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

Western Australian Syphilis Action Plan

2023–2025

health.wa.gov.au

Contents

Message from the Minister for Health

The Western Australian syphilis outbreak began in the Kimberley region in mid-2014 and has since developed into a statewide health issue. Of concern is the increase in infectious syphilis cases and the emergence of congenital syphilis cases in Western Australia, with both disproportionately impacting Aboriginal people. The Western Australian syphilis outbreak requires a multi-level response to address, prevent and control the ongoing spread of infectious syphilis and further health implications.

Previously, the Western Australian syphilis outbreak response was guided by two action plans, the *WA Syphilis Outbreak Response Action Plan* (the WA Action Plan) and the *WA Metropolitan Syphilis Outbreak Response Action Plan* (the Metro Action Plan). These action plans were developed in consultation with key stakeholders to ensure a robust response to the syphilis outbreaks. The WA Action Plan and the Metro Action Plan were to account for the differences in the syphilis outbreaks occurring in northern Western Australian, and metropolitan Perth and the South West regions, respectively.

Despite the two action plans guiding the response, the syphilis outbreak persists. However, there are several achievements and developments that places Western Australia in a better position to address the outbreak. These include:

- increased communication, resources and professional development opportunities for the health workforce regarding syphilis and sexual health
- establishing and improving relationships and collaboration across sectors, organisations and regions
- initiatives to increase and promote syphilis testing
- initiatives to prevent congenital syphilis cases in Western Australia
- diverse health promotion and educational initiatives, both statewide and regional-specific
- progress towards a statewide syphilis management system.

As these action plans have now reached their conclusion and the WA syphilis outbreak has changed over time, a new action plan is required.

The *Western Australian Syphilis Action Plan 2023–2025* (WA Syphilis Action Plan 23–25) was developed following a series of consultation events in November 2022, with key stakeholders across metropolitan and regional WA. A survey was distributed to collect feedback on the key areas to address for the WA syphilis outbreak response and to inform the consultation workshops. The two consultation workshops were attended by over 100 professionals from across the state. A key focus of the workshops was to create actions to address the areas of concern identified in the pre-workshop survey.

The successful implementation, delivery and monitoring of the action items are integral to the success of the response and, to ensure this, the syphilis outbreak response will rely on the established partnerships across sectors and, where possible, allow community members to take the lead in initiatives. The monitoring framework developed will track the action plan progress. I am eager to see the new initiatives and strategies described in the WA Syphilis Action Plan 23–25 making a significant and lasting impact on reducing the rates of infectious syphilis and congenital syphilis in Western Australia.

Hon Amber-Jade Sanderson MLA
Minister for Health; Mental Health

Background

Introduction

The *Western Australian Syphilis Outbreak Response Action Plan 2023–2025* (WA Action Plan 23–25) has been developed to guide the priorities and activities for the Western Australian Syphilis Outbreak Response Group (WA SORG) across the state.

Aim:

The aim of the WA SORG is to eliminate congenital syphilis and control the outbreaks of syphilis amongst the identified at-risk populations using partnership strategies that, wherever possible, are applicable to the sustainable control measures for sexually transmitted infections (STIs) and promotion of sexual health.

Primary objectives:

- Reduce the incidence of infectious syphilis among at-risk populations in Western Australia to pre-outbreak levels.
- 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.
- Have no cases of congenital syphilis.

Secondary objectives:

- 100% of pregnant women in WA, are tested for syphilis in antenatal care according to WA guidelines.
- 100% of women diagnosed with syphilis in pregnancy, are managed according to WA guidelines.
- Achieve best practice management of diagnosed cases and their contacts among high-risk populations.

History of the outbreak in Australia and Western Australia

There is an ongoing multi-jurisdictional syphilis outbreak predominately affecting Aboriginal people living in regional, remote and very remote areas of Queensland, the Northern Territory, South Australia, and Western Australia. The outbreak began in northern Queensland in January 2011, extending into the Northern Territory in July 2013.

A brief history of the infectious syphilis outbreak in WA:

2006

- Increases in infectious syphilis notifications among gay, bisexual and other men who have sex with men (GBMSM) in metropolitan Perth.

2014

- Cluster in the Kimberley amongst Aboriginal people (epidemiologically linked to outbreak identified across northern and central Australia).

2018

- Cluster in the Pilbara region amongst Aboriginal people (epidemiologically linked to the Kimberley outbreak).

2019

- Cluster in the Goldfields region amongst Aboriginal people (epidemiologically linked to the Kimberley outbreak).

2020

- Noted increase in the number of people experiencing homelessness, Aboriginal people, women of childbearing age in metropolitan Perth.
- Cluster in the South West region in women of childbearing age (epidemiologically linked to the Perth metropolitan outbreak).
- Due to the expansion of outbreak regions, the Chief Health Officer (CHO) authorised a statewide public health response.
- Noted increase in syphilis notifications in the Midwest region amongst Aboriginal people.

Target populations

The WA syphilis outbreak response recognises that there are target populations that require considered approaches from the syphilis response to ensure their needs are met. The target populations emerged as part of the consultation process and syphilis epidemiology.

Target populations for the response are:

- Aboriginal people
- Women of childbearing age
- People experiencing homelessness
- People who use methamphetamine and/or inject drugs
- Culturally and linguistically diverse (CaLD) people.

GBMSM previously have not been a focus of the WA SORG because there was not the same public health concern regarding syphilis, however the WA outbreak has changed over time. While GBMSM are not a target population of the response; initiatives to reduce syphilis should consider and include the diversity of relationships and different ways people have sex.

Epidemiological trends in WA

Aboriginal people

Since the commencement of the WA syphilis outbreak in 2014, a total of a total of 1,169 infectious syphilis notifications have been reported among young Aboriginal people across the Kimberley, Pilbara, Goldfields and Midwest regions (see **Figure 1**). Of these cases, 45% were in men and 55% were in women. A total of 64 women were pregnant at the time of diagnosis .

