



# Western Australian Syphilis Outbreak Response Group Communique Report – April 2019

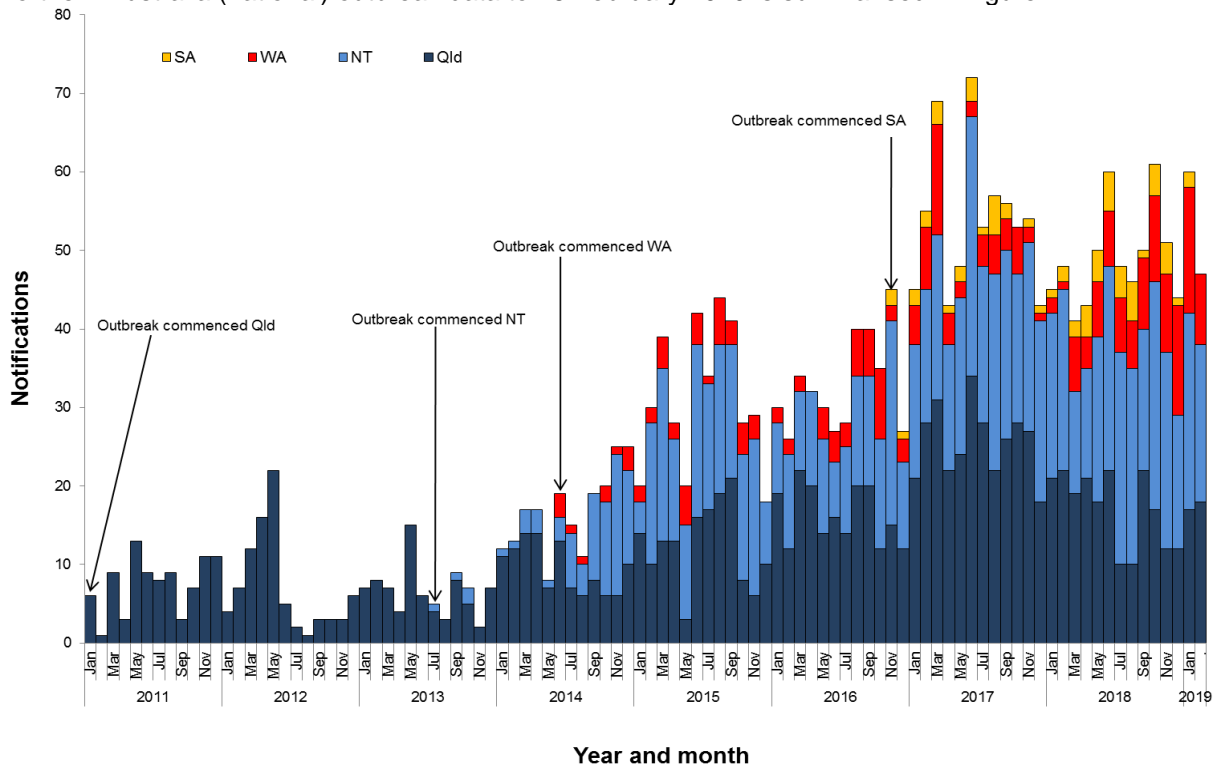
<b>Security</b>	Plan for publicly available
<b>Target audience</b>	Syphilis Outbreak Response Stakeholders; WA SORG, clinicians
<b>Communique no.</b>	1
<b>Reporting Data</b>	As of 31 March 2019 (current status)

## Background

- There has been an ongoing outbreak of infectious syphilis among Aboriginal and Torres Strait Islander people living in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory in July 2013, and Western Australia in June 2014. A Multijurisdictional Syphilis Outbreak Working Group was formed in 2015 in response to the outbreak and national updates can be accessed on [the Infectious syphilis outbreak webpage](#).
- The WA Syphilis outbreak was identified in the Kimberley region in mid-2014 and a related cluster was identified in mid-2018 in the Pilbara region. Population movement increases the risk of spread to the adjacent Midwest and Goldfields region. Of particular concern is the potential risk of congenital syphilis.
- Since January 2019, the Goldfields Region has experienced an increase in cases and since April has been considered as part of the outbreak. Further information will be included in the next communique.
- The Western Australian Syphilis Outbreak Response Group (WA SORG) was formed in August 2018 to coordinate the state-wide response to the syphilis outbreak among Aboriginal people in the outbreak regions.

