



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

WA Syphilis Outbreak Response Action Plan annual report

2019–2020

Contents

| | |
|---|----|
| Executive summary | 2 |
| 1. Introduction | 3 |
| 2. Epidemiology | 3 |
| 2.1. Overview | 3 |
| 2.2. Summary of trends | 4 |
| 3. National update | 4 |
| 4. WA SORG update | 5 |
| 4.1. Meetings | 5 |
| 4.2. Working groups | 5 |
| 4.3. Governance | 6 |
| 4.4. Monitoring framework | 6 |
| 4.5. Key activities | 6 |
| 5. Action plan progress | 7 |
| 5.1. Prevention, education and community engagement | 7 |
| 5.2. Workforce development | 9 |
| 5.3. Testing, treatment and contact tracing | 10 |
| 5.4. Surveillance and reporting | 11 |
| 5.5. Antenatal and postnatal care | 12 |
| 6. Priorities and lessons learnt | 13 |
| 6.1. Lessons learnt | 13 |
| 6.2. Gaps | 14 |
| 6.3. Plans for 2020–21 | 14 |
| Appendix 1: Prevention, education and community engagement progress | 16 |
| Appendix 2: Workforce development progress | 19 |
| Appendix 3: Testing, treatment and contact tracing progress | 21 |
| Appendix 4: Monitoring framework indicators report | 23 |
| Appendix 5: Surveillance and reporting progress | 29 |
| Appendix 6: Antenatal and postnatal care progress | 31 |

Executive summary

In 2019–20 there was an outbreak of infectious syphilis predominantly effecting young Aboriginal people in regional and remote areas of Western Australia (WA). Three regions were affected include:

- Kimberley, since June 2014
- Pilbara, since August 2018
- Goldfields, since April 2019.

Since the outbreak commenced, there have been 525 cases of syphilis in the above-mentioned regions, to 30 June 2020. There was one case of infectious syphilis in this time period.

The WA Syphilis Outbreak Response Group (WA SORG) was formed in 2018 in response to the syphilis outbreak and was chaired by the Communicable Disease Control Directorate and the Aboriginal Health Council of WA. A *WA Syphilis Outbreak Response Action Plan* (the Action Plan) and an accompanying monitoring framework have been developed.

All three of the affected regions have established syphilis outbreak response teams and developed regional action plans. A significant amount of work has been done at the regional level to develop and implement localised services and programs in response to the outbreak.

Under the WA SORG, five working groups have been established to progress the Action Plan. These include:

- prevention, education and community engagement
- workforce development
- testing, treatment and contact tracing
- surveillance and reporting
- antenatal and postnatal care.

There have been a range of key achievements made in WA as part of the syphilis outbreak response. Some of these achievements include:

- establishing a number of positions in the outbreak regions funded by the WA Country Health Service
- implementing a syphilis-specific social marketing campaign
- updating antenatal guidelines
- initiating a state-wide syphilis point-of-care testing (PoCT) program.

Despite the above wins, there are a number of gaps and priorities for the state such as:

- ensuring WA has a stable, skilled and supported workforce
- continuing the work that has been done on the state-wide syphilis register
- monitoring the syphilis in other regions
- ensuring the community have access to contraception.

1. Introduction

The infectious syphilis outbreak was identified in the Kimberley region in mid-2014 and a related cluster was identified in mid-2018 in the Pilbara region. The Goldfields joined the syphilis outbreak in mid-2019.

The Western Australian Syphilis Outbreak Response Group (WA SORG) was formed in 2018 in response to the syphilis outbreak among Aboriginal people in outbreak affected regions of Western Australia (WA). The long-term aim of the WA SORG is to control the outbreak of syphilis among Aboriginal communities in WA using partnership strategies that, wherever possible, are applicable to the sustainable control measures for sexually transmitted infections (STIs) and promotion of sexual health in Aboriginal communities.

The WA SORG held a workshop in November 2018 with key stakeholders to inform the development of the *WA Syphilis Outbreak Response Action Plan* (the Action Plan). The Action Plan was launched by the Minister for Health in Broome in July 2019. It is closely aligned to the national action plan for consistency and reporting purposes.

The *WA Syphilis Outbreak Response Action Plan annual report* provides an overview of the syphilis epidemiology, WA SORG activities and progress made against the Action Plan in the 2019–20 financial year.

2. Epidemiology

2.1. Overview

The outbreak data for affected regions in WA to 30 June 2020 are shown in Figure 1 and Table 1.

