



# Centre for Disease Control

NT HEALTH

## Public Health Alert

Issued: 17 February 2025  
Issued to: Health Staff, NT Wide

## Increase in syphilis cases on Groote Eylandt

### Epidemiology

- An outbreak of infectious syphilis has been ongoing in the NT since 2013, with a total of 2,377 cases now notified.
- Communities on Groote Eylandt and nearby areas have been reporting increased infectious syphilis cases since September 2024, mainly in the 15-24 year age group.
- 12 of these cases were notified in the 6 months up to February 2025, compared to 3 cases notified in the same period the year prior.
- It is very likely that undiagnosed infectious syphilis cases are present in this area, posing an increased risk of further transmission.

### 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 elevated liver enzymes.
- 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

- **At least 1 full STI screen is required each year for all sexually active heterosexual people under the age of 35 years** that includes testing for chlamydia, gonorrhoea, trichomoniasis, 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 a STI case
  - has a new sexual partner
  - 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.

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Issued by:

Dr Vicki Krause, Director, Centre for Disease Control, Public Health Division, NT Health

Dr Manoji Gunathilake, Head of Sexual Health and Blood Borne Virus Unit, Centre for Disease Control, Public Health Division, NT Health

**Centre for Disease Control**  
Public Health Division

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