EXPERIENCE REPORT

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Qualification in healthcare: Continuing Education to strengthen knowledge in syphilis management

Qualificação na atenção à saúde: Educação Permanente para o fortalecimento dos saberes no manejo da sífilis

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ABSTRACT

Objective: to report the experience of qualifying workers in the surveillance, care and prevention network of vertical transmission of sexually transmitted infections, mainly congenital syphilis in the state of Rondônia, based on a national research project applied to strengthening care networks. **Method:** the problematization methodology was the basis for building the training process, carried out through workshops, with theoretical stages, clinical case studies and plenary sessions. **Results:** workers' participation was noted, making it possible to raise awareness, through sharing previous knowledge, reading the reality of the local health context, strengthening new knowledge construction in reducing cases of syphilis. Old and new knowledge, combined with problematization, Freire's framework and the methodological procedures applied, pointed to an approach to meaningful learning. During and at the end of the process, it is possible to observe workers' involvement, satisfaction with the proposed methodology and sharing of problems and knowledge constructed for better syphilis management. **Conclusion:** the dynamics of the cases studied led to improving the points discussed and raised in relation to alignment of networks and care designed and carried out for the adequate syphilis management, in addition to the possibility of reproducing Continuing Education in the territory.

Descriptors: Syphilis. Education, Continuing. Health Strategies. Work. Sexually Transmitted Diseases.

RESUMO

Objetivo: relatar a experiência da qualificação dos trabalhadores da rede de vigilância, atenção e prevenção da transmissão vertical das infecções sexualmente transmitidas, principalmente a sífilis congênita no estado de Rondônia, a partir de projeto de pesquisa nacional aplicado para o fortalecimento das redes de atenção. **Método:** a metodologia da problematização foi base para construção do processo formativo, realizado através de oficinas, com etapas teóricas, estudos de casos clínicos e plenárias. **Resultados:** notou-se a participação dos trabalhadores, sendo possível a sensibilização, por meio do compartilhamento dos conhecimentos prévios, da leitura da realidade do contexto local de saúde, fortalecendo a construção de novos saberes na redução dos casos de sífilis. Os saberes antigos e novos, aliados à problematização, ao referencial freiriano e aos procedimentos metodológicos aplicados, apontaram para aproximação com a aprendizagem significativa. Durante e ao final do processo, pode-se observar implicação dos trabalhadores, satisfação com metodologia proposta e compartilhamento das problemáticas e saberes construídos para melhor manejo da sífilis. **Conclusão:** a dinâmica dos casos estudados levou à melhoria dos pontos discutidos e levantados em relação ao alinhamento das redes e dos cuidados pensados e realizados para o manejo adequado da sífilis, além da possibilidade de reprodução da Educação Permanente no território.

Descritores: Sífilis. Educação Permanente. Estratégias de Saúde. Trabalho. Infecções Sexualmente Transmissíveis.

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INTRODUCTION

Syphilis is considered a public health problem worldwide. In the country, the situation is similar so that, during the World Health Assembly, in 2016, actions were instituted to expand strategic healthcare services to reduce the impact of Sexually Transmitted Infections (STIs) as a public health concern by 2030, with the goal of globally reducing cases of syphilis.[1,2]

In Brazil, the detection rate of acquired syphilis was 54.5/100,000 inhabitants in 2020. The rate of syphilis in pregnant women was 21.6/1,000 live births. The rate of congenital syphilis was 7.7/1,000 live births. Mortality from congenital syphilis was 6.5/100,000 live births.[2] In 2020, the incidence of congenital syphilis was 8.2/1,000 live births for the same period.[3]

Although the previous scenario points to a reduction in the number of cases of congenital syphilis, this decline may have been caused by the health measures of distancing and social isolation imposed by the great pandemic of human infection by the new coronavirus (COVID-19), which astonished and disoriented all previously valid norms (March 2020 to the present day) regarding healthcare work and collective coexistence. Furthermore, problems with data transfer between the management spheres of the Brazilian Health System (SUS – *Sistema Único de Saúde*) persist, which may cause a difference in the total number of cases between the municipal, state and federal syphilis databases.[1,3]

When considering syphilis as a serious health problem that directly impacts users' quality of life, investing financially in actions to reduce its spread and adherence to therapies becomes essential. In this sense, Annual Budget Law 13,414 of 2017 provides for the application of financial resources for use in actions to combat syphilis.[4]