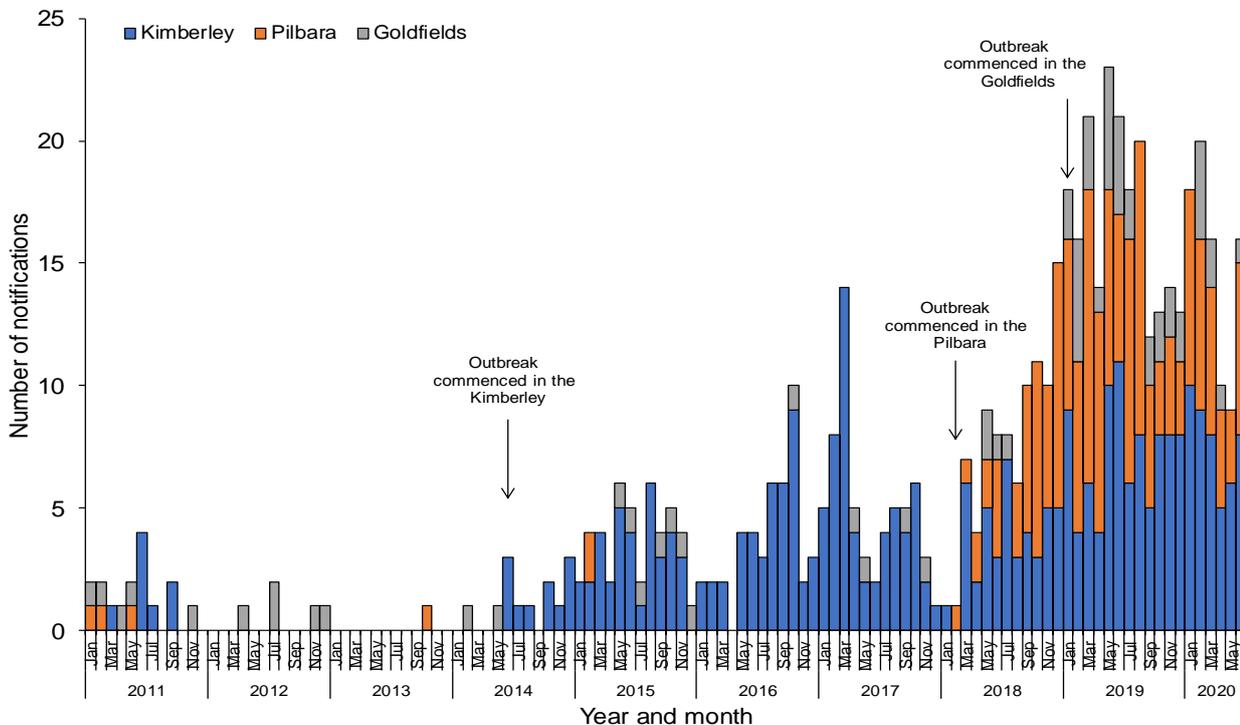


Figure 1 Epidemic curve showing the number of infectious syphilis notifications among Aboriginal people in affected regions in WA (Kimberley, Pilbara and Goldfields), from 1 January 2011 to 30 June 2020

Table 1 Characteristics of outbreak cases of infectious syphilis notified in regions of Western Australia, from 1 June 2014 to 30 June 2020

| | Kimberley | Pilbara | Goldfields | Total |
|--|-----------|----------|------------|-----------|
| Characteristics | | | | |
| Outbreak commencement | Jun 2014 | Feb 2018 | Jan 2019 | Jun 2014 |
| Cases ² last quarter: Jan to Mar 2020 | 27 | 21 | 6 | 54 |
| Cases this quarter: Apr to Jun 2020 | 19 | 14 | 2 | 35 |
| Total number of cases (since outbreak commencement) | 324 | 163 | 38 | 525 |
| Number of cases reported by specified age group (%)* | | | | |
| 15-19 yrs | 85 (26%) | 49 (30%) | 4 (11%) | 138 (26%) |
| 20-24 yrs | 82 (25%) | 35 (21%) | 6 (16%) | 123 (23%) |
| 25-29 yrs | 45 (14%) | 27 (17%) | 11 (29%) | 83 (16%) |
| 30-34 yrs | 36 (11%) | 23 (14%) | 5 (13%) | 64 (12%) |
| % Cases reported by sex | | | | |
| Male | 41% | 46% | 39% | 42% |
| Female | 59% | 54% | 61% | 58% |
| Congenital cases | | | | |
| Congenital cases, confirmed (probable) | 0 (0) | 1 (0) | 0 (0) | 1 (0) |
| Number of deaths in congenital cases | 0 | 0 | 0 | 0 |

* Not all age groups included

2.2. Summary of trends

A total of 525 infectious syphilis notifications have been reported among Aboriginal people across the three regions since the outbreak began in the Kimberley region in June 2014. As reported in 2018–19, the highest number of cases were reported from the Kimberley region and slightly more cases were reported in females than males. There was an increase in the proportion of cases reported among people aged 25 to 34 years and no additional congenital syphilis cases were reported from the outbreak regions in 2019–20.

Although it's not demonstrated in Figure 1, there was an increase in syphilis notifications in the Midwest region in 2019 which was monitored closely by the WA SORG.

3. National update

The Australian Health Protection Principal Committee (AHPPC) Governance Group developed a national strategic approach for an enhanced response to the disproportionately high rates of STIs and blood-borne viruses (BBVs) in Aboriginal and Torres Strait Islander people (the Strategic Approach). Supporting the strategic approach is an Action Plan, which is the enhanced response to addressing STIs (and BBVs) in Indigenous populations.

In April 2015, a multijurisdictional syphilis outbreak working group (MJSO) of the Communicable Diseases Network Australia (CDNA) was formed in response to this ongoing outbreak among young Aboriginal people living in remote areas of northern Australia.

The MJSO meets on a quarterly basis and has a number of representatives from WA attend including:

- Department of Health (DoH)
- Aboriginal Health Council of WA (AHCWA)
- Kimberley Public Health Unit
- Pilbara Public Health Unit
- Kimberley Aboriginal Medical Service.

The MJSO produce regular communiques and surveillance reports that provide an overview of the national situation. For more information on the national response please visit their [website](#).

4. WA SORG update

4.1. Meetings

The WA SORG continued to meet throughout 2019–20 with meetings held in:

- July 2019
- September 2019
- November 2019
- March 2020
- June 2020.

The WA SORG meeting held in September coincided with the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) conference and included special guests from the Commonwealth Department of Health, National Aboriginal Community Control Health Organisation and Flinders University.

The WA SORG meeting agendas generally consist of:

- updates on national activity
- epidemiology update
- updates on outbreak response actions from the Kimberley, Pilbara and Goldfields
- priority area working group updates
- any new business arising.

4.2. Working groups

Five working groups were established under the WA SORG to progress the actions under the priority areas outlined in the Action Plan.

The working groups include:

1. Prevention, education and community engagement
2. Workforce development
3. Testing, treatment and contact tracing
4. Surveillance and reporting
5. Antenatal and postnatal care.

Membership of the working groups comprises a chair, secretariat and relevant representatives from both government and non-government organisations in the outbreak-affected regions, as well as relevant state-wide and specialised organisations where appropriate.

The working groups are required to provide reports to the WA SORG ahead of each meeting to deliver an update of progress against the strategies in the Action Plan.

4.3. Governance

The governance of the WA SORG remained relatively stable in 2019–20. The membership in the terms of reference was amended to include the Midwest public health unit to attend meetings, although the Midwest region has not been declared an outbreak region.

The WA SORG continued to provide updates and briefings to executive management and the Chief Health Officer as required.

The syphilis outbreak response teams (SORTs) in the Kimberley, Pilbara and Goldfields continued to meet in 2019–20. Each region has produced their own localised action plans which are closely aligned to the state-wide Action Plan. The regional SORTs provide reports for each WA SORG meeting which give an overview of their epidemiology and activities against each of the priority areas in the Action Plan.

4.4. Monitoring framework

The surveillance and reporting working group led the development of a monitoring framework to measure the progress of the syphilis outbreak response in WA. The indicators in the monitoring framework were developed in consultation with the WA SORG members and members of the working groups. The WA framework is closely linked to other guiding documents and was based on the *North Queensland Aboriginal and Torres Strait Islander STI Action Plan 2016–2021* performance framework.

The [Action Plan](#) was amended and updated in March 2020 to include the monitoring framework.

