



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

Communicable Disease Control Directorate Guideline

Guideline for the public health review of congenital syphilis cases

Guideline 0021 / April 2025

These guidelines have been released by the Communicable Disease Control Directorate, Public and Aboriginal Health Division, Western Australian Department of Health, to provide consistent and evidence informed advice to agencies involved in the prevention of infections and management of communicable diseases in Western Australia.

ACKNOWLEDGEMENT OF COUNTRY AND PEOPLE

The Communicable Disease Control Directorate at the Department of Health acknowledge the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

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1. Definitions / Acronyms

Term	Definition
Communicable Diseases Network Australia (CDNA)	The organisation that provides national public health advice for the prevention and control of communicable diseases.
Near-miss of congenital syphilis	A diagnosis of infectious syphilis in a pregnant woman, who did not receive adequate treatment, and baby was not diagnosed with congenital syphilis in the neonatal period.
Western Australia Syphilis Outbreak Response Group (WA SORG)	The governance group activated under direction of the Chief Health Officer, which oversees the activities to control the WA syphilis outbreak.

2. Purpose

The aim of these guidelines is to describe the requirements for congenital syphilis public health reviews within Western Australia (WA).

3. Introduction / Background

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 healthcare 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 (WA SORG) based on public health investigations of congenital syphilis cases conducted in and after 2019 and the feedback received from review participants.

3.1 Establishment of congenital syphilis public health reviews

In 2018, the WA SORG established a process for reviewing all congenital syphilis notifications whereby the Chief Health Officer (CHO) activated adhoc advisory groups under the *Public Health Act 2016*. In 2023, the Director of the Communicable Disease Control Directorate (CDCD) was delegated authority to activate congenital syphilis public health reviews.

3.2 Purpose of congenital syphilis public health reviews

The purpose of the congenital syphilis public health reviews is to:

- to review the clinical and public health management of a congenital syphilis case or 'near miss' of congenital syphilis (defined as a diagnosis of infectious syphilis in a pregnant woman, who did not receive adequate treatment, and baby was not diagnosed with congenital syphilis in the neonatal period)
- 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.

4. Requirements (of the Guideline)

4.1 Activation of a congenital syphilis public health review

Upon receipt of a notification of congenital syphilis, the Director of the CDCD will write to the Chief Executive (CE) of the health service provider to request a public health review of the case.

The review is to be conducted within eight weeks of notification of a confirmed, or near miss case of congenital syphilis, to ensure adequate recall of the event.

If the number of notifications received for one HSP exceeds one per month, the HSP may request permission from the Director of CDCD to review the cases together under one review where stakeholders involved are similar.

4.2 Clinical incident investigation

The CHO has directed that all cases of congenital syphilis are investigated as a clinical incident (in addition to the congenital syphilis public health review), and entered as a clinical incident into the Clinical Incident Management system with a severity code relevant to the case.

4.3 Participants

4.3.1 Chairperson

This person should be familiar with the clinical guidelines, syphilis outbreak and the local context in which the case occurred. Usually this is a public health physician from the HSP that received the notification.

4.3.2 Secretariat

This person should be appointed from the CDCD workforce.

4.3.3 Essential 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) HSP staff involved in public health management, including contact tracing/partner notification and follow-up syphilis testing.
- 6) Heads of health service providers involved in any aspect of the case's, or the case's mother's, clinical or public health management.
- 7) WA Department of Health CDCD staff involved in state-wide disease surveillance and/or sexually transmissible infection (STI) control programs, as appropriate.
- 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.
- 9) If the case or case's mother is Aboriginal, from a culturally and linguistically diverse background or a member of a marginalised or disadvantaged group, appropriate health practitioners, liaison officers and representatives of appropriate community-based advocacy groups.*
- 10) 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.

*Appointment of participants/observers who are from the same community as the case/s, who are attending to solely provide a peer experience, need to be carefully considered. Some communities are small and interconnected, and there is a high possibility that the

case/s discussed may be known to invited peer/s. The risks of a confidentiality breach should be minimised by the chairperson briefing these participants about expectations and the conditions of confidentiality prior to the review.

4.3.4 Optional participants

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

4.4 Preparation of case presentation and epidemiology update

The chairperson, with support from the secretariat, should:

- 1) Contact essential participants in section 4.3.3 to collate a timeline and summary of the case's mother's care and the clinical and public health management of the case and the case's mother's care after the diagnosis of congenital syphilis was made. This will require liaison with the CE of the service providers involved.
- 2) Request a representative of the relevant HSP to prepare a brief update of syphilis epidemiology relevant to the case.
- 3) Select participants and observers and send out formal invitations with the confidentiality agreement (Appendix A).
- 4) Request the secretariat to ensure that each participant and observer has returned a signed confidentiality agreement prior to the agenda papers being sent.

4.5 Medical records

Medical records for the case and case's mother, and, where appropriate, the case's biological father, should be obtained and made available to participants. The chairperson and secretariat will need access to medical records at least five (5) working days before the review to summarise the relevant parts of the medical records in a de-identified timeline to disseminate prior to the review and to present at the review.

