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

WA Syphilis Outbreak Response Progress Report (2018-2022)

health.wa.gov.au

Contents

1.0 Executive summary

Western Australia (WA) is experiencing an ongoing outbreak of infectious syphilis. In 2005, there were 20 notifications, in 2021, there were 701 notifications. Of great concern is the increase in rates of congenital syphilis that resulted in preventable stillbirth or permanent disability and have disproportionately affect Aboriginal people.

The WA Syphilis Outbreak Response Group was formed in 2018 in response to the syphilis outbreak. A WA Syphilis Outbreak Response Action Plan was developed to control the syphilis outbreak in affected regions.

Key achievements

- Increased testing rates of women in WA.
- Improved communications within the sector regarding the syphilis outbreak.
- Increasing access of professional development for the workforce, including using technology to better cater for regional WA.
- Implementing a statewide syphilis point-of-care testing program.
- Updating antenatal guidelines for increased syphilis testing during pregnancy.
- Development of a standardised process for reviewing congenital syphilis cases.
- Development and revision of workforce development resources for health professionals.
- Several statewide and regional-specific health promotion campaigns and education initiatives conducted.
- New initiatives to increase testing and improve follow-up of positive results.
- Working collaboratively across sectors and regions to address the outbreak.

Despite significant achievements, investment and reprioritisation of recurrent funding, gaps remain, and the syphilis outbreak remains inadequately controlled.

Areas for improvement

- Improving testing rates, particularly in men, and treatment uptake.
- Addressing syphilis in the outer Perth metropolitan suburbs.
- Responding to difficulties in contact tracing.
- Creating a statewide syphilis management system to better monitor syphilis testing and results across the state, which will improve timely patient management.
- Maintaining and retaining a highly skilled workforce, including retaining Aboriginal workers and male workers.
- Improving rates of antenatal syphilis testing.
- Meeting the needs of the most vulnerable who are disengaged from health services.
- Reducing stigma related to sexuality and sexual health.

Notwithstanding the successes of the syphilis response over the last four years, the rising infectious syphilis notifications and congenital syphilis cases in WA indicates continued investment and resourcing is required to control the outbreak.

2.0 WA Syphilis Outbreak Response

2.1 Introduction

The WA Syphilis Outbreak Response Group (WA SORG) was formed in 2018 in response to the syphilis outbreak among Aboriginal people in outbreak affected regions of WA. The response has adapted to the changing epidemiology which identified increasing notifications of syphilis amongst diverse populations residing in urban areas.

The long term aim of the WA SORG is to control the outbreak of syphilis among communities in WA using partnership strategies that, wherever possible, are applicable to the sustainable control measures for sexually transmissible infections (STIs) and blood borne viruses (BBVs) and promotion of sexual health in communities in WA.

The WA SORG held workshops in November 2018 and September 2020 with key stakeholders to inform the development of the *WA Syphilis Outbreak Response Action Plan* (the WA Action Plan) and the *WA Metropolitan Syphilis Outbreak Response Action Plan* (the Metro Action Plan), respectively. The Action Plans are closely aligned to the national action plan for consistency and reporting purposes.

2.2 History

A brief history of the infectious syphilis outbreak in Australia and WA:

2011

- Queensland reported an increase in syphilis notifications and syphilis outbreak declared was declared for the state in September 2011.

2014

- Increase in syphilis notifications among gay, bisexual and other men who have sex with men (GBMSM) in metropolitan Perth.
- Cluster in the Kimberley amongst Aboriginal people (epidemiologically linked to outbreak identified across northern and central Australia).

2018

- Cluster in the Pilbara region amongst Aboriginal people (epidemiologically linked to the Kimberley outbreak).
- The WA SORG was formed in response to the Pilbara outbreak.

2019

- Cluster in the Goldfields region amongst Aboriginal people (epidemiologically linked to the Kimberley outbreak).

2020

- Cluster in Perth metropolitan area identified in women of childbearing age (not epidemiologically linked to the national outbreak).
- Cluster in the South West region in women of childbearing age (epidemiologically linked to the Perth metropolitan outbreak).
- Chief Health Officer (CHO) authorised a statewide public health response to infectious syphilis in identified at-risk populations and WA SORG membership updated to include representation from all regions.

2.3 Governance

The WA SORG provides an ongoing reporting mechanism for updates and briefings to executive management and the CHO within WA Department of Health (WA DoH).

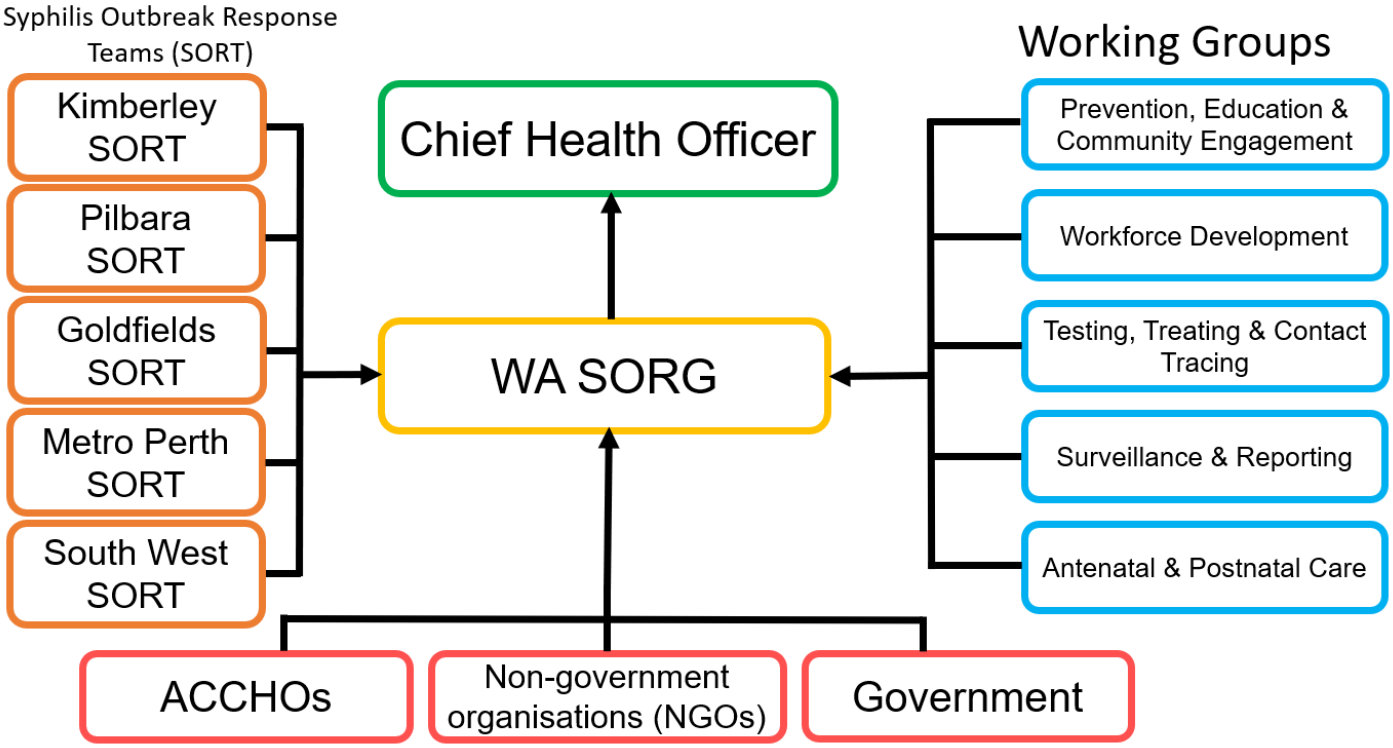


Fig. 1 WA SORG reporting structure

WA SORG is co-chaired by the Communicable Disease Control Directorate (CDCD) and the Aboriginal Health Council of WA (AHCWA). This co-chairing arrangement helped embed collaboration and partnerships necessary to control the outbreak. The membership of the WA SORG includes Aboriginal Community Controlled Health Organisations (ACCHOs), other non-government organisations (NGOs) and public health government agencies.