These resources subsidized a technical cooperation agreement between the Ministry of Health (MoH) and the Pan American Organization (PAHO), resulting in the national research project, applied for intelligent integration aimed at strengthening care networks for a rapid response to syphilis, known as the "Syphilis No" project. The general objective of "Syphilis No" project is to contribute to acquired syphilis reduction and in pregnant women and congenital syphilis elimination in Brazil.[5]

In the state of Rondônia, the "Syphilis No" project development began after a selection process for supporters with a supportive researcher profile that took place in March 2022. The entire planning process envisioned unique strategies for developing effective measures to promote changes in the syphilis scenario. Thus, at the same time as they could contribute to strengthening the Healthcare Network integration in the state

of Rondônia, we also sought to respect the differences between the scenarios of the state's municipalities and their actions already under development, taking into account the return scenario after the serious moment of the COVID-19 pandemic.[6]

The territory eligible for developing the actions of the aforementioned project included the municipalities of Porto Velho, Ji-Paraná, Cacoal and Rolim de Moura, selected based on population criteria, municipalities above 100,000 inhabitants. Thus, when reflecting on the region's scenario, in which more and more children were born with a diagnosis of congenital syphilis, the question emerged: which training strategies would achieve greater rapprochement with healthcare services and address the main difficulties highlighted by workers regarding the best suitability for managing syphilis cases in the state of Rondônia?

As a theoretical and methodological contribution, we used an expanded concept for healthcare worker training with regard to Continuing Education (CE), characterized by pedagogical practices, which are carried out at work and on work. It highlights significant learning, works with situations experienced in the daily lives of each individual and/or collective and, concomitantly with this, improves professional practices.[7–9]

It is important to highlight that CE is based on the pedagogical assumptions formulated by PAHO and the World Health Organization (WHO). In the 1980s, it was guided by critical, humanized, reflective pedagogy and interactive learning methods that promote meaningful learning.

In Brazil, the need to strengthen the SUS was marked by a reorientation of worker training so that such training would find a collective, with speech potential, focused more on the reality of work and workers' experiences. In 2004, the Brazilian National Policy for Continuing Education in Health (PNEPS - *Política Nacional de Educação Permanente em Saúde*) was established.[7-11] In this training experience, the situations experienced were identified with workers, through pedagogical workshops, with respect to listening to the knowledge of workers who work in the local healthcare network.

The need to qualify healthcare workers for a topic of great social impact and the dissemination of this action as a response to the investment made in the "Syphilis No" project, combined with research priorities within the Ministry of Science, Technology and Innovations, are important justifications on which this experience is based.[5,12-13]

OBJECTIVE

To report the experience of qualifying workers in the surveillance, care and prevention network of vertical transmission of syphilis and congenital syphilis.

METHOD

This is an experience report, with a qualitative approach and descriptive nature, about a process of qualification of workers in the Healthcare Network in the central region of the state of Rondônia, regarding syphilis and congenital syphilis management, anchored in the problematization methodology. In this experience, problematization facilitated inclusion, group discussions, reflection and proposals for transforming the reality of work critically, producing knowledge and culture in a world and with the world.[7]

The experience was combined with state strategic planning, which was developed together with health representatives and coordinators from the central region of the state of Rondônia, comprising 17 municipalities in this health region. The territory eligible for developing the actions of the aforementioned project included the municipalities of Porto Velho, Ji-Paraná, Cacoal and Rolim de Moura, selected based on population criteria, municipalities above 100,000 inhabitants[14].

Around 120 healthcare workers from the basic and medium and high complexity network, graduated workers, such as nurses, physiotherapists, doctors, social workers and psychologists, participated in the experience. These professionals were undergoing ongoing training, which this report appropriates.

We took problematization as a reference for the steps followed in the workshop, in addition to the experience described by Silva, in a report on CE practice.[11] The experience was developed over a period of 23 days in the year 2022, with 20 days allocated to moment 1, and three days, to moments 2 and 3. Below, the moments carried out are described.