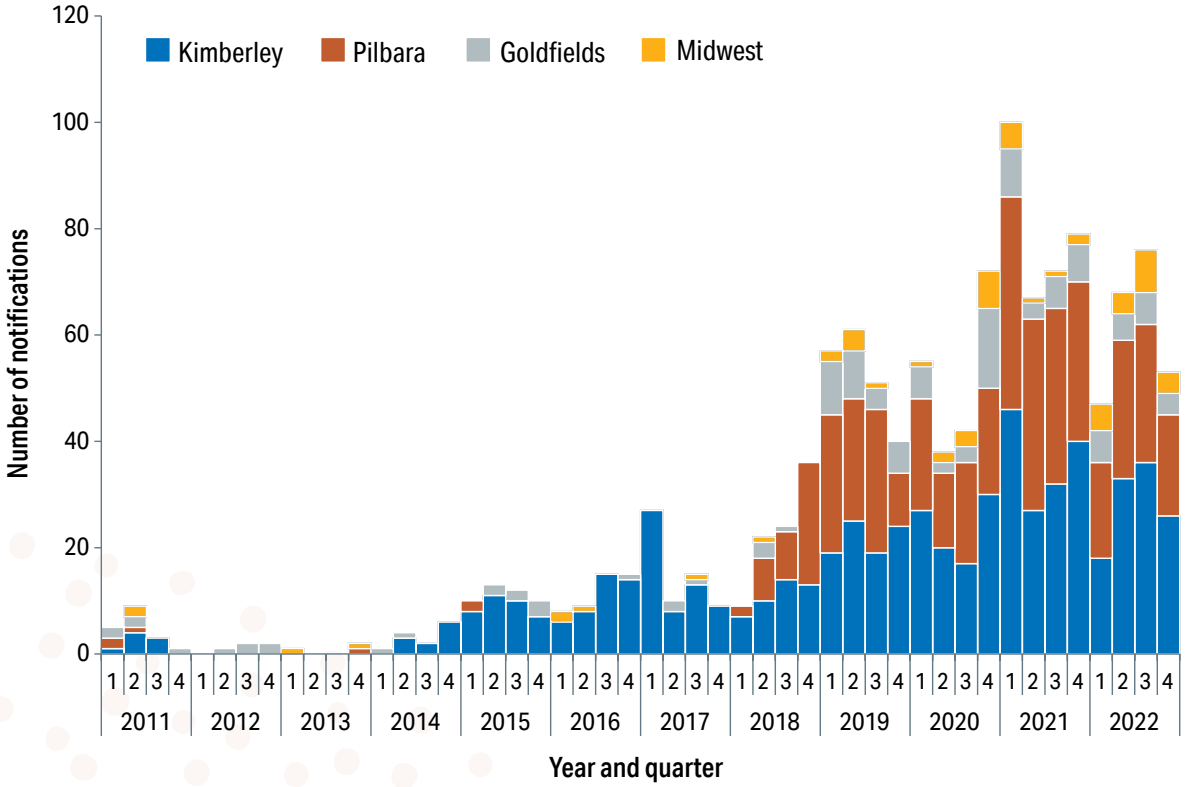


Figure 1. Epidemic curve demonstrating an increasing trend in the number of infectious syphilis notifications among Aboriginal people living in regions affected by the ongoing outbreak in Aboriginal communities, i.e. the Kimberley, Pilbara, Goldfields and Midwest, from 1 January 2011 to 31 December 2022.

From January 2020 to December 2022, a total of 225 infectious syphilis notifications have been reported among Aboriginal people in the Perth metropolitan region. Over the same time period, a total of 14 infectious syphilis notifications have been reported among Aboriginal people in the South West region.

Women of Childbearing Age

In recent years, there has been an increase in the number of notifications of infectious syphilis in women of childbearing age (15-44 years of age), increasing 127% from 2018/2019 to 2021/2022. In the Kimberley, Pilbara and Goldfield regions, women of childbearing age account for 50% of all infectious syphilis notifications. In the Perth metropolitan region, women of childbearing age account for 15% of all infectious syphilis notifications.

Congenital Syphilis

There have been 14 congenital syphilis cases from June 2014 to December 2022 reported in Western Australia. Of those 14 cases,

- Nine cases were Aboriginal people
- Five cases have resulted in stillbirth or death, four deaths being Aboriginal.

Prior to the outbreak, Western Australia reported five congenital syphilis cases from 1991 to 2013.

2.0 WA Syphilis Outbreak Response

2.1 WA SORG

The WA SORG was formed in 2018 in response to the syphilis outbreak amongst Aboriginal people in outbreak affected regions of WA. The action and priorities of the WA syphilis response were guided by the Multijuridisctional Syphilis Outbreak Working Group, the Syphilis – CDNA National Guidelines, *WA Syphilis Outbreak Response Action Plan 2018–2022* (the WA Action Plan 18–22) and the *WA Metropolitan Syphilis Outbreak Response Action Plan* (the Metro Action Plan).

2.2 Governance

The WA SORG provides an ongoing reporting mechanism for updates and briefings to executive management and the Chief Health Officer within the WA Department of Health (WA DoH).

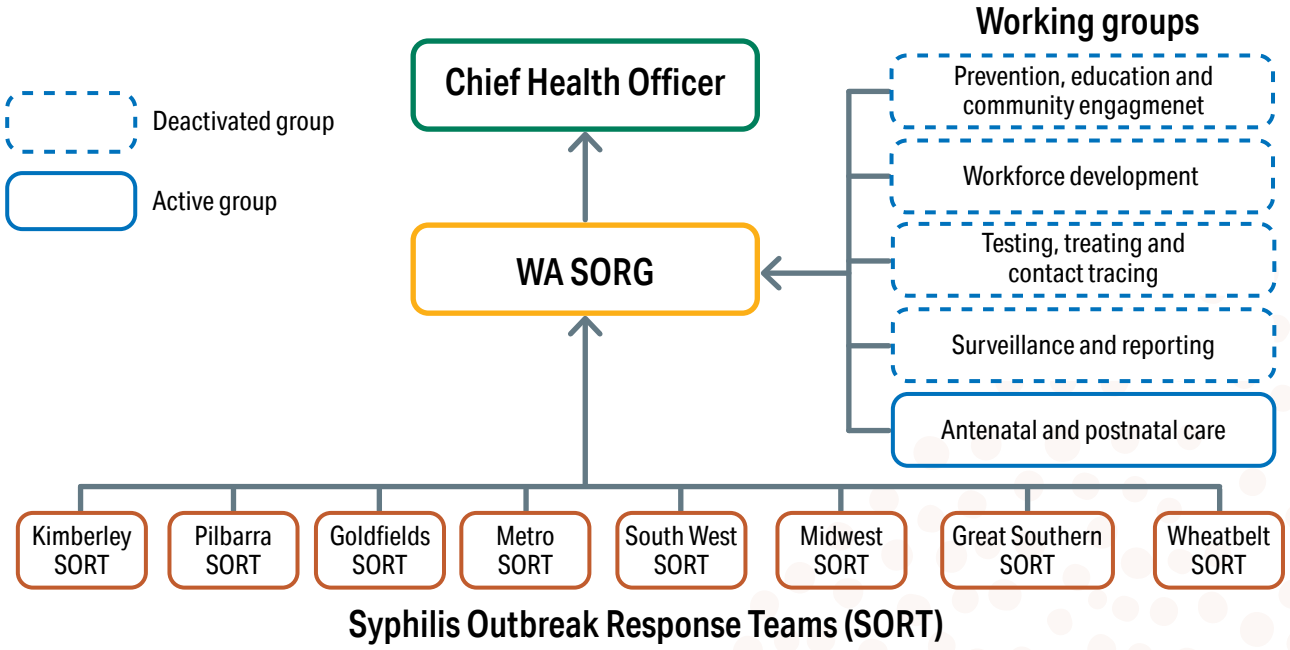


Figure 2. WA SORG reporting structure.