4.6 Confidentiality

Patient identified information should NOT be recorded in the agenda, timeline or minutes. Case names or initials should not be used in writing or verbally in the review meeting or any associated documents.

4.7 Suggested review agenda

The congenital syphilis public health review agenda should include:

- An Acknowledgement of Country
- A reminder regarding confidentiality agreements and the chairperson should state "A reminder to all attendees, as outlined in the confidentiality agreement, at any time if you become aware of any conflict of interest, or realise you know, or suspect you know, the case/s discussed at the review today in a social capacity, you must notify myself and the secretariat immediately."
- Epidemiological update and case presentation

- Discussion of mother's and case's care, what gaps exist and what recommendations can be made to address these gaps. Recommendations should be specific about what to address and who should action.

A congenital syphilis public health review template agenda is available in Appendix B.

4.8 Actions required after the review

- 1) The secretariat will draft the minutes and circulate to attendees for endorsement/input within 10 working days of the review.
- 2) Once endorsed, the finalised minutes and recommendations will be distributed to all participants. It is expected that organisations represented at the review take the review recommendations to their CE/appropriate managers for implementation.
- 3) The recommendations from the review will be sent to the WA SORG co-Chairs for distribution to appropriate Working Groups and relevant stakeholders.
- 4) CDCD will meet internally within 4 weeks of the review completion to discuss the recommendations of the review and what are the next steps/action to be taken at a system manager level.
- 5) A copy of the review minutes and recommendations will be sent (within 10 working days of finalising) to the CHO for noting and for the CHO to share with the CE of the HSP.
- 6) CDCD or HSP may write to other health service providers and non-government organisations to share the findings and recommendations of the review.
- 7) CDCD will prepare a report at least every two years collating recommendations from public health reviews over the past two years.

5. Relevant Legislation

- *Public Health Act 2016*

6. Additional Resources

- [WA Syphilis Outbreak Response](#)
- [WA Health Severity Assessment Codes](#).

7. Guideline Contact

Enquiries relating to this Guideline may be directed to:

Sexual Health and Bloodborne Virus Program

Directorate: Communicable Disease Control Directorate

Email: shbbvp@health.wa.gov.au

8. Document Control

Guideline number	Version	Published	Review Date	Amendments	Next Review date
0021	V.1.	03/04/2024	03/04/2025	Reviewed, no changes made	03/04/2026

9. Approval

Approved by	Dr Paul Armstrong, Director Communicable Disease Control Directorate, Department of Health
Approval date	03/04/2024

10. References

1. WA Health. Silver book: STI/BBV management guidelines [Internet]. 2020 [cited 2024 Mar 21]. Available from: <https://ww2.health.wa.gov.au/Silver-book/>
2. Australian Government, Department of Health. Pregnancy Care Guidelines [Internet]. 2020 [cited 2024 Mar 21]. Available from: Cited <https://beta.health.gov.au/resources/pregnancy-care-guidelines>
3. Communicable Diseases Network Australia. Syphilis CDNA National Guidelines for Public Health Units [Internet]. 2018 [cited 2024 Mar 21]. Available from: <https://www.health.gov.au/sites/default/files/2023-11/syphilis-cdna-national-guidelines-for-public-health-units.pdf>

11. Appendices

Appendix A – Confidentiality Agreement



Government of Western Australia
Department of Health

CONFIDENTIALITY AGREEMENT

Title:	Congenital syphilis review advisory committee 2024
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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(s) I participate in from 1 January to 31 December 2024 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 to share the **endorsed recommendations as soon as possible with appropriate parties within the organization on whose behalf I am attending the review**. If I need to share other review documents, I will seek written approval from the review's chairperson via the review's secretariat and provide justification for my request.
3. Agree not to make copies of, or take any extracts of information except with written approval of the chairperson (with exception to the endorsed recommendations, outlined in 2);
4. 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 the review(s). 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;
5. Agree to return all documents, papers and other materials given to me relating to the reviews(s) to the advisory committee's chair immediately when requested to do so;
6. Agree to notify the chairperson and secretariat and **withdraw from the review immediately** if at any point during the review process, I become aware that I know or might know the case/s in a social capacity or identify any conflict of interest. I understand that I remain bound by the confidentiality agreement after my withdrawal.
7. 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:

Appendix B – Congenital syphilis public health review template agenda

1	Acknowledgement of country
2	Welcome, introduce participants and observers and outline their roles.
3	Reminder regarding signing of confidentiality agreements. Chairperson to state “A reminder to all attendees, as outlined in the confidentiality agreement, at any time if you become aware of any conflict of interest, or realise you know, or suspect you know, the case/s discussed at the review today in a social capacity, you must notify myself and the secretariat immediately.”
4	State purpose of the congenital syphilis public health review: • to review the clinical and public health management of a congenital syphilis case • identify service gaps and areas for service improvement • identify need, if any, to update relevant clinical and public health guidelines • raise awareness and educate health care staff about syphilis.
5	Epidemiology update and case presentation • Update of syphilis epidemiology relevant to the case • Summary and timeline
6	Questions to be asked 1) When and at which health services did the mother receive antenatal care? 2) Was the mother offered, and did she undergo, routine syphilis testing undertaken at intervals recommended in the WA Silver book¹? If not, was another set of guidelines used, e.g. National Pregnancy Care Guidelines²? 3) If the mother had symptoms or examination findings consistent with syphilis, was testing and treatment offered in accordance with the WA Silver book¹? 4) At what gestation was the mother diagnosed with syphilis and was the time interval between diagnosis and treatment consistent with best practice guidelines? (Infectious syphilis should be treated as soon as possible and ideally within two (2) days as recommended in the Communicable Diseases Network Australia (CDNA) syphilis SoNG³.) 5) What was the time interval between the mother being treated for syphilis and the baby’s delivery? (Considered adequate if at least 30 days.) 6) 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 one (1) month of being named? 7) 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 SoNG³ and/or local guidelines? 8) 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.)