Initially, the STI Management Training Working Group (GTMI - *Grupo de Trabalho de Formação no Manejo das ISTs*) was created. This group was composed of two "Syphilis No" project researchers/supporters, and the Rondônia State Health Surveillance Agency (AGEVISA/RO - *Agência Estadual de Vigilância em Saúde de Rondônia*) director, the state syphilis coordinator, the state hepatitis coordinator and the state HIV/AIDS coordinator. During the 30-day period, GTMI discussed with workers the main problem situations encountered in daily work, which could be addressed in workshops. Similar conditions emerged from these meetings found in the Notifiable Diseases Information System (SINAN - *Sistema de Informação de Agravos de Notificação*), which the GTMI used for discussion.

GTMI appropriated and discussed the cases, carried out theoretical research and systematized the workshops based on experienced practice, reading scientific articles

and reference manuals for syphilis management as well as problematizing methods. Therefore, a meeting was arranged with workers, which took place over three days, in the morning and afternoon shifts, totaling 20 hours of training, with topics relating to syphilis, viral hepatitis and HIV/AIDS management.

The workshops had three important moments, namely: 1. Reading stage and group discussions about experiences in managing syphilis, facilitated by cases registered in SINAN. At that moment, GTMI organized the 120 participants into six groups, containing 20 workers. These were in separate rooms with at least one GTMI member. The facilitators read the case with the groups and explained the intention and what to achieve at the end of study dynamics. For this stage, 15 minutes were allocated. The next moment consists of group brainstorming, in which the group commented on the case and discussed the guided items. The time allocated for this stage was 20 minutes.

2. In the theoretical review stage, here experts explained the topics in a dialogued manner, with aspects of identification, classification, conduct adopted for treatment, documents to support diagnosis and follow-up, data from the epidemiological bulletin, adequate compulsory notification procedures and generally promoting changes in syphilis rates in the state of Rondônia, using documents recommended by the MoH. Just like the previous theoretical stage, the consultation of references was carried out in 25 minutes. The recommended references were the Clinical Protocol and Therapeutic Guidelines for Comprehensive Care for People with STIs and the flowcharts for clinical STI management.[2]

3. Stage of presentation of results constructed on case management for presentation in plenary. All participants met and each group presented a brief synthesis of discussions, guided by the following guiding questions: what is the expected diagnostic hypothesis for the case? Is there any possibility of newborns being born without symptoms? What tests should I order when this diagnosis is suspected? What is the classification of the disease for this condition and what are the possible symptoms? What is the therapeutic approach? Should the case be notified? For the case about congenital syphilis, the guiding questions were: what is the expected diagnostic hypothesis for the case? Is this a newborn exposed to some situation or confirmed transmission? What is the procedure for monitoring newborns after starting treatment? Where should it be carried out? What exams to order for follow-up as well as the period for newborns? What is the classification of the disease for this condition and what are the possible signs and symptoms? Should the case be notified? In what situations? The data and facts experienced during each stage of the workshop were recorded through images.

All records were shared between participants and the organizing facilitators, in order to objectify what was experienced and understood, including data related to understandings, interpretations, synthesis of theoretical foundation readings and synthesis of collective reflections and decisions.

4. In the workshop evaluation stage, the proposed Kirkpatrick method was used, which is based on assessment stages, with reaction levels being used in the qualification workshop, assessing how participants feel about training or experience, and the level of learning is the measure of increase in knowledge before and after.[15] As for the reaction to the forms of assessment, they were subjective and feedback, based on reaction to qualification experience, verbal reactions and questionnaire application, which showed broad satisfaction with the methodology used and the organizational procedures adopted to carry out the qualification.

With regard to analysis, the results were based on the action-reflection-action process on the reality of the activities developed through problematizations. The contents were recorded in field diaries individually and synthesized into a single record. Content organization was carried out shortly after the meetings, and transcription was read as memories. Based on the analyses, we sought to understand the knowledge collectively in a unique, dialectical and transformative process of participants in relation to the situation of syphilis in the state of Rondônia, using CE's theoretical contribution and Freire's framework.[7-11]

There was no assessment by the Research Ethics Committee, based on Article 1 of the Brazilian National Health Council Resolution, 510 of 2016.[8,11,16] This was a report presenting a discussion of the exposure carried out by the authors of this study, without identification of participants and guarantee of confidentiality and privacy of the experience lived in professional practice. It is noteworthy that the personal data of those eligible in SINAN forms were kept confidential.

