Syphilis outbreak in northern Australia: Surveillance and response
Syphilis outbreak in northern Australia

- First reported in NW Queensland in January 2011
- Spread to Northern Territory July 2013, then Western Australia June 2014.
- Aboriginal and/or Torres Strait Islander people living in rural/remote communities
- 15-29 years
- Sex distribution ~ 45% Males : 55% Females
Epidemic curve showing infectious syphilis cases associated with the outbreak in WA and the NT, May 2010 to December 2015. (QLD not shown)

- NT: 260 cases
- WA: 50 cases – no cases in 2012 and 2013

Infectious syphilis = confirmed and probable cases
Epidemic curve showing infectious syphilis cases associated with the outbreak in WA and the NT, May 2010 to December 2015. (QLD not shown)

**Congenital syphilis (conf + prob), Jan 2011 – Dec 2015:**
7 cases - 3 RIP

Infectious syphilis = confirmed and probable cases
Jurisdictional public health response

- Local outbreak response teams (ORTs)
- Communicating with affected populations
- Clinical engagement
- Testing/screening
- Case management and contact tracing
- Recording, monitoring, reporting
Multijurisdictional syphilis outbreak working group (MJSO)

- **Purpose**
  - Share outbreak information
  - Facilitate sharing of information and resources
  - Accountability

- **Goals**
  - Zero congenital syphilis
  - Prevent and control infectious syphilis
**Multijurisdictional Syphilis Outbreak Monthly Report**

**Template**

<table>
<thead>
<tr>
<th>Date</th>
<th>Time period reported on</th>
<th>Jurisdiction/Region</th>
<th>Author</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[date of last report to the Monday one week prior to the meeting]</td>
<td></td>
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</tr>
</tbody>
</table>

**SITUATION TO DATE with respect to outbreak associated cases [historical]**

<table>
<thead>
<tr>
<th>Date: [Date outbreak declared] to [Date of current report]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Syphilis - less than 2 years duration (confirmed and probable)</td>
</tr>
</tbody>
</table>

**Total number of cases**

- Syphilis - less than 2 years duration (confirmed and probable)
  - Confirmed
  - Probable
  - Indigenous
  - Non-Indigenous

**AGE**

- <2
- 13-19
- 20-29
- 30-39
- 40+

**DISTRIBUTION OF CASES**

- Geographic area
- % of cases

**GENERAL AND LOCAL PUBLIC HEALTH RESPONSE**

- **General Response**
  - ART administration (meetings and cross regional/jurisdictional communications)
  - Media communications/management

- **Geographic area**
  - Describe local response including screening and testing activities, clinical engagement activities and community engagement activities.
**Progress towards outbreak management targets**

*If unable to measure, report ‘No data available’*

1. **To achieve best practice management outcomes for cases of infectious syphilis**

<table>
<thead>
<tr>
<th>Target</th>
<th>1st QTR 2015</th>
<th>2nd QTR 2015</th>
<th>3rd QTR 2015</th>
<th>4th QTR 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 80% of cases are investigated and treated within two weeks of diagnosis</td>
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<tr>
<td>At least 80% symptomatic cases are examined, tested and treated for syphilis on first presentation</td>
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<tr>
<td>At least 80% cases of infectious syphilis cases have repeat syphilis serology at 3-6 months post-treatment</td>
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</tr>
</tbody>
</table>

2. **To achieve best practice management outcomes for contacts of infectious syphilis**

<table>
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<th>3rd QTR 2015</th>
<th>4th QTR 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>80% of infectious syphilis cases have at least one named contact examined, tested and treated within two weeks of case treatment</td>
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</tr>
<tr>
<td>80% of named contacts are examined, tested and treated for syphilis within one month of being named</td>
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</tbody>
</table>

3. **To increase testing in the “at risk” population**

<table>
<thead>
<tr>
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<th>2nd QTR 2015</th>
<th>3rd QTR 2015</th>
<th>4th QTR 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% of antenatal women are tested at first antenatal visit</td>
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<tr>
<td>100% of antenatal women are tested according to regional clinical guidelines throughout the pregnancy</td>
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<tr>
<td>100% of those diagnosed with another STI (chlamydia, gonorrhea) are treated</td>
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</tbody>
</table>
Engaging Aboriginal Communities (EAC) Sub-committee

- **Membership**
- **Purpose**
  - Increase Aboriginal community awareness and engagement in syphilis response
  - Provide advice to MJSO on strategies to achieve the above
Barriers and Issues

- Contact tracing
- Sexual health and healthy relationships education – evidence based
- Human resources and funding
- Difficulty measuring some targets – consensus