The WA SORG is co-chaired by the Communicable Disease Control Directorate (CDCD) and the Aboriginal Health Council of WA (AHCWA). See Appendix A for the WA SORG Terms of Reference.

Five working groups were formed for each of the priority action areas in the Action Plans (as seen in Figure 2). Membership in each of the working groups comprises of a chair, secretariat and other representative experts from government and non-government organisations in the outbreak regions. Many working groups have since completed their necessary work and been deactivated (as seen in Figure 2).

Syphilis Outbreak Response Teams (SORTs) have been activated in high-risk regions and the remaining regions to be activated in 2023. SORTs' aim is to initiate localised interventions to control syphilis, in collaboration with public health units, local ACCHOs and NGOs. Feedback reports from SORTs are submitted to WA SORG.

2.3 Achievements of the syphilis response

Health sector support

One key achievement of the WA syphilis response is the support provided to the health workforce across metropolitan and regional WA. The syphilis response moved quickly to develop and distribute a range of professional development opportunities around sexual health and syphilis, utilising a range of delivery formats (in-person, online and videoconference).

Innovative methods to regularly communicate new information regarding the syphilis response were developed and will continue to be utilised moving forward. Communication methods include quarterly WA SORG communiques, regularly updating the WA SORG website and publishing syphilis outbreak progress reports. The syphilis response created and updated a range of readily accessible resources for the WA health sector, related to preventing syphilis and treating positive cases.

Partnerships established across regions and sectors

The WA syphilis response has fostered partnerships between ACCHOs, government, non-government and community organisations across the regions. These partnerships have allowed the regions to share ideas, provide feedback and strengthen statewide initiatives. These established partnerships are vital for the continuation of the syphilis response and will contribute to the success of all future actions and initiatives.

Increasing syphilis testing and treatment initiatives

The WA syphilis response has activated several initiatives to improve the rates of syphilis testing in WA, with a focus on improving testing in vulnerable groups. Initiatives include:

- Activating the WA syphilis Point of Care Testing (PoCT) program to increase access to syphilis PoCT in WA
- Updating the antenatal testing guidelines to increase syphilis tests during pregnancy
- Increased opportunistic syphilis testing, such as emergency departments
- Regular GP communication around syphilis outbreak and importance of testing
- Increase workforce development opportunities for GPs, nurses, Aboriginal Health Practitioners and other professionals in the syphilis response
- Creation of a Structured Administration and Supply Arrangements so Aboriginal Health Practitioners, Midwives and Registered Nurses can provide syphilis treatment to positive cases.

Congenital syphilis prevention initiatives

Various initiatives were initiated to prevent congenital syphilis cases in WA including:

- The antenatal guidelines for syphilis testing where updated to increase antenatal syphilis testing for all pregnant people and further testing in high prevalent regions
- A standardised procedure for reviewing congenital syphilis cases to assess current processes and provide recommendations for service provisions to prevent future congenital syphilis cases occurring
- Other region-specific initiatives include incentivised attendance at antenatal screens, case management of high-risk pregnancies and auditing of antenatal testing data
- Creation of syphilis-specific professional development for midwives.

Despite these actions, congenital syphilis cases have continued to be reported in WA. These initiatives do create a steppingstone for the response to consider further actions required regarding the elimination of congenital syphilis in WA.

Health promotion campaigns and education

Various state-wide and region-specific health promotion and education initiatives have been run throughout the syphilis response. Many regions or regional hubs have developed successful health promotion and educational activities for their context and will continue to run and adapt these initiatives as required.

Progress towards a statewide syphilis management system

As part of the previous WA Action Plan, an action was to create a statewide syphilis management system to improve patient management, contact management and efficiencies in reporting. A syphilis management system was not activated but the syphilis response has made significant progress towards activating a syphilis management system including:

- Authoring an options paper on the development of syphilis management system
- Activating region-specific database systems in Kimberley, Pilbara and metropolitan Perth
- Building a Research Electronic Data Capture (REDCap) syphilis management system, due to launch in regional WA in 2023.

This data management system, while not active at the start of this Action Plan, will create efficiencies for the syphilis response once live.

3.0 WA Action Plan

3.1 This action plan

This Action Plan aligns with the *Western Australian Sexually Transmissible Infections (STI) Strategy 2019–2023* that addresses broader sexual health issues. However, this Action Plan is specifically aimed at enhancing the syphilis outbreak response and reducing the burden of syphilis across WA. As the previous WA action plans come to an end, a revised Action Plan that reflects the current syphilis epidemiology, builds on the achievements and addresses the gaps of the response so far was required.

This Action Plan was developed following a series of consultation events that occurred in late 2022 with input from key stakeholders across metropolitan and regional WA, including representation from clinical services, health promotion, Aboriginal Health Practioners, ACCHOs and non-government organisations.

The priority areas of this Action Plan are based on those outlined in the *Enhanced Response to Addressing Sexually Transmissible Infections (and Blood Borne Viruses) in Indigenous Populations (the National Action Plan)* and the *WA Action Plan 18–22* and the *Metro Action Plan*. These priority areas are:

Priority Area 1:
Community engagement, education and prevention

Increase community education and awareness of syphilis through co-designed initiatives and other methods.

Priority Area 2:
Workforce development

Increase dedicated staff and skills of the workforce in the syphilis outbreak.

Priority Area 3:
Testing, treating and contact tracing

Improving the provision of syphilis testing, treatment uptake and contact tracing and reducing the loss-to-follow-up.

Priority Area 4:
Surveillance and reporting

Improving the data collected, data systems and ethical sharing of data across the WA syphilis outbreak response.

Priority Area 5:
Antenatal and postnatal care

Improving the provision of antenatal and postnatal care to eliminate congenital syphilis cases.

3.2 What's new in the Action Plan 23–25

The Action Plan 23-25 has several new additions or considerations compared to the previous action plans listed below.

- *Broader target populations for the syphilis response (listed in the Introduction section)*. As the syphilis epidemic has changed over the years, the target populations have broadened, and so how to address the syphilis outbreak and prevent further spread is required.
- *Expanding syphilis health campaigns for state and regional levels*. Given the low community awareness of the syphilis outbreak in WA; this action plan calls for larger and broader sexual health campaigns to the general community accompanied by regions and communities producing their own syphilis campaigns tailored for their target populations and context.
- *Increase capacity and involvement of Aboriginal people and Aboriginal Health Practitioners in the WA syphilis response*. Active and meaningful involvement of Aboriginal people is vital for the success of the WA syphilis response at all levels and further considerations to support this have been expanded upon in this action plan.
- *Further use of technology to help contact trace and follow-up positive cases*. Effective contact training and follow-up of hard-to-find cases have continued to be an issue of the response thus far. Initiatives in this action plan put outline using technology to help address these gaps, from using REDCap to monitor cases to utilising social media more effectively as a tool to contact trace.
- *Expanding testing opportunities*. Previous actions called for opportunistic testing be added to health checks and engagements with health services. Given the need to increase testing, actions in the current plan call for health professionals to go to community with initiatives to increase screening such as community-wide testing or offering testing at events.
- *Exploration of incentives to engage in testing and antenatal care*. Utilising and evaluating incentivised testing and antenatal screening were actions suggested for this action plan. Given the need to increase antenatal care and STI screening in hard-to-reach populations, the WA syphilis response need to properly assess whether incentives can increase screening in target populations.