4.5. Key activities

In addition to the working group and regional initiatives, there were a variety of key activities led and implemented by the WA SORG in 2019–20. Majority of these key activities are outlined in section 4.

Other activities that the WA SORG was involved in that don't align to the Action Plan are listed below.

WA syphilis outbreak response site

One initiative of the WA SORG was to develop a [WA syphilis outbreak response site](#). The site is hosted on the DoH corporate site. It provides an overview of:

- WA SORG
- national response
- new resources
- training opportunities
- contact details for the regional sexual health coordinators.

Regional funding

In 2019, the department provided \$20,000 to each of the outbreak regions to implement localised projects in response to the syphilis outbreak. The Kimberley used their funding to develop an orientation video for new staff working in the region as well as other staff who need a refresher. The Pilbara implemented a baby baskets program to improve antenatal and postnatal care. The Goldfields used their funding for professional development and the development of resources in local language. Funding will be provided to these regions again in 2020–21.

Presentations

A number of presentations were conducted on the WA Syphilis Outbreak Response including:

- Communicable Disease Control Conference – November 2019
- STI & BBV Quarterly Forum – November 2019
- 2019 Australasian Sexual Health Conference – September 2019
- WA Country Health Service (WACHS) population health directors' meeting – August 2019
- Regional sexual health teams workshop – August 2019
- Sexual Health Quarters (SHQ) SHARE meeting – July 2019

5. Action plan progress

5.1. Prevention, education and community engagement

Objectives

The objectives of the prevention, education and community engagement working group include:

- Increase community education and awareness using a variety of innovative methods to maximise reach and engagement with priority populations such as youth and antenatal women.
- Increase engagement and collaboration with priority populations, Aboriginal communities and leaders in the planning and delivery of prevention and education strategies.
- Increase the development and utilisation of locally developed and culturally appropriate resources.

Key activities

Social media training

In 2019, the department funded Hancock Creative to deliver social media training in each of the outbreak regions, as well as the Midwest as they were on high alert at the time.

Table 2 *Dates, locations and attendance numbers from social media training*

| Region | Town | Date | Participants |
|------------|---------------|-----------------|--------------|
| Midwest | Geraldton* | 4 October 2019 | 19 |
| Pilbara | Port Hedland* | 8 October 2019 | 13 |
| Goldfields | Kalgoorlie* | 22 October 2019 | 13 |
| Kimberley | Broome | 1 November 2019 | 16 |

* Videoconferencing was available and utilised at these workshops

Community resources

A range of syphilis resources for the community were developed over the past year. The department and AHCWA partnered to develop a poster that promotes syphilis testing as well as wallet cards that encourage young people to request a test.

The department funded Zac Creative to develop a whiteboard video titled '[We need to yarn about syphilis](#)'. The video provides an overview of the prevention, testing and treatment of syphilis, with a focus on congenital syphilis. A small working group was established to inform the video content.

WACHS provided funding to AHCWA to develop a syphilis education flip chart. This project is in progress and will be completed in the 2020–21 financial year.

Working group activities

- Existing resources being used in health services were mapped to identify gaps.
- Discussions were had with Aboriginal Health TV to ensure sexual health content was included in waiting rooms.
- Other educational and promotional resources were developed as required.
- There was an increase in collaboration between the AHCWA sexual health team and AHCWA youth team.
- The availability of condoms in the regions was investigated to ensure there was sufficient access in the regions and condom dispensers were promoted where relevant.
- The use of social media in health services was investigated.

Regional activities

- Place-based community and school sexual health education sessions (including antenatal content) were regularly delivered to priority populations.
- Other community-based engagement activities such as camps and health expos were provided.
- Social media activities focusing on education and awareness raising were implemented.
- The 'Health In Prisons Health Outta Prisons' (HIP HOP) education sessions were delivered.
- Condoms and condom dispensers were distributed throughout the regions.
- Radio interviews were provided to raise awareness of the syphilis outbreak and encourage testing.
- Sexual health resources were developed and translated into local language.
- Elders and other community members were engaged in community meetings.
- Incentives for testing and participation in programs were used in the regions.
- The Young Leaders Program was delivered by AHCWA in Geraldton and Newman.
- Activities were coordinated for national and state-wide events such as Sexual Health Week and World AIDS Day.
- Campaigns including 'Going Somewhere' and 'Young Deadly Syphilis Free' were run in the regions.
- Sexual health content was incorporated into existing education programs and community engagement activities such as the Solid Fit boxing program.

For an overview of progress made against the strategies outlined against this priority area in the Action Plan, please refer to Appendix 1.

5.2. Workforce development

Objectives

The objectives of the workforce development working group include:

- Increase the workforce in outbreak and other regions, especially Aboriginal positions and dedicated sexual health positions.
- Increase the capacity of the workforce by expanding the scope for testing and treatment and better utilisation of existing staff.
- Increase training and support for the workforce, including incentives to retain staff.
- Increase partnerships and collaboration between agencies.

Key activities

Syphilis online training

ASHM was commissioned by the Department of Health to develop a multijurisdictional online syphilis training [package](#) that could be used by all jurisdictions affected by the syphilis outbreak. The package was launched at the 2019 ASHM Sexual Health Conference in Perth. Since then 380 participants have completed the training, of which 52% were from WA.

Social media training

Social media training was provided in the regions. All participants stated the training was either excellent (70%) or good (30%).

Syphilis videoconference series

The Sexual Health and Blood-borne Virus Program (SHBBVP) has coordinated regular syphilis videoconferences for the sector. The demand has grown for these sessions with an average of 50 participants registering for each session. All sessions are recorded and uploaded to the WA syphilis outbreak response [site](#).

The following sessions were delivered in 2019–20:

- 20 August: Syphilis in the regions – orientation and update
- 18 February: Syphilis point-of-care testing (PoCT)
- 29 April: Syphilis interactive case scenarios
- 8 June: Contact tracing

Resources for health professionals

A range of tools and resources have been developed to support the workforce. These include:

- Contact tracing in regional and remote areas [video](#)
- 'Improving the testing and management of syphilis' [chapter](#) included in the Talk Test Treat Trace [Manual](#)
- [Quick guide](#) for testing and treatment of syphilis infection
- Administering benzathine penicillin treatment for syphilis [video](#)

WACHS-funded positions

WACHS received funding to employ staff as part of the syphilis outbreak response in the Kimberley, Goldfields and Pilbara. Positions included nurses, Aboriginal health workers, Aboriginal health promotion officers and Aboriginal health liaison officers.

