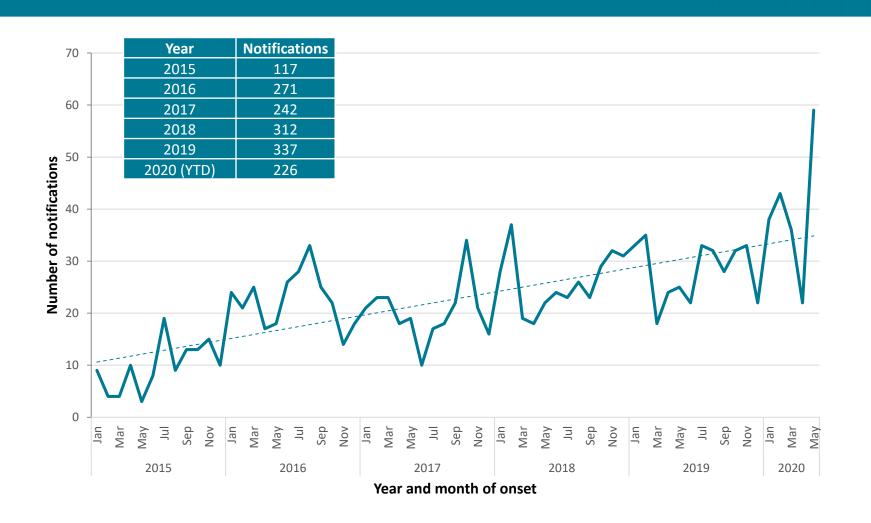


Metropolitan syphilis outbreak MCDC response

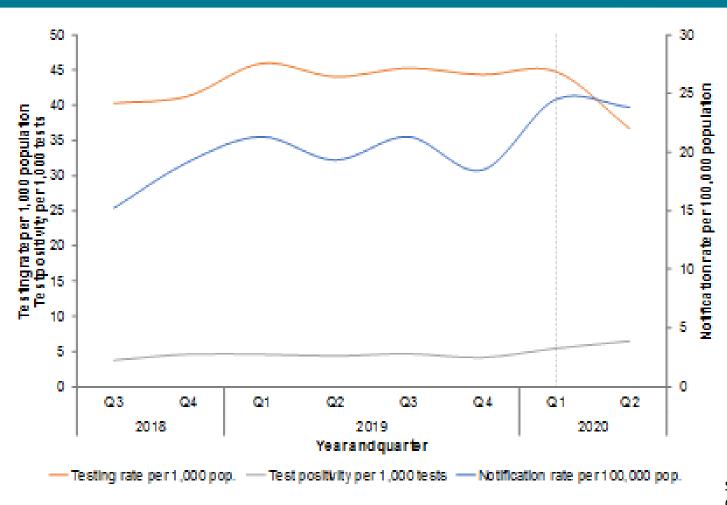
STI and BBV Quarterly Forum 9 Sept 2020

Acknowledgement of Country

Notifications of infectious syphilis, Perth metropolitan area, Jan 2015 to May 2020

