



Government of **Western Australia**  
Department of **Health**

# WA Syphilis Outbreak Response

STI & BBV Quarterly Forum: 12 June 2019



# Overview of the Outbreak

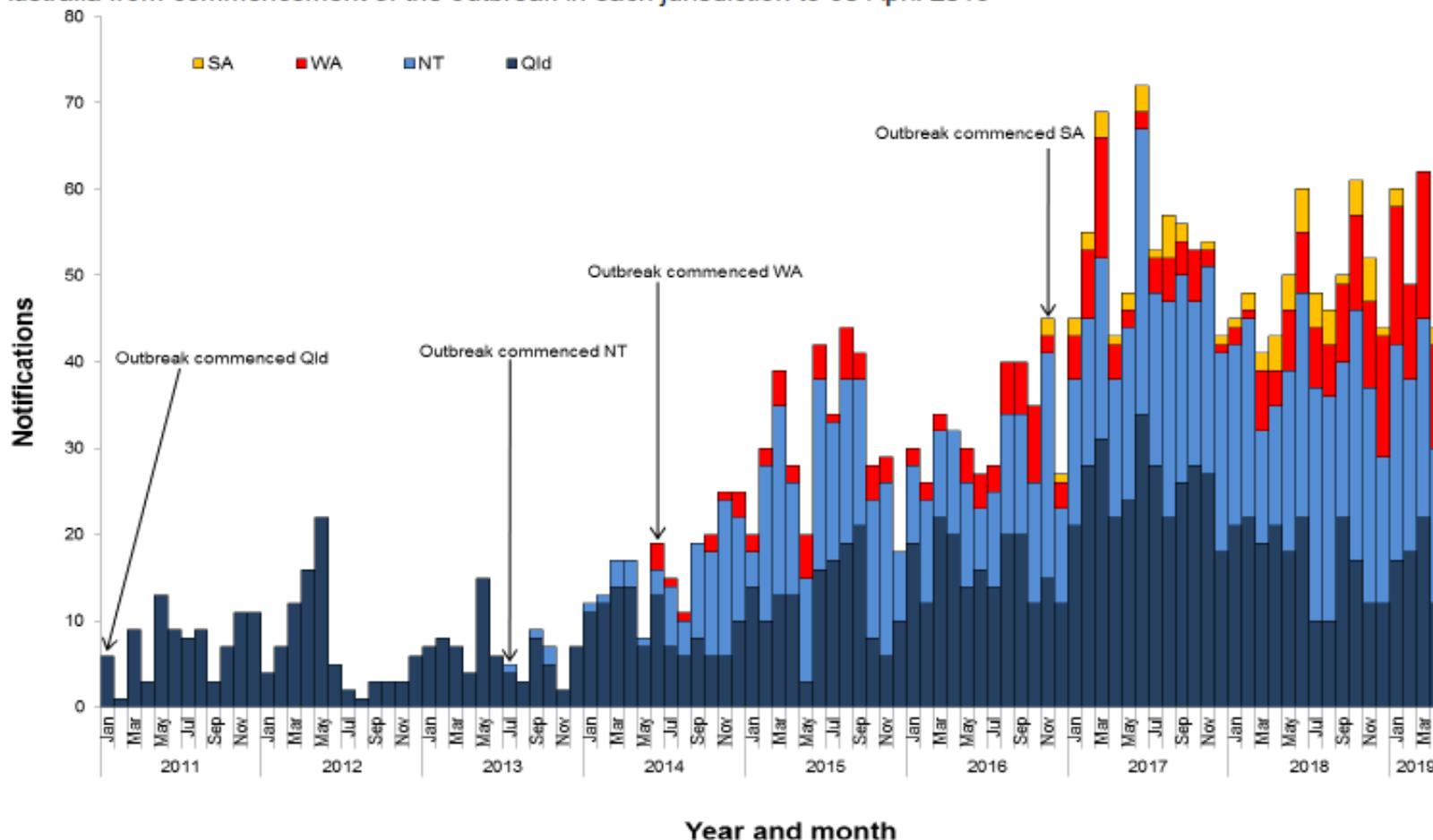


- Ongoing infectious syphilis outbreak affecting young Aboriginal and Torres Strait Islander people in remote communities
- Queensland: 2011
- Northern Territory: 2013
- Kimberley: 2014
- South Australia: 2016
- Pilbara: 2018
- Goldfields: 2019

# Epidemiology



**Figure 1.** Epidemic curve showing category 1 infectious syphilis<sup>a</sup> outbreak cases notified in Aboriginal and Torres Strait Islander people residing in affected regions<sup>b</sup> of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 April 2019<sup>b</sup>\*



# Epidemiology



**Table 1.** Characteristics of outbreak cases of infectious syphilis notified in regions of Western Australia, from 1 June 2014 to 31 March 2019<sup>2</sup>.