Five working groups were formed for each of the priority action areas in the Action Plans. Membership in each of the working groups comprises of a chair, secretariat and other representative experts from government and non-government organisations in the outbreak regions. Syphilis Outbreak Response Teams (SORTs) have been activated in outbreak regions, to initiate localised interventions to control syphilis.

2.4 Funding

Dedicated WA syphilis outbreak funding:

- 2019/20 to 2021/22 – $4.928m with $4.265m to WA Country Health Service (WACHS) and $663,000 to CDCD.
- 2022/23 to 2023/24 – $7.002m with $3.3m to WACHS, $1.761m to Metropolitan Communicable Disease Control (MCDC) and $1.942m to CDCD.

WACHS funding was used to establish additional positions equivalent to 12.9 fulltime. The Sexual Health and Blood-borne Virus Program (SHBBVP) at CDCD, coordinate a comprehensive response to STIs and BBVs in WA.

In addition, recurrent SHBBVP funding has been reallocated from general sexual health projects to support the syphilis outbreak response. Syphilis focused activities and projects have also

been incorporated into established activities, grants and contracts that are ‘business as usual’ for the program.

Activities include:

Activity	Comment
Campaigns	• Funding committed to general sexual health campaigns has been reallocated to syphilis specific campaigns.
Service Agreements and Grants	• New grants have been established to support services to respond to the syphilis outbreak. • Current active service agreements have built syphilis specific initiatives into service outputs.
Workforce Development	• Annual Sexual Health Teams workshops to upskill regional staff in sexual health has a syphilis specific session. • Syphilis videoconference series to provide regular professional development (PD) on syphilis has been activated. • Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) are contracted to provide a range of workforce development opportunities to support health workers in WA. ASHM have developed and deliver syphilis-related PD.
Health Promotion Resource Development	• Resources are reviewed and updated with target audiences broadened to respond to diversifying communities at-risk.
Human Resourcing	• SHBBVP staffing profile remained unchanged, additional activities and time spent in coordinating the response was absorbed and managed within staff resourcing. • The 2022/23 CDCD funding allocation provided funding for an additional Level 5 Senior Program Officer for syphilis.

3.0 Action Plan progress

3.1 Epidemiology trends

Infectious syphilis in WA

63% increase in infectious syphilis notifications from 2018/19 to 2021/22 in Western Australia.

Closer look at the data…

Infectious syphilis notifications in **women of childbearing age** have **increased 127%** from 2018/19 to 2021/22.

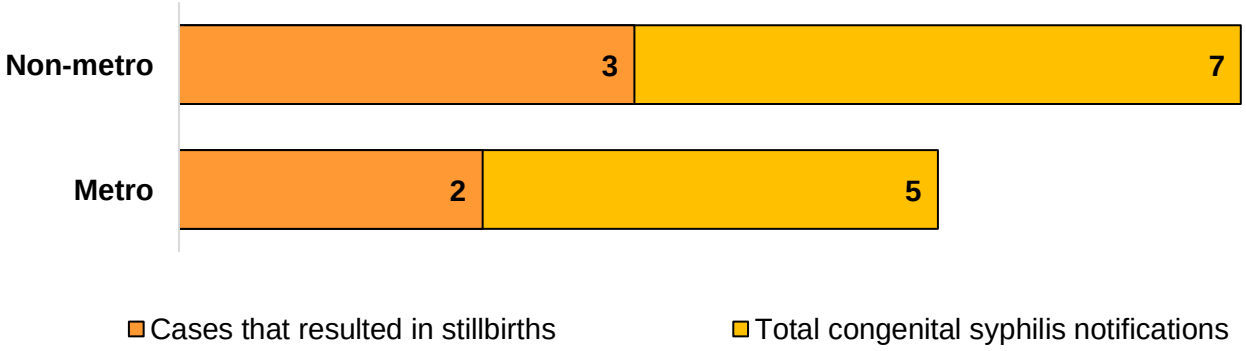
Of those women who were diagnosed in 2021/22, **13% were pregnant** at the time of diagnosis.

Infectious syphilis notifications in **gay, bisexual and other men who have sex with men (GBMSM)** were **stable** from 2018/19 to 2021/22.

Infectious syphilis notifications in **Aboriginal people** has **increased 77%** from 2018/19 to 2021/22.

35-39 year olds had the **greatest increase (109% increase)** of infectious syphilis notifications from 2018/19 to 2021/22

Congenital syphilis notifications from July 2018 to June 2022



2020/21 had the highest number of congenital syphilis cases, at 5.

2021/22 had the highest number of stillbirths, at 3.

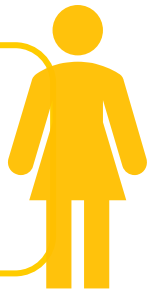
Regional testing rates & notifications

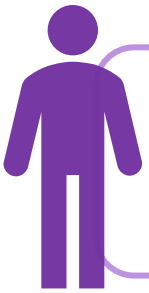
Kimberley 2021/22

Testing rates

311.4 per 1000 in women

Testing rates in women have increased 7% from 2018/19 in the Kimberley





174.2 per 1000 in men

Testing rates in men have decreased 11% from 2018/19 in the Kimberley

Total syphilis notifications in the region

124 notifications of syphilis in 2021/22, 70% increase from 2018/19

Notifications in priority populations

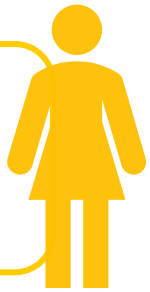
Aboriginal	GBMSM	Women of childbearing age
120	7	55

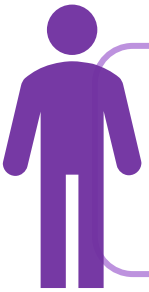
Pilbara 2021/22

Testing rates

222.5 per 1000 in women

Testing rates in women have increased 40% from 2018/19





60.1 per 1000 in men

Testing rates in men have decreased by 9% from 2018/19

Total syphilis notifications in the region

115 notifications of syphilis in 2021/22, 35% increase from 2018/19

Notifications in priority populations

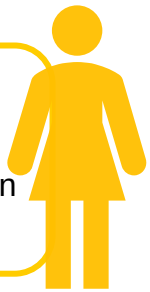
Aboriginal	GBMSM	Women of childbearing age
109	3	50

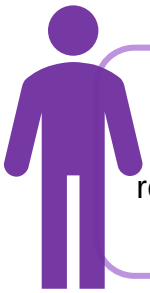
Goldfields 2021/22

Testing rates

86.9 per 1000 in women

Testing rates in women have increased 94% from 2018/19 in the Goldfields





29.8 per 1000 in men

Testing rates in men have remained stable since 2018/19 in the Goldfields

Total syphilis notifications in the region

24 notifications of syphilis in 2021/22, notifications remained stable since 2018/19

Notifications in priority populations

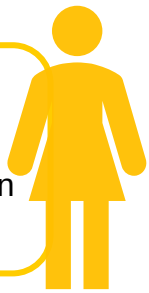
Aboriginal	GBMSM	Women of childbearing age
23	2	11

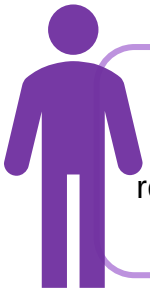
Metro Perth 2021/22

Testing rates

71.4 per 1000 in women

Testing rates in women have increased 54% from 2018/19 in Metro Perth





16.4 per 1000 in men

Testing rates in men have remained stable since 2018/19 in Metro Perth

Total syphilis notifications in the region

9 notifications of syphilis in 2021/22, 35% increase from 2018/19

Notifications in priority populations

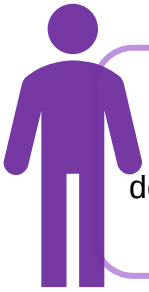
Aboriginal	GBMSM	Women of childbearing age
69	115	59