3.3 Sexual health system reform

Several initiatives were put forward during the consultation process; some recommended actions highlighted the need for much broader changes to sexual health than what the syphilis response can hope to achieve. While these recommendations are not included in the action list for the WA Action Plan 23-25, they serve as 'big picture' actions that require consideration and noting.

Recommendations include:

- Supporting the sexual health workforce to adopt and adapt to evolving telehealth options and information technology updates
- Establishing a clearer pathway in the sexual health profession including entry pathways into the workforce, traineeships and recruitment drives, with a focus on onboarding Aboriginal people, men and other people from diverse backgrounds
- The need for nurse practitioner-led sexual health clinics based in outer metropolitan Perth to increase access to sexual health services, address the higher rates of syphilis and STIs outside of inner-Perth and reduce burden on local GPs and emergency departments.

3.4 Monitoring progress

Reports from all regions at the WA SORG meetings will be required, containing details of actions undertaken against each of the priority areas. Significant progress in each of the action areas will be published by the CDCD on the WA Syphilis Outbreak Response webpage. This action plan will be reviewed annually or as required by the changes in the infectious syphilis outbreak.

A monitoring framework has been developed to measure progress against key performance indicators regarding the primary objectives of the Action Plan 22-23, developed from previous monitoring frameworks (Appendix B). To monitor progress against the action item list, a progress report template has been developed to track and report on the action items (Appendix C).

3.5 Regional differences and application of the WA Action Plan

It is recognised that the syphilis outbreak across WA is not homogenous. There are differences in the syphilis outbreak between metropolitan WA and regional WA, and differences between regions outside of metropolitan WA.

The WA syphilis outbreak response recognises that a one-size-fits-all approach does not always address the gaps and needs of all the target populations and regions within WA. The action items are not prescriptive; services and professionals should consider how the actions can be adapted to fit working with their clients and context. Services and professionals should consider, where appropriate, co-design and community collaboration can occur on the development of targeted initiatives.

3.6 Priority Areas and Action Items

Action		Timeframe	Responsibility
Priority Area 1: Community Engagement, Education and Prevention			
1.1	Collaborate with local Aboriginal Elders, champions and navigators when planning and delivering prevention strategies and campaigns.	Immediate priority	CDCD, NGOs, ACCHOs, PHUs
1.2	Health promotion campaigns		
1.2a	Create and distribute a mass media campaign, resources and assets on sexual health and syphilis, with a focus of increase awareness of syphilis and testing, across WA.	Immediate priority	CDCD
1.2b	Implement targeted sexual health and syphilis campaigns for target populations which are region-specific and co-designed with community members, leaders, organisations and champions.		PHUs, ACCHOs, NGOs
1.2c	Utilise innovative ways to distribute health promotion campaigns and messages considering the unique contexts of target groups.		CDCD, PHUs, ACCHOs, NGOs
1.3	Educational activities		
1.3a	Develop comprehensive sexual health and syphilis education in close partnership with community organisations, leaders and peer-based organisations. These organisations deliver syphilis education and health promotion to their communities and target populations. Education provided should include: • Harm reduction strategies • Importance of sharing contact details with sexual partners • Where to get tested.	Immediate priority	NGOs, PHUs, ACCHOs,
1.3b	Encourage frontline health services e.g. general practice, ACCHOs obstetric and antenatal services and emergency departments to increase awareness of syphilis through opportunistic education of patients and their families.	<12 months	CDCD , PHUs, ACCHOs, NGOs

Action		Timeframe	Responsibility
Priority Area 2: Workforce Development			
2.1	Provide easily accessible cultural competency training to all sexual health workers, nurses and other health professionals who are working in syphilis response.	Immediate priority	CDCD, PHUs, ACCHOs, NGOs
2.2	Provide frequent professional development opportunities to improve sexual health and syphilis knowledge and skills for a broad range of healthcare providers including Aboriginal health workers, clinicians, and sexual health workers using a broad range of delivery methods e.g. face to face, online, modular based, problem-based learning.		CDCD, PHUs, ACCHOs, NGOs
2.3	Continue to develop and promote clinician-specific education with content on how to engage with patients on sexual health including history taking, offering STI testing, contact tracing, treatment and assuring confidentiality.		ASHM
2.4	Increase access sexual health training for Aboriginal Health Practitioner training and continuing professional development opportunities.		RTOs
2.5	Include Aboriginal Health Practitioners in WA SORG and other decision-making and advisory teams related to syphilis prevention.		CDCD, PHUs, ACCHOs
2.6	Advocate for nurses and Aboriginal Health Professionals to be able to request pathology for syphilis testing.		CDCD
2.7	Embed sexual health content within existing professional development opportunities for the health workforce that educates and normalises sexual health as part of health and wellbeing.	<12 months	CDCD, PHUs, NGOs
2.8	Increase the recruitment of male Aboriginal health workers, health promotion officer and nurses in the sexual health sector.		PHUs, ACCHOs, NGOs
2.9	Engage with peak representative bodies for the health workforce to promote and facilitate training and education for their members eg RACGP, Allied Health Promotion Australia, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners.		CDCD
2.10	Provide introductory onboarding modules about sexual health and syphilis for a range of health professionals in target regions or positions.		PHUs, ACCHOs, NGOs
2.11	Advocate for continuous and additional funding for the syphilis response and sexual health sector to ensure the longevity of the syphilis response and increase the workforce.	1–2 years	CDCD