	Kimberley	Pilbara
<b>Characteristics</b>		
Total number of cases <sup>3</sup>	210	68
% cases reported in 15-29yr age group	71%	69%
% Male / % Female	38% / 62%	51% / 49%
Congenital cases, confirmed (probable)	0 (0)	1 (0)
Number of deaths in congenital cases	0	0

# Kimberley Progress

## Progress (1<sup>st</sup> Quarter 2019)

75% (71/229) of positive CT & GC cases were tested for syphilis in Q1 2019 compared to 69% in Q3 2018.

95% (18/19) of cases were treated within 2 weeks of diagnosis compared to 84% (10/13) in Q3 2018.

Of the 6 people who were symptomatic at presentation 1 (17%) was treated immediately.

Of 13 eligible cases for 3 month rescreen as at 31 March 2019, 9 (69%) were rescreened at 3 months. Of the 14 eligible cases for 6 month rescreen, 10 (71%) were rescreened at 6 months.

10 people with syphilis (53% of cases) named contacts during the reporting period. Of these 25 named contacts, 15 (60%) were tested.

Of the 25 named contacts, 11 (44%) were tested and treated within one month of being named.

# Pilbara Progress

## Progress (1<sup>st</sup> Quarter 2019)

In response to the outbreak, all (100%) presenting cases to PPH were routinely screened for syphilis with other STI or BBV testing.

83% (20/24) of cases were treated within two weeks of diagnosis.

40% (2/5) of symptomatic cases were treated for syphilis on first presentation. Two cases were treated 7-8 days after presentation (one a prison screen). One case was treated 27 days after presentation (antenatal screen)

Of the 24 contacts named (by 83% of cases), 50% (12) of the contacts were examined, tested and treated for syphilis at their first presentation to a health service. Nine cases (38%) were examined and tested only.

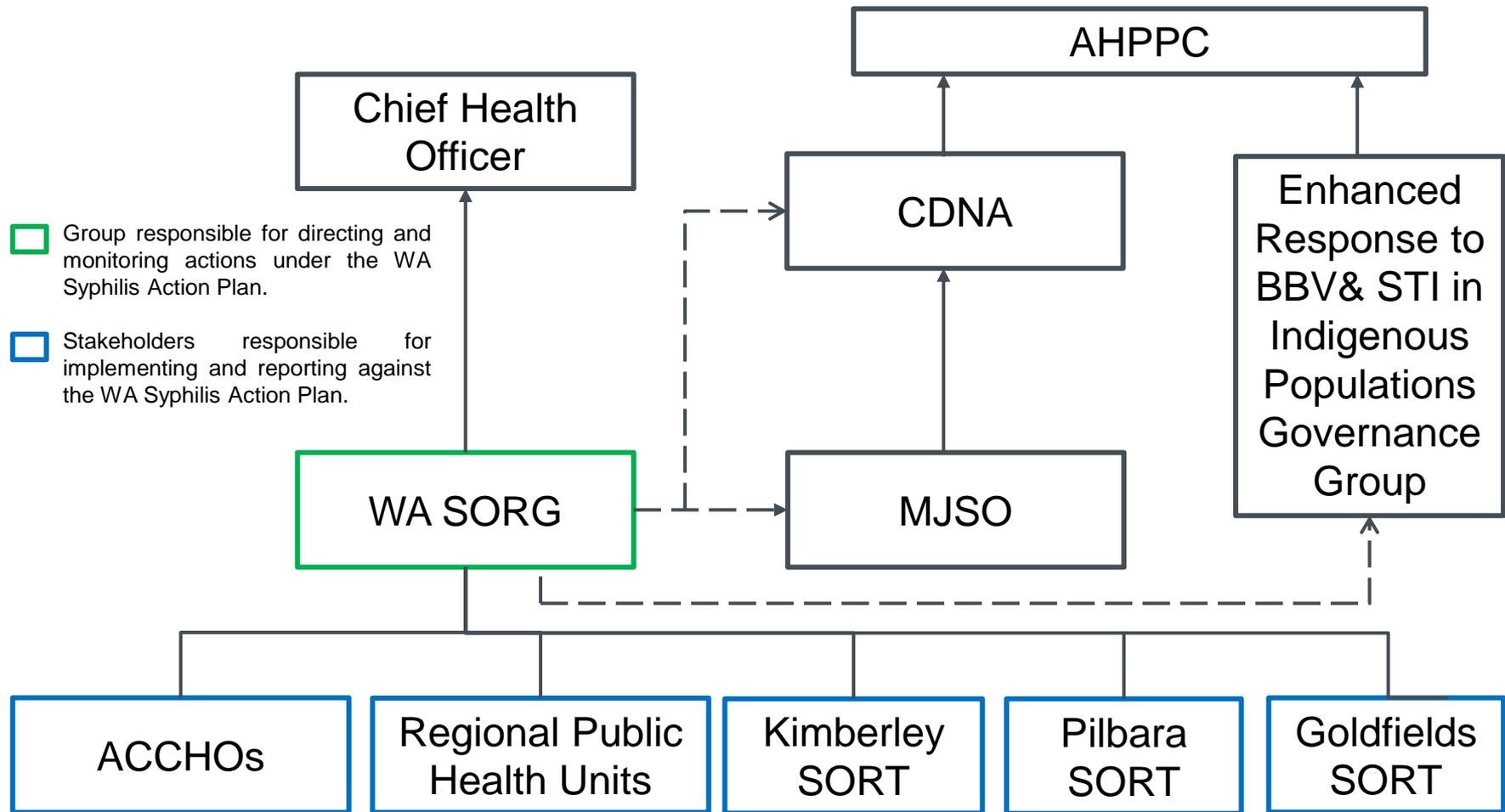
96% (23/24) of named contacts were tested and treated within one month of being named.