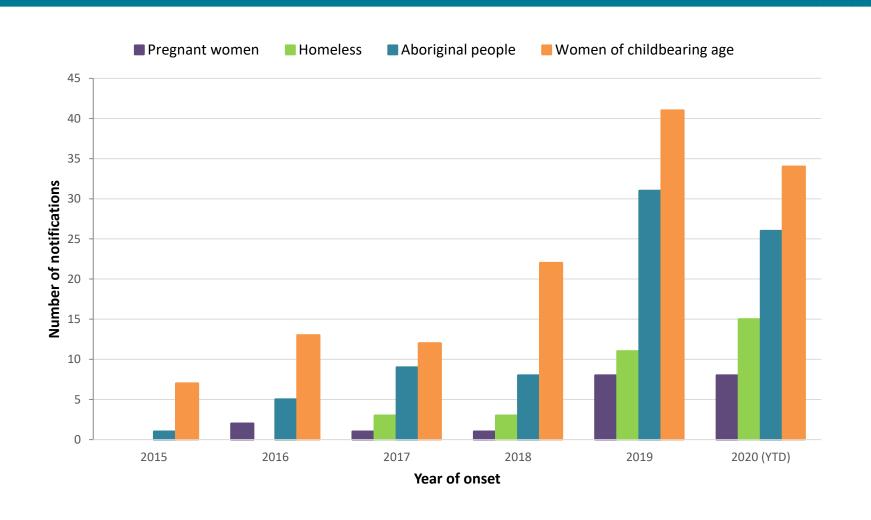


Syphilis testing rate, notification rate and test positivity

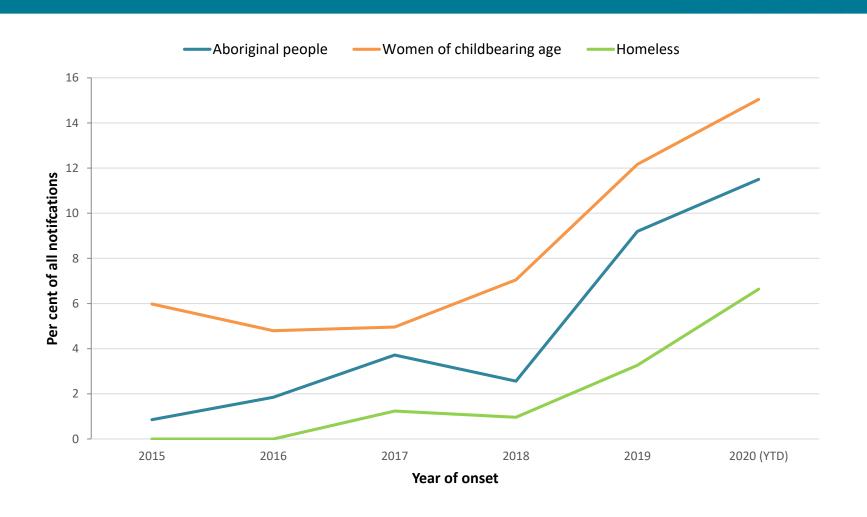


Slide courtesy C. Giele CDCD

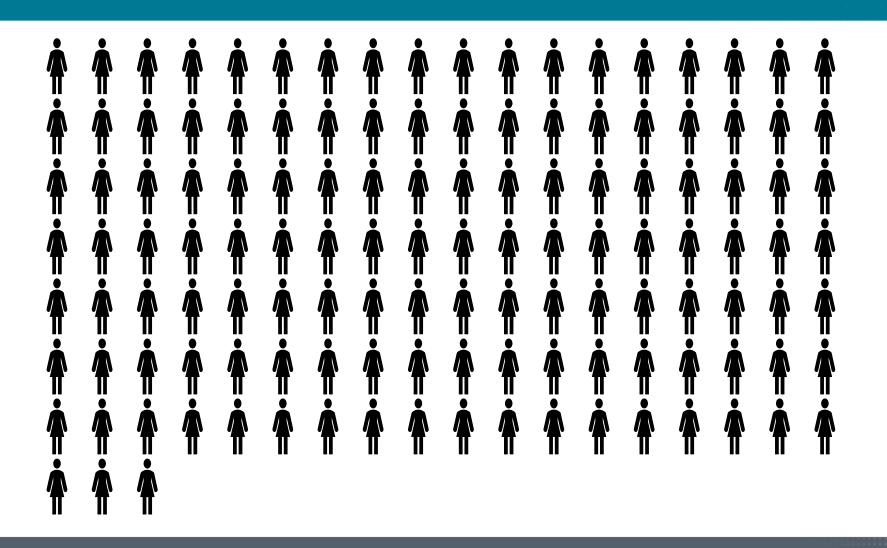
Notifications of infectious syphilis in vulnerable groups, 01 Jan 2015 to 15 June 2020