South West 2021/22

Testing rates

40.5 per 1000 in women

Testing rates in women have increased 40% from 2018/19 in the South West



16.4 per 1000 in men

Testing rates in men have decreased by 9% from 2018/19 in the South West

Total syphilis notifications in the region

9 notifications of syphilis in 2021/22, notifications remained stable since 2018/19

Notifications in priority populations

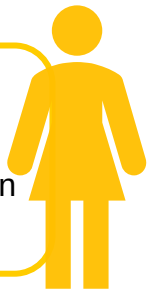
Aboriginal	GBMSM	Women of childbearing age
0	5	2

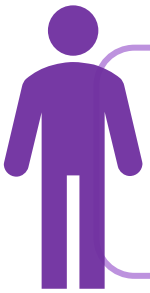
Midwest 2021/22

Testing rates

106.8 per 1000 in women

Testing rates in women have increased 74% from 2018/19 in the Midwest





34.4 per 1000 in men

Testing rates in men have increased 12% from 2018/19 in the Midwest

Total syphilis notifications in the region

19 notifications of syphilis in 2021/22, 171% increase from 2018/19

Notifications in priority populations

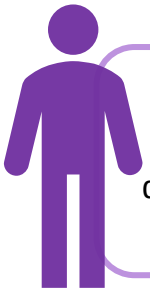
Aboriginal	GBMSM	Women of childbearing age
13	0	11

Wheatbelt 2021/22

Testing rates

50.1 per 1000 in women

Testing rates in women have increased 74% from 2018/19 in the Wheatbelt



14.0 per 1000 in men

Testing rates in men have decreased 27% since 2018/19 in the Wheatbelt

Total syphilis notifications in the region

9 notifications of syphilis in 2021/22, 200% increase from 2018/19

Notifications in priority populations

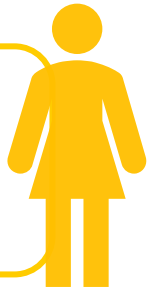
Aboriginal	GBMSM	Women of childbearing age
6	2	4

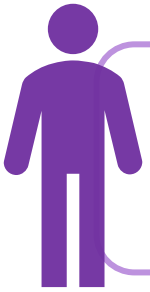
Great Southern 2021/22

Testing rates

33.4 per 1000 in women

Testing rates in women have decreased 21% from 2018/19 in the Great Southern





18.3 per 1000 in men

Testing rates in men have decreased 21% from 2018/19 in the Great Southern

Total syphilis notifications in the region

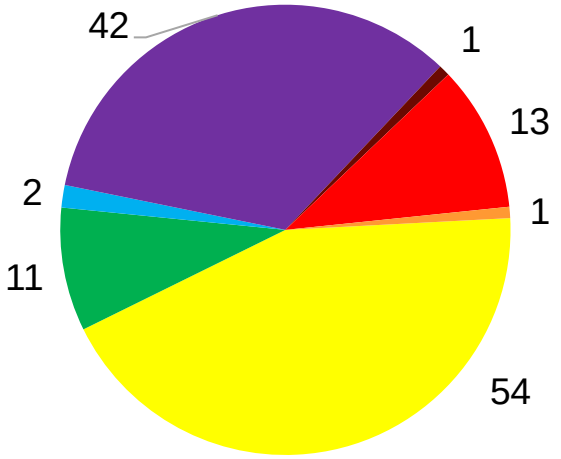
5 notifications of syphilis in 2021/22, notifications remained stable since 2018/19

Notifications in priority populations

Aboriginal	GBMSM	Women of childbearing age
1	1	1

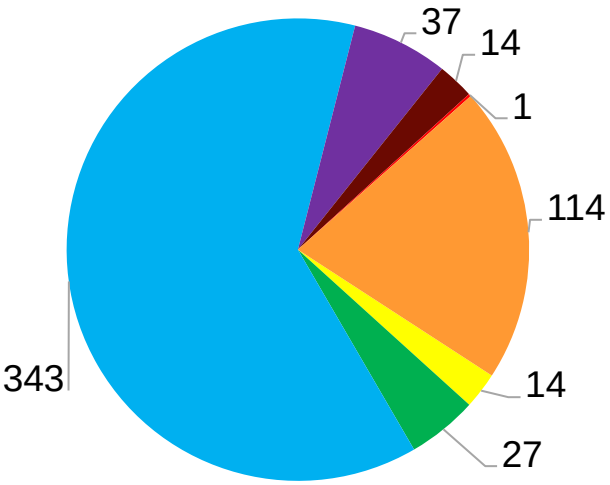
Notifying services in 2021/22

Kimberley



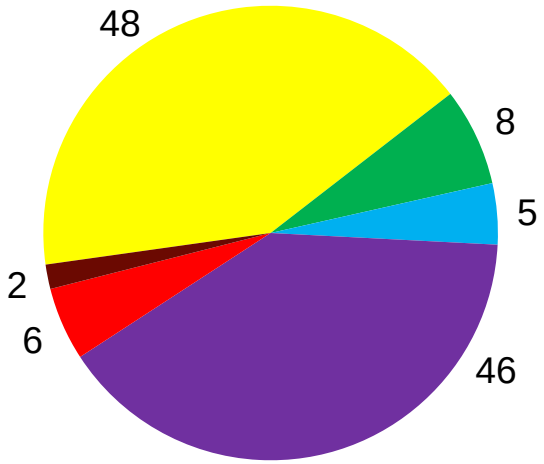
Notifications in corrective services, hospitals and public/community health services increased from 2018/2019 in the Kimberley.

Metro Perth



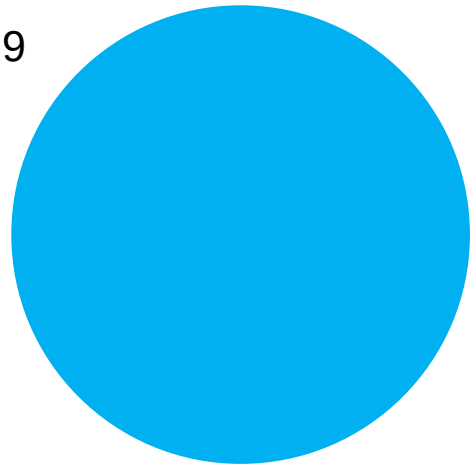
Notifications in GP have increased by 52% since 2018/2019 in metro Perth

Pilbara



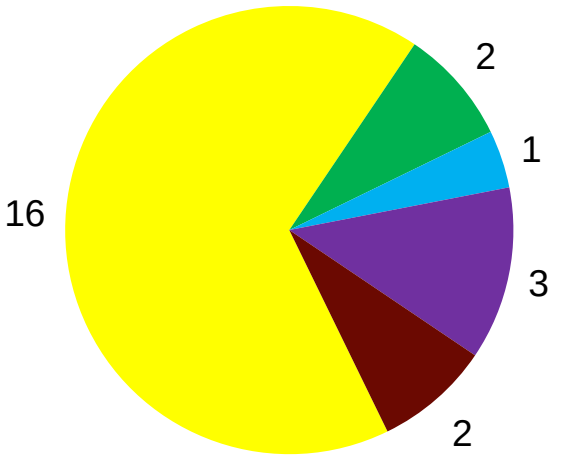
Notifications in hospitals increased by 200% from 2018/2019, showing an increase in opportunistic testing in the Pilbara

South West



In previous years, AMS were the second highest notify service in the South West

Goldfields



No notable changes to notifying services in the Goldfields

Midwest

No notable changes to notifying services in the Midwest

- Aboriginal Medical Service
- Corrective Services
- GP
- Hospital
- Public/community health
- Sexual health clinic
- Other/Unknown/Interstate

3.2 Key achievements of WA SORG Action Plan

The Action Plan addresses five priority action areas to ensure a holistic response to the outbreak.