Action		Timeframe	Responsibility
Priority Area 3: Testing, treating and contact tracing			
3.1	Provide testing through diverse and culturally safe service delivery methods including gender-specific services, outreach services, in-home services, drop-in clinics and appointment-based services.	Immediate priority	PHUs, NGOs, ACCHOs
3.2	Evaluate the syphilis POCT testing program and implement recommendations from the evaluation.		CDCD
3.3	Review the effectiveness of incentives for increasing syphilis and STI testing and implement any recommendations.		CDCD, SiREN
3.4	Ensure clinicians are educated and can implement updated STI guidelines in the Silverbook.		CDCD
3.5	Undertake intensive case follow up of hard-to-reach syphilis cases for contact tracing and facilitate access to treatment and test of cure.		PHUs
3.6	Embed opportunistic testing into existing health services protocols including general practice and emergency departments.	<12 months	PHUs/HSP, NGOs, ACCHOs
3.7	Provide innovative and unique outreach testing opportunities for target populations. For example, provide testing opportunities at sports carnivals, health promotion events, community events.		NGOs, ACCHOs, PHU
3.8	Encourage sexual health providers to educate patients on the importance of knowing their sexual partners contact details by incorporating into STI testing guidelines.		PHUs, NGOs, HSP, ACCHOs
3.9	Set up an alert system on WebPAS across WA to capture hard-to-reach syphilis notifications and contacts.		PHUs, CDCD
3.10	Offer community wide syphilis testing in areas with high positive notification rates.	1–2 years	NGOs, PHUs, ACCHOs
3.11	Broaden the scope and techniques used in contact tracing to include innovative methods such as using social media platforms and dating applications.		PHUs, CDCD
3.12	Develop a systematic state-wide minimum-standard approach to syphilis contact tracing with the ability for regions to adapt to fit the context of their region.		CDCD, PHUs
3.13	Develop and implement a web-based toolkit that prompts GPs and primary care providers to begin syphilis contact tracing.		CDCD
3.14	Develop policy and guidelines for information sharing for the purposes of contact tracing, incorporating interagency agreements.		CDCD

Action		Timeframe	Responsibility
Priority Area 4: Surveillance and Reporting			
4.1	Implement a WA Syphilis Management System. The WA Syphilis Management System will house positive syphilis results and contact tracing information.	Immediate priority	CDCD
4.2	Report on relevant syphilis epidemiology and trends on public facing websites.		CDCD
4.3	Provide quarterly feedback and notifications to services on epidemiology and analytics of the syphilis outbreak.		CDCD, PHUs
4.4	Implement data management and IT system training modules that is easily accessible to all providers accessing the data systems.	<12 months	CDCD
4.5	Conduct genomic sequencing of syphilis results to better understand the WA syphilis outbreak.		CDCD
4.6	Continue to explore capacity for future syphilis management systems to house previous negative syphilis serology.	1–2 years	CDCD

Action		Timeframe	Responsibility
Priority Area 5: Antenatal and postnatal			
5.1	Conduct public health reviews for all congenital syphilis cases.	Immediate priority	CDCD, PHUs, NGOs, ACCHOs
5.2	Report on the findings from public health reviews of congenital syphilis to relevant services.		CDCD
5.3	Utilise case management-style for the management and care of pregnancies at high-risk of congenital syphilis.		PHUs
5.4	Improve the uptake of antenatal syphilis screening in WA.		CDCD, PHUs
5.5	Provide education, in partnership with peak bodies, to frontline healthcare providers about the importance of syphilis testing and antenatal care for pregnant patients.		PHUs, NGOs, CDCD
5.6	Ensure pregnant people are educated as to why antenatal care and testing is important.		Antenatal services
5.7	Provide incentives to pregnant people and utilise innovative methods to enable pregnant people to attend antenatal screens and receive syphilis tests during pregnancy.	<12 months	PHUs, NGOs, ACCHOs
5.8	Improve the data collection systems of syphilis antenatal testing.		CDCD, PHUs

Appendices

Appendix A: WA SORG Terms of Reference

Background

The Western Australian Syphilis Outbreak Response Group (WA SORG) was originally formed in August 2018 in response to syphilis outbreaks affecting Aboriginal communities in remote areas. Since then, outbreaks of infectious syphilis have emerged in other at-risk populations in several regions throughout WA. The prevention and appropriate management of congenital syphilis remains a priority.

An outbreak amongst young Aboriginal people was identified in the Kimberley region in mid-2014 and a related cluster was identified in mid-2018 in the Pilbara region. The Goldfields were also declared an outbreak region in mid-2019. Cross-border and cross-region population movement increases the risk of spread to adjacent regions.

A separate outbreak was declared in the Perth metropolitan area in mid-2020 amongst young, Aboriginal and non-Aboriginal heterosexual women and men who experience homelessness and inject drugs. Higher rates of syphilis among gay men and men who have sex with men has also been observed for several years.

The South West region experienced a significant increase of syphilis notifications was also declared an outbreak region in October 2020.

The purpose and function of the WA SORG is to coordinate a state-wide syphilis response targeting at-risk populations. It is important to acknowledge the differing histories and drivers of the separate outbreaks and that the outbreaks are likely to change over time, requiring all regions of WA to be closely monitored. Accordingly, the WA SORG Terms of Reference will be amended to accommodate changes in the epidemiology.

WA SORG Objectives

The aim of the WA SORG is to eliminate congenital syphilis and control the outbreaks of syphilis amongst the identified at-risk populations using partnership strategies that, wherever possible, are applicable to the sustainable control measures for sexually transmitted infections (STIs) and promotion of sexual health.

The WA SORG objectives include:

Primary objectives

- Reduce the incidence of infectious syphilis among at-risk populations in the outbreak and other regions to pre-outbreak levels.
- 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.
- Have nil cases of congenital syphilis.

Secondary objectives

- 100% of pregnant women in WA, are tested for syphilis in antenatal care according to WA guidelines
- 100% of women diagnosed with syphilis in pregnancy, are managed according to WA guidelines
- Achieve best practice management of diagnosed cases and their contacts among high-risk populations.

WA SORG Priority Areas

There are five Priority Areas identified to achieve the WA SORG Objectives:

- Prevention, education and community engagement
- Workforce development
- Testing, treatment and contact tracing
- Surveillance and reporting
- Antenatal and postnatal care

These Priority Areas underpin the WA Syphilis Outbreak Response Action Plan. The CDCD will convene working groups as required with appropriate leads for each of the Priority Areas, under direction from the WA SORG. Each working group will have a Terms of Reference to guide their functions, responsibilities, and reporting requirements.

Responsibilities of the WA SORG

1. Share information and data between regions participating in the WA SORG.
2. Plan, set targets, direct and monitor performance indicators of a state-wide and region-level coordinated public health response for the syphilis outbreak in-line with the:
    a. Communicable Diseases Network Australia (CDNA) Syphilis Series of National Guidelines (SoNG);
    b. Infectious Diseases Emergency Management Plan, WA health system; and
    c. National Enhanced Syphilis Action Plan.
3. Identify and monitor the implementation of strategies to improve antenatal screening for syphilis for early detection among pregnant women.
4. Strengthen partnerships with government and non-government services to develop and implement strategies for:
    a. Testing, treatment and contact tracing of reported infectious syphilis cases
    b. Community engagement and community awareness of prevention and testing for syphilis.
5. Establish and/or monitor state-wide and region-level working groups for targeted interventions identified in the agreed WA syphilis action plan, including, but not limited to:
    a. Prevention, education and community engagement
    b. Workforce development
    c. Testing, treatment and contact tracing
    d. Surveillance and reporting
    e. Antenatal and postnatal care
6. Develop a communication plan for internal and external stakeholders which includes strategies to engage affected communities in the regions.

