



# Centre for Disease Control

NT HEALTH

## Public Health Alert

Issued: 28 October 2024  
Issued to: Health Staff, NT Wide

## Increase in syphilis in the Top End and Katherine regions

### Epidemiology

- An infectious syphilis outbreak has been ongoing in the NT since 2013, with 2,287 cases notified as at 22 October 2024.
- A surge in the number of infectious syphilis cases has been observed in the **Top End and Katherine regions since June 2024**, with the highest proportion of notifications in **young Aboriginal people in the 20-24 year age group**.
- During June, July and August 2024, the highest number of infectious syphilis notifications (26 per month) were recorded since 2020.

### About

- Common presentations of infectious syphilis in adults include painless oral, ano-genital ulcer/s (occasionally painful), regional lymph node enlargement, rashes that can involve palms and soles, patchy hair loss, fever, sore throat and fleshy lesions resembling genital warts, ocular involvement and transaminitis.
- Untreated syphilis can have devastating consequences in pregnancy, leading to miscarriage, stillbirth, neonatal death, low birth weight and congenital syphilis.
- Congenital syphilis, a preventable condition, is caused by untreated maternal syphilis infection and can lead to serious lifelong sequelae and death.

### Clinical management

- Treat all symptomatic people and contacts with:
  - **Benzathine penicillin 2.4 million units IM stat (2 pre-filled syringes)**
- Perform syphilis/HIV serology at the same time but do not wait for serology results to commence treatment.
- Collect dry swabs from all genital ulcers/lesions for Syphilis PCR (NAAT).
- If Point of Care Test (POCT) is positive for syphilis with no previous positive serology, **treat immediately** and perform syphilis/HIV serology.

### Testing

- **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, trichomoniasis, syphilis and HIV.

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Public Health Division

☎ (08) 8922 8044 or 1800 008 002  
✉ [CDCSurveillance.DARWIN@nt.gov.au](mailto:CDCSurveillance.DARWIN@nt.gov.au)

- 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 a STI case, has a new sexual partner or if a STI check is requested.
- **Antenatal screening for all pregnant people** in the NT should include testing for syphilis at least **3 times** during pregnancy: 1) first visit, 2) 28 weeks, and 3) 36 weeks or at birth.
- **Aboriginal woman who live in outbreak affected regions** require **5 antenatal syphilis screens** at: 1) first visit, 2) 28 weeks, 3) 36 weeks, 4) at birth, and 5) 6 weeks postnatal.

### Public health management

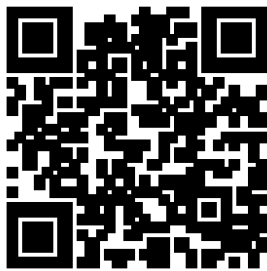
- Actively follow up contacts/request clients to inform sexual partners and encourage them to attend for testing and treatment.

### Contact & advice

- Please call the [NT Syphilis Register](#) (Darwin 8922 7818 / Alice Springs 8951 7552) for the interpretation of Syphilis serology results and treatment history.
- You can also refer to the [ASHM Decision Making in Syphilis](#) resource.

View all CDC units NT wide: [Centre for Disease Control contacts | NT Health](#)

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