

12 January 2023

Health Alert – Increasing Syphilis Outbreak Cases in the Northern Territory

Dear Colleague

Syphilis cases continue to be very high in the Central Australia and Barkly regions with 158 notifications in 2022. In the Top End of the NT, the number of syphilis outbreak cases has increased from 19 cases in the first half of 2022 to 38 cases in the second half of 2022.

A syphilis outbreak declared in the NT in July 2013 has continued with 1887 cases notified as of 31 December 2022. Cases reported in Central Australia and Barkly regions continued to be very high throughout 2022 and there were 2 cases of congenital syphilis. Of outbreak cases in the Top End reported during 2022, 67% occurred in the second half of the year, with cases reported from areas and communities where cases of syphilis had not been reported for a long time.

Syphilis is a serious public health issue. Untreated, it can have devastating consequences in pregnancy, leading to miscarriage, stillbirth, neonatal death, low birth weight and congenital syphilis sequelae. Untreated syphilis can also lead to tertiary syphilis with manifestations appearing up to 25 years after initial infection. Potential presentations include dementia, cranial nerve palsies, neurological sequelae, aortic aneurysms and aortic regurgitation.

Common presentations of infectious syphilis include painless ulcer/s (oral/anogenital), painless lymph node enlargement, rashes that can involve palms and soles, patchy hair loss, fever, sore throat and fleshy lesions resembling genital warts. **If you suspect syphilis, treat immediately and don't wait for serology results.**

Interpretation of serology can be complex. Please call the **NT Syphilis Register (Darwin 8922 7818/Alice Springs 8951 7552)** for assistance/patient history to interpret results.

To reduce the risk of untreated syphilis, CDC recommends the following:

- Test **all** pregnant women in the high risk population* for syphilis at the first visit (including request for test), 28 weeks, 36 weeks, delivery and 6 weeks post-partum.
- Test all pregnant women in the low risk population for syphilis at the first visit, 28 weeks and 36 weeks or at time of any preterm birth.
- Do **twice yearly** STI (including syphilis and HIV serology) screening for all young people at risk (especially 14-30 years old)
- If you suspect syphilis, **treat immediately** with Benzathine penicillin 2.4 million units IM stat (2 pre-filled syringes) – **don't wait for serology results**
- Treat contacts and symptomatic people with Benzathine penicillin 2.4 million units IM stat (2 pre-filled syringes) and perform serology for syphilis and HIV
- Collect dry swabs from all genital ulcers/lesions for syphilis PCR (NAAT)
- Actively follow up contacts/request clients to inform sexual partners and encourage them to attend clinic for treatment
- If Point of Care test for syphilis is undertaken and found positive with no previous positive serology, treat immediately and take syphilis/HIV serology.

*A pregnant woman is at high risk of syphilis infection or reinfection when she:

- (Or her partner[s]) reside(s) in a declared outbreak area in Australia or an area of known high prevalence
- Is aged 15 to 29 years and resides in an area of high prevalence
- Has a sexually transmitted infection in the current pregnancy or within the previous 12 months
- Has previously had infectious syphilis in pregnancy
- Engages in intravenous substance use during pregnancy

Please disseminate this information **to all clinical staff**.

Yours sincerely

Dr Manoji Gunathilake
Head of Sexual Health & Blood Borne Virus Unit

Dr Vicki Krause
Director of Centre for Disease Control – Environmental Health