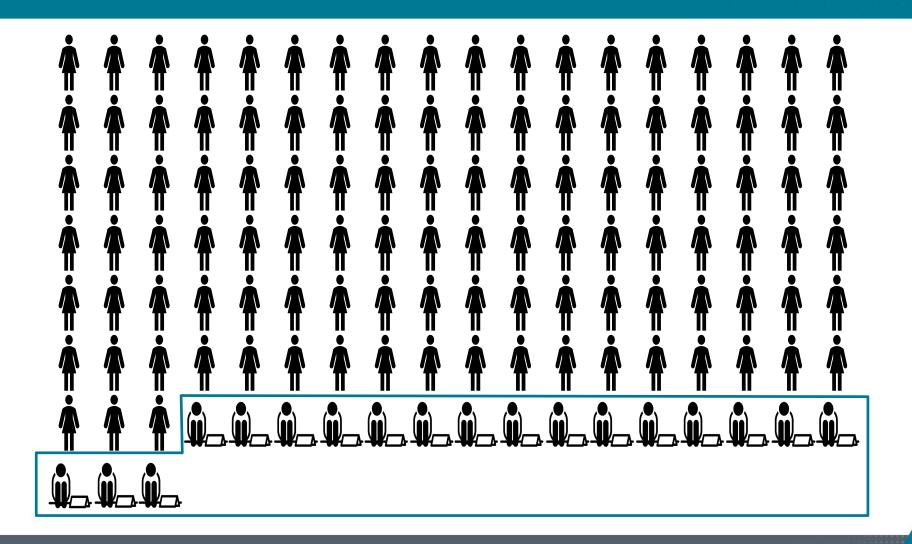
Infectious syphilis in vulnerable groups, as a % of all notifications, 01 Jan 2015 to 15 June 2020



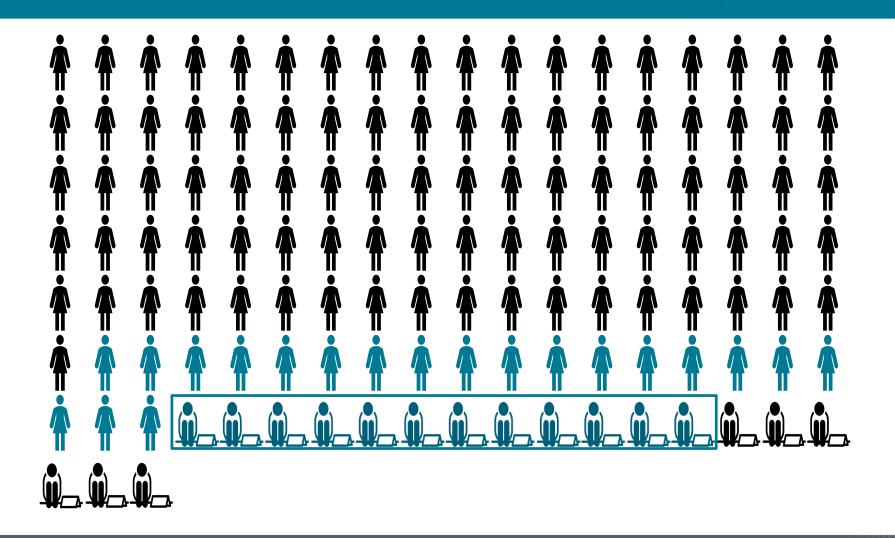
129 women of childbearing age, 01 Jan 2015 to 15 June 2020



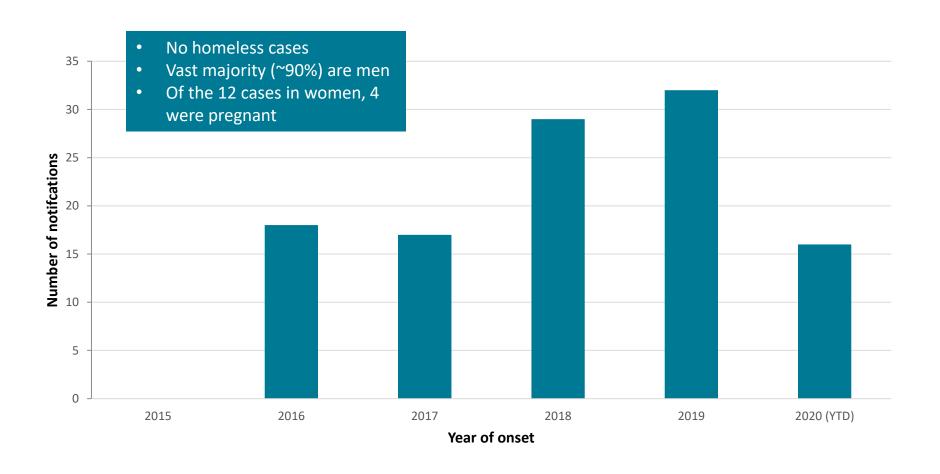
18 of these women were homeless



32 of these women were Aboriginal... of which 12 were also homeless



Notifications of infectious syphilis in CALD population, 01 Jan 2015 to 15 June 2020