## Current status

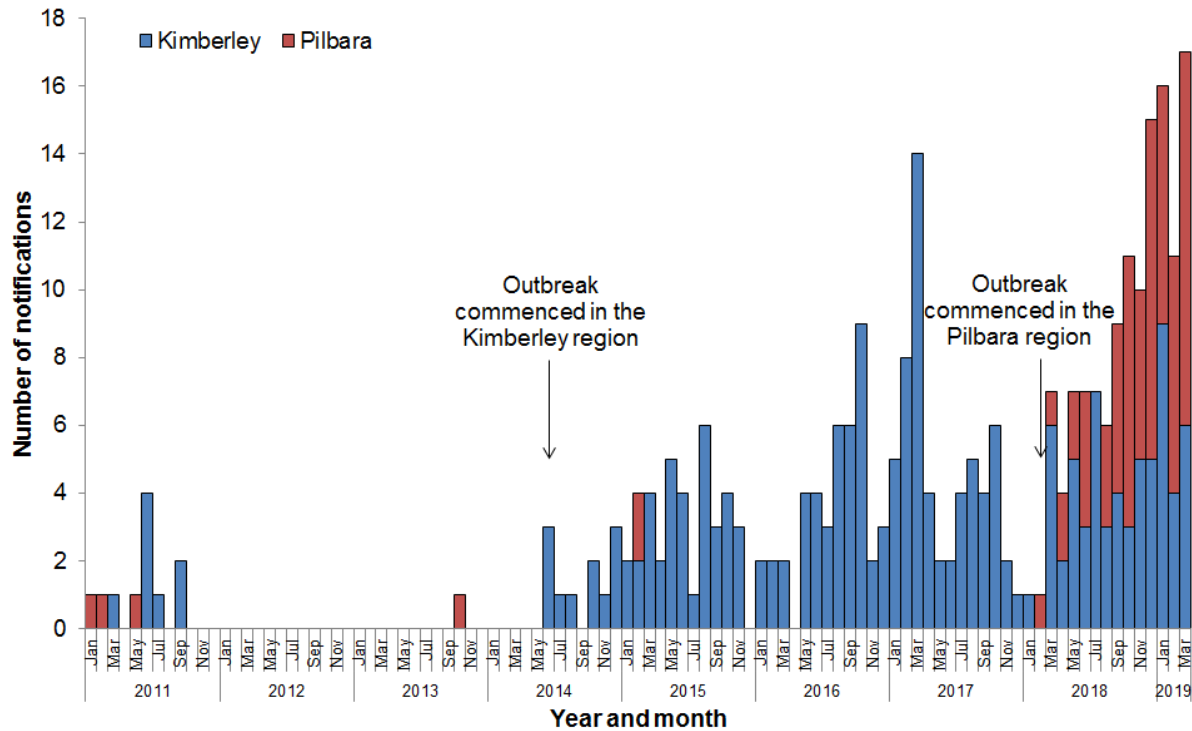
Northern Australia (national) outbreak data to 28 February 2019 is summarised in Figure 1.





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**Figure 1.** Epidemic curve showing infectious syphilis outbreak cases notified in Aboriginal and Torres Strait Islander people residing in affected regions of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 28 February 2019.<sup>1</sup>  
The outbreak data for affected regions in WA to 31 March, 2019 are shown in Figure 2 and Table 1.



**Figure 2.** Epidemic curve showing the number of infectious syphilis outbreak notifications among Aboriginal people in affected regions in WA (Kimberley and Pilbara), from 1 January 2011 to 31 March 2019.

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

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

<sup>1</sup> Multijurisdictional Syphilis Outbreak Surveillance Report: March 2019, accessed: [http://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/\\$File/12th-Surveil-Report-Mar2019.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/12th-Surveil-Report-Mar2019.pdf)

<sup>2</sup> Please note that all data are provisional and subject to change due to ongoing case investigation.

