



Western Australian Syphilis Outbreak Response Group 2025 Communique

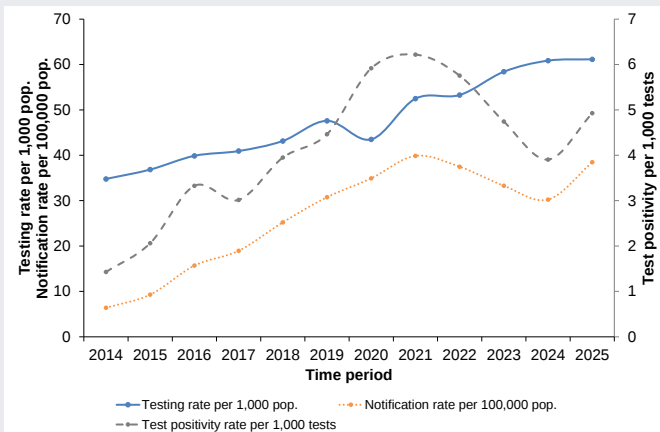
(Data for the current 12-month period from January 2025 to December 2025)

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 by time period.



	2024	2025	Change
Testing rate/1,000 pop.	60.8	61.1	0% ■
Notification rate/100,000 pop.	30.2	38.5	27% ▲
Test positivity/1,000 tests	3.9	4.7	26% ▲

- 2021 to 2024: After peaking in 2021, notification rate ▼ due to ▼ disease transmission, despite ▲ testing.
- 2024 to 2025: Notification rate ▲ due to ▲ disease transmission, despite ■ testing.

In the period from 2024 to 2025:



- Increase in syphilis notifications driven by increases in the Great Southern (73% ▲), Kimberley (63% ▲) and Metropolitan regions (38% ▲), non-Aboriginal people (44% ▲), heterosexual males (54% ▲) and MSM (43% ▲).



- Notable decreases in the Goldfields (11% ▼), Midwest (43% ▼) and Pilbara (24% ▼) regions and males with an unknown exposure (11% ▼).



- Increase in proportion of antenatal females who had a total of three syphilis tests during pregnancy (45% to 52%).



- There were three congenital syphilis notifications in WA in 2025.



WA SORG Priority Areas

(Data for the current 12-month period from January 2025 to December 2025)

Priority Area 1: Community engagement, education, and prevention

HealthySexual syphilis community resources being revamped. Including the development of a translated syphilis resource

Priority Area 2: Workforce development

South West Public Health Unit held a clinician CPD evening which had 70 attendees and excellent feedback

Supported ASHM's development of new and updated education to strengthen STI testing and treatment, and to increase syphilis awareness in WA – "STI Testing in Primary Care: Western Australia" and "Enhancing Syphilis Awareness: Engaging Communities and Healthcare Providers"

Priority Area 3: Testing, treatment and contact tracing

Indicator	Trend by quarter (Q12024 to Q42025)	2024	2025	% Change
% of symptomatic infectious syphilis cases who were treated on the first presentation to a health service		60	35	-25% ▼
% of infectious syphilis cases treated within one week of diagnosis*		25	68	43% ▲
* Likely an underestimate due to incomplete data				
% of named contacts of infectious syphilis cases who are treated for syphilis on the first presentation to a health service as part of comprehensive syphilis case management		52	50	-2% ■
4 new service enrolments in state Point-of-Care Testing Program, bringing the total to 47 sites				

Priority Area 4: Surveillance and reporting

Syphilis (and other STI) results will be federally legislated to be uploaded to My Health Record by Australian laboratories as standard as of 1st July 2026 (with rare exceptions).

Priority Area 5: Antenatal and postnatal care

Indicator	Trend by quarter (Q12024 to Q42025)	2024	2025	% Change
% of women of childbearing age (15-44 years of age) whose pregnancy status is identified within 2 days of their infectious syphilis result being known to be positive		22	27	5% ▲
Maternal and Neonatal Management Plans have been highlighted as a utilised clinical handover tool throughout the regions				



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 2023, 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 the quarterly 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.