



Government of **Western Australia**
Department of **Health**

Metropolitan Syphilis Outbreak Response Action Plan

Metropolitan Syphilis Outbreak Response Action Plan

1.0 Overview of the Metropolitan Syphilis Outbreak Response Action Plan

The Metropolitan Syphilis Outbreak Response Action Plan (the action plan) has been developed to guide the activities of the Metropolitan Syphilis Outbreak Response Team (MSORT). The action plan differs from those in other syphilis outbreak regions in Western Australia due to the multiple populations that are represented in the metropolitan outbreak epidemiology.

The MSORT follows the recommendations for an outbreak response in accordance with the Communicable Diseases Network of Australia (CDNA) Syphilis National Guidelines and aims to interrupt the further transmission of infectious syphilis and to prevent congenital syphilis. The action plan overlaps in strategies with the WA Syphilis Outbreak Response Action Plan but addresses multiple populations.

The MSORT has the following overarching objectives:

1.1 Aims

- To control the outbreak of infectious syphilis in the metropolitan area.
- To have nil cases of congenital syphilis in the metropolitan area.

1.2 Objectives

- To increase testing in at-risk groups, particularly women of childbearing age.
- To achieve best practice patient management outcomes for cases of infectious syphilis in these at-risk groups.
- To achieve best practice management outcomes for contacts of infectious syphilis in these at-risk groups.
- Increase completeness and quality of data relating to syphilis cases.

2.0 Background

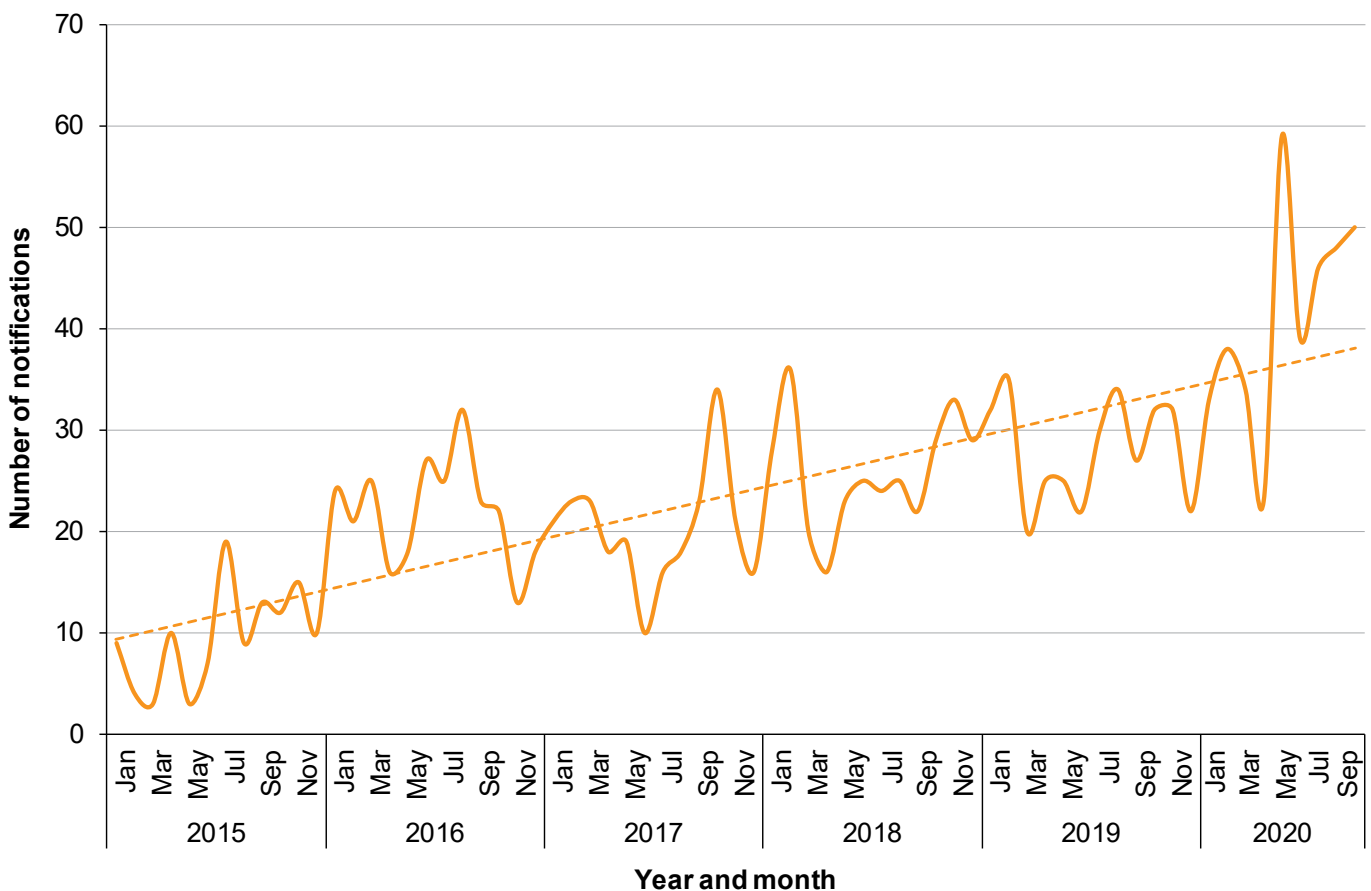
Over the past decade, syphilis in the Perth metropolitan area has occurred primarily amongst men that have sex with men (MSM). Recently, an increasing diversity in those affected by syphilis has been observed. The number of notifications in the Perth metropolitan area categorised as heterosexual more than doubled in comparison to the previous 12-month period 1 Oct 2019 – 30 Sept 2020 (n=193 vs. 84) and was four-times the previous five-year mean of 48 cases per 12-month period. The increase was particularly marked among females, and of these 15 were pregnant at the time of diagnosis.