• Priority area 1: prevention, education and community engagement	1
• Priority area 2: workforce development	2
• Priority area 3: testing, treatment and contact tracing	3
• Priority area 4: surveillance and reporting	4
• Priority area 5: antenatal and postnatal care	5

Key achievements and their related priority action area(s) are listed below. For more information see Appendices B and C.

3.2.1 State-wide initiatives

Syphilis Point of Care Testing program 3

The roll out of the WA Syphilis Point-of-Care Testing (PoCT) Program commenced in 2020.

- As of July 2022, 23 services are registered to deliver syphilis PoCT across 46 sites.
- Since the beginning of the program in 2020:
  - 335 health workers have been trained as operators
  - of those, 104 have completed Advanced operator training (train-the-trainer)
- From October 2020 to June 2022, there have been a total of 1,406 syphilis PoCT kits utilised for patient testing around the state.

WA syphilis outbreak response website 1 2 3 4 5

The WA syphilis outbreak response website was developed and is updated regularly to host information and resources for the outbreak response. The website has had over 6500 views from July 2019 to June 2022.

Syphilis video conference series 2

The SHBBVP facilitates a series of videoconferences designed to provide current information and updates related to the infectious syphilis outbreak in WA. Twenty-two videoconferences have been delivered and accessible via the WA syphilis outbreak response website. The videoconferences have over 38,000 combined views and the email distribution list contains nearly 220 contacts.

Funded ASHM training 2

The WA DoH provides funding to ASHM to provide a range of workforce development opportunities for the sexual health and BBV sector. These included face-to-face, online webinars and online learning modules.

Over 1000 participants have completed the online syphilis outbreak training module, with some WA health service providers incorporating the training into their internal learning management systems. There have been 144 attendees from WA that have participated in trainings on the syphilis outbreak and STI and BBV management.

Updating guidelines for antenatal syphilis testing 3 5

The antenatal and postnatal working group reviewed the antenatal care syphilis testing guidelines and endorsed a change to a universal application of three tests during pregnancy.

WA was the first jurisdiction to implement these guidelines. These changes were incorporated into the Silver book – A guide for managing STIs and BBVs and other state-based antenatal care guidelines including the Statewide Maternity Shared Care Guidelines.

Campaigns 1 5

Several campaigns have run over the last three years to raise awareness of syphilis, testing and treatment. Campaigns have used a variety of mediums including social media, other online platforms, outdoor media, television, radio, cinema advertising and use of emerging social media platforms like TikTok.

Campaigns and reach are listed below

Campaign Title	Campaign Length	Organisation	Approximated Reach
Let your partners know	Jan 2021 – Feb 2021	Department of Health	371,000
Syphilis in pregnancy	March 2020 – June 2020	Department of Health	542,000
HealthySexual syphilis campaign	March 2022 – June 2022	Department of Health	2,943,000
Syphilis outbreak awareness	Physical poster campaign only	Department of Health	Analytics unavailable
'Test More' Social Influencer Campaign	Feb 2021 – May 2021	Kimberley Aboriginal Medical Service	4,700
Syphilis Social Media Campaigns	Across 2019 and 2020	Sexual Health Quarters	5,300
YEP Crew syphilis campaign	Jan 2021 – June 3021	YEP Crew	65,000

See Appendices D and E for marketing materials.

Resource development 1 2

A range of resources have been development to support the health workers treating and preventing the spread of syphilis.

- Quick guide for testing and treatment of syphilis infection.
- Contact tracing in regional and remote areas video *(Total views: 908). **
- Administering benzathine penicillin treatment for syphilis video *(Total views: 105). **
- Talk Test Treat Manual including a chapter about syphilis management and testing.
- We need to yarn about syphilis video *(Total views: 2,964). **
- AHCWA syphilis flipchart.

**Views as of August 2022*

Communiques 4

Quarterly communiques 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. As of September 2022, 13 communiques have been created and distributed. The communiques are available on the WA syphilis outbreak response website.

Public health review of congenital syphilis cases 5

Public health reviews of cases of congenital syphilis in WA were conducted to evaluate current processes, improve service provision and prevent future cases of congenital syphilis. These reviews were guided by the Guidelines for Public Health Review of Congenital Syphilis and were chaired by the public health physicians in the relevant regions. The Public Health Review of Congenital Syphilis Cases In WA Jan 2019 – June 2021: Summary Report was created to outline the findings of the reviews.

Social media training 1 2 3

In 2019, the WA DoH funded Hancock Creative to deliver social media training in the Kimberley, Pilbara, Goldfields and Midwest. The aim of this training was to upskill staff to better utilise social media to promote syphilis testing and treatment to at-risk communities. A total of 61 participants attended the training and rated the training highly.

3.2.2 Regional initiatives

Syphilis Outbreak Response Teams (SORTs) 1 2 3 4 5

SORTs were created in each of the outbreak regions across WA: Kimberley, Pilbara, Goldfield, South West and Perth metropolitan.

Each region has produced their own localised action plans which are closely aligned to the statewide Action Plan. The SORTs provide reports for each WA SORG meeting which give an overview of their epidemiology and activities against each of the priority areas. These teams have been pivotal in reaching the varying communities across WA and implementing localised activities to improve service delivery in their respective regions.

Increased workforce capacity through establishing new positions 2

Additional positions have been established across the state:

	Funded by WA DoH	*Funded by WACHS*	*Funded by Commonwealth Department of Health (CDoH)*
WACHS		12.9 FTE	
ACCHOs	7.1 FTE		8.8 FTE
NGOs	4.1 FTE		

Condom dispensers project (all regions) 1

The condom dispenser program aims to ensure that people have equitable access to free condoms. There have been 164 condom dispensers installed around the state, with 138 being installed in regional WA. These sites are added to 'find a free condom' feature on www.getthefacts.health.wa.gov.au/.

Neonatal Management Birth Plans (Metropolitan) 5

As of June 2022, 40 Neonatal Management Plans had been completed. There have been no cases of congenital syphilis among the babies born to women monitored via the syphilis in pregnancy team.

Regional staff induction videos (Goldfields & Kimberley) 2

Region specific short induction videos have been created in the Kimberley and Goldfields regions. These videos covered testing and treatment protocols in the region to ensure staff regularly test for syphilis. These videos were created to address high staff turnover rates and lower client testing rates for new or locum staff.

Men's camps (Kimberley) 1

Men's camps provide a culturally safe environment for men to discuss health and wellbeing issues, including sexual health. These were led by the Kimberley Public Health Unit health promotion team in partnership with the Local Drug Action Group and local Aboriginal communities.

Syphilis baby baskets program (Pilbara & Goldfields) 3 5

The program provided incentives to at-risk pregnant women to attend antenatal appointments to ensure regular syphilis screening throughout pregnancy. This program was a collaborative partnership with community and health service providers. This program has been running successfully in Pilbara since mid-2020 and a similar program is being launched in mid-2022 in the Goldfields.

Clinical alerts for positive cases (Pilbara & South West) 3 4

WEBPas and Community Health Information System alerts were utilised in the regions to flag positive syphilis cases and contacts who were hard to locate to ensure appropriate follow-up was completed.

REDCap infectious syphilis database (Kimberley & Metropolitan) 4

An infectious syphilis database was developed using Research Electronic Data Capture (REDCap) which includes a reporting function, calendar recall reminders and live data updates.

Audit of syphilis testing at birth and 6 weeks postnatal (Kimberley & Pilbara) 3 5

An antenatal syphilis testing audit was conducted in public maternity services. The audit analysed rates of syphilis testing throughout antenatal care and postpartum to identify areas in need of improvement. Midwifery led initiatives to address these areas included partogram stickers for syphilis testing on pregnancy records and flyers in birth packs.

