

Public Health Alert

Issued: 18th March 2024
Issued to: Health Staff, NT Wide.

Syphilis: High rates and congenital syphilis case notifications.

Epidemiology

- **NT has the highest rates of Sexually Transmissible Infections (STIs), including infectious syphilis nationally.** A syphilis outbreak has been ongoing since 2013.
- Young Aboriginal people in the **15-24 year age group have the highest** burden of infection with **the highest notification rates seen in Central Australia, Barkly and Katherine.**
- Common presentations of infectious syphilis include **painless oral and ano-genital ulcers/lesions, painless lymph node enlargement, rashes, patchy hair loss, fever as well as sore throat.**
- **Two cases of congenital syphilis were notified in 2023 in the NT.** One of these babies was stillborn.
- Congenital syphilis, a preventable condition, is caused by untreated maternal syphilis infection and can lead to serious lifelong sequelae and death.

Testing & treatment

- **All sexually active heterosexual people under the age of 35 years require at least one full STI screen each year** that includes testing for chlamydia, gonorrhoea, trichomonas, syphilis and HIV.
- A full STI screen should also be offered when a person has any of the following: **STI symptoms, a positive STI test, is a contact of an STI case, has a new sexual partner or if an STI check is requested.**
- All men who have condom-less sex with other men require STI checks every 3 months.
- **Syndromic management** is required for all symptomatic presentations with appropriate follow up.
- **Contact tracing to be carried out** in line with the time periods specified by the [Australasian Contact Tracing Guidelines.](#)
- **Presumptive treatment* to be given for** all named contacts, and for individuals with risk outlined in the [NT Guidelines for the Management of Sexually Transmitted Infections in the Primary Health Care setting.](#)
- **Antenatal screening** for all pregnant people in the NT should include testing for syphilis at least three times during pregnancy. **Aboriginal woman who live in outbreak affected regions require five antenatal syphilis screens** at: 1) first visit, 2) 28 weeks, 3) 36 weeks, 4) at birth, and 5) 6 weeks postnatal.

- If Point of Care Test (POCT) for syphilis positive with no previous positive serology, must **treat* immediately**.
- **Interpretation of serology can be challenging and needs to be matched with treatment history**. Contact the [NT Syphilis Register](#) for interpretation of results.
- You can also refer to the [ASHM Decision Making in Syphilis](#) resource.

*Treatment of infectious syphilis including syndromic and presumptive treatment is with **Benzathine penicillin 2.4 million units IM stat (2 pre-filled syringes)**.



Scan for more on Syphilis

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