	9) Were the health service's infection control guidelines followed during management of the case? 10)What aspects of the mother and baby's syphilis-related care were managed well? 11)What aspects of the mother and baby's syphilis-related care could be improved? 12)How could this case of congenital syphilis have been prevented? (It is recommended that the review group undertake this task towards the end of the review and the chair summarises these factors in a cause-and-effect diagram to be included in the meeting minutes (Appendix C)) 13)What actions does the Review Committee recommend at the local, state and national levels to prevent future cases of congenital syphilis? 14)What actions does the Review Committee recommend at the local, state and national levels to ensure best practice management of any future cases of congenital syphilis? 15)Any other discussion points/recommendations.
7	Conclusions and agreed action plan including documentation of who is responsible for each of the Review Committee's recommendations.

Cause & Effect Diagram Template

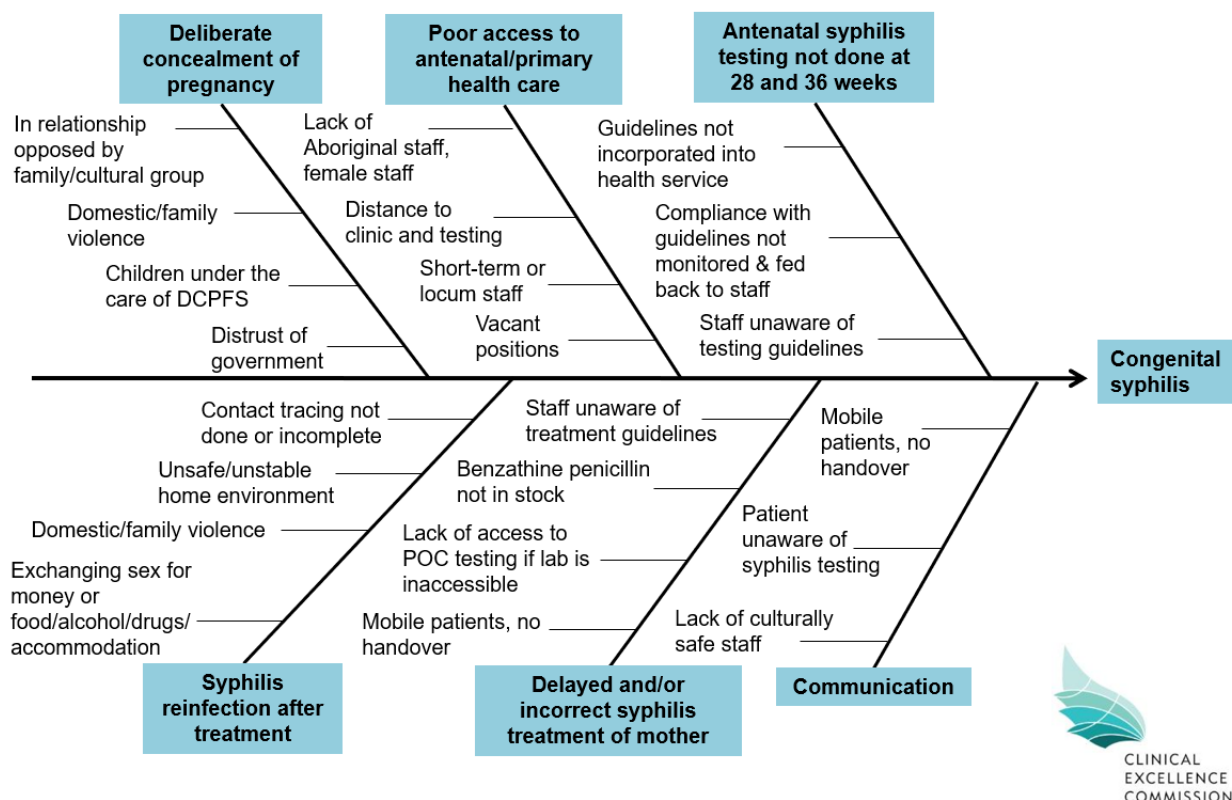


Figure 1. Example cause and effect diagram. Note this is an example only and does not include all possible factors

Adapted from: 4.NSW Health Clinical Excellence Commission. Cause and effect diagram.

<https://www.cec.health.nsw.gov.au/CEC-Academy/quality-improvement-tools/cause-and-effect-diagrams>

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