Working group activities

- Regional sexual health coordinator contacts and role descriptions were published on the WA syphilis outbreak response site.
- Non-government organisations were engaged to extend the reach of training to a range of health professionals.
- Cultural awareness training opportunities were investigated, and the group advocated for mandatory training.
- The working group contributed to the training calendar on the WA syphilis outbreak response site.
- The use of provider numbers for testing was investigated.
- Funding was provided for staff to attend an Aboriginal health promotion short course in Perth.

Regional activities

- Face-to-face training sessions were delivered for teachers, nurses, hospital staff, medical officers, prison staff and Aboriginal health workers.
- Regional SORTs and other sexual health subcommittees met regularly.
- Syphilis content was incorporated into existing workforce development and networks such as the Kalgoorlie Hospital obstetrics group.
- Testing resources were developed for clinicians.
- Syphilis content was incorporated into staff orientation.
- Collaboration with other organisations and staff took place to raise awareness of the syphilis outbreak.
- The regions coordinated training from sexual health specialists and organisations from Perth including SHQ and AHCWA.
- The Kimberley developed and launched an orientation video for all clinical staff.
- The regions assisted with the coordination of syphilis PoCT.
- Sexual health staff attended a range of professional development opportunities including STI & BBV Quarterly Forums and regional sexual health teams workshop.

For an overview of progress made against the strategies outlined against this priority area in the Action Plan, please refer to Appendix 2.

5.3. Testing, treatment and contact tracing

Objectives

The objectives of the testing, treatment and contact tracing working group include:

- Increase the provision of routine and efficient testing, treatment and follow-up including contact tracing using innovative methods, technologies and standardised clinical guidelines.
- Increase community participation in testing including providing incentives and normalising testing.

Key activities

Point of care testing (PoCT)

Funding has been procured for the provision of training and management of a quality control framework for 25 sites. Flinders University has been awarded the contract which is a twelve months contract with an additional twelve-month extension.

Structured administration supply arrangements (SASAs)

[SASAs](#) were developed for the treatment of syphilis to allow registered nurses and Aboriginal health practitioners to treat positive cases and contacts in a timely manner.

Working group activities

- The syphilis PoCT protocol was developed and distributed.
- Testing recommendations were disseminated and promoted, with a focus on pregnant women.
- This working group collaborated with other working groups on overlapping strategies such as antenatal testing and the use of incentives.
- The group regularly reported on the roll-out of PoCT training within their regions.

Regional activities

- Case follow ups of positive syphilis serology were conducted to ensure evidence-based treatment and repeat serology was done.
- Regional clinical guidelines were developed and maintained.
- Community and outreach screening was conducted.
- Free STI treatment was provided to general practices.
- Staff at emergency departments were encouraged and supported to conduct asymptomatic testing.
- The testing recommendations for priority populations were promoted widely amongst clinicians.
- Other jurisdictions were engaged to investigate ways to strengthen contact tracing.
- Public health units (PHUs) provided telephone advice and education to clinicians for each outbreak case.
- Promotional resources were developed and distributed to promote testing of at-risk populations.
- Regional syphilis dashboards reporting performance against CDNA testing and treatment targets were produced and distributed to health service providers.

For an overview of progress made against the strategies outlined against this priority area in the Action Plan, please refer to Appendix 3.

5.4. Surveillance and reporting

Objectives

The objectives of the surveillance and reporting working group include:

- Increase access to and support with relevant surveillance data.
- Increase the distribution and sharing of relevant data and patient information.
- Increase the use of Aboriginal indicators on relevant forms and records.
- Increase quality assurance and auditing mechanisms.

Key activities

Communiqués

Regular communiqués are developed to provide an overview of the syphilis epidemiology and updates for WA SORG and each of the priority areas in the Action Plan. The communiqués are available on the WA syphilis outbreak response [site](#).

Syphilis register

Work to establish a syphilis register in WA commenced in 2019–20. Extensive consultation was conducted with relevant stakeholders and other jurisdictions with existing registers. Findings from this consultation were used to develop an options paper which was presented to the WA SORG. A data and registry manager has been employed by DoH to progress the initiative.

Monitoring framework

As outlined in section 3.4, the surveillance and reporting working group led the development of a monitoring framework to accompany the Action Plan.

A report on the monitoring framework indicators has been completed. Please refer to Appendix 4 for a copy of the report.

Patient information system updates

The syphilis clinical items in the WACHS Community Health Information System (CHIS) have been reviewed and updated to ensure data can be accurately captured and recorded.

Working group activities

- Guidance was provided for the syphilis register scoping project
- The use of encrypted outlook emails to improve security for patient information sharing between government and non-government employees was explored.
- Discussions were had with Pathwest regarding entering Aboriginal indicators into the Pathwest system.
- Methods for reporting on the key performance indicators in the monitoring framework were compiled.

Regional activities

- Quarterly regional surveillance reports and dashboards were developed.
- Regular syphilis alerts and infographics were distributed.
- Regional syphilis databases were used to monitor cases, treatment and contacts
- Data extraction and audits were conducted.
- Regional action plans and monitoring frameworks were developed.
- Regular discussions were held with laboratories regarding notifications.
- A range of presentations were delivered at relevant conferences.

For an overview of progress made against the strategies outlined against this priority area in the Action Plan, please refer to Appendix 5.

5.5. Antenatal and postnatal care

Objectives

The objectives of the antenatal and postnatal care working group include:

- Increase community education and awareness, especially to families, young women and pregnant women.
- Increase the uptake of routine antenatal screening in line with state-wide clinical guidelines.
- Increase access to pregnancy tests and contraceptives.

Key activities

Syphilis in pregnancy campaign

A syphilis in pregnancy campaign was developed with the target population being pregnant women and the secondary target population was the partners of pregnant women.

Working group activities

- Stickers were developed for handheld pregnancy records to increase syphilis testing.
- The working group advocated for the reprogramming of STORK to allow recording of the number of syphilis tests in pregnancy, at delivery and referral for 6-week post-partum testing.
- A protocol for reviewing a syphilis case was developed.
- The King Edward Memorial Hospital clinical guidelines for syphilis in pregnancy and antenatal STI testing were developed.
- The working group assisted with the development of the WACHS antenatal syphilis testing guidelines and a pregnancy app.
- The antenatal testing components of the *Silver book* were updated.
- Services providing antenatal education were engaged to ensure the promotion of antenatal testing was included.