RESULTS AND DISCUSSION

The qualification and development processes of healthcare workers have become fundamental, as it is through learning that knowledge is known, recognized and reconstructed, so that professionals can develop appropriate skills to perform their work with quality. It is important to highlight that learning supports decision-making and the development of skills necessary for work.[17]

Learning can result from different senses and different presentations of appropriations of knowledge that subjects acquire; however, they must always respect their experiences, their way of understanding a given phenomenon, valuing individual knowledge and its constructions, and implications for collectives. This is a favorable context, in which meaningful learning can develop, and that is why we turned to Freire, who in Brazil appropriated this concept, to facilitate learning, with a view to education, work and transformation of reality.[7]

According to the Federal Constitution of 1988, in its Article 200, section III, the SUS is responsible for organizing training in health, in order to guarantee that there is comprehensive training for healthcare workers. With this constitutional basis, in 2004, the MoH published Ordinance 198, which established PNEPS with the purpose of training and qualifying healthcare professionals to meet the population's real needs.[9,18] In the aforementioned ordinance, CE is learning at work, in which learning and teaching are incorporated into organizations' and work's daily lives, with the objective of transforming professional practices and the organization of the service itself, being structured based on the problematization of the work process.[8,18]

About the MoH initiative to combat syphilis in healthcare networks, with the "Syphilis No" project among the actions developed, we highlighted cooperation to strengthen action planning to combat syphilis in Brazilian territory and with focal points in states with higher rates involving Primary Care and Care Networks.[19]

In a training action, the "Syphilis No" project supporters had experience in carrying out and participating in the Training Course for Research and Intervention Supporters to train, exchange experiences and identify needs to promote qualified action in the territory aligned with the project objectives and aimed at the CE of 49 participants in 2018 in Natal. Methodological resources for group work, discussion circles, lectures, case studies and plenary sessions to socialize the discussions held in the groups formed, as well as in the work in question, developed in Porto Velho, which has larger numbers of participants, were used.[19]

The results of work indicated needs for organizing healthcare networks in terms of education, integration, surveillance and care. Difficulties were also highlighted, such as achieving commitment and carrying out communication actions in syphilis, from the technical areas and state municipal health management, as well as the need for working groups organized with a focus on the project objectives.[19]

The use of innovative pedagogical practices to improve learning processes is defended by authors. These methods are constructed in such a way that the action of

professors or facilitators is no longer the exclusive source of training, making participants leaders of the process.[7] Active teaching and learning methodologies focus on participant-centered learning. Participants' action must be valued, allowing possibilities for organizing didactic actions and aiming, above all, at the learning process, taking as a reference professionals' progressive insertion, solving problems and deepening their understanding.[8,20]

Work workshop, which used problematization, through the Charles Maguerez Arc, carried out with healthcare professionals from a Family Clinic, located in a municipality in Baixada Fluminense in Rio de Janeiro, contributed to strengthening the role of healthcare professionals who would work in the "Syphilis No" project. The application of the Charles Maguerez Arc methodology is based on points relating to the observation of reality, key points and theorization, hypotheses to resolve the questions observed and raised, ending with the application of these hypotheses in everyday practice in healthcare services.[8,11,21]

This workshop contributed to equip professionals to use a methodology that can be applied at other times to realign actions to combat syphilis, as it is based on direct observation of problems arising from daily work practice, with the perspective of a new look at returning to practice.[8,9,11,21]

Furthermore, regarding conversation implementation, lasting three weeks, involving healthcare professionals from Metropolitan Basic Units in the city of Maranhão, 22 Family Health teams participated and contributed to the learning process of actions developed in the "Syphilis No" project. It was evident that CE in health provides knowledge on the topic and favors health education.[22]

Active teaching and learning methodologies lead participants to greater involvement in the learning process, as they are the agents of initiative, decision-making, debate and dialogue with participants, etc. Active teaching and learning methodologies contribute to autonomy promotion to bring new elements for analysis and proposition of understanding interventions. Examples of active methodologies are targeted studies, seminars and case studies.[20]

Real data presentation leads to professionals' active participation, with a look at reality and real-life data in relation to the syphilis scenario in the state of Rondônia. This perspective encourages the identification of aspects that need to be worked on, developed, reviewed or improved.