# Establishing the WA SORG



- The WA Syphilis Outbreak Response Group (WA SORG) was established in August 2018
- The Terms of Reference for the WA SORG are aligned with the MJSO and cross-membership on the MJSO and Governance Group ensures a feedback mechanism is in place
- WA SORG is co-chaired by the Communicable Disease Control Directorate and the Aboriginal Health Council of WA
- Membership includes the WA Country Health Service, regional health services (government and Aboriginal Community Controlled Health Services) and key stakeholders

# WA SORG Governance Model



**ACCHOs:** Aboriginal Community Controlled Health Organisations

**AHPPC:** Australian Health Protection Principal Committee

**MJSO:** Multi-Jurisdictional Syphilis Outbreak Working Group

**WA SORG:** WA Syphilis Outbreak Response Group

**CDNA:** Communicable Disease Network Australia

**SORT:** Syphilis Outbreak Response Team

# WA SORG Aims & Objectives



## Aim

Control the outbreak of syphilis among Aboriginal communities in WA using partnership strategies that, wherever possible, are applicable to the sustainable control measures STIs and promotion of sexual health in Aboriginal communities

## Objectives

- Reduce the incidence of infectious syphilis among Aboriginal communities in outbreak and other regions to pre-outbreak levels.
- Maintain zero occurrence of congenital syphilis among Aboriginal communities in WA.
- Develop, enhance and maintain systems, workforce and capabilities with a readiness to prevent the spread of syphilis between regions and respond to any future outbreaks

# WA Syphilis Outbreak Response Action Plan



- The *WA Syphilis Outbreak Response Action Plan* is being finalised
- Consultation was conducted with key stakeholders at a workshop in November 2018
- An accompanying monitoring framework is almost complete

# Priority Areas



- Priority Area 1: Prevention, Education and Community Engagement
  - Priority Area 2: Workforce Development
  - Priority Area 3: Testing, Treatment and Contact Tracing
  - Priority Area 4: Surveillance and Reporting
  - Priority Area 5: Antenatal and Postnatal Care
- 
- 5 working groups have been established

# Working Group Key Actions

## **Prevention, Education & Community Engagement**

- Social media
- Audit of community education resources
- Scope existing health promotion and education activities and events
- Developing resources

## **Testing, treatment & contact tracing**

- Mapping gaps
- Collaboration with other working groups
- Point of Care testing

# Working Group Key Actions

## **Workforce Development**

- Syphilis SASA
- Training calendar
- Mandatory syphilis training
- Mapping of regional sexual health workforce

## **Surveillance & Reporting**

- WA Syphilis Register
- Data reporting methods
- Barriers affecting timely patient information sharing
- Communique and Monitoring Framework

# Working Group Key Actions

## **Antenatal and Postnatal Care**

- Modification of STORK database
- Handheld record sticker
- Investigation protocol for congenital syphilis
- Revisions of KEMH shared care guidelines
- WA Silver Book



# Questions?