Regional activities

- Syphilis antenatal audits were conducted.
- The Kimberley congenital syphilis protocol was provided to clinicians.
- The syphilis in pregnancy campaign posters were distributed in the regions.
- A congenital syphilis case review was conducted.
- Recalls were sent to child health nurses for babies requiring follow up syphilis serology.
- The Pilbara implemented the Baby Baskets program to increase engagement in antenatal care.
- The regions worked with relevant teams and staff to promote screening and follow up at risk clients such as the maternity Aboriginal liaison staff.
- Local resources focusing on antenatal awareness were developed.

For an overview of progress made against the strategies outlined against this priority area in the Action Plan, please refer to Appendix 6.

6. Priorities and lessons learnt

6.1. Lessons learnt

Over the course of the year, a number of learnings have been identified. These include:

- The work being done in the syphilis response has led to the development of stronger partnerships especially between government and non-government services.

- The involvement of the Aboriginal Community Controlled Health Services (ACCHS) sector has been an integral component of the response, as has the partnership between the Department of Health and AHCWA through the co-chairing of the WA SORG.
- The overlap of working groups has led to an increase in collaboration but has also meant that some staff members sit on multiple groups which can reduce their capacity and increase their workload.
- There were a number of existing programs in other jurisdictions and at the national level that WA was able to learn from, in particular the Young Deadly Syphilis Free campaign that was funded by the Commonwealth Department of Health and coordinated by the South Australian Health and Medical Research Institute (SAHMRI).

6.2. Gaps

A review of the action plan has identified a number of actions that have not yet been actioned or completed. The actions will be prioritised by the WA SORG, working groups and regional syphilis outbreak response teams.

These include:

- Provide anonymous pregnancy tests and contraceptives, from preconception to postnatal.
- A stable, culturally competent, expert and diverse primary health workforce.
- Appropriate remuneration and provisions for Aboriginal health workers and Aboriginal health practitioners.
- Use of new technology (e.g. apps, messenger and social media).
- More work is required on the syphilis register.

6.3. Plans for 2020–21

As outlined in section 4, significant progress has been made to control the syphilis outbreak in WA. However, there are a number of opportunities to expand on this progress and address any gaps that have arisen.

Plans for 2020–21 include:

- Develop a social media toolkit to translate the learnings from the social media training into practice.
- Continue to provide regular syphilis videoconferences with relevant content that is based on the needs of the sector and the workforce.
- Continue to roll out the state-wide syphilis PoCT including operator training and quality assurance processes.
- Provide funding again to the outbreak regions to implement localised projects.
- Continue to maintain and regularly update the WA Syphilis Outbreak Response site to include upcoming training sessions, useful links and relevant resources.
- Produce quarterly communiques with an overview of the epidemiology
- Actively seek opportunities for information sharing in the form of presentations at relevant meetings and conferences.
- Monitor and update the syphilis online training package to ensure it contains relevant and up to date information to reflect any changes or emerging trends within the outbreak.

- Implementation of strategies in the Action Plan with emphasis on innovation, partnerships and consultation.
- Integration into existing workforce development to ensure there is heightened awareness of the syphilis outbreak such as a new Primary Care STI module that is being developed.
- Develop case studies of successful and innovative regional projects to share ideas within the sector.
- Review and update relevant clinical and policy documents to meet the needs of the sector such as the enhanced surveillance forms.
- Monitor syphilis notifications in the whole state and respond accordingly.

The WA SORG remains proactive and responsive to the needs of the sector and the outbreak regions. Therefore, this list will continue to grow and change which will be captured in the next annual report.

Appendix 1: Prevention, education and community engagement progress

| Action | Timeframe | Progress | Comments (refer to section 5.1 for additional information) | |
|--|---|--------------------|--|--|
| Priority area 1: Prevention, education and community engagement | | | | |
| 1.1 | Increase targeted social media promotion with dedicated staff, locally designed and produced content, and links to peer education programs. | Immediate priority | In progress | The Kimberley has commenced planning a youth focused social media strategy as part of the regional 'Test more' campaign. |
| 1.2 | Deliver community education services through effective face-to-face methods. | < 12 months | Ongoing | <p>Provided at events, schools, youth groups, community clinics, GPs and hospitals.</p> <p>The Kimberley has provided face-to-face community education through men's camps, Mooditj, TAFE, back to work programs, Deadly Divas, mums and bubs programs, health on country days, Solid Fit programs and Her Rules Her Game.</p> |
| 1.3 | Use the existing workforce for community engagement such as Aboriginal health workers. | | Ongoing | <p>All staff are encouraged to be involved.</p> <p>The Aboriginal health workforce requires appropriate remuneration, provisions and established Aboriginal Health Practitioner positions.</p> <p>Aboriginal health promotion officers delivered sexual health programs delivered to Kambalda and Norseman MEEDAC, Clontarf academy Kalgoorlie, CAPS Aboriginal School Wongutha, Esperance Residential College, Esperance Senior High School.</p> <p>Education programs have also been provided to the Esperance WA Primary Health Alliance (WAPHA), community groups, Headspace and Centrecare.</p> |

| Action | | Timeframe | Progress | Comments (refer to section 5.1 for additional information) |
|--------|--|-----------|-------------|---|
| | | 1–3 years | | Support is provided including information, resources and condoms. |
| 1.4 | Empower place-based, community-driven approaches to plan, develop and deliver health promotion and encourage culturally appropriate and locally developed resources where possible. | | Ongoing | Health promotion in sexual health has increased. There has been cooperative development of health promotion resources with ACCHS. More work is required to drive place-based, community driven approaches. Partnership with local radio stations to create local content and print based resources with local youth. |
| 1.5 | Collaborate with local Aboriginal Elders, champions and navigators when planning and delivering prevention strategies. | | In progress | |
| 1.6 | Specifically involve young people in conversations, education and health promotion initiatives. | | Ongoing | See comments from 1.1 Laverton have formed an integral group to support youth in the community and youth programs. |
| 1.7 | Seek to destigmatise sexual health towards greater community engagement. | | Ongoing | |
| 1.8 | Use a range of innovative health promotion channels including after-hours services, kiosks, videos in waiting rooms, radio, group yarns and partnerships with other health programs. | | Ongoing | Talking posters in local language are being investigated |

| Action | | Timeframe | Progress | Comments (refer to section 5.1 for additional information) |
|--------|--|-----------|----------|--|
| 1.9 | Provide incentives to increase community engagement through events, merchandise, competitions etc. | | Ongoing | Incentives have been provided through the 'I Ride Safe' rodeo campaign, stalls at community events and Her Rules Her Game. |