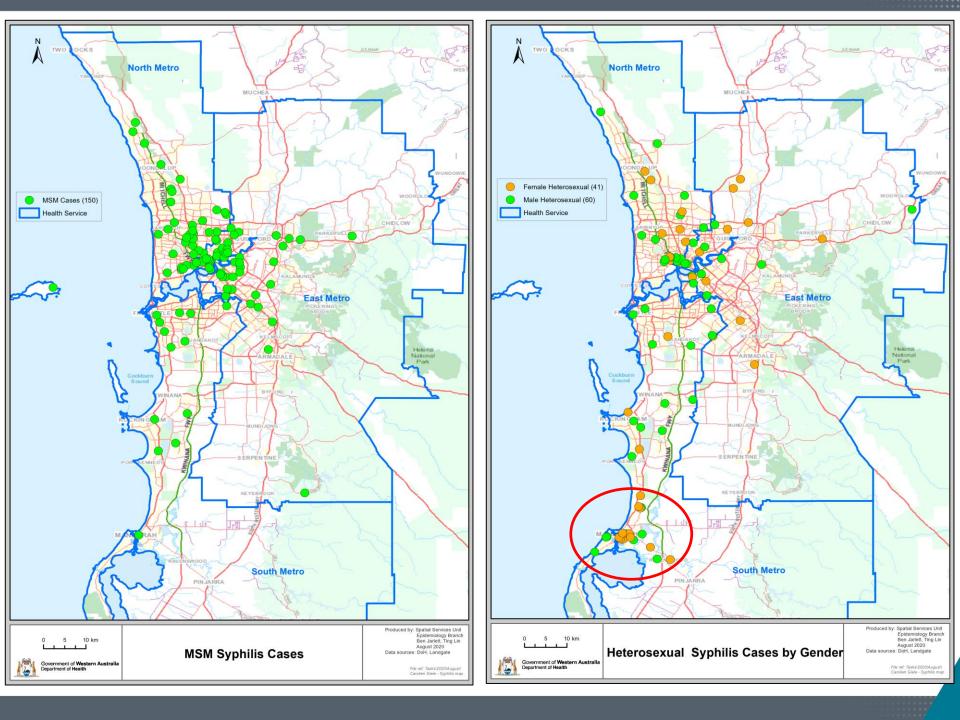


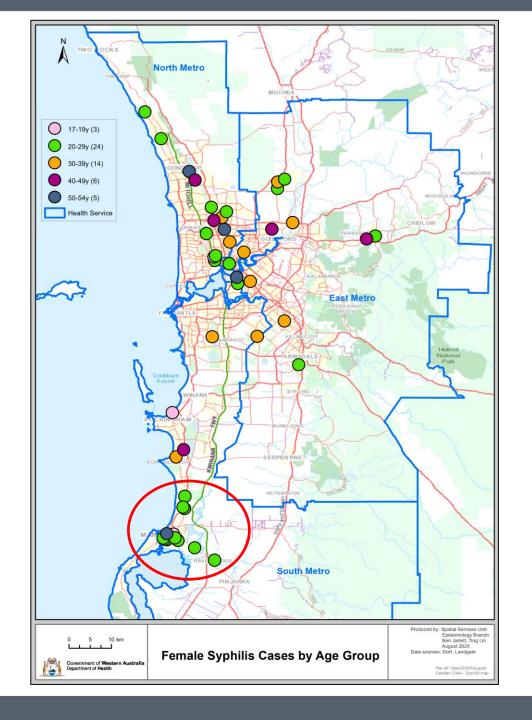
Main countries of birth in CALD population