Emergency department Asymptomatic Sexual health screening in Young people (EASY) Project (Pilbara) 2 3

The EASY Project at Karratha Health Campus Emergency Department began in 2021. This project trained staff to deliver STI screens and allows acute nursing staff to promote opportunistic STI screening for target groups triaged whilst waiting to be seen.

4.0 Gaps, barriers and the future

While syphilis cases are increasing, the state and regional teams are in a better position to respond and address the syphilis outbreak than four years ago. Further considerations are required to address the current gaps and build on the strengths of the response.

Identified areas for improvement

Testing and reducing time to treatment

Increasing regular syphilis screening and reducing people lost to follow-up is key to preventing onward transmission of infectious syphilis. Despite recorded increases in syphilis testing (particularly in women), testing coverage is not at a satisfactory level to adequately control the syphilis outbreak. Additional initiatives are needed to increase syphilis testing overall, with a strong focus on addressing the testing rates in men.

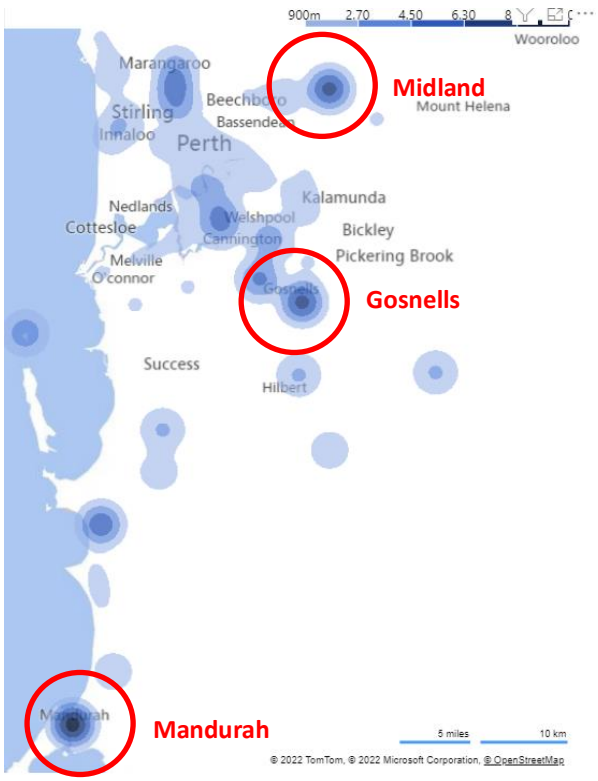
Periods of strict COVID-19 restrictions in WA saw a decrease in syphilis testing. The second quarter of 2022 saw a decrease in syphilis testing rates, with testing rates not returning to pre-COVID levels until first quarter of 2021. These periods of decreased case detection have impacted our ability to reduce infectious syphilis in WA.

The syphilis outbreak response, and more broadly, sexual and BBV health requires continued prioritisation and greater embedding into general healthcare. Considerations for increasing testing and rapid treatment uptake are necessary to control the syphilis outbreak.

Addressing higher number of notifications in outer suburbs in Perth metropolitan area

The highest number of syphilis notifications in Perth metropolitan area reside in the Midland, Armadale, Rockingham and Mandurah areas (see figures 2 and 3 below). In contrast, the highest number of notifying doctors are in Perth and inner suburbs. This highlights the lack of specialised sexual health clinics in the outer-metropolitan areas as people are travelling to access appropriate sexual health care. Travelling is a known barrier for people accessing regular sexual health testing. Providing more equitable access to specialised sexual health services in the outer suburbs of Perth and areas with the highest incidence of syphilis is vital to help address the syphilis outbreak in the Perth area.

Residential Postcode



Doctor's Postcode

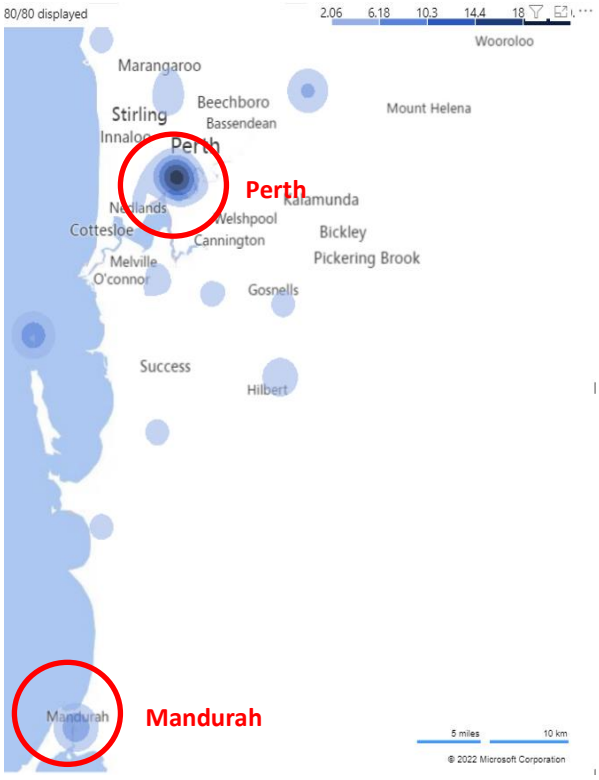


Fig. 2 Heat map of infectious syphilis notification among females in the metropolitan area by residential and notifying doctor's postcode 2021/22

Residential Postcode

Doctor's Postcode

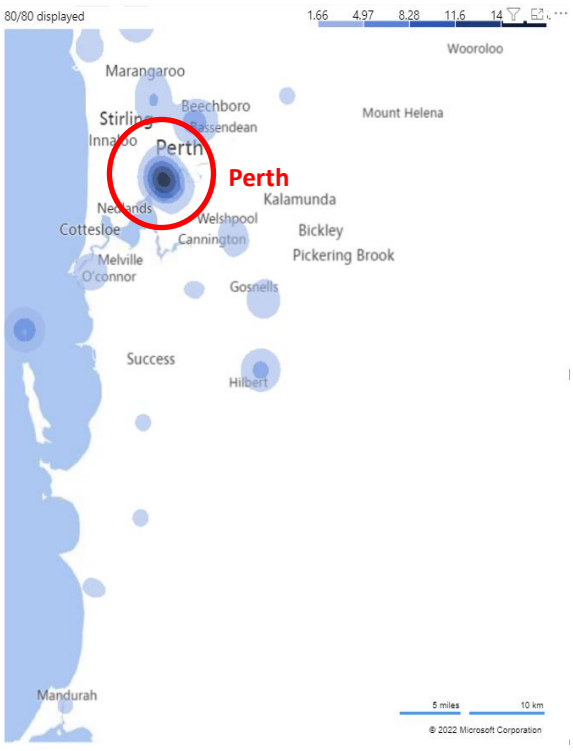


Fig. 3 Heat map of infectious syphilis notifications among heterosexual males in the metropolitan area by residential and notifying doctor's postcode 2021/22

Role of contact tracing

It has been noted throughout the outbreak the difficulties that surround effective contact tracing. Intimate partner violence, poor sexual health knowledge in communities, the perceived shame of having an STI and sexual health stigma contribute to difficulties around contact tracing.

Some of the ways the response can address contact tracing issues are better opportunistic testing, reducing shame regarding STIs, better community sexual health education, exploring new methods of partner notifications that protect anonymity, improving trust between community and health services and finally improving health systems to record named contacts at risk of syphilis.

Statewide syphilis data management system

A statewide syphilis data management system would enable better patient management, syphilis contact management and more efficiencies for reporting and surveillance. WA SORG authored an options paper on the development and use of a syphilis register however, the syphilis data management system was not completed in this iteration of the Action Plan.