Appendix 2: Workforce development progress

| Action | Timeframe | Progress | Comments (refer to section 5.2 for additional information) |
|---|----------------|-------------|---|
| Priority area 2: Workforce development | | | |
| 2.1 | < 12 months | Ongoing | AHCWA delivered Birds and BBVs training Training opportunities were promoted to regional service providers. The ASHM modules were promoted to meet the SASA requirements. |
| 2.2 | | In progress | |
| 2.3 | | In progress | |
| 2.4 | | In progress | There is a need for WA to establish an Aboriginal health practitioner workforce. |
| 2.5 | | In progress | |

| Action | | Timeframe | Progress | Comments (refer to section 5.2 for additional information) |
|--------|--|-----------|-------------|---|
| 2.6 | Provide dedicated staff for sexual health testing and follow-up. | | Ongoing | PHU staff assist with outreach testing and the follow up of STI notifications across the region as required. Some of the ACCHS have dedicated positions for STI screening. |
| 2.7 | Broaden the scope of the workforce to incorporate testing and treatment including addressing the issue of provider numbers. | | In progress | |
| 2.8 | Attract, reward, recognise and retain Aboriginal staff through pay equity, housing subsidies and traineeships and mentorships. | 1–3 years | Ongoing | Some housing is provided for Aboriginal health staff. |
| 2.9 | Enable more responsive partnerships between agencies and devolved decision making to reduce reliance on locums. | | Ongoing | |

Appendix 3: Testing, treatment and contact tracing progress

| Action | | Timeframe | Progress | Comments (refer to section 5.3 for additional information) |
|--|--|--------------------|-------------|---|
| Priority area 3: Testing, treatment and contact tracing | | | | |
| 3.1 | Normalise screening as part of annual adult health checks and incorporate into existing programs. | Immediate priority | Ongoing | Screening is done within the ACCHS, emergency departments and antenatal care. |
| 3.2 | Provide timely and efficient follow-up through treatment and contact tracing. | | Ongoing | Syphilis results are actioned on the day they are received by the PHU. Performance has been impacted by vacancies in primary health and a reliance on a locum workforce. |
| 3.3 | Ensure contact tracing is best practice through deploying dedicated 'discharge liaison' roles or work streams plus innovative methods and technologies. | < 12 months | In progress | Information sharing between primary health providers to ensure timely follow-up of transient clients |
| 3.4 | Provide increased mobile, outreach and place-based testing opportunities, for example through integrating with child health visits, at home visits, group led initiatives. | | In progress | PHUs collaborate with ACCHS to support the remote clinics and upskill staff. Community outreach screening visits were provided. |
| 3.5 | Provide culturally safe access to testing, clinics, support and care that allows for gender specific and age specific options such as men's and women's only health check days, young people days. | | In progress | Men and women's days were offered at remote clinics. Performance was impacted by vacancies in primary health and a reliance on a locum workforce |

| Action | | Timeframe | Progress | Comments (refer to section 5.3 for additional information) |
|--------|---|-----------|-------------|--|
| 3.6 | Engage in greater opportunistic testing through primary health practitioners including general practitioners, hospitals and emergency departments. | | Ongoing | Screening is provided in emergency departments and PoCT in ACCHS screening program. Education is provided to general practitioners. PoCT and dedicated sexual health practitioners has led to an increase in opportunistic testing in some services. |
| 3.7 | Provide incentives for attending testing. | | In progress | Incentives have included the Baby Baskets program, hair cuts and hygiene packs. Funding was provided for incentive screening in Wiluna with the youth program to support safe relationships and screening. |
| 3.8 | Develop clear and standardised clinical definitions and guidelines for testing and results, including accessing patient history, point-of-care testing guidelines and non-outbreak area guidelines. | | Complete | |
| 3.9 | Reframe current language in a more positive and culturally appropriate manner to normalise testing. | 1–3 years | Ongoing | |

Appendix 4: Monitoring framework indicators report

Table 1. Number and notification rates of infectious syphilis among Aboriginal people in outbreak regions reported by age group, sex and region in the 12-month period ending in June 2020

| Age group | Sex | Goldfields | | Kimberley | | Pilbara | |
|--------------|---------------|------------|--------------|-----------|--------------|-----------|--------------|
| | | Number | Rate | Number | Rate | Number | Rate |
| 0–9 | Male | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| | Female | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| | Total | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| 10–14 | Male | 0 | 0.0 | 0 | 0.0 | 0 | 0.0 |
| | Female | 0 | 0.0 | 1 | 101.9 | 4 | 727.3 |
| | Total | 0 | 0.0 | 1 | 52.1 | 4 | 356.5 |
| 15–19 | Male | 0 | 0.0 | 2 | 268.8 | 9 | 1,931.3 |
| | Female | 2 | 578.0 | 9 | 1,162.8 | 11 | 2,350.4 |
| | Total | 2 | 278.9 | 11 | 724.6 | 20 | 2,141.3 |
| 20–24 | Male | 3 | 887.6 | 7 | 919.8 | 6 | 1,287.6 |
| | Female | 1 | 280.9 | 12 | 1,619.4 | 7 | 1,790.3 |
| | Total | 4 | 576.4 | 19 | 1,265.0 | 13 | 1,516.9 |
| 25–29 | Male | 1 | 325.7 | 8 | 1,002.5 | 8 | 1,259.8 |
| | Female | 4 | 1,413.4 | 9 | 1,028.6 | 8 | 1,584.2 |
| | Total | 5 | 847.5 | 17 | 1,016.1 | 16 | 1,403.5 |
| 30–34 | Male | 2 | 701.8 | 9 | 1,211.3 | 2 | 308.6 |
| | Female | 3 | 874.6 | 6 | 718.6 | 7 | 1,250.0 |
| | Total | 5 | 796.2 | 15 | 950.6 | 9 | 745.0 |
| 35–39 | Male | 2 | 961.5 | 2 | 339.6 | 3 | 584.8 |
| | Female | 1 | 396.8 | 4 | 569.8 | 1 | 210.1 |
| | Total | 3 | 652.2 | 6 | 464.8 | 4 | 404.4 |
| 40–44 | Male | 0 | 0.0 | 6 | 1,102.9 | 0 | 0.0 |
| | Female | 0 | 0.0 | 5 | 833.3 | 1 | 315.5 |
| | Total | 0 | 0.0 | 11 | 961.5 | 1 | 125.2 |
| 45–49 | Male | 0 | 0.0 | 3 | 609.8 | 0 | 0.0 |
| | Female | 0 | 0.0 | 2 | 349.0 | 1 | 299.4 |
| | Total | 0 | 0.0 | 5 | 469.5 | 1 | 126.7 |
| 50+ | Male | 0 | 0.0 | 3 | 214.6 | 3 | 287.4 |
| | Female | 0 | 0.0 | 1 | 52.5 | 1 | 88.6 |
| | Total | 0 | 0.0 | 4 | 121.2 | 4 | 184.1 |
| Total | Male | 8 | 210.1 | 40 | 459.0 | 31 | 462.9 |
| | Female | 11 | 258.2 | 49 | 472.4 | 41 | 630.4 |
| | Total | 19 | 229.8 | 89 | 461.1 | 72 | 536.1 |

