

Syphilis IMT Communique

March 2026 Report

Background

- The NT continues to experience syphilis notification rates that are 7.5 times higher than those seen nationally.
- An infectious syphilis outbreak has been ongoing in the Northern Territory (NT) since 2013, with 2,792 cases notified from 1 July 2013 – 28 February 2026.
- The NT Health Chief Health Officer established the Syphilis Incident Management Team (IMT) in February 2025 which includes members from NT Health, Aboriginal Community Controlled Health Organisations (ACCHO), and other non-government health services and organisations.
- The Chief Medical Officer of Australia, Professor Michael Kidd AO, declared syphilis a Communicable Disease Incident of National Significance (CDINS) in August 2025. Declaring a [CDINS](#) will bring together national efforts to coordinate an enhanced national response in line with key actions in the [National Syphilis Response Plan](#).

IMT 1-year review

Summary of situation to date

Situation to date	As of 28 February 2026
Total number of infectious syphilis cases	3,222
Total number of outbreak cases (as per national infectious syphilis outbreak case definition)	2,792
% Male / % Female (of all infectious syphilis cases)	52% / 48%
Congenital syphilis cases, confirmed (probable)	6 (5)
Number of deaths in congenital syphilis cases	1

Comparison: Before and After IMT establishment

Notifications (new infections)

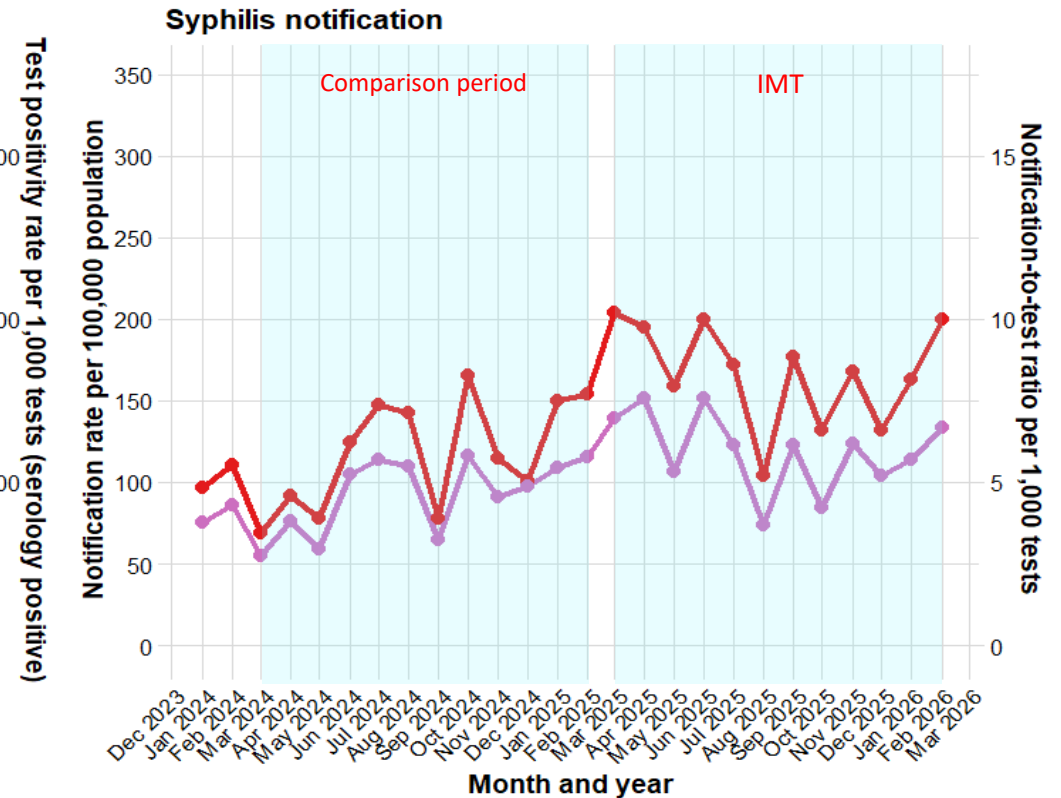
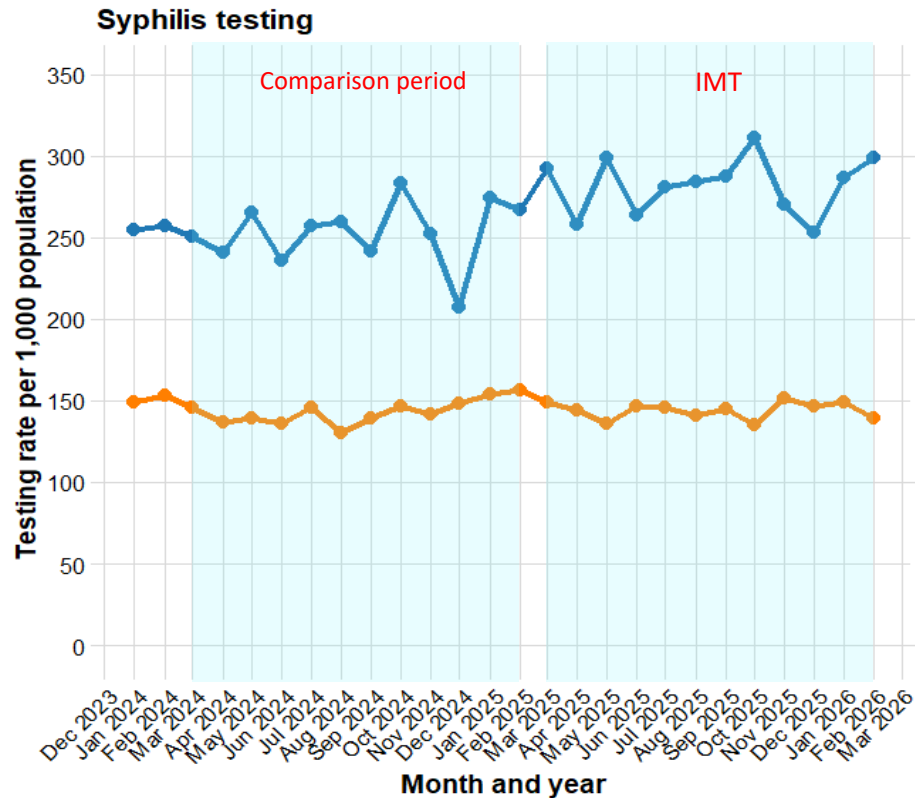
	After Syphilis IMT established: 1 March 2025 – 28 February 2026	Before Syphilis IMT established: 1 March 2024 – 28 February 2025
Total number of infectious syphilis cases	433	308
% Male / % Female	52% / 48%	53% / 47%
Number and % of Aboriginal cases	389 (90%)	270 (88%)
Number and % of female cases of childbearing age (15-49)	187 (89%)	132 (92%)