A REDCap syphilis data management system is currently being employed in the Kimberley and Metropolitan (See section 3.2.2 above) and a state based REDCap system is in the final stages of development, expected to be launched January 2023.

Maintaining a strong workforce in regional WA

Retaining a highly skilled, multidisciplinary workforce is vital to address in the current syphilis outbreak in regional areas of WA. A common issue is the difficulty in maintaining skilled staff in regional and remote positions. Initiatives to recruit and maintain skilled staff in positions for longer periods of time should be considered in future WA syphilis outbreak responses. More stable and longer-term funding has been identified as one initiative to offer longer contracts that will offer greater job security for staff.

Increasing the male and Aboriginal health workforce

Programs and services have reported the benefit that employing male health workers and Aboriginal health workers can have for increasing community engagement, contact tracing and sexual health screening. By increasing male and Aboriginal health workforce, the WA syphilis response will be able to work in a more effective, culturally secure way.

Eliminating congenital syphilis

There have been several successful projects and initiatives to prevent congenital syphilis cases in WA. With congenital syphilis notifications becoming more common in vulnerable communities in recent years, more is needed to prevent congenital syphilis. To eliminate congenital syphilis, alternative models of antenatal care need to be explored in consultation with Aboriginal women and other women that experience social disadvantage along with key stakeholders to provide optimal antenatal care for people at risk of syphilis of congenital syphilis.

Addressing the needs of the most vulnerable

To respond to infectious syphilis there must be greater consideration for how the WA Syphilis Outbreak Response reaches those most disengaged from health services. Substantial work is needed to reach those that experience intersectional discrimination including people who use drugs, people experiencing homelessness and Aboriginal people.

Sexual health stigma

Addressing the stigma around sexual health is needed to help reduce the rates of syphilis and other negative sexual health outcomes. Stigma related to sexual health prevents people from being tested, talking to their partners about sexual health and disclosing symptoms and contacts to health professionals. The WA syphilis response needs to address this stigma and normalise sexual health to help combat the transmission of syphilis.

Working collaboratively

A key strength of WA SORG has been the collaboration between different stakeholders across government, non-government and community organisations, within and across different regions. This collaboration has allowed a robust response to the syphilis outbreak across WA and has enabled us to share ideas and work together on initiatives. All future work to address the syphilis outbreak in WA should continue to lean on and strengthen these collaborations.

5.0 Conclusion

The inability to adequately control the syphilis outbreak early has resulted in the increases of cases throughout the state, across different vulnerable populations, and the emergence of congenital syphilis notifications.

There have been many initiatives to address the syphilis outbreak over the last four years. Substantial investment into the response has resulted in successes, such as availability of workforce development opportunities, better collaboration between government, non-government and the Aboriginal community-controlled health sectors, reviewed and updated guidelines, and improved systems. These successes have put WA in a better position to respond to the syphilis outbreak than four years ago.

The outbreak response has identified gaps such as, testing and follow-up treatment, ongoing issues with contact tracing, workforce retention and the absence of a statewide syphilis data management system. Without addressing these gaps, it is likely outbreak will remain uncontrolled.

Appendix A: Monitoring Framework

Objective 1: Reduce the notification rates of infectious syphilis among Aboriginal people in outbreak regions to pre-outbreak levels.

Objective 2: Develop, enhance and maintain systems, workforce and capabilities with a readiness to prevent the spread of syphilis between regions and respond to any future outbreaks.

Objective 3: Maintain zero annual occurrence of congenital syphilis among Aboriginal people in WA.

The monitoring framework specifically applies to regions in WA that are affected by the syphilis outbreak as stipulated by the MJSO and the WA Syphilis Outbreak Response Action Plan

Working group*	Indicator	Target	Data source	Responsibility for reporting to database	Frequency of reporting
Indicators ready for immediate reporting or in short term, with modification of existing systems required					
3	Number and notification rates of infectious syphilis among Aboriginal people in outbreak regions reported by age group, gender and region	Decrease to pre-outbreak levels	WANIDD	PHU	Quarterly
3	% of symptomatic infectious syphilis cases in males and non-pregnant females who are treated on the first presentation to a health service	80%	ESF, WANIDD (new field)	PHU	Quarterly
3	% males and non-pregnant females notified with infectious syphilis treated within 2 weeks of dx	80%	ESF, WANIDD (new field)	PHU	Quarterly
3	% of pregnant females diagnosed with infectious syphilis who are treated within **three** days of diagnosis	100%	WANIDD (new field)	PHU	Quarterly
3	% of notified infectious syphilis cases who have a repeat serology test at 3 months post-treatment	80%	WANIDD (new field)	PHU	Six monthly

Working group*	Indicator	Target	Data source	Responsibility for reporting to database	Frequency of reporting
3	% of notified infectious syphilis cases who have a repeat serology test at 6 months post-treatment	80%	WANIDD (new field)	PHU	Six monthly
3	% of notified infectious syphilis cases who have a repeat serology test at 12 months post-treatment	80%	WANIDD (new field)	PHU	Six monthly
1	Number of sexual health workshops and education sessions targeting regional outbreak specific priority groups	Any	Local	PHUs / Health services	Annually
2	Number of full time equivalent Aboriginal Health Workers and Practitioners working in dedicated sexual health positions[¥], by gender	Increasing with time	Health services/ WACHS / PHUs / AHCWA	Health services/ PHUs	Six monthly
2	Number of primary health and hospital staff[€] receiving specific mandatory sexual health and/or other STI training by professional category	Increasing with time	Completion of online course/ online course database	CDCD	Six monthly
2	Number of sexual health coordinator and/or dedicated sexual health full time equivalents which are occupied, by region and gender	Local data	Health services/ WACHS / PHUs / AHCWA	Health services	Six monthly
5	Number of congenital syphilis notifications in Aboriginal babies in outbreak regions	Zero	WANIDD	Clinicians and labs	Quarterly
5	% of congenital syphilis cases that are investigated to a) identify and address factors that could have prevented vertical transmission and b) quality of clinical and public health management of the mother and neonate	100%	Local data/ Case audit results	CDCD and PHU	Annually
Indicators ready for reporting in short to medium term – requiring negotiation with local health service providers					
3	Number of outreach or place based testing opportunities undertaken, by region	Any	Local data	Health Services to PHU	Quarterly

Working group*	Indicator	Target	Data source	Responsibility for reporting to database	Frequency of reporting
3	% of people tested for syphilis in a target population where community wide testing is done, by age group (population to be specified)	80%	Local data	Health Services to PHU	Quarterly
3	Number of point-of-care tests undertaken where point-of-care testing is available	Any	Local data	Health Services	Quarterly
3	% of people who have point-of-care tests and serology at the same time	100%	Local data	Health service	Quarterly
3	% of Aboriginal population aged 15-29 years tested annually for syphilis in the previous 6 months	70%	Laboratory and local clinical data		Six monthly
5	% of pregnant Aboriginal women tested for syphilis at first antenatal appointment £	100%	Antenatal audit (sampling across various sites) / STORK	Health services	Six monthly
5	% of pregnant Aboriginal women tested for syphilis at 28 weeks gestation£	100%	STORK	Health services	Six monthly
5	% of pregnant Aboriginal women tested for syphilis at 36 weeks gestation£	100%	STORK	Health Services	Six monthly
5	% of pregnant Aboriginal women tested for syphilis at birth£	100%	STORK	Health services	Six monthly
5	% of pregnant Aboriginal women referred for syphilis testing at 6 weeks post-partum£	100%	STORK	Health services	Six monthly
Future indicators for reporting in medium to long term – requiring new Syphilis Surveillance System					
3	% of named contacts of syphilis cases who are tested for syphilis within four weeks of being named	80%	Syphilis surveillance system	Health Services to PHU	Quarterly

Working group*	Indicator	Target	Data source	Responsibility for reporting to database	Frequency of reporting
3	% of named contacts of syphilis cases who are tested and treated for syphilis on the first presentation to a health service	80%	Syphilis surveillance system	Health Services to PHU	Quarterly

