

(Length 0:27 seconds) - Well, I think we need to figure out how to do things a bit differently, okay? So, we know from the data that, for instance, that about 40% of the women who are having babies with congenital syphilis, they never make it into prenatal care. So, while we know how to optimally diagnose and treat people when they're in the clinic, it's a problem if they never come into clinic.

(Length 0:16 seconds) - It's important that we use the tools we have which are like rapid syphilis testing is just one example, or treatment in the field if necessary, to get people who are not otherwise going to come into clinic.

(Length 0:38 seconds) - So, when we think about other places to do syphilis testing, emergency departments is one area. It's obviously a healthcare setting, but they don't historically do screening in emergency departments, but thinking about incorporating it there, correctional facilities, jails or prisons, syringe service programs. It's important that we become, that we're creative about where, how we meet people where they are and get them in for timely screening and also treatment.