Data source: Western Australian Notifiable Infectious Diseases Database (WANIDD)

Table 2. Proportion of symptomatic* infectious syphilis cases among Aboriginal males and non-pregnant females who are treated on the first presentation# to a health service in the 12-month period ending in June 2020

| Category | Total number of cases | Number treated at first presentation | % treated at first presentation |
|----------------------|-----------------------|--------------------------------------|---------------------------------|
| Males | 20 | 8 | 40% |
| Non-pregnant females | 15 | 7 | 47% |
| Total | 35 | 15 | 43% |

Data source: WANIDD

*Symptomatic = Clinical presentation in 'HowCaseIdentified' field in WANIDD

#Treated on first presentation = 0 days between specimen date and treatment date

Table 3. Proportion of Aboriginal males and non-pregnant females notified with infectious syphilis treated within 2 weeks of diagnosis* in the 12-month period ending in June 2020

| Category | Total number of cases | Number treated within 2 weeks | % treated within 2 weeks |
|----------------------|-----------------------|-------------------------------|--------------------------|
| Males | 79 | 61 | 77% |
| Non-pregnant females | 91 | 77 | 85% |
| Total | 170 | 138 | 81% |

Data source: WANIDD

*Diagnosis date = 'RepDate' field in WANIDD

Table 4. Proportion of Aboriginal pregnant females with a confirmed diagnosis of infectious syphilis who are treated within three days of diagnosis* in the 12-month period ending in June 2020

| Category | Total number of cases | Number treated within 3 days | % treated within 3 days |
|------------------|-----------------------|------------------------------|-------------------------|
| Pregnant females | 10 | 6 | 60% |

Data source: WANIDD

*Diagnosis date = 'RepDate' field in WANIDD

Table 5. Number of congenital syphilis notifications in Aboriginal babies in outbreak regions in the 12-month period ending in June 2020

| Sex | Goldfields | Kimberley | Pilbara |
|--------------|------------|-----------|----------|
| Male | 0 | 0 | 0 |
| Female | 0 | 0 | 0 |
| Total | 0 | 0 | 0 |

Data source: WANIDD

Table 6a. Proportion of pregnant women tested for syphilis at first antenatal appointment, November 2019 to June 2020

| Region | Pregnant Aboriginal women | | | Pregnant non-Aboriginal women | | |
|--------------|---------------------------|--|-----------------------------------|-------------------------------|--|-----------------------------------|
| | Total | Number tested at first antenatal visit | % tested at first antenatal visit | Total | Number tested at first antenatal visit | % tested at first antenatal visit |
| Goldfields | 60 | 51 | 85% | 334 | 298 | 89% |
| Kimberley | 215 | 200 | 93% | 139 | 135 | 97% |
| Pilbara | 111 | 93 | 84% | 269 | 249 | 93% |
| Total | 386 | 344 | 89% | 742 | 682 | 92% |

Data source: STORK

Table 6b. Proportion of pregnant Aboriginal women tested for syphilis at 28 weeks gestation, November 2019 to June 2020

| Region | Pregnant Aboriginal women | | | Pregnant non-Aboriginal women | | |
|--------------|---------------------------|-------------------------------------|--------------------------------|-------------------------------|-------------------------------------|-----------------------------|
| | Total | Number tested at 28 weeks gestation | % tested at 28 weeks gestation | Total | Number tested at 28 weeks gestation | % tested 28 weeks gestation |
| Goldfields | 60 | 27 | 45% | 334 | 167 | 50% |
| Kimberley | 215 | 166 | 77% | 139 | 101 | 73% |
| Pilbara | 111 | 54 | 49% | 269 | 153 | 57% |
| Total | 386 | 247 | 64% | 742 | 421 | 57% |

Data source: STORK

Table 6c. Proportion of pregnant Aboriginal women tested for syphilis at 36 weeks gestation, November 2019 to June 2020

| Region | Pregnant Aboriginal women | | | Pregnant non-Aboriginal women | | |
|--------------|---------------------------|-------------------------------------|--------------------------------|-------------------------------|-------------------------------------|--------------------------------|
| | Total | Number tested at 36 weeks gestation | % tested at 36 weeks gestation | Total | Number tested at 36 weeks gestation | % tested at 36 weeks gestation |
| Goldfields | 60 | 40 | 67% | 334 | 167 | 50% |
| Kimberley | 215 | 166 | 77% | 139 | 112 | 81% |
| Pilbara | 111 | 66 | 59% | 269 | 131 | 49% |
| Total | 386 | 272 | 70% | 742 | 410 | 55% |

Data source: STORK

Table 7. Other WA SORG action plan monitoring framework indicators by region (2020 data)

NOTE: Data below accurate as of 8 February 2021

| WA SORG action plan monitoring framework indicator | Goldfields | Kimberley | Pilbara |
|--|---|--|--|
| <i>Number of sexual health workshops and education sessions targeting regional outbreak specific priority groups</i> | 30 | 8 | 16 |
| <i>Number of full time equivalent Aboriginal Health Workers and Practitioners working in dedicated sexual health positions*, by gender</i> | 1 female Aboriginal Health Promotion Officer, 1.0 FTE 1 male Aboriginal Health Promotion Officer, 1.0 FTE | 1.0 FTE Fitzroy Crossing - male Aboriginal Health Liaison Officer (Syphilis Tied funding) 2.0 FTE Broome – female and male Aboriginal Health Promotion Officers (Sexual Health portfolios), 1.0 FTE female Aboriginal Project Officer commenced 23/11/20 (Syphilis Tied funding) 1.0 FTE Kununurra – male Aboriginal Health Promotion Officer (Syphilis Tied funding) | 1.0 FTE APHO – male (Syphilis Tied funding) |
| <i>Number of primary health and hospital staff[€] receiving specific mandatory sexual health and/or other STI training by professional category (includes</i> | Sessions: Midwives - 1 Nurse practitioners – 2 GPs – 17 Hospital Doctors - 5 Aboriginal works/liaison/support workers – 9 Nursing students – 5 Other - 6 ASHM syphilis training: Registered nurses -24 | Sessions: Midwives- 4 Lead Clinicians Forum - 10 RANS - 10 Community Health / Hospital - 27 Aboriginal Health Service - 18 Department of Corrective Services - 4 ASHM syphilis training: Registered Nurses -16 Registered Nurse/ Midwife -4 | Sessions: Nurses – 18 GP's and MO's – 10 AHW - 5 ASHM syphilis training: Nursing – 33 Aboriginal Health Worker – 1 |