Appendix B: WA Syphilis Action Plan progress

Action		Progress	Considerations for future (refer to section 3.2 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.	Recommended to be Maintained	
1.2	Deliver community education services through effective face-to-face methods.	Recommended to be Maintained	
1.3	Use the existing workforce for community engagement such as Aboriginal health workers (AHWs).	Recommended to be Maintained	Aboriginal health workers and practitioners are pivotal to achieving controlling the syphilis outbreak response. Consideration is required to expanding the scope of practice of these health workers to better provide testing and treatment services.
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.	Recommended to be Maintained	
1.5	Collaborate with local Aboriginal Elders, champions and navigators when planning and delivering prevention strategies.	Recommended to be Maintained	
1.6	Specifically involve young people in conversations, education and health promotion initiatives.	Recommended to be Maintained	
1.7	Seek to destigmatise sexual health towards greater community engagement.	In Progress	Further consideration is required to what activities and initiatives are required to destigmatise sexual health, and what the measure of success looks like.
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.	Recommended to be Maintained	A range of health promotion channels have been used for increasing community education. The syphilis response needs to remain social marketing mediums.

Action		Progress	Considerations for future (refer to section 3.2 for additional information)
1.9	Provide incentives to increase community engagement through events, merchandise, competitions etc.	In Progress	
Priority area 2: Workforce development			
2.1	Provide mandatory and concise training in sexual health and STI, community engagement and cultural competency to all staff.	In Progress	There are many trainings that exist to increase staff knowledge of sexual health and STIs, community engagement and cultural competency. A training that covers all of these topics is not mandatory across all health services.
2.2	Increase the Aboriginal sexual health workforce with an emphasis on achieving a better male-to-female workforce composition.	Recommended to be Maintained	Success towards meeting this action fluctuates due to staff movement, and difficulties retaining staff in the regional and remote areas. Greater consideration needs to be given on how to increase the health workforce and how to retain people in the roles.
2.3	Establish dedicated male and female sexual health coordinator roles in each region to oversee programs and work stream leads, provide clinical advice and coordinate training and strategic work including changing generalist positions back to sexual health.	In Progress	Regions and different services have aimed to have dedicated male and female sexual health coordinators in each region. This has been difficult to achieve due to difficulty in recruiting to positions across the state. A sexual health coordinator exists in each region.
2.4	Consistently use the Aboriginal health workforce and nurses to their full scope of practice.	In Progress	Aboriginal health workforce is often used to their full scope. It is important to explore how their current scope can be expanded further. There has been an election commitment of $3.7 million for HSPs to pilot a program to establish and commence the Aboriginal Health Practitioners (AHP) profession in Western Australia.
2.5	Fund dedicated Aboriginal sexual health promotion positions with adequate training and promotion support.	Recommended to be Maintained	
2.6	Provide dedicated staff for sexual health testing and follow-up.	Recommended to be Maintained	This has been able to be achieved at multiple services, across different regions in WA. These positions have been funded using short-term funding mechanisms. Continued resourcing is required for this initiative to be

Action		Progress	Considerations for future (refer to section 3.2 for additional information)
			maintained. Increased resources are required for this initiative to rolled out equally across a range of services.
2.7	Broaden the scope of the workforce to incorporate testing and treatment including addressing the issue of provider numbers.	In Progress	Advocacy for the review of *Health Insurance Act 1973* continues, understanding that this is the most appropriate way to expand the scope of practice for registered nurses, Aboriginal health workers and Aboriginal health practitioners to request pathology that receives Medicare rebate without requiring a medical practitioners provider number.
2.8	Attract, reward, recognise and retain Aboriginal staff through pay equity, housing subsidies and traineeships and mentorships.	In Progress	
2.9	Enable more responsive partnerships between agencies and devolved decision making to reduce reliance on locums.	Ongoing	
Priority area 3: Testing, treatment and contact tracing			
3.1	Normalise screening as part of annual adult health checks and incorporate into existing programs.	Recommended to be Maintained	Guidelines include sexual health screening as recommended as part of the annual 715 health checks. It has been identified patient management systems could have prompts better introduced into them to further improve STI and BBV screening during annual health checks.
3.2	Provide timely and efficient follow-up through treatment and contact tracing.	Recommended to be Maintained	Contact tracing remains difficult in many circumstances, despite proactive outreach being used in many situations to find, test and treat positive cases and their contacts (when provided).
3.3	Ensure contact tracing is best practice through deploying dedicated ‘discharge liaison’ roles or work streams plus innovative methods and technologies.	In Progress	Community liaison officers are utilised to varying degrees in different services. Many nurses, AHWs and AHPs engage in contact tracing, in some services and communities utilising outreach to test and treat contacts.

Action		Progress	Considerations for future (refer to section 3.2 for additional information)
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	
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	Services vary on the provision of services that allow for gender specific and age specific options. This is influenced by community need and availability of male and female staff.
3.6	Engage in greater opportunistic testing through primary health practitioners including general practitioners, hospitals and emergency departments.	In Progress	Whether or not testing rates have increased or decreased varied between gender and regions. Some regions have achieved an increase in number of cases diagnosed in GPs and hospitals. Considerations need to be given to embedding opportunistic testing in some of these services.
3.7	Provide incentives for attending testing.	Recommended to be Maintained	Incentives have been made available through Baby Basket Projects in the Pilbara. An Incentives Program is currently being piloted. Evaluation of the program will help guide the value of incentivising STI and BBV testing moving forward.
3.8	Develop clear and standardised clinical definitions and guidelines for testing and results, including accessing patient history, PoCT guidelines and non-outbreak area guidelines.	Complete	
3.9	Reframe current language in a more positive and culturally appropriate manner to normalise testing.	Recommended to be Maintained	
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.	In Progress	

Action		Progress	Considerations for future (refer to section 3.2 for additional information)
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.	Complete	Quarterly communiques have been implemented and made available through the WA SOR website. This compliments quarterly epidemiology updates at the WA SORG and quarterly data epidemiology data published online for STIs more broadly. A real time data dashboard has also been developed but has not gone live due to delays in integrating it into the website.
4.3	Enable and support patient information sharing among regions and jurisdictions to prevent the spread of syphilis from outbreak to non-outbreak regions.	In Progress	
4.4	Add Aboriginality indicators to test forms and records.	In Progress	This has been activated by PathWest.
4.5	Provide support with reporting and interpretation of data.	Recommended to be Maintained	
4.6	Implement a quality assurance and auditing mechanism for clinical data.	In Progress	
Priority area 5: Antenatal and postnatal care			
5.1	Improve the uptake of and monitor routine antenatal screening in services.	In Progress	There is a state election commitment of $7 million for HSPs to implement an Aboriginal Midwifery Group Practice and Stronglinks, delivering on an election commitment to improve the uptake of antenatal care and improve maternity health outcomes for Aboriginal women.
5.2	Develop a protocol for a congenital syphilis investigation.	Complete	

Action		Progress	Considerations for future (refer to section 3.2 for additional information)
5.3	Develop consistent state-wide guidelines for antenatal testing and care that aligns with best practice standards.	Complete	
5.4	Include partners and families in education, screening, testing and care.	Recommended to be Maintained	
5.5	Provide community education and awareness, with an emphasis on early testing.	Recommended to be Maintained	
5.6	Provide anonymous pregnancy tests and contraceptives, from preconception to postnatal.	In Progress	