To assist participants in qualification workshop, as a theorization stage, expository strategies were presented in dialogue with syphilis data from the municipality of Ji-Paraná, state of Rondônia, and from municipalities available on SINAN, in addition to the

MoH epidemiological bulletin. These data were composed of the number of cases of acquired syphilis, syphilis in pregnant women and congenital syphilis, in addition to the certification process for elimination of vertical transmission of syphilis underway in the state. This vision of local data aimed to lead healthcare professionals to critically reflect on their work process.[23]

During data presentation, central points were raised to improve reality. Some possible factors associated with the situation were identified: low dissemination of educational information related to syphilis; distribution of contraceptives; expanding rapid testing provision in municipalities; need to provide and carry out correct treatment; monitoring of pregnant women and partners by health units; correct completion of notification forms as well as their humanized monitoring.[23]

Multidisciplinary teamwork represents one of the formative points of SUS reorganization processes. The action is developed by more comprehensive and resolute assistance projects that promote changes in work processes and improvements in the ways in which professionals involved in the health-disease process act through greater interaction between professionals and their actions.[23]

When applying clinical cases in organized subgroups, we equipped participants with the Clinical Protocol and Therapeutic Guidelines (CPTG) for STIs, Vertical Transmission CPTG in digital or app version and the flowchart for clinical STI management.[24,2,25] At this moment of theorizing, everyone involved must study the issues. It is the acquisition of theoretical-scientific support that establishes a relationship between the empirical and reality. Good theorizing takes the subject to an understanding beyond the problem, including the theoretical principles that justify and explain it.[7,8]

During this stage, it was observed that some professionals improved their knowledge about syphilis care line existing in the municipalities, which was established by managers and some professionals. They also became aware of the updated CPTG and its digital availability and recent changes in relation to management, available for professionals to use in their routine.[17] It was, therefore, an important moment of learning and empowerment for the professionals present at the workshop, with great potential for contributing to action performance.

After discussions with guided questions, participants are led to build new knowledge to transform the observed reality based on the hypotheses raised by the cases worked on. This moment is important to analyze oneself, so as not to try to propose solutions before thinking and discussing with peers; one should not intervene with proposals, only directives, vertical and specific, but rather reflection on the applicability to

the reality found of each solution designed.[7,8] Afterwards, the groups presented data based on analysis of cases, based on documents recommended by health institutions, in addition to scientific articles, which addressed the topics.[1,2,19,21,24,2,25]

The group analyzed the cases, pointing out hypotheses related to the information the cases brought. Solutions were identified according to feasibility to better support discussions about health procedures, the urgency and priority given to information that is recorded in cases of syphilis. Hypotheses capable of applicability and execution that would generate changes in the scenario that the cases pointed out were discussed.

The actions discussed were expanding information about syphilis for professionals and the community, with dissemination of information and services available in healthcare networks of participating municipalities; campaigns about syphilis with easy and inclusive information; expanded testing and provision of condoms and contraceptive methods; carrying out training for broad professional categories on the topic of syphilis and other STIs; dissemination of the therapeutic scheme among doctors and nurses in Primary Care; appropriate note in the pregnant woman's notebook and encouragement to carry this document during prenatal care and monitoring, with the correct and detailed completion of the notification form being highlighted as a fundamental point after analyzing case studies, and its dynamics in implemented systems; implementation of monitoring methods for pregnant women and partners; sharing between professionals and managers information about testing, treatment performed and results of exams and ongoing care. These actions, which were understood as shared knowledge between the prior recognition and reconstruction of participants' knowledge, are in accordance with theorization discussed based on cases' instructional materials and syphilis management.[1,2,19,21,24,2,25]

Healthcare work is an intense relationship of exchange of knowledge and cooperation between professionals, without which the service would not develop[17]. In an evaluative study related to the investigation of knowledge produced at work and the knowledge relationships established between Basic Health Unit professionals and users, it was observed that teamwork is a training device for healthcare professionals in a process of exchanging experiences and building knowledge, which must be rearticulated in teamwork, generating a modification of each individual professional by the activity, being essential for the continuous care and continuous professional training. Teamwork is essential in the sphere of Family Health, favoring the transformation of the activities carried out, continuous professional training and contributing to reorienting the healthcare model.[26]

One of the priorities for the rapid response to syphilis project was the city of Goiânia. During project training, aspects related to the planning and execution of the CE activity in clinical syphilis management were addressed with Primary Care professionals in the city of Goiânia-GO, in meeting the need highlighted by the strategic planning carried out by the team in partnership with a supporter. The methodology used was problematization, which has its philosophical foundations based on Paulo Freire's framework. Problematizing education is based on the critical dialogical relationship between student and professors, in which both learn problems together, which must be discussed by students to build knowledge based on significant experiences for participants; in this case, healthcare professionals.[27]