Duration

The WA SORG will meet until the syphilis outbreak is assessed as being resolved by the Chief Health Officer on advice from the Director of the Communicable Disease Control Directorate (CDCD).

Appointment of the Chair

The Director of CDCD, will chair WA SORG and the Public Health Medical Officer from the Aboriginal Health Council WA will co-chair the WA SORG

Governance

The WA SORG is established under the role and responsibilities the Chief Health Officer and coordinated by the Director of the CDCD, as described in the Infectious Disease Emergency Management Plan, WA health system (IDEMP).Health services, working under the direction of the WA SORG, are responsible for coordination and implementation of the syphilis outbreak response within regions in partnership with other key stakeholders.

The Chief Health Officer has the authority to escalate and de-escalate the phased response to the syphilis outbreak, as described in the IDEMP.

Meetings

Meetings will be held at least every quarter by teleconference and videoconference. Secretariat support for WA SORG will be provided by the CDCD. Extra-ordinary meetings will be convened where required, with agenda and papers circulated as early as possible.

Secretariat

Secretariat support for WA SORG will be provided by the CDCD. Secretariat responsibilities will include compilation of agenda, document distribution, minute taking, action logs and other coordination functions. An annual schedule of meetings will be planned. Agenda items and reports should be submitted to the secretariat five working days prior to the scheduled meeting. Meeting papers/reports will be emailed four working days in advance of the meeting date.

Reporting

The WA SORG will report to the Chief Health Officer, via the Director of the CDCD, on a quarterly basis and as required.

CDCD will convene working groups as required based on the Priority Areas and coordinate quarterly communiques on behalf of the WA SORG. Each affected region will coordinate a syphilis outbreak response team (SORT) and provide a quarterly situation report to the WA SORG.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) will be briefed through the cross-membership of the state and national groups and the *Enhanced response addressing sexually transmissible infections (and blood-borne viruses) in Indigenous populations* Governance Group (the Governance Group).

Congenital syphilis investigations

In the event of a congenital syphilis case, the Chief Health Officer will call for an investigation into the health event by the appointment of an ad hoc advisory committee. The terms of reference for the advisory committee will be determined at that time.

Membership

Membership includes representatives from:

Goldfields	Goldfields Population Health Unit Ngaanyatjarra Health Service
Great Southern	Great Southern Population Health Unit
Kimberley	Kimberley Aboriginal Medical Services Council Kimberley Population Health Unit
Metropolitan	Metropolitan Communicable Disease Control Derbarl Yerrigan Health Service
Midwest	Midwest Public Health Unit
Pilbara	Puntukurnu Aboriginal Medical Service Pilbara Population Health Unit
South West	South West Aboriginal Medical Service South West Public Health Unit
State-wide	Aboriginal Health Council WA Communicable Disease Control Directorate WA Primary Health Alliance WA Country Health Service (Central Population Health, Communications team, other areas as required) Rural Health West
Wheatbelt	Wheatbelt Public Health Unit
On stand-by	Other stakeholders will be invited to become WA SORG members if required and in response to the epidemiology of the outbreak.

Quorum and Proxy Membership

At least 50% of core members must attend for the meeting to proceed. Proxies for core members can attend and should be notified to the secretariat 24 hours prior to the meeting. Each member should nominate a deputy to attend in his/her absence.

Out of Session Items

Where an issue is urgent and requires attention prior to a scheduled meeting, it may be considered out of session. Items for out of session consideration must be proposed by members via the Secretariat (who will get the Chair to determine if an item is to be raised out of session). The Secretariat will keep a record of responses to out of session items. Items determined out of session will be minuted at the next face-to-face meeting.

Confidentiality

The proceedings and records of the committee are confidential to members and the endorsing committees and are only to be used for authorised work-related purposes. All paper-based information must be kept secure and placed in appropriate confidential bins when no longer required. Electronic information should be stored on the Department of Health shared drive where access is restricted to appropriate persons.

Related Documents

1. National strategic approach for an enhanced response to the disproportionately high rates of STI and BBV in Aboriginal and Torres Strait Islander people http://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/Strategic-Approach-May18.pdf
2. Action Plan – enhanced response to addressing transmissible infections in Indigenous populations http://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/Action-Plan-May18.pdf
3. Infectious Disease Emergency Management Plan, WA health system https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/emergency%20disaster/PDF/Infectious-Disease-Emergency-Management-Plan.pdf
4. Communicable Diseases Network Australia (CDNA) Syphilis Series of National Guidelines (SoNG): https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-syphilis.htm

Appendix B: Monitoring Framework

Objective 1: Reduce the incidence of infectious syphilis among at-risk populations in the outbreak and other regions to pre-outbreak levels.

Indicator	Target	Data source	Responsibility for reporting to database	Frequency
Number and notification rates of infectious syphilis reported by age group, gender, Aboriginality, region and sexual exposure.	Rates of notifications seen in 2013	WANIDD	PHU	Quarterly
% of symptomatic infectious syphilis cases in males and non-pregnant females who are treated on the first presentation to a health service.	80%	Syphilis management system	PHU	Quarterly
% males and non-pregnant females notified with infectious syphilis treated within one week of diagnosis.	80%	WANIDD, Syphilis management system	PHU	Quarterly
% of notified infectious syphilis cases who have a repeat serology test every three months post-treatment until a 4 fold decrease in RPR has been observed.	80%	Syphilis management system	PHU	Six monthly
Increase syphilis testing rate by by age, sex, region, Aboriginality per year.	15% increase	Laboratory and local clinical data	Health Services to PHU	Quarterly
% of named contacts of syphilis cases who are tested for syphilis within four weeks of being named.	80%	Syphilis management system	Health Services to PHU	Quarterly
% of named contacts of syphilis cases who are treated for syphilis on the first presentation to a health service.	80%	Syphilis management system	Health Services to PHU	Quarterly
% of syphilis cases who had contact tracing initiated within one week of syphilis diagnosis.	80%	Local data	PHU	Quarterly

Objective 2: 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.

Indicator	Target	Data source	Responsibility for reporting to database	Frequency
Number of full time equivalent Aboriginal Health Workers and Practitioners working in dedicated sexual health positions, by gender.	Increasing with time	WA SORG	PHUs/ACCHOs	Six monthly
Number of primary health and hospital staff receiving specific sexual health and/or other STI training by professional category.	Increasing with time	Completion of online course/ online course database/PHU	CDCD/PHU	Six monthly
Number of sexual health coordinator and/or dedicated sexual health full time equivalents, by region and gender.		Local data	Health services	Six monthly
Duration sexual health coordinator and/or dedicated sexual health full time equivalents are vacant.	Roles are vacant for less than 4 weeks a year	Local data	Health services/PHU	Annually
Number of services that work with target populations that offer outreach testing.	Any	Local data	SORT	Annually
Number of point-of-care tests undertaken where point-of-care testing is available.	Any	PoCT service reporting	CDCD	Quarterly
Number of professional development opportunities for GPs, midwives, nurses, AHW and other healthcare providers working in the syphilis response.	Any	Local	PHUs/Health services	Annually

Objective 3: Have nil cases of congenital syphilis.