Appendix C: WA Metropolitan Syphilis Outbreak Action Plan Progress

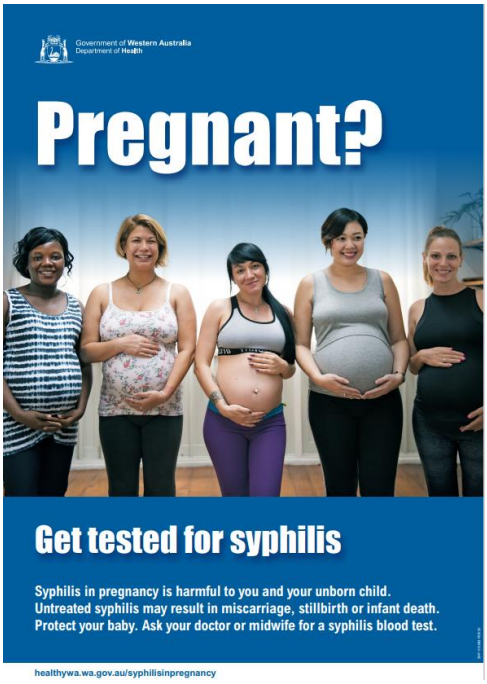
Action		Progress	Considerations for future (refer to section 3.2 for additional information)
Priority area 1: Prevention, education and community engagement			
1.1	Undertake a coordinated and metropolitan wide public health promotion campaign on sexual health and syphilis	Recommended to be Maintained	
1.2	Develop targeted communication and outreach strategies for at-risk populations, including people who are experiencing homelessness, people who use methamphetamine and/or inject drugs, MSM and CaLD	Recommended to be Maintained	
1.3	Encourage primary care services e.g. general practice, obstetric services and EDs to increase awareness and opportunistic education of syphilis amongst at-risk populations	In Progress	
1.4	Implement health promotion, screening and testing with other services that have an existing rapport or service scope with at-risk populations	Recommended to be Maintained	
1.5	Work alongside at-risk populations to co-design and champion health promotion and education initiatives	In Progress	Various services have worked alongside diverse at-risk populations to co-design resources and campaign materials. Further consideration is required to identify any possible gaps in available resources and if perceive gaps are found a rationale for the need develop a specific resource for the at-risk group.
Priority area 2: Workforce development			
2.1	Upskill and enable service providers who work with at risk groups (e.g. homelessness, AOD, CaLD, Aboriginal, MSM) to engage in a culturally-safe way	Recommended to be Maintained	Many services that are engaged in the syphilis response utilise a patient centred model of care. Consideration may be required in responding to services that are not specialised and therefore see a diversity of patients to be

Action		Progress	Considerations for future (refer to section 3.2 for additional information)
			upskilled on how to engage in sexual health and blood-borne virus screening in a non-stigmatising way.
2.2	Increase GP, obstetric, AOD, mental health, DoJ, CaLD, Aboriginal and ED sector staff education, awareness and support (guidelines and information), particularly in high notification areas	Recommended to be Maintained	
2.3	Develop a workforce development promotional strategy	In Progress	Within health sectors that are engaged in the syphilis response there are suitable promotional strategies in place. Consideration may be required on reaching primary healthcare providers more broadly to ensure consistent awareness of syphilis as a public health concern.
2.4	Provide upskilling and workflow improvements for contact tracing and case management services	Recommended to be Maintained	
2.5	Provide greater training, support and scope of practice for nurses and Aboriginal health workers to conduct screening and testing	In Progress	Advocacy for the review of *Health Insurance Act 1973* continues, understanding that this is the most appropriate way to expand the scope of practice for registered nurses, Aboriginal health workers and Aboriginal health practitioners to request pathology that receives Medicare rebate without requiring a medical practitioners provider number.
Priority area 3: Testing, treatment and contact tracing			
3.1	Implement syphilis point-of-care testing (PoCT) in primary, outreach and existing service settings working with at-risk populations.	Complete	
3.2	Offer opportunistic testing at clinics and EDs for at-risk populations	In Progress	Implementation of opportunistic testing in EDs has varied depending on the service provider. This has been greatly disrupted by COVID-19 and the impacts on the workforce, ramping and provision of service in ED settings.
3.3	Undertake intensive case follow up of hard to reach syphilis cases for contact tracing and facilitate access to treatment and test of cure	Recommended to be Maintained	

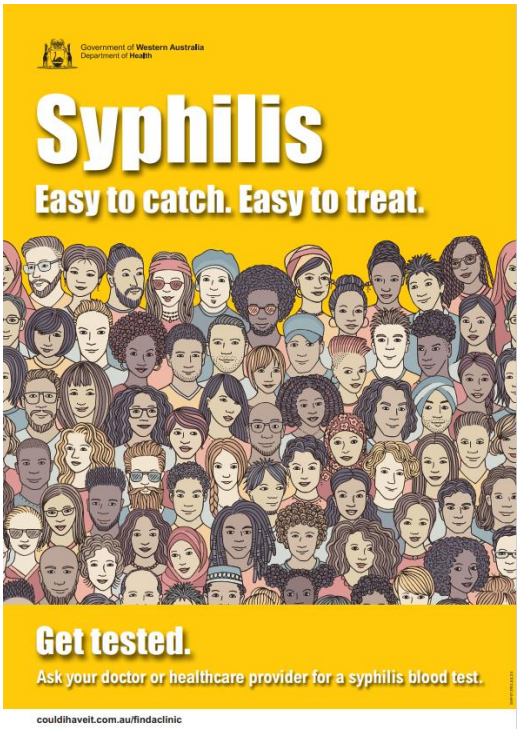
Action		Progress	Considerations for future (refer to section 3.2 for additional information)
3.4	Increase testing rates through normalising testing and providing opportunistic and community based mobile options	In Progress	Testing rates have increased in women and decreased in men. Considerations need to be given to embedding opportunistic testing into some of these services to ensure consistency.
3.5	Invest in human resources for contact tracing, assertive outreach and follow up	Recommended to be Maintained	
3.6	Review pathology, Medicare and GP pathway processes to remove barriers to testing	In Progress	
Priority area 4: Surveillance and reporting			
4.1	Prioritise and support a state-wide syphilis management database	In Progress	
4.2	Provide timely feedback and notifications to services on epidemiology and analytics	Recommended to be Maintained	
Priority area 5: Antenatal and postnatal care			
5.1	Encourage more active antenatal testing through opt-out testing and targeted approaches for at-risk populations	Complete	
5.2	Provide primary care providers e.g. GP and maternity services education on antenatal testing	Recommended to be Maintained	Trainings currently exist for maternity services and GPs, consideration needs to be given to how these trainings are provided and promoted to health workers to improve uptake.
5.3	Promote more frequent antenatal testing for at-risk populations (e.g. guidelines revision)	Complete	
5.4	Expand antenatal home visit and outreach services	In Progress	

Appendix D: Examples of WA Department of Health marketing campaigns and materials

Syphilis in pregnancy campaign



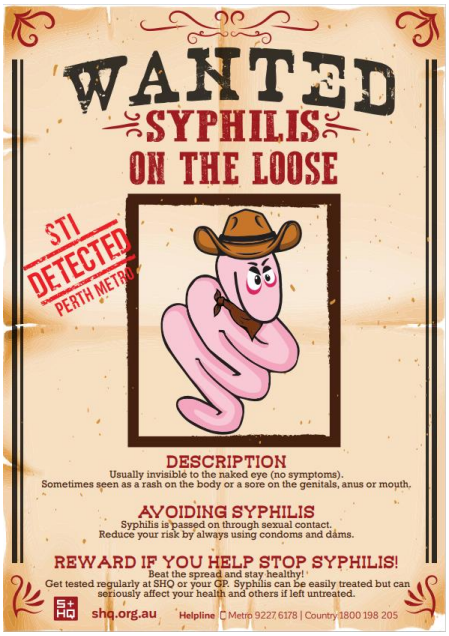
Syphilis outbreak awareness campaign



‘Let your partners know’ syphilis awanress campaign

Appendix E: Examples of marketing campaigns and materials by partner agencies

SHQ Syphilis Social Media Campaigns



YEP Crew syphilis campaign

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