<sup>3</sup> Cases defined as per the MJSO syphilis outbreak case definition. Refer to MJSO surveillance reports for further information: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm>



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## Governance Update

### WA SORG

- Formed in August 2018, the Western Australian Syphilis Outbreak Response Group (WA SORG) reports to the WA Chief Health Officer. The (national) Multijurisdictional Syphilis Outbreak Working Group (MJSO) will be briefed through the cross-membership of the WA SORG, as will the (national) Enhanced Response Addressing Sexually Transmissible Infections (and Blood Borne Viruses) in Indigenous Populations Governance Group (the Governance Group).
- The WA SORG held its first meeting in August 2018 and second on February 2019.
- The WA SORG has developed and endorsed its Terms of Reference and meeting protocols.
- The first major action of the WA SORG was to convene a one-day workshop in November 2018 involving key stakeholders across the state to provide direction on a WA Syphilis Outbreak Response Action Plan (WA Action Plan).
- The WA SORG developed the WA Action Plan in consultation with key national, state and regional stakeholders to guide the syphilis outbreak response in WA.
- The WA Action Plan guides the activities of the WA SORG at both the state and regional level. It is aligned with both the *Enhanced Response to Addressing STI (and BBVs) in Indigenous Populations Action Plan* (National Action Plan), and the *WA Infectious Disease Emergency Management Plan* (IDEMP).
- The WA Action Plan has been endorsed by the WA SORG, approved by the Minister for Health and is being desk-top published. A monitoring framework to measure performance will be included in the WA Action Plan once endorsed.
- The WA Action Plan focuses on five priority areas:
  - Prevention, Education and Community Engagement
  - Workforce Development
  - Testing, Treatment and Contact Tracing
  - Surveillance and Reporting
  - Antenatal and Postnatal Care.
- Five working groups have been established and will be responsible for progressing the actions under each priority area in the WA Action Plan.
- The objectives of the five working groups are outlined below in Table 2.
- The WA SORG last met on 8 May 2019 and it will continue to meet at least every quarter.
- Communiques will be prepared and distributed following each quarterly meeting of the WA SORG.
- Updates against the priority action areas will be provided in future Communiques.
- Communiques will be publically available documents and provide updates for key stakeholders on the epidemiology of the syphilis outbreak in WA and the major initiatives of the WA SORG.



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**Table 2.** WA Syphilis Outbreak Response Action Plan key priority areas and objectives.

<b>Priority Area 1: Prevention, education and community engagement</b>
<b>Objectives:</b> <ul style="list-style-type: none"><li>• Increase community education and awareness using a variety of innovative methods to maximise reach and engagement with priority populations (ie. youth, antenatal women).</li><li>• Increase engagement and collaboration with priority populations, Aboriginal communities and leaders in the planning and delivery of prevention and education strategies.</li><li>• Increase the development and utilisation of locally developed and culturally appropriate resources where possible.</li></ul>
<b>Priority Area 2: Workforce development</b>
<b>Objectives:</b> <ul style="list-style-type: none"><li>• Increase the workforce in outbreak and other regions (especially Aboriginal positions and dedicated sexual health positions).</li><li>• Increase the capacity of the workforce by expanding the scope for testing and treatment and better utilisation of existing staff.</li><li>• Increase training and support for the workforce (including incentives to retain staff).</li><li>• Increase partnerships and collaboration between agencies.</li></ul>
<b>Priority Area 3: Testing, treatment and contact tracing</b>
<b>Objectives:</b> <ul style="list-style-type: none"><li>• Increase the provision of routine and efficient testing, treatment and follow up including contact tracing using innovative methods, technologies and standardised clinical guidelines.</li><li>• Increase community participation in testing including providing incentives and normalising testing.</li></ul>
<b>Priority Area 4: Surveillance and reporting</b>
<b>Objectives:</b> <ul style="list-style-type: none"><li>• Increase access to and support with relevant surveillance data.</li><li>• Increase the distribution and sharing of relevant data and patient information, where relevant.</li><li>• Increase the use of Aboriginal indicators on relevant forms and records.</li><li>• Increase quality assurance and auditing mechanisms.</li></ul>
<b>Priority Area 5: Antenatal and postnatal care</b>
<b>Objectives:</b> <ul style="list-style-type: none"><li>• Antenatal and Postnatal Care Increase community education and awareness, especially to families, young women and pregnant women.</li><li>• Increase the uptake of routine antenatal screening in line with state-wide clinical guidelines.</li><li>• Increase access to pregnancy tests and contraceptives.</li></ul>

**Prepared by:**  
WA Syphilis Outbreak Response Group (WA SORG)

**27 May 2019**