province	63239	2052	3.24%

Free State and KZN also show elevated rates, suggesting persistent transmission and possible gaps in early detection or treatment adherence.

- Limpopo has the lowest positivity rate, but this may reflect under-detection or differences in testing coverage



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Key Populations & Risk



- Sex workers: historical prevalence up to 42%
 - MSM and transgender people: underreported, high risk
 - HIV-positive individuals: increased susceptibility and atypical presentations
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- Discussion Prompt: What are the barriers to syphilis screening in KP services?



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Maternal & Congenital Syphilis	Syphilis & HIV Co-Infection
• Causes miscarriage, stillbirth, neonatal death, low birth weight • Free State study: gaps in retesting and treatment completion • Congenital syphilis is preventable with timely diagnosis and treatment	• Syphilis increases HIV transmission risk 2–5x • HIV may accelerate progression to neurosyphilis • Co-infection complicates diagnosis and treatment



- Missed diagnoses lead to long-term complications
 - Burden on PHC systems and referral pathways
 - Economic and social costs of untreated syphilis
-
- Discussion Prompt: How can PHC teams improve early detection?

Health System Challenges



- Syndromic management may miss asymptomatic cases
- Rapid Diagnostic available only for pregnant woman
- Weak partner notification and treatment systems
- Inconsistent data capture and follow-up



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- Map service gaps and high-burden areas
- Develop training and mentorship plans
- Engage communities and KP networks
- Monitor indicators and report progress

Discussion Prompt: What actions can your district take in the next 3 months?



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Key Takeaways



- Syphilis is preventable, treatable, and still under-addressed
- Integration with HIV and maternal health is essential
- PHC teams are central to early detection and management

Data, training, and community partnerships are key



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Resources & Tools



- National STI Guidelines (2021-2025)
- Syphilis screening job aids
- Partner notification booklet available
- STI Surveillance site soon be activated
- Expansion of Aetiology sites
- Screening tools



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