From 1 January 2019 – 30 September 2020 there have been 34 cases of syphilis in people experiencing homelessness. In the metropolitan area, notifications in Aboriginal men have doubled and there was a 5-fold increase in Aboriginal females.

The metropolitan syphilis outbreak was declared by the Chief Health Officer in June 2020. The MSORT was formed in response to the outbreak that was declared in the Perth metropolitan area in mid-2020 in at-risk groups, including:

- people who are experiencing homelessness
- Aboriginal people
- culturally and linguistically diverse (CaLD) people
- people who use methamphetamine and/or inject drugs
- MSM
- people who have sex with MSM.

Figure 1 Number of infectious syphilis notifications in the Perth metropolitan area from January 2015 to September 2020



3.0 Metropolitan Syphilis Outbreak Response Team

The MSORT was activated under the WA Syphilis Outbreak Response Group (WA SORG) in September 2020 and the first meeting was held on 29 October 2020. The MSORT brings together healthcare professionals from multiple sectors that work with the populations that epidemiology shows are of increased risk of syphilis. The MSORT membership consists of public health, alcohol and other drug (AOD) services, homelessness health services, Aboriginal health services, culturally and linguistically diverse services, as well as emergency departments, sexual health and antenatal services. For further information on the MSORT please refer to the Terms of Reference in Appendix 1.

4.0 Action plan

Expert stakeholders from across the Perth metropolitan region gathered for a consultation forum on Wednesday 2 September 2020 to inform and develop the action plan. An external agency was contracted to facilitate the consultation forum and submitted an extensive report. This report has been used to guide the development of this action plan.

Number	Action	Link to WA SORG action plan	Timeframe	Responsibility
Prevention, education and community engagement				
1.1	Undertake a coordinated and metropolitan wide public health promotion campaign on sexual health and syphilis	1.1	< 6 months	CDCD
1.2	Develop targeted communication and outreach strategies for at-risk populations, including people who are experiencing homelessness, people who use methamphetamine and/or inject drugs, MSM and CaLD	1.4		Develop strategy: CDCD Provide input: NGO (Homeless, AOD, CaLD, Aboriginal, MSM) AOD, AOD, (Homeless, AOD, CaLD, Aboriginal, MSM)
1.3	Encourage primary care services e.g. general practice, obstetric services and EDs to increase awareness and opportunistic education of syphilis amongst at-risk populations	1.3	6 – 12 months	CDCD MCDC
1.4	Implement health promotion, screening and testing with other services that have an existing rapport or service scope with at-risk populations	1.8		NGO (Homeless, AOD, CaLD, Aboriginal, MSM)
1.5	Work alongside at-risk populations to co-design and champion health promotion and education initiatives	1.5		NGO (Homeless, AOD, CaLD, Aboriginal, MSM)