| WA SORG action plan monitoring framework indicator | Goldfields | Kimberley | Pilbara |
|--|---|--|---|
| <i>face-to-face, VC etc sessions delivered by WACHS, ASHM syphilis training)</i> | Regional Sexual Health Teams Workshop (Perth) - attended by 3 WACHS Goldfields staff | Aboriginal Health Worker -1 Regional Sexual Health Teams Workshop (Perth) - attended by 8 WACHS Kimberley staff | Regional Sexual Health Teams Workshop (Perth) -attended by 3 WACHS Pilbara staff |
| <i>Number of sexual health coordinator and/or dedicated sexual health full time equivalents which are occupied, by region and gender</i> | 1 female Clinical Nurse Specialists – Syphilis, 1.0 FTE | Broome 1 FTE female Community Health Nurse Generalist (Sexual Health portfolio) 1 FTE female Senior Registered Nurse SRN 2 (Syphilis Tied funding) 1 FTE female Senior Registered Nurse SRN 2 – STI Coordinator Derby 1 FTE female Community Health Nurse Generalist (Sexual Health portfolio) Fitzroy Crossing 1 FTE Sexual Health Coordinator position vacant since 29/10/20 Halls Creek 1 FTE female Community Health Nurse Generalist (Sexual Health portfolio) Kununurra 1 FTE female Community Health Nurse Generalist (Sexual Health portfolio) | 1.0FTE Coordinator Sexual Health, Pilbara – Female 1.0FTE CNS – Syphilis program, Newman – male (Jan – October 2020) (Syphilis Tied funding) 0.5FTE HPO – Pilbara – female 0.5FTE CNS – Public Health – Pilbara - female |
| <i>Number of outreach or place based testing opportunities</i> | 2 outreach clinics | Fitzroy Crossing – outreach to Wangkatjungka and Bayulu clinics weekly | Newman – 6 PAMS Newman 1x 3-day clinic Onslow – 5 |

| WA SORG action plan monitoring framework indicator | Goldfields | Kimberley | Pilbara |
|--|------------|---|--|
| <i>undertaken, by region</i> | | Kununurra – Well Women’s Clinic in collaboration with OVAHS x 1 Kununurra – outreach to Wyndham Hospital monthly | Tom Price – 2 Karratha Health Hub – 1 afternoon per week Warralong - 6 Mirraka Maya Health Service South Hedland – 10 Yandiyarra Aboriginal Community – 1 day per week |

‡ Dedicated sexual health roles are at least 80% dedicated to clinical or public health related sexual health duties

€ Primary health and/or hospital staff with appropriate training to provide sexual health screening and treatment

Appendix 5: Surveillance and reporting progress

| Action | Timeframe | Progress | Comments (refer to section 5.4 for additional information) |
|--|--|--------------------|--|
| Priority area 4: Surveillance and reporting | | | |
| 4.1 | Develop a WA state syphilis register underpinned by a legislative framework that ideally includes negative test results and is accessible by all regions. | Immediate priority | In progress The Communicable Disease Control Directorate has commenced work on a syphilis register. The Kimberley has developed a Redcap data base to manage outbreak cases and their contacts |
| 4.2 | Provide regular reporting of relevant data and information to health services and community with standardised data collection state-wide and access to real time data to prevent the spread from outbreak to non-outbreak regions. | < 12 months | Ongoing Dashboard reports are used in the regions. |
| 4.3 | Enable and support patient information sharing among regions and jurisdictions to prevent the spread of syphilis from outbreak to non-outbreak regions. | 1–3 years | Ongoing This is achieved through the WA Notifiable Infectious Diseases Database (WANIDD) and regional syphilis databases. Regions and states link in with each other as required. |
| 4.4 | Add Aboriginality indicators to test forms and records. | | Ongoing Indicators are on pathology forms. |
| 4.5 | Provide support with reporting and interpretation of data. | | Ongoing Syphilis databases are used in the regions. |
| 4.6 | Implement a quality assurance and auditing mechanism for clinical data. | | Ongoing This is done using patient information systems, regional syphilis databases and WANIDD. |

| Action | | Timeframe | Progress | Comments (refer to section 5.4 for additional information) |
|--------|--|-----------|----------|---|
| | | | | Quarterly monitoring happens between WANIDD and PHU data to identify gaps and case reporting. |

Appendix 6: Antenatal and postnatal care progress

| Action | Timeframe | Progress | Comments (refer to section 5.5 for additional information) | |
|--|---|--------------------|--|---|
| Priority area 5: Antenatal and postnatal care | | | | |
| 5.1 | Improve the uptake of and monitor routine antenatal screening in services. | Immediate priority | Ongoing | This is achieved through the Baby Baskets program in the Pilbara. |
| 5.2 | Develop a protocol for a congenital syphilis investigation. | < 12 months | Ongoing | |
| 5.3 | Develop consistent state-wide guidelines for antenatal testing and care that aligns with best practice standards. | | Complete | In the Goldfields, the Obstetric & Gynaecological (O&G) consultant works with the O&G Registrar to audit antenatal screening numbers. |
| 5.4 | Include partners and families in education, screening, testing and care. | | Ongoing | Community midwives, O&G staff and antenatal services meet weekly. At risk/high risk women are discussed and monitored closely. |
| 5.5 | Provide community education and awareness, with an emphasis on early testing. | | Ongoing | |
| 5.6 | Provide anonymous pregnancy tests and contraceptives, from preconception to postnatal. | 1–3 years | Not started | There is limited access to contraceptive services in remote communities. Implanon insertion by WACHS nurses is not possible. |

**This document can be made available in alternative formats
on request for a person with disability.**

© Department of Health 2021

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the *Copyright Act 1968*, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.