

# Syphilis Outbreak in WA

By Dr Adriane Houghton & Public Health Nurse  
Phillippa Jones



RACGP

*I'd like to begin by acknowledging the Traditional Owners of the land on which we meet today, the Kariyarra people and pay my respects to Elders past and present. I extend this respect to all Aboriginal & Torres Strait Islander people joining us today*



RACGP

# Current outbreak in the Pilbara



Late 2011 increase cases of syphilis notated in Northern QLD



By 2014 the outbreak had reached the Kimberley region



2018 the Pilbara detected its first cases of syphilis that were linked to the wider national outbreak



By 2023 the outbreak has now reached Metropolitan Perth with 4 cases of congenital syphilis

# Impact of congenital syphilis on a pregnancy

Pregnancies complicated by untreated maternal syphilis are at an increased risk of:

- Fetal growth restriction
- Preterm birth and/or perinatal sepsis
- Stillbirth or neonatal death
- Congenital syphilis (sentinel event)

20 - 40% (depending on data source and region) of congenital syphilis (CS) cases will result in death in utero or shortly after birth. Aboriginal babies are over represented in CS deaths.

The majority of the remaining babies born alive with CS, will suffer minor to severe clinical manifestations of the disease.

# Pilbara outbreak 7 years on



# High Risk Groups for STI's

- Aboriginal and Torres Strait Islanders, in remote and rural areas
- Pregnant women
- Sexually active young people aged 15 -25
- People who inject drugs
- People experiencing homelessness
- Men who have sex with men
- **STI love a companion, suspect one test for all.**



RACGP

# High Risk Groups

It is important to understand the different high risk groups and develop education testing and treatment options that maximise engagement, within the regions limited resources.

A review of the fourth Pilbara congenital syphilis case in 2022 highlighted that some woman only access antenatal care through the emergency department.

Presenting for pregnancy testing in ED late, often 20+ weeks.

Presenting in ED for pregnancy related issue with no prior antenatal care.

Presenting in ED for health issue unrelated to pregnancy coincidentally being dx as pregnant (often in the second or third trimester).

# *Challenges of Antenatal care in the Pilbara*

Higher risk population with lower health literacy with respect of syphilis, sexual health and child birth.

Location, availability, and cultural safety are all barriers to pregnant women engage with health services or engage late.

Competing priorities of family and cultural expectations can also result in a woman's ability to access regular pregnancy care.

Increasing numbers of vulnerable higher risk child bearing women with syphilis particularly Inland/East Pilbara

Fragile referral systems with challenges to consistent antenatal care

Inconsistent antenatal syphilis risk management in antenatal care

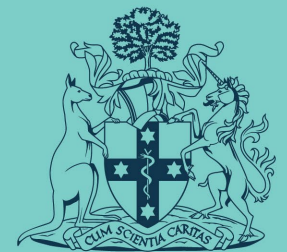


RACGP



# *Response to Congenital syphilis public health review findings of latest Pilbara case*

- Extra monitoring of woman diagnosed in current pregnancy
- In Hedland they will be labelled as High Risk with fortnightly meetings
- Neonatal Management Plans documented @ 34 wks via KEMH ID
- Encourage opportunistic screen of pregnant woman through ED
- Improve referral system for ED to maternity directly
- Workforce development opportunistic syphilis education/awareness in ED
- Think Syphilis Clinical quick check cards
- Pre printed antenatal screening pathology
- Results alert maternity staff to possible unknown pregnancy in the community or woman that have been hard to engage or regularly DNA



RACGP

## Maternal syphilis screening table

Patient characteristics	Testing schedule
<p><b>Standard testing in Western Australia for every pregnancy</b></p>	<p>Test syphilis serology three times:</p> <ol style="list-style-type: none"> <li>1. Antenatal booking visit</li> <li>2. 28 weeks</li> <li>3. 36 weeks or at time of any preterm birth</li> </ol> <p>Other STI / BBV screening recommendations. See WNHS <a href="#">Antenatal Care Schedule</a> and STI guidelines in <a href="#">Silverbook- STI Screening Recommendations in Pregnant and Post-partum Women</a> (external website)</p>
<p><b>Resident in a regional outbreak area with the highest rates of transmission</b></p> <ul style="list-style-type: none"> <li>• Kimberley</li> <li>• Pilbara</li> <li>• Goldfields</li> </ul> <p>(See WA map <a href="#">Appendix 1</a>)</p>	<p>Test syphilis serology five times:</p> <ol style="list-style-type: none"> <li>1. Antenatal booking visit</li> <li>2. 28 weeks</li> <li>3. 36 week</li> <li>4. Birth and</li> <li>5. 6 weeks post-partum</li> </ol> <p>Other STI/ BBV screening recommendations: See WNHS <a href="#">Antenatal Care Schedule</a> and STI guidelines in <a href="#">Silverbook- STI Screening Recommendations in Pregnant and Post-partum Women</a> (external website)</p>
<p><b>Minimal or no antenatal care or no evidence of syphilis testing in this pregnancy as per schedule</b></p>	<ul style="list-style-type: none"> <li>• Syphilis maternal serology at presentation to care</li> <li>• Full STI screen- Chlamydia / Gonorrhoea PCR, Hepatitis B, Hepatitis C, HIV serology</li> <li>• Tests should be requested URGENTLY. Liaising with on call microbiologist is recommended on weekends / after hours.</li> <li>• See also <a href="#">Silverbook- STI Screening Recommendations in Pregnant and Post-partum Women</a> (external website)</li> </ul>
<p><b>Stillbirth &gt; 20 weeks</b></p>	<ul style="list-style-type: none"> <li>• Syphilis serology recommended</li> </ul>
<p><b>Tested positive to syphilis</b></p>	<ul style="list-style-type: none"> <li>• Full STI screen- read section <a href="#">Maternal follow-up</a></li> <li>• See also <a href="#">Silverbook- STI Screening Recommendations in Pregnant and Post-partum Women</a> (external website)</li> </ul>