Number	Action	Link to WA SORG action plan	Timeframe	Responsibility
Workforce development				
2.1	Upskill and enable service providers who work with at risk groups (e.g. homelessness, AOD, CaLD, Aboriginal, MSM) to engage in a culturally-safe way	2.1	< 6 months	CDCD MCDC
2.2	Increase GP, obstetric, AOD, mental health, DoJ, CaLD, Aboriginal and ED sector staff education, awareness and support (guidelines and information), particularly in high notification areas	2.1		Develop guidelines and resources: CDCD Provide workforce development: MCDC, HSPs
2.3	Develop a workforce development promotional strategy			Develop strategy: CDCD Provide input: MCDC NGO (Homeless, AOD, CaLD, Aboriginal, MSM)
2.4	Provide upskilling and workflow improvements for contact tracing and case management services		6 – 12 months	MCDC
2.5	Provide greater training, support and scope of practice for nurses and Aboriginal health workers to conduct screening and testing	2.4 & 2.7	> 12 months	CDCD NGO (Aboriginal services)

Number	Action	Link to WA SORG action plan	Timeframe	Responsibility
Testing, treatment and contact tracing				
3.1	Implement syphilis point-of-care testing (PoCT) in primary, outreach and existing service settings working with at-risk populations.	3.8		Provide programmatic support: CDCD Provide service delivery: NGO (Homeless, AOD, Aboriginal)
3.2	Offer opportunistic testing at clinics and EDs for at-risk populations	5.1		HSP NGO (Homeless, AOD, Aboriginal, MSM, CaLD)
3.3	Undertake intensive case follow up of hard to reach syphilis cases for contact tracing and facilitate access to treatment and test of cure	3.2 & 3.3		MCDC HSP
3.4	Increase testing rates through normalising testing and providing opportunistic and community based mobile options	3.4		NGO (Homeless, AOD, Aboriginal, MSM, CaLD)
3.5	Invest in human resources for contact tracing, assertive outreach and follow up	3.3		MCDC
3.6	Review pathology, Medicare and GP pathway processes to remove barriers to testing			CDCD
Surveillance and reporting				
4.1	Prioritise and support a state-wide syphilis management database			CDCD
4.2	Provide timely feedback and notifications to services on epidemiology and analytics			CDCD MCDC

Number	Action	Link to WA SORG action plan	Timeframe	Responsibility
Antenatal and postnatal care				
5.1	Encourage more active antenatal testing through opt-out testing and targeted approaches for at-risk populations	5.1	< 6 months	CDCD MCDC SOSU Antenatal services NGO (Homeless, AOD, Aboriginal, CaLD)
5.2	Provide primary care providers e.g. GP and maternity services education on antenatal testing			CDCD MCDC
5.3	Promote more frequent antenatal testing for at-risk populations (e.g. guidelines revision)	5.3		CDCD
5.4	Expand antenatal home visit and outreach services			Antenatal services NGO (Homeless, AOD, Aboriginal, CaLD)

Aboriginal: Aboriginal services

AOD: Alcohol and other drug services

ED: Emergency department

CaLD: Culturally and linguistically diverse services

CDCD: Communicable Disease Control Directorate, WA Department of Health

DoJ: Department of Justice

GP: General practitioners

Homeless: Homeless health services

HSP: North, South and East Metropolitan health service providers, Department of Health

MCDC: Metropolitan Communicable Disease Control, North Metropolitan Department of Health

MSM: Men that have sex with men services

NGO: Non-government organisation

SHC: Sexual health clinics

SOSU: State Obstetric Support Service

5.0 Challenges to be addressed by MSORT

Through the conversations at the consultation forum a number of challenges that will need to be addressed through the MSORT were identified. The MSORT will also discuss how some of these challenges can be addressed.

These challenges include:

- Diverse, complex and at-risk number of populations, including people experiencing homelessness with more immediate priorities (shelter, food, safety), MSM not contact tracing female partners due to fear of being known to be same-sex attracted, individuals participating in risk-taking behaviours, AOD users with a distrust of services and Aboriginal people unable to access culturally-safe services
- Engaging CaLD populations is complex and requires relationship building, appropriate resources and interpreters to access isolated individuals
- Need for improved GP awareness, education and confidence in syphilis testing and treatment to normalise and standardise the approach at the primary care level
- Effective contact tracing and follow up treatment is difficult due to anonymous hook-up apps, transient populations and difficult to reach cohorts including homelessness
- Need for increased health promotion and literacy on the syphilis outbreