Australian Government

Department of Health

Chief Medical Officer

Increasing notifications of INFECTIOUS SYPHILIS IN WOMEN OF REPRODUCTIVE AGE

Essential information:

- Notifications of infectious syphilis among non-Indigenous and Aboriginal and Torres Strait Islander women of reproductive age have substantially increased, particularly in major cities of Australia, posing an increased risk of congenital syphilis and adverse pregnancy outcomes.

- Specific actions for clinicians include:
    - Repeat testing in pregnant women at high risk of infection or reinfection
    - Consider infectious syphilis as a possibility when conducting sexually transmissible infection screening
    - Test for infectious syphilis in any sexually active young person where they, or their partner, resides in an area of high prevalence

Dear Colleague,

I am writing to provide you with an important update concerning the alarming rise of infectious syphilis in Australia, and to urge you to remain vigilant in testing, re-testing and treating at-risk patients.

Notifications of infectious syphilis among women in Australia have increased considerably since 2015. This is, in part, due to the ongoing outbreak in Aboriginal and Torres Strait Islander peoples residing in predominantly regional, remote and very remote areas of Queensland, the Northern Territory, Western Australia, and South Australia. Notifications among non-Indigenous and Aboriginal and Torres Strait Islander women outside of outbreak declared regions, including major cities, have also contributed to the marked increase in notifications overall. Particularly concerning is the high proportion of infections occurring in women of reproductive age (15-44 years) (approximately 90% of all female cases notified each year) which has considerable public health implications given the increased risk of congenital syphilis and adverse pregnancy outcomes.

Over the last six years (2015 to 2020) infectious syphilis notifications reported in women of reproductive age increased by 219%, with the greatest increase reported in major cities of Australia (570%), followed by inner and outer regional areas (162%) and remote and very remote areas (96%)(**Attachment A**). Coinciding with these marked increases is the concerning rise in congenital syphilis notifications. Between 2015 and 2020, there were 47 notifications of congenital syphilis with 19 (40%) reported in 2020, the highest number reported since 2005 (n=16). 14 out of the 19 cases in 2020 (74%) were reported to be residents of major cities of Australia.

Repeat testing in pregnant women at high risk of infection or reinfection
It is important at this time to ensure adequate testing and care for at-risk populations. In areas affected by an ongoing syphilis outbreak, testing is recommended at the first antenatal visit, at 28 and 36 weeks, at the time of birth and 6 weeks after the birth, for women at high risk of infection or reinfection.

Women should be reassessed at every antenatal visit for symptoms of, and risk for, syphilis. Additional testing should be considered based on clinical indication. Women at risk of inadequate antenatal care should be screened opportunistically.

Reduce prevalence of infectious syphilis to provide community protection against congenital syphilis
There are pregnant women who, for various reasons, do not receive adequate antenatal care. Reducing the rate of infectious syphilis in the general community will lead to a corresponding reduction in the risk of women being infected with syphilis during their pregnancy.

Clinicians are encouraged to take a sexual history from all their patients and consider that infectious syphilis is possible in any of their sexually active patients. This particularly includes young people who reside, or their partner resides, in an area of high prevalence.

Thank you for your ongoing efforts in combating this public health threat, and aiding in the elimination of congenital syphilis in Australia. The Department of health continues to work with its State and Territory counterparts to develop actions that further address the issue, and will provide updates on this progress.

Yours sincerely,

Professor Paul Kelly
Chief Medical Officer
2 March 2021

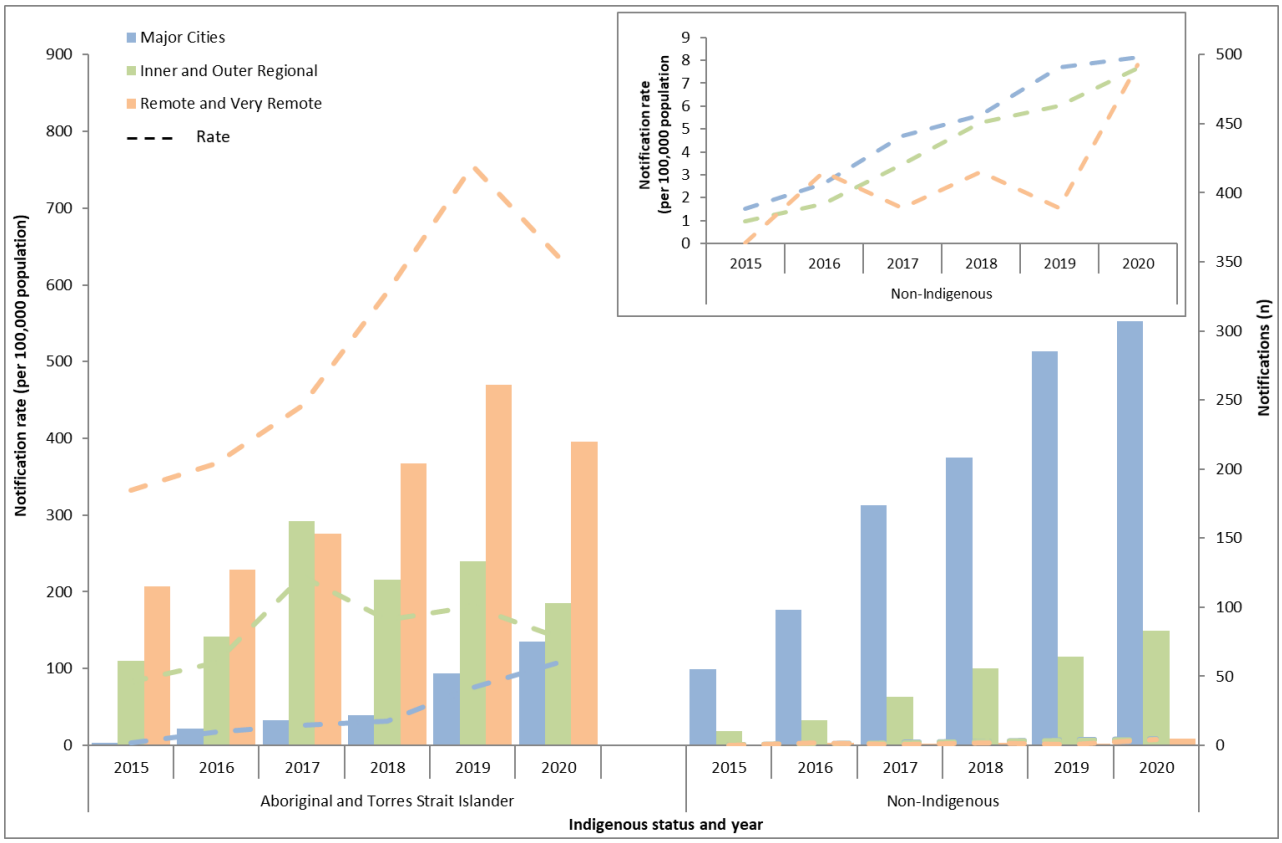

Figure 1: Infectious syphilis notifications[1] and notification rate (per 100,000 population) in females of reproductive age (15-44 years) by Indigenous status, remoteness area[2] and year, 2015 – 2020 (inset: infectious syphilis notification rate in non-Indigenous females)

[1] Analysis is based on notification data extracted by date of diagnosis from the National Notifiable Diseases Surveillance System (NNDSS) on 1 March 2021. Due to the dynamic nature of the NNDSS, data in this extract are subject to retrospective revision and may vary from data reported in published NNDSS reports and reports of notification data by states and territories.

[2] 'Residential postcode' reported to the NNDSS was used to allocate notifications of infectious syphilis to remoteness areas (as defined by the Australian Bureau of Statistics). Where a postcode was not reported the notification was excluded from the analysis, noting that the excluded proportion represented 1% of all infectious syphilis cases reported in 2015 and 2020 for women aged 15-44 years.