Similar to what happened in Goiânia, the problematizing methodology, together with the topics, was the great difference of this circle and brought more interest in professional participation. Learning objectives were achieved and there was a broad discussion on the project's focus topic and work processes, which makes the result of the activity satisfactory. The difficulty was the large number of professionals per class, which required improved pedagogical logistics, pointing out that CE must be implemented in the Primary Care network.[27]

At the end of the meeting, the groups presented their work and directions for understanding the cases and actions that would have a positive impact on the scenario explained by the data of each case worked on, which was constructed by the group based on the action-reflection-action exercise and the contribution of the clinical management presented.[28] There were great learning lessons, not only as an awareness tool, but mainly due to professional involvement, contributing to building a sense of belonging and accountability and strengthening collective collaboration in healthcare networks, autonomy and professional empowerment.

According to Mello *et al*., after extensive research on multidisciplinary health residency programs, it was demonstrated that, as a training strategy, an important factor in strengthening quality of healthcare for the population and consequently in the return to science is precisely the search for practical situations, with theoretical analysis, through scientific articles. Furthermore, it facilitates the didactic and pedagogical organization of spaces, such as workshops, tutorials, preceptorships and field and core seminars, as these can be moments for discussion and exchange of experiences between residents and other professionals. These spaces can promote construction of knowledge, articulations with other areas of knowledge, collective work and opportunities for new knowledge about other areas.[29]

Regarding the assessment of the proposed and used method, Kirkpatrick's processes and stages were followed, which is based on assessment stages used in qualification workshop for reaction levels, assessing how participants feel about training or experience, and the level of learning is the measure of increased knowledge before and after.[15]

The reaction to the forms of assessment was subjective and feedback, based on qualification experience, verbal reactions and questionnaire application, who showed broad satisfaction with the methodology used and the organizational procedures adopted to carry out qualification. Concerning the level of learning, it was done through interviews or observation of some participants who maintained positive assessments of qualification as a whole, related to qualification workshop objectives to positively change health situations that are related to the situation of syphilis in the municipalities and the state.

Regarding the limitations of this study, during the experience, it was not possible to verify changes in workers' practices regarding syphilis and congenital syphilis management. There is a need to return and monitor these workers' practice. This fact represents an opportunity to identify a new axis that can be explored to disseminate basic actions and their impact on the health sphere, consequently demanding new future reports of successful experiences for healthcare professionals.

CONCLUSION

The dynamics of the cases studied led to improving the points discussed and raised in relation to alignment of networks and care designed and carried out for adequate syphilis management. The workshop included the actions designed in the "Syphilis No" project, demonstrating a joint relationship between the 120 workers, such as managers, direct assistance workers and supporters, with a dynamic exchange of old and new knowledge regarding syphilis. This could contribute to transforming practices, reflecting the improvement of care for users in the prevention, treatment and conduction of rehabilitation processes as they navigate the Healthcare Network, whether basic or medium and high complexity.

Furthermore, it was noticed that workers were aware of the possibility of reducing syphilis as well as eliminating congenital syphilis in the state of Rondônia, but specifically in the municipality of Ji-Paraná. Using Freire's theoretical framework contributes to organization of workshops as well as their application. With it, we were careful to listen to workers' words and to make worker narratives more respectful, inclusive and more equitable.

This was perceived with the satisfaction that participants demonstrated when experiencing more active learning methods and with the organizational procedures adopted to develop qualification. They also described it as positive and that knowledge was gained in a light and easy way, relevant to their work, as Freire postulates in problematization and meaningful learning, and that this knowledge will certainly serve to assist users with more attention and criticality.

The intention is that this experience as well as its dissemination facilitates the permanence of training processes in everyday healthcare work, whether in the central region of the state of Rondônia or in other locations, which require theoretical and practical alignment for syphilis management. It is believed in the application of active strategies to improve worker compliance and ensure they are curious, creative, attentive and aware of the role they play in reducing syphilis, especially congenital syphilis.

CONTRIBUTIONS

All authors contributed to work conception and design, participation in discussion of results, article writing and approval of the final version of the manuscript.

CONFLICTS OF INTERESTS

There were no conflicts of interest.

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