- Asia
 - Taiwan
 - Vietnam
 - Malaysia
 - China
- South America
 - Brazil
 - Columbia

Features of clusters

- East metro
 - More notifications in Aboriginal people
 - More notifications in people who experience homelessness
- South metro/Southern corridor
 - More women of childbearing age
 - 50% of notifications in Mandurah area WCBA (13% across metro)





Key data – to 15 June 2020



 $\textbf{2015} \rightarrow \textbf{2019}$

Almost 3-fold increase in infectious syphilis



Significant increase in homeless people

> 50% are Aboriginal



Significant increase in Aboriginal people



2015 → **2019**

6-fold increase in women of childbearing age



2020

Already 8 notifications in pregnant women



Since 2018

Two cases of congenital syphilis, including 1 stillbirth

Overall response

- Support CDCD on metropolitan response
 - CDCD stakeholder workshop
 - MSORT under WA SORG
 - Action Plan





- Infectious syphilis cases are increasing significantly in the Perth metropolitan area.
- More cases are being detected in vulnerable populations, including Aboriginal and non-Aboriginal people, culturally and linguistically diverse people, people that are experiencing homelessness and people who inject drugs.
- Of concern are the women of reproductive age because of the risk of congenital syphilis.

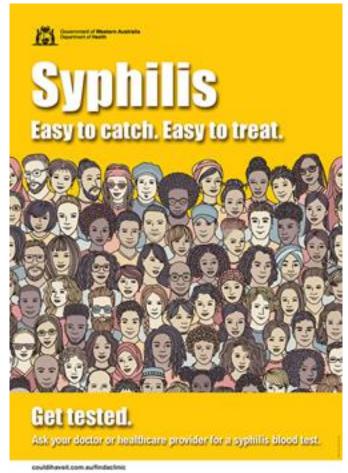
MCDC local response

- Utilising SORG action plan framework within local capacity
 - Prevention, education and community engagement
 - Workforce development
 - Testing, treatment and contact tracing
 - Surveillance and reporting
 - Antenatal and postnatal care

Prevention, education and community engagement

 Engaging NMHS Health Promotion team to promote DOH resources and websites

 Liaising with Homeless Healthcare to visit shelters and provide education



Workforce development

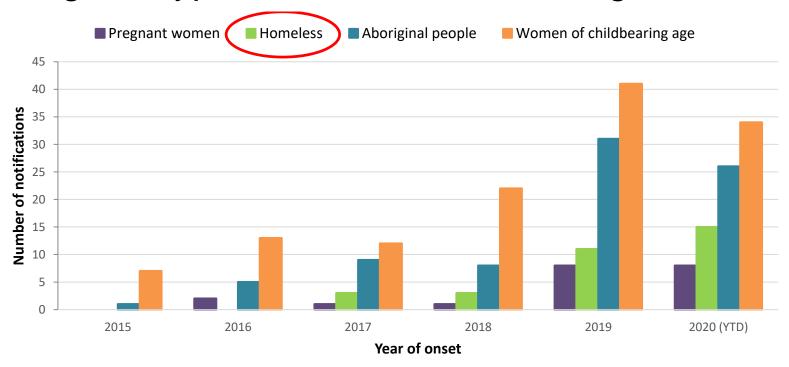
- Dedicated Aboriginal Health Worker roles established in MCDC
 - Male and female
 - Can support existing clinical teams through partnerships
- Engagement with DYHS, Justice, RPH ED, Homeless Healthcare, Sexual Health Clinics
 - Collaboration & education

Testing, treatment and contact tracing

- Clinical service engagement
- Increased testing and treatment in RPH ED of homeless population
- Culturally safe outreach
 - Through partnership with homeless healthcare organisations
- Case management approach
 - Initially for pregnant women

Surveillance and reporting

- Redcap database vulnerable groups
- Regular syphilis surveillance meetings



Antenatal and postnatal care

- KEMH liaison midwife
 - Seconded to MCDC
 - Ongoing case management of pregnant women
 - Liaison role with
 - KEMH
 - multicultural health services
 - Aboriginal health services
 - homeless healthcare services
 - primary care
 - Works with AHWs

Questions?