



Western Australian Syphilis Outbreak Response Group 2025/2026 Communique

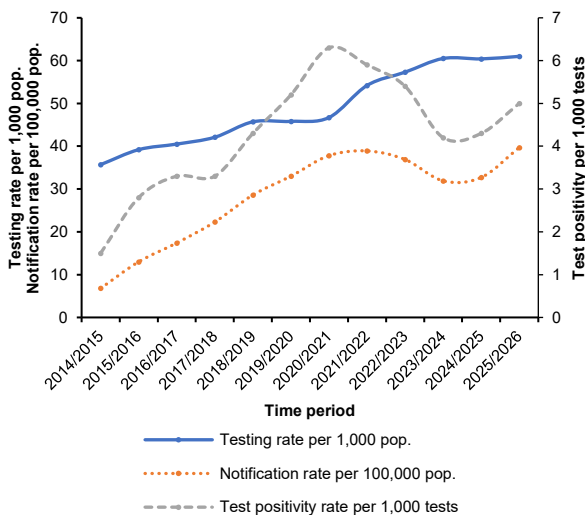
(Data for the current 12-month period from July 2025 to June 2026)

Background



- The syphilis outbreak was first identified in Western Australia in 2014. The Chief Health Officer authorised a statewide public health response to infectious syphilis in 2020. Syphilis was declared a Communicable Disease of National Significance (CDINS) in August 2025.
- The Western Australian Syphilis Outbreak Response Group (WA SORG) coordinates the statewide response to infectious and congenital syphilis.
- This communique provides a snapshot of the outbreak for stakeholders outside the WA SORG. Further information can be found at the WA syphilis outbreak response website: https://www.health.wa.gov.au/Articles/U_Z/WA-Syphilis-outbreak-response.

Syphilis notification rate, testing rate, and test positivity rate in WA, 2014/2015 to 2025/2026



	14/15	25/26	Change
Testing rate/1,000 pop.	35.7	61.0	71% ▲
Notification rate/100,000 pop.	6.8	39.7	484% ▲
Test positivity/1,000 tests	1.5	5.0	233% ▲

- 14/15 to 21/22: Notifications ▲ despite ▲ testing and ▲ test positivity, consistent with increased transmission
- 21/22 to 23/24: Notifications ▼ despite ▲ testing and ▼ test positivity, consistent with decreased transmission
- 23/24 to 25/26: Notifications ▲ despite ▲ testing and ▲ test positivity, consistent with increased transmission

In the period from 2023/2024 to 2025/2026:



- The increase in syphilis notifications was driven by increases in the Kimberley (46% ▲) and Metropolitan regions (43% ▲), among non-Aboriginal people (27% ▲), heterosexual males (43% ▲), MSM (41% ▲) and males with missing exposure category data (22% ▲).



- Notable decreases in the Pilbara (51% ▼), Midwest (21% ▼) and Goldfields (20% ▼) regions, among Aboriginal people (11% ▼), and males with an unknown exposure (15% ▼).



- Increase in proportion of antenatal females who had a total of three syphilis tests during pregnancy (41% to 54%).



- There were no congenital syphilis notifications in WA in 2025/2026.



WA SORG Priority Areas

(Data for the current 12-month period from July 2025 to June 2026)

Priority Area 1: Community engagement, education, and prevention

Development of refreshed Healthy Sexual Campaign on syphilis scheduled for market July-September 2026

Priority Area 2: Workforce development

Sexual Health Teams Workshop and Syphilis Action Plan workshop held in March, including presentations, activities and networking

A series of syphilis clinician education sessions were held in Kununurra, Fitzroy Crossing, Halls Creek, Hedland, Newman, Geraldton, administered by Rural Health West

Priority Area 3: Testing, treatment and contact tracing

Indicator	Trend by quarter (Q32025 to Q22026)	23/24	25/26	% point change
% of symptomatic infectious syphilis cases treated at their first presentation to a health service		42	27	-15% ▼
% of infectious syphilis cases treated within one week of diagnosis*		51	62	11% ▲
*Likely an underestimate due to incomplete data.				
% of named contacts of infectious syphilis cases who are treated for syphilis at their first presentation to a health service as part of comprehensive syphilis case management		50	42	-8% ▼

Ongoing shortages of preferred treatment medication and challenges with administration of alternative treatments

Priority Area 4: Surveillance and reporting

Congenital Syphilis Prevention (CoSP) Working Group has been established, with first focus to be developing standardised Maternal and Neonatal Management plans

Priority Area 5: Antenatal and postnatal care

Indicator	Trend by quarter (Q32025 to Q22026)	23/24	25/26	% point change
% of women of childbearing age (15-44 years of age) whose pregnancy status is identified within 2 days of receiving a positive infectious syphilis result		26	28	2% ■

Public Health Review of Congenital Syphilis Cases in WA Jan 2019 – Dec 2025: Summary Report has been published on the WA SORG website



WA SORG Communique Definitions

Childbearing age	Aged between 15 and 44 years.
Notification data	Extracted from the Western Australian Notifiable Infectious Diseases Database (WANIDD).
Notification rate	Crude rate calculated by dividing the number of notifications by the population. Not adjusted for age or other factors. Expressed per 100,000 population.
Pathology testing data	Between 2014 and 2026, data on the number of tests undertaken for syphilis in WA was provided by five pathology laboratories. During this period, 77% of syphilis notifications in WA were from these five laboratories. One laboratory that does not contribute testing data is a significant service provider in the Metropolitan and South West regions, therefore resulting in an underestimation of the number of tests and testing rates in WA. There are insufficient data to quantify the magnitude of this underestimation; however, absence of these data is unlikely to affect the trends in test numbers and testing rates over time.
PoC tests	Point of care test(s). The DoH syphilis PoCT program has been active since mid-2020.
Priority areas	Data sourced from WA SORG meetings and the WA SORG Quarterly Report Dashboard.
Test positivity rate	Number of positive test results (i.e. statutory notifications) from laboratories providing testing data divided by the number of tests conducted by these laboratories. Expressed per 1,000 tests.
Testing data	Provided by Australian Clinical Labs, PathWest and Western Diagnostics Pathology.
Testing rate	Crude rate calculated by dividing the number of tests by the population. Not adjusted for age or other factors. Expressed per 1,000 population.
■	No meaningful change over the specified time period, i.e. less than $\pm 5\%$ change.
▲	A desirable increase over the specified time period.
▲	An undesirable increase over the specified time period.
▼	A desirable decrease over the specified time period.
▼	An undesirable decrease over the specified time period.