**PathWest**  
LABORATORY MEDICINE WA  
ABN 83 459 340 824

## PATHOLOGY REQUEST

Unit no. _____ Medicare Number _____	Consultant _____	Source / Hospital <b>HEDLAND</b>	Ward / Clinic <b>EMER</b>
Surname _____	Requesting Doctor (Surname and initials, provider number, address)	Day For Collection M T W Thu F S Su	
Given Names _____	Dr C Gialle 4015172B [CL884]	When collecting ANTIBIOTIC or DRUG assays fill in this box:	
Date of Birth _____ Age _____ Sex _____	Address Hedland Health Campus Colebatch Way South Hedland WA 6722	Drug _____	Dosage _____ Date _____ Time _____
Address _____	Doctors Signature <b>X</b>	Date of Collection _____	Time of Collection _____
TESTS REQUESTED FBP Group and Antibody Screen Syphilis Serology Hepatitis B sAb / sAg / cAb Hepatitis C Serology HIV Serology Rubella Serology Varicella Serology Vitamin D Urine MC+S Urine CT / NG PCR	URGENT <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> Ph / Fax Number: _____	CLOT _____	SST _____
PW23-0423	Request Date _____	ACD _____	HEP _____
CLINICAL NOTES <b>Pregnancy Screen - ED Admission</b>	Copy Reports to: _____	GLU _____	EDR _____
	Fasting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	URINE _____	24 URINE _____
	Rule 3 Exemption: Yes <input type="checkbox"/> No <input type="checkbox"/>	SLIDE _____	Other _____
	Anticoagulant Therapy Warfarin <input type="checkbox"/> Heparin <input type="checkbox"/>	Collector's Signature (Verify that the blood specimen(s) accompanying this request was drawn from the patient named above and established the identity of this patient by direct inquiry and/or by inspection of wrist band and immediately upon the blood being drawn (labelled the specimen(s)).)	
Results to be: <input type="checkbox"/> Faxed <input type="checkbox"/> Phoned	Patient's Signature for Ancillary Test: <b>X</b>	Patient status at time of service or when specimen collected: 1. A private patient in a private hospital or approved day hospital facility <input type="checkbox"/> 2. A private patient in a recognised hospital <input type="checkbox"/> 3. A Medicare (public patient) in a recognised hospital <input type="checkbox"/> 4. An outpatient of a recognised hospital <input type="checkbox"/>	

# IS YOUR PATIENT PREGNANT?

We currently have a syphilis outbreak in the Pilbara. Syphilis can be contracted at any time during pregnancy.

Please consider providing full antenatal testing as this may be the **only time** this person presents in pregnancy.

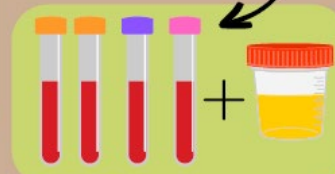
Please use the pre-populated pathology form provided.

Tests requested for pregnant women should include:

- FBC
- Group and AB screen
- Syphilis serology
- Hep B/C/HIV serology
- Rubella serology
- Varicella serology
- Vit D
- Urine MC&S + PCR - Chlamydia and Gonorrhoea

Specimens:

- x2 Gold top tubes
- x1 Purple top tube
- x1 Pink top tube
- x1 Urine jar



RACGP

# CLINICAL QUICK CHECK THINK SYPHILIS!

(OFTEN ASYMPTOMATIC)

## WHO TO TEST?

- ◆ Aboriginal & Torres Strait Islanders
- ◆ Pregnant women
- ◆ Sexually active young people
- ◆ People who inject drugs
- ◆ People experiencing homelessness
- ◆ Men who have sex with men

## Testing for one STI? Test for all!

CHLAM, GONO, SYPH, HIV, HEP A, B & C

Questions about Syphilis?  
Call Pilbara Public Health  
9174 1660



# CLINICAL QUICK CHECK THINK SYPHILIS: IN PREGNANCY!

(PREVENT CONGENITAL SYPHILIS)

## WHEN TO TEST?

- ◆ First Presentation/Booking
- ◆ 28 Weeks
- ◆ 36 Weeks
- ◆ Birth
- ◆ 6 Weeks Postpartum

Pre-Printed Pathology Forms available for ED

**ED Staff:** Please consider full antenatal testing as this may be the only time this person presents in pregnancy

STI/BBV MANAGEMENT GUIDELINES - SILVER BOOK



RACGP

# REFERENCES

<https://www.health.gov.au/our-work/national-response-to-syphilis#:~:text=Three%20population%20groups%20are%20especially,of%20regional%20and%20remote%20Australia>

<https://www.naccho.org.au/enhanced-syphilis-response-esr/>

[WA Syphilis outbreak response \(health.wa.gov.au\)](http://health.wa.gov.au)

[Syphilis in Pregnancy \(health.wa.gov.au\)](http://health.wa.gov.au)

[Syphilis - Community HealthPathways Western Australia](#)

[Syphilis | DermNet \(dermnetnz.org\)](http://dermnetnz.org)