Indicator	Target	Data source	Responsibility for reporting to database	Frequency
% of pregnant females diagnosed with infectious syphilis who are treated within three days of diagnosis.	100%	WANIDD/Syphilis management system	PHU	Quarterly
% of pregnant women diagnosed with syphilis who receive appropriate follow-up, according to WA guidelines.	100%	Local data	PHU	Quarterly
Number of congenital syphilis notifications by regional, Aboriginality and infant outcomes.	Zero	WANIDD	Clinicians and labs	Quarterly
% of congenital syphilis cases that undergo a public health investigation that are aligned to the guidelines.	100%	Local data/ Case audit results	CDCD and PHU	Annually
% of pregnant women tested for syphilis aligning with the WA guidelines.	100%	Antenatal audit (sampling across various sites)/STORK*	Health services	Six monthly
% of identification of pregnancy status in women of childbearing age (15-44 years of age), who have a positive infectious syphilis lab result positive to syphilis within two days.	100%	Syphilis management system	Labs?	Quarterly

*Midwives Notification System will be activated form July 1, 2023

Appendix C: Progress Report Template

Action		Timeframe	Status See footnote*	Outcomes	Recommendations for future
Priority Area 1: Community Engagement, Education and Prevention					
1.1	Collaborate with local Aboriginal Elders, champions and navigators when planning and delivering prevention strategies and campaigns.	Immediate priority			
1.2	Health promotion campaigns				
1.2a	Create and distribute a mass media campaign, resources and assets on sexual health and syphilis, with a focus of increase awareness of syphilis and testing, across WA.	Immediate priority			
1.2b	Implement targeted sexual health and syphilis campaigns for target populations which are region-specific and co-designed with community members, leaders, organisations and champions.				
1.2c	Utilise innovative ways to distribute health promotion campaigns and messages considering the unique contexts of target groups.				
1.3	Educational activities				
1.3a	Develop comprehensive sexual health and syphilis education in close partnership with community organisations, leaders and peer-based organisations. These organisations deliver syphilis education and health promotion to their communities and target populations. Education provided should include: • Harm reduction strategies • Importance of sharing contact details with sexual partners • Where to get tested.	Immediate priority			
1.3b	Encourage frontline health services e.g. general practice, ACCHOs obstetric and antenatal services and emergency departments to increase awareness of syphilis through opportunistic education of patients and their families.	<12 months			

*Choose from 1 – 5: **1.** Not yet commenced **2.** In progress **3.** Ongoing **4.** Reviewed/review required **5.** Completed

Action		Timeframe	Status See footnote*	Outcomes	Recommendations for future
Priority Area 2: Workforce Development					
2.1	Provide easily accessible cultural competency training to all sexual health workers, nurses and other health professionals who are working in syphilis response.	Immediate priority			
2.2	Provide frequent professional development opportunities to improve sexual health and syphilis knowledge and skills for a broad range of healthcare providers including Aboriginal health workers, clinicians, and sexual health workers using a broad range of delivery methods e.g. face to face, online, modular based, problem-based learning.				
2.3	Continue to develop and promote clinician-specific education with content on how to engage with patients on sexual health including history taking, offering STI testing, contact tracing, treatment and assuring confidentiality.				
2.4	Increase access sexual health training for Aboriginal Health Practitioner training and continuing professional development opportunities.				
2.5	Include Aboriginal Health Practitioners in WA SORG and other decision-making and advisory teams related to syphilis prevention.				
2.6	Advocate for nurses and Aboriginal Health Professionals to be able to request pathology for syphilis testing.				

*Choose from 1 – 5: **1.** Not yet commenced **2.** In progress **3.** Ongoing **4.** Reviewed/review required **5.** Completed

Action		Timeframe	Status See footnote*	Outcomes	Recommendations for future
Priority Area 2: Workforce Development					
2.7	Embed sexual health content within existing professional development opportunities for the health workforce that educates and normalises sexual health as part of health and wellbeing.	<12 months			
2.8	Increase the recruitment of male Aboriginal health workers, health promotion officer and nurses in the sexual health sector.				
2.9	Engage with peak representative bodies for the health workforce to promote and facilitate training and education for their members eg RACGP, Allied Health Promotion Australia, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners.				
2.10	Provide introductory onboarding modules about sexual health and syphilis for a range of health professionals in target regions or positions.				
2.11	Advocate for continuous and additional funding for the syphilis response and sexual health sector to ensure the longevity of the syphilis response and increase the workforce.	1–2 years			

*Choose from 1 – 5: **1.** Not yet commenced **2.** In progress **3.** Ongoing **4.** Reviewed/review required **5.** Completed

Action		Timeframe	Status See footnote*	Outcomes	Recommendations for future
Priority Area 3: Testing, treating and contact tracing					
3.1	Provide testing through diverse and culturally safe service delivery methods including gender-specific services, outreach services, in-home services, drop-in clinics and appointment-based services.	Immediate priority			
3.2	Evaluate the syphilis POCT testing program and implement recommendations from the evaluation.				
3.3	Review the effectiveness of incentives for increasing syphilis and STI testing and implement any recommendations.				
3.4	Ensure clinicians are educated and can implement updated STI guidelines in the Silverbook.				
3.5	Undertake intensive case follow up of hard-to-reach syphilis cases for contact tracing and facilitate access to treatment and test of cure.				
3.6	Embed opportunistic testing into existing health services protocols including general practice and emergency departments.	<12 months			
3.7	Provide innovative and unique outreach testing opportunities for target populations. For example, provide testing opportunities at sports carnivals, health promotion events, community events.				
3.8	Encourage sexual health providers to educate patients on the importance of knowing their sexual partners contact details by incorporating into STI testing guidelines.				
3.9	Set up an alert system on WebPAS across WA to capture hard-to-reach syphilis notifications and contacts.				

*Choose from 1 – 5: **1.** Not yet commenced **2.** In progress **3.** Ongoing **4.** Reviewed/review required **5.** Completed

Action		Timeframe	Status See footnote*	Outcomes	Recommendations for future
Priority Area 3: Testing, treating and contact tracing					
3.10	Offer community wide syphilis testing in areas with high positive notification rates.	1–2 years			
3.11	Broaden the scope and techniques used in contact tracing to include innovative methods such as using social media platforms and dating applications.				
3.12	Develop a systematic state-wide minimum-standard approach to syphilis contact tracing with the ability for regions to adapt to fit the context of their region.				
3.13	Develop and implement a web-based toolkit that prompts GPs and primary care providers to begin syphilis contact tracing.				
3.14	Develop policy and guidelines for information sharing for the purposes of contact tracing, incorporating interagency agreements.				