Testing*

	After Syphilis IMT established: 1 March 2025 – 28 February 2026	Before Syphilis IMT established: 1 March 2024 – 28 February 2025
Total number of treponemal specific tests	74,612	65,947
Test positivity (%)	14.40%	14.37%
% Male / % Female	41% / 59%	40% / 60%
Number and % of female tested of childbearing age (15-49)	33,968 (77%)	30,384 (77%)

* Testing data provided by Territory Pathology, Western Diagnostic Pathology, Sullivan Nicolaides Pathology and Australian Clinical Labs. This includes repeated tests performed on the same patient within the time period specified.

Measure	IMT period	Comparison period	Change
	(Mar 25 – Feb 26)	(Mar 24 – Feb 25)	
Testing rate / 1,000 population	282.2	253.1	+11.5% ▲
Test positivity / 1,000 tests (serology positive) – detects past and new infections	144.2	143.4	+0.6% ■
Notification rate / 100,000 population	167.2	118.1	+41.6% ▲
Notification-to-test ratio / 1,000 tests (new measure) – new infections only	6.0	4.6	+30.4% ▲



◆ Testing rate per 1,000 population
 ◆ Test positivity rate per 1,000 tests (serology positive)
 ◆ Notification rate per 100,000 population
 ◆ Notification-to-test ratio per 1,000 tests

One year IMT review

One year after the establishment of the Syphilis Incident Management Team (IMT), the syphilis testing rate increased by 11.5%, while the infectious syphilis notification rate increased by 41.6% compared with the same period in 2024/2025.

As syphilis serology can detect both past treated infections and new infections, laboratory test positivity is not a reliable indicator of syphilis transmission. As such a new notification-to-test ratio was introduced to reflect the number of newly diagnosed syphilis infections (notifications) relative to the number of tests performed.

This measure increased by 30.4% over the IMT period, lower than the increase in the overall notification rate. This suggests that the increase in notifications is more attributable to improved testing and case finding than to an increase in syphilis transmission. Continued expansion of testing and early diagnosis remains critical to reducing transmission and bringing the outbreak under control.

Priority Areas for Action as per Northern Territory Syphilis Action Plan 2025-2030

Priority Area for Action 1: Integrated primary health care

We continue to work in close partnership with ACCHOs and NT PHN to strengthen pathways across primary health services (private/public), and other community services. This collaboration is helping to optimise connections, streamline referral options, and identify shared opportunities to improve access and continuity of care for priority populations.

Priority Area for Action 2: Workforce development

As part of our workforce development activities, Aboriginal Health Practitioner led Aboriginal Sexual Health (ASH) workshops were held across the Territory, along with syphilis and other STI/BBV training. Training was also held at Family Planning NT, and the NT PHN annual GP training. A Managing Syphilis course was also developed with Menzies for the Aboriginal health workforce. Due to ongoing requests from non-Aboriginal clinicians, a condensed one-day workshop, Understanding Syphilis, was created to support consistent testing and treatment across the Territory. In addition, ASHM and Young Deadly Free have updated their syphilis training content, and the NT Remote Locum Syphilis Course is being revised to further strengthen workforce capability.

Priority Area for Action 3: Education and awareness

In addition to the newly developed training courses, we've worked to increase public awareness and education of syphilis through coordinated social media campaigns, radio advertising, YouTube advertising, Tru or Gammon sexual health resources. Community messaging has also occurred through media releases and news articles. Targeted communication activities have ensured clear and consistent messaging was provided across the Territory.

Priority Area for Action 4: Prevention, testing and treatment

Prevention, testing and treatment activities are progressing, supported by targeted health promotion initiatives and quality improvement work underway across the Territory. Initiatives implemented in some emergency departments have included stamps or stickers placed on pathology request forms strengthening opportunistic testing either at triage or at the bedside.

Priority Area for Action 5: Equity and access

Equity and access initiatives continue to progress, with the additional development of in-language resources across the Territory, alongside the delivery of culturally safe education. Promoting audio fact sheets already available in multiple languages has also occurred.

Priority Area for Action 6: Data surveillance research and evaluation

Data surveillance, research and evaluation activities continue. Advocacy for the inclusion of syphilis testing data in the National Perinatal Minimum Data Collection is ongoing, alongside work to strengthen surveillance capacity, contact tracing and sexual partner notification processes.

Contacts

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Clinic 34: Locations in Darwin, Katherine, Nhulunbuy, Tennant Creek, Alice Springs.

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