



ALERT FOR CLINICIANS

Syphilis outbreak across Western Australia

KEY POINTS

- **Western Australia is experiencing a syphilis outbreak. From 2014 to September 2022, the annual number of infectious syphilis notifications increased nine-fold.**
- **Since 2014 to date, 14 cases of congenital syphilis have been reported; 4 of these were reported in 2022.**
- **Syphilis testing should be offered for all sexually active and pregnant patients.**

Background

- Historically, most syphilis infections in WA were diagnosed in Aboriginal people from regional/remote communities and gay, bisexual and other men who have sex with men in the Perth metropolitan area.
- While these groups continue to be at increased risk, syphilis infections are increasing in other population groups. People that should be prioritised for testing include:
 - Sexually active persons aged 16-39 years
 - Women of childbearing age (currently 23% of all infectious syphilis notifications in metropolitan Perth and 48% of notifications in regional WA).
 - People experiencing homelessness
 - People who use methamphetamine and/or inject drugs
 - Culturally and linguistically diverse people
- The increased reports of congenital syphilis in WA is particularly concerning. There have been 14 congenital syphilis cases since 2018, including 4 in 2022.

Testing

- WA Health urges doctors to consider the possibility of latent syphilis infection and encourages offering opportunistic serologic screening to all sexually active patients, including those from historically under-tested populations, e.g. heterosexual men.
- If a patient presents with a lesion in the anogenital region or oral cavity, consider syphilis. Swab the lesion (dry swab) and order a syphilis PCR test, in addition to other tests as clinically indicated, e.g. for herpes simplex virus (HSV) and varicella.
- All pregnant women in WA should be offered serologic testing for syphilis at the first antenatal visit, and then again at 28 weeks and 36 weeks gestation, to prevent stillbirth or life-long disability associated with congenital syphilis.
- Serologic testing at time of delivery and 6 weeks post-partum is also recommended for women residing in the Goldfields, the Kimberley, and the Pilbara.
- More frequent testing may be indicated for pregnant persons on a case-by-case basis if they have STI symptoms, unsafe sex and/or partner change in between these testing intervals.

Treatment

- First line treatment is long-acting penicillin (benzathine benzylpenicillin, Bicillin L-A™). Benzathine benzylpenicillin can be ordered through the Doctor's Bag so that it is available at your practice. See www.pbs.gov.au/browse/doctorsbag.
- Contact tracing the sexual partners of persons diagnosed with infectious syphilis should begin as soon as possible to facilitate prompt testing and treatment.

For more information

- Refer to the Quick guide for testing and treatment of syphilis (https://ww2.health.wa.gov.au/~/_/media/Files/Corporate/Reports-and-publications/Silverbook/Quick-Guide-for-Syphilis.pdf).

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