*Choose from 1 – 5: **1.** Not yet commenced **2.** In progress **3.** Ongoing **4.** Reviewed/review required **5.** Completed

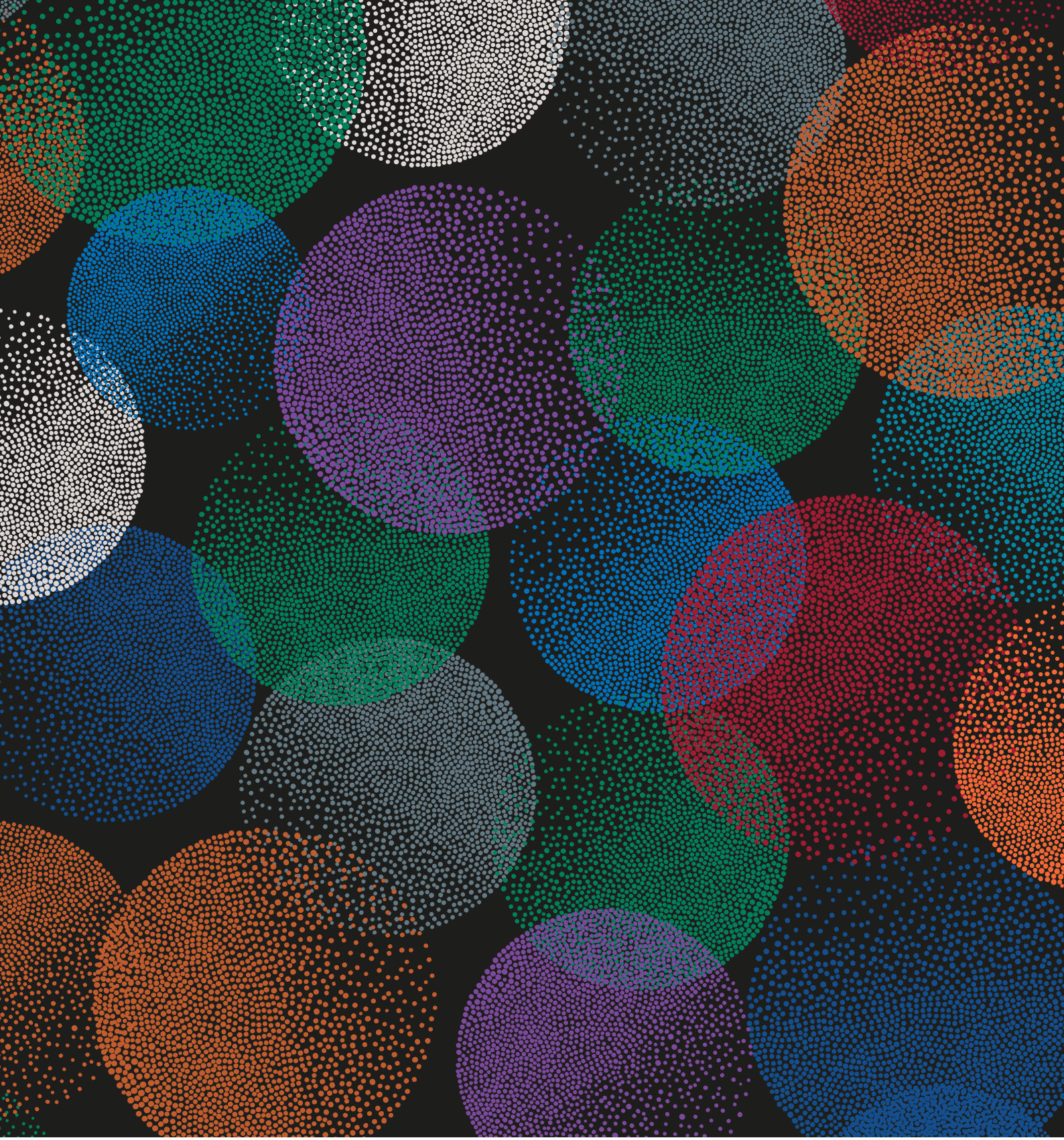
Action		Timeframe	Status See footnote*	Outcomes	Recommendations for future
Priority Area 4: Surveillance and Reporting					
4.1	Implement a WA Syphilis Management System. The WA Syphilis Management System will house positive syphilis results and contact tracing information.	Immediate priority			
4.2	Report on relevant syphilis epidemiology and trends on public facing websites.				
4.3	Provide quarterly feedback and notifications to services on epidemiology and analytics of the syphilis outbreak.				
4.4	Implement data management and IT system training modules that is easily accessible to all providers accessing the data systems.	<12 months			
4.5	Conduct genomic sequencing of syphilis results to better understand the WA syphilis outbreak.				
4.6	Continue to explore capacity for future syphilis management systems to house previous negative syphilis serology.	1–2 years			

*Choose from 1 – 5: **1.** Not yet commenced **2.** In progress **3.** Ongoing **4.** Reviewed/review required **5.** Completed

Action		Timeframe	Status See footnote*	Outcomes	Recommendations for future
Priority Area 5: Antenatal and postnatal					
5.1	Conduct public health reviews for all congenital syphilis cases.	Immediate priority			
5.2	Report on the findings from public health reviews of congenital syphilis to relevant services.				
5.3	Utilise case management-style for the management and care of pregnancies at high-risk of congenital syphilis.				
5.4	Improve the uptake of antenatal syphilis screening in WA.				
5.5	Provide education, in partnership with peak bodies, to frontline healthcare providers about the importance of syphilis testing and antenatal care for pregnant patients.				
5.6	Ensure pregnant people are educated as to why antenatal care and testing is important.				
5.7	Provide incentives to pregnant people and utilise innovative methods to enable pregnant people to attend antenatal screens and receive syphilis tests during pregnancy.	<12 months			
5.8	Improve the data collection systems of syphilis antenatal testing.				

*Choose from 1 – 5: **1.** Not yet commenced **2.** In progress **3.** Ongoing **4.** Reviewed/review required **5.** Completed

Status item	Details
Not yet commenced	Activity has not been actioned yet.
In progress	Activity has commenced but has not been finalised/implemented for a range of reasons.
Ongoing	Activity is implemented but requires ongoing effort to be maintained.
Reviewed/review required	Upon activation/further exploration activity is unable to be implemented or requires further considerations to ensure its success. E.g. Policy/systems prevent this activity from being able to be implemented, desired outcome was not achieved in activating the action, identified to be an inefficient mechanism to achieve the desired outcome.
Completed	Activity is completed and does not require frequent or time intensive maintenance. E.g. policy has been authored and approved, audit of data occurred, and recommendations identified, reviewed testing guidelines (still considered completed even though monitoring and ongoing review will occur as with any guidelines).



This document can be made available in alternative formats.

Produced by the Sexual Health and Blood-borne Virus Program

health.wa.gov.au

SHP-014350 JUNE '23