

Point-of-care testing and treatment of sexually transmitted infections to improve birth outcomes in high-burden, low-income settings: the WANTAIM Trial, Papua New Guinea

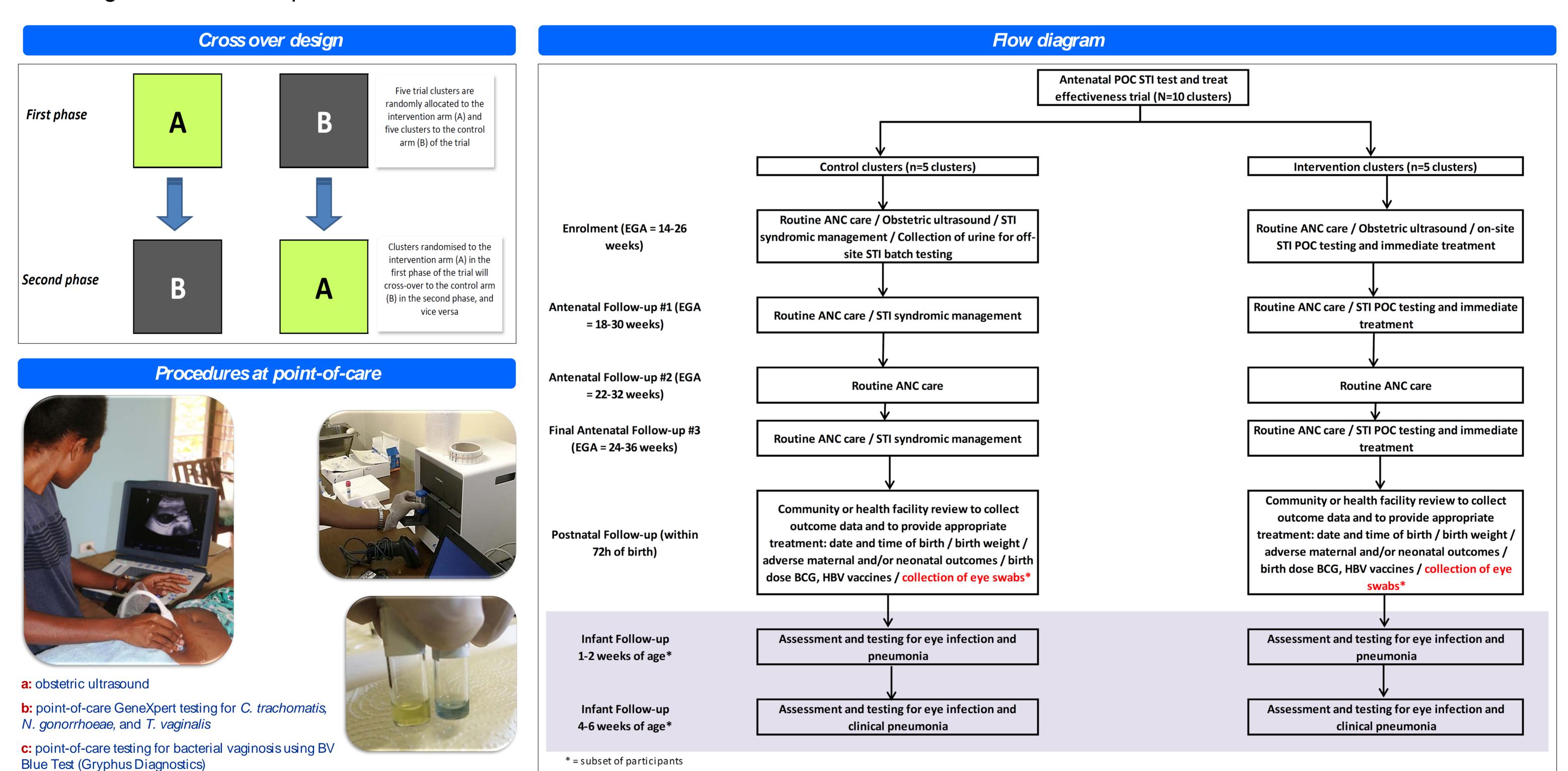
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Background

- Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis and bacterial vaginosis are highly prevalent among pregnant women in many low- and middle-income countries worldwide, and have been associated with increased risk of preterm birth, low birth weight and other adverse outcomes.
- In a majority of women, these curable genital infections are asymptomatic and therefore remain undiagnosed and untreated because of a lack of suitable diagnostic technologies.
- Conflicting evidence on the potential risks and benefits of STI screening and treatment in pregnancy have hindered policy and practice, and led to calls for definitive field trials.
- Newly-available, easy to use and highly-accurate point-of-care assays for chlamydia, gonorrhoea, trichomonas and bacterial vaginosis are now available for use in routine clinical settings, making such field trials possible for the first time.

Methodology

- The Papua New Guinea Institute of Medical Research (PNGIMR) and The Kirby Institute, UNSW Sydney, are leading the WANTAIM Trial: a cluster randomised crossover trial to evaluate the effectiveness, health system implementation requirements, costeffectiveness and acceptability of antenatal point-of-care testing and immediate treatment of STIs to improve birth outcomes in high-burden, low-income settings.
- The *primary outcome* of the trial is the proportion of women and their newborns who experience preterm birth and/or low birth weight.
- WANTAIM is being conducted in 10 clusters in three provinces (Madang, East New Britain and Milne Bay) and will enrol and follow-up 4600 women and their newborns over 4 years.
- The trial started recruitment in July 2017.



Significance and Outcomes

If antenatal point-of-care STI testing and treatment is proven to have an impact on birth outcomes, the WANTAIM Trial will hasten access to these new technologies and could thereby improve maternal and neonatal health in high-burden, low-income settings worldwide.



WANTAIM Trial Investigator Team

PNG Institute of Medical Research A/Prof Andrew Vallely (IMR/UNSW)

Dr William Pomat

Dr Michaela Riddell (IMR/UNSW)

Dr Alice Mengi Dr Moses Laman

Pamela Toliman

Dr Lisa Vallely (IMR/UNSW)

Dr Angela Kelly-Hanku (IMR/UNSW) Dr Leanne Robinson (IMR/BI)

Prof Peter Siba

Kirby Institute, UNSW Australia

Prof John Kaldor

Steve Badman

A/Prof Rebecca Guy

A/Prof Handan Wand

University of PNG

Prof Glen Mola

Dr Jacob Morewaya

Milne Bay Provincial Health Authority

Madang Provincial Health Authority

Dr Grace Kariwiga

Dr John Bolnga

Wilfred Peter

University of Technology Sydney **Prof Caroline Homer**

Burnet Institute, Melbourne A/Prof Stanley Luchters

Dr Chris Morgan

Dr Bizabeth Peach

Prof Sepehr Tabrizi

Royal Women's Hospital, Melbourne

Prof Suzanne Garland

A/Prof David Whiley

University of Queensland

University of Melbourne

Prof Stephen Rogerson

London School of Hygiene and **Tropical Medicine**

Prof Rosanna Peeling A/Prof Virginia Wiseman

University College London Dr Neha Batura

University of Bern, Switzerland **Prof Nicola Low**





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