Of the 445 pregnant women enrolled, 81 partners attended for follow up. Overall, the partner attendance was very low at 18%; there was no statistical difference between the arms. (Figure 2)

Of those women who did not enrol, 12% had attended antenatal screening of pregnant women in 2015; the partner attendance was very low at 18%; Newer point of care tests (POCT) and combined HIV syphilis tests are helping to increase syphilis testing in pregnancy across the region [3].

In Uganda, antenatal clinic syphilis prevalence estimates are 2.1 – 3.0. Even when resources are present partner attendance is poor; in our HIV clinic at the Infectious Diseases Institute (IDI), whilst we found a rate of 5.1% RPR positivity in HIV positive pregnant women; we only managed to achieve a partner re-attendance of 34.5%. Mobile phone technology has been suggested as a tool to help with PN. Uganda has a mobile phone network coverage of over 90% and 48% of the population have a mobile phone subscription.

The objective of the study was to compare the proportion of male partners who report to the clinic for syphilis testing (and treatment) when pregnant women who test syphilis positive are given only partner notification slips (standard of care), compared to a notification slip plus an automated SMS reminder, or a notification slip plus a nurse phone call reminder.

The study was undertaken between February 2015 and February 2016. Sites - antenatal clinics at Mulago Hospital, Kasangati Health Centre IV and the Infectious Diseases Institute Adult Infectious Disease Clinic (AIDC), Kampala. Those with a positive pregnancy test, treponemal antibody rapid (POCT) test were offered inclusion into the study. Other inclusion criteria were age>18 years or 14-17 years and being a mature and emancipated minor, having a known sexual partner, having access to cell phone, willing and able to use/ receive SMS/phone calls. Subjects were received 1:1:1 randomization ratio.

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