



ALERT FOR CLINICIANS

Syphilis outbreak across Western Australia

KEY POINTS

- Western Australia is experiencing a syphilis outbreak.
- Between July – August 2023, two new congenital syphilis infections were reported in WA.
- All pregnant women should be tested for syphilis at the first antenatal visit, and again at both 28 weeks and 36 weeks gestation.
- Pregnant women who have had little/no antenatal care should be tested for syphilis whenever they present for health care, regardless of the reason for presentation.
- Syphilis testing should be offered opportunistically to all sexually active persons and as a part of the work-up for patients experiencing any STI symptoms, particularly those presenting with an ulcer, rash, or unexplained neurological change.

Background

- From FY 2014/2015 to FY 2022/2023 the annual number of infectious syphilis notifications increased eight-fold.
- Since 2018, there have been 16 congenital syphilis notifications in WA, six of whom died before or soon after birth. Two cases were reported in July and August 2023.
- Syphilis notifications are now occurring across multiple populations in WA. The following groups are considered at increased risk and a priority for offering screening:
 - women of reproductive age and pregnant women
 - Aboriginal people
 - people experiencing homelessness
 - people who use methamphetamine and/or inject drugs
 - culturally and linguistically diverse people
 - people aged 16-39 years
 - gay, bisexual and men who have sex with men.

Testing

- As syphilis is often asymptomatic, WA Health urges doctors to offer opportunistic serologic syphilis testing to all of their sexually active patients.
- All pregnant people in WA should be offered syphilis testing at the first antenatal visit, and again at both 28 weeks and 36 weeks gestation.
- Consider syphilis in any patient with a muco-cutaneous ulcer. Take a blood test for syphilis serology and swab the lesion (dry swab) for syphilis PCR testing, in addition to testing for herpes simplex virus (HSV) and varicella-zoster virus (VZV), and if clinically indicated, mpox.
- Consider syphilis in sexually active patients presenting with an unexplained rash or neurological signs.

Treatment

- The first line treatment is long-acting penicillin (benzathine benzylpenicillin). Ensure this is always available at your practice by ordering it through the Doctor's Bag (www.pbs.gov.au/browse/doctorsbag).
- Contact tracing should begin as soon as possible after diagnosing syphilis to enable sexual contacts to be followed-up for testing and treatment.
- For support with treatment or contact tracing, clinicians should contact their local PHUs, as required (https://www.healthywa.wa.gov.au/Articles/A_E/Contact-details-for-population-public-health-units).

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