

# Guidelines for public health review of congenital syphilis case

December 2020

The occurrence of a case of congenital syphilis is a sentinel event reflecting potential missed opportunities for prevention in the public health, antenatal and primary health care systems. Therefore it is important to review each case of congenital syphilis for the purpose of health system improvement and preventing future avoidable cases.

These guidelines were prepared by the WA Syphilis Outbreak Response Group's Ante- and Post-natal Care Working Group, based on public health investigations of congenital syphilis cases conducted in 2019 and 2020 and the feedback received from review participants.

## Purpose

The purpose of the public health review is to:

- to review the clinical and public health management of a congenital syphilis case
- identify areas for health service improvement
- identify need, if any, to update relevant clinical and public health guidelines
- raise awareness and educate health care staff about syphilis

## Activation

The regional public health unit should activate the review process upon receipt of a notification of congenital syphilis.

The review should be conducted within eight weeks of notification of a confirmed or probable case of congenital syphilis to ensure that the event is still fresh in people's memories.

## Review participants

### Review chairperson

This person should be familiar with the clinical and public health management of syphilis and the local context in which the case occurred, but not have been involved in managing the case.

### Review secretariat

This person should be appointed from the administrative workforce of the health service within which the review is being undertaken.

### Essential review participants

1. Primary health care providers involved in antenatal care of the case's mother or who provide antenatal care in the mother's usual place of residence.
2. Obstetric and infectious disease care providers involved in the mother's management.
3. Paediatric care providers involved in the case's management.
4. Other service providers involved in the management of the case or the case's mother or whom the case or the case's mother was referred to, e.g. Department of Child Protection and Family Support.
5. Public health unit staff involved in contact tracing/partner notification.
6. Heads of units/departments involved in any aspect of the case's, or the case's mother's, clinical or public health management.
7. WA Department of Health Communicable Disease Control Directorate (CDCD) staff involved in disease notification and classification for public health reporting purposes.

8. Clinical risk management and quality improvement staff in the health service/s responsible for the mother's antenatal care and mother's and baby's care at time of delivery. If the case or case's mother is Aboriginal or from a culturally and linguistically diverse background, appropriate health practitioners and/or liaison offers.
9. Specialist obstetric, paediatric, midwifery, public health laboratory and other relevant experts not involved in public or clinical management of the case or case's mother, as appropriate.

### Optional review participants

Observers from other health services, as appropriate, and with agreement of the chairperson and essential participants.

### Preparation of case presentation and epidemiology update

The review chairperson, with support from the secretariat, should:

1. Contact essential review participants in categories 1-6 above to collate a timeline and summary of the case's mother's maternity care and the clinical and public health management of the case and the case's mother care after the diagnosis of congenital syphilis was made. This will require liaison with the Chief Executive of the service providers involved.
2. Request a representative of the relevant public health unit to prepare a brief update of syphilis epidemiology relevant to the case.

### Medical records

Medical records for the case and case's mother should be obtained and made available to review participants. The review chairperson and secretariat will need access to medical records at least 5 working days before the review to summarise the relevant parts of the case's and the case's mother's medical records in a de-identified timeline for oral +/- visual presentation at the review. Other review participants should have access to deidentified copies of these records several days before the review.

### Suggested review agenda

1	Acknowledgement of country
2	Welcome, introduce review participants and observers and outline role of participants and observers
3	Reminder regarding signing of confidentiality agreements (see attachment)
4	State purpose of the review: <ul style="list-style-type: none"> <li>• to review the clinical and public health management of a congenital syphilis case</li> <li>• identify service gaps and areas for service improvement</li> <li>• identify need, if any, to update relevant clinical and public health guidelines</li> <li>• raise awareness and educate health care staff about syphilis</li> </ul>
5	Case presentation and epidemiology update <ul style="list-style-type: none"> <li>• summary and timeline</li> <li>• Update of syphilis epidemiology relevant to the case</li> </ul>
6	Questions to be asked <ol style="list-style-type: none"> <li>1. When and at which health services did the mother receive antenatal care?</li> </ol>

	<ol style="list-style-type: none"> <li>2. If the case was from a declared outbreak region, was the mother offered, and did she have, syphilis testing at booking, 28 weeks, 36 weeks and at delivery and 6 weeks post-partum as recommended in the WA Silver book<sup>1</sup> and National Pregnancy Care<sup>2</sup> Guidelines? If in another region, was routine syphilis testing undertaken at intervals recommended by the local guidelines?</li> <li>3. At what gestation was the mother diagnosed with syphilis and what was the time interval between diagnosis and treatment? (infectious syphilis should be treated as soon as possible and ideally within 2 days as recommended in the CDNA syphilis SoNG<sup>3</sup>)</li> <li>4. What was the time interval between the mother being treated for syphilis and the baby's delivery? (considered adequate if at least 30 days)</li> <li>5. Was contact tracing/partner notification undertaken in a timely manner? Were named contacts tested and treated for syphilis empirically at the time of presentation within 1 month of being named?</li> <li>6. Following the syphilis diagnosis, was the mother's ante- and post-natal care and follow-up in relation to repeat syphilis testing in accordance with the CDNA syphilis SoNG<sup>3</sup> and/or local guidelines?</li> <li>7. Has management of the baby been in accordance with current best practice guidelines for managing congenital syphilis? Aspects of management which should be discussed could include, but are not limited to, investigations, treatment and medical referral/transfer.</li> <li>8. Were the health service's infection control guidelines followed during management of the case?</li> <li>9. What aspects of the mother and baby's care after syphilis was diagnosed were managed well?</li> <li>10. What aspects of the mother and baby's care after syphilis was diagnosed could be improved?</li> <li>11. How could this case of congenital syphilis have been prevented?</li> <li>12. What actions* need to be taken at the local, state and national levels to prevent future cases of congenital syphilis?</li> <li>13. What actions* need to be taken at the local, state and national levels to ensure best practice management of any future cases of congenital syphilis?</li> <li>14. Does this case need to be investigated as a clinical incident, and if so what is the severity code<sup>4</sup>? Provide justification if a clinical incident investigation is/will not be undertaken.</li> <li>15. Any other discussion points/recommendations</li> </ol>
7	Conclusions and agreed action plan* including documentation of who is responsible for each action and the timeframe for completing each action

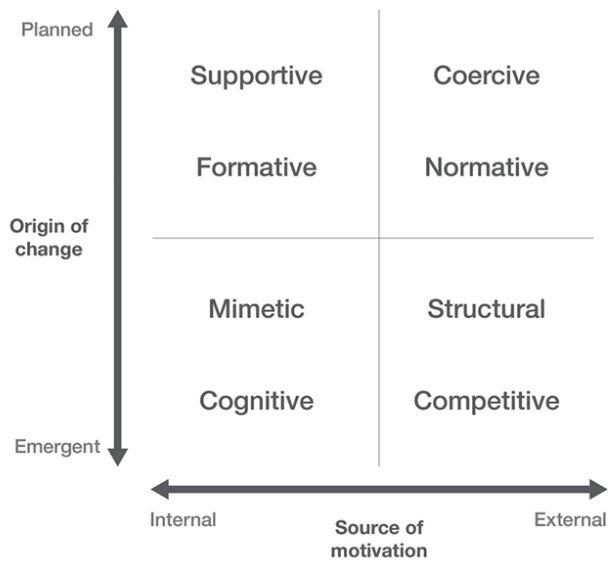
\* It may be useful to refer to Leveque and Sutherland's integrated conceptual framework of levers for change in healthcare<sup>5</sup> (see diagram and reference below) when developing an action plan for health service improvement.

### Documentation and confidentiality

Patient identified information should NOT be recorded in the minutes.

Minutes of the review should be documented and circulated to participants for checking and correction before being finalised and sent to all participants, the Health Service Provider's Chief Executive Officer, the Director of CDCD and, where possible, the Chairperson of the Syphilis Outbreak Response Group.

**Integrated conceptual framework of levers for change in healthcare.**



Jean-Frederic Levesque, and Kim Sutherland *BMJ Open* 2017;**7**:e014825

## References

1. WA Health. Silver book: STI /BBV management guidelines. <https://ww2.health.wa.gov.au/Silver-book/>
2. Australian Government, Department of Health. Pregnancy Care Guidelines. <https://beta.health.gov.au/resources/pregnancy-care-guidelines>
3. Communicable Diseases Network Australia. National Guidelines for Public Health Units. Syphilis. <https://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-syphilis.htm>
4. WA Health. Severity assessment codes. [https://ww2.health.wa.gov.au/Articles/S\\_T/Severity-assessment-codes](https://ww2.health.wa.gov.au/Articles/S_T/Severity-assessment-codes)
5. Levesque J, Sutherland K. What role does performance information play in securing improvement in healthcare? a conceptual framework for levers of change. *BMJ Open* 2017;**7**:e014825. doi: 10.1136/bmjopen-2016-01482

## Attachment: Confidentiality agreement



Government of Western Australia  
Department of Health

# CONFIDENTIALITY AGREEMENT

Title:	Congenital syphilis investigation advisory committee
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I ..... (please print full name)

of ..... (please print organisation details)

### (Declaration of Confidentiality)

1. Agree to keep all information and documents relating to the investigation confidential, and not to disclose or communicate the same to any person or persons except during my duties without the prior written approval of **WA Department of Health**;
2. Agree not to make copies of, or take any extracts of information except with written approval of the chairperson;
3. Agree to comply with all processes and protocols established by the **WA Department of Health** from time to time to maintain the confidentiality of information and documentation relating to this project. The processes and protocols will include those for the security of documentation, communications between the **WA Department of Health** (and its officers, employees and consultants/service providers) and other parties;
4. Agree to return all documents, papers and other materials given to me relating to this project to the advisory committee's chair immediately when requested to do so; and
5. Acknowledge that breach of confidentiality and unauthorised disclosure are subject to the provisions and penalties contained in the *Public Sector Management Act 1994* and *The Criminal Code*. Unlawful disclosure of official information is a criminal offence punishable by up to 3 years imprisonment.

This declaration is made by me on the understanding that I will not be taken to have breached its terms if I am legally required to disclose the information referred to.

Signed:	Dated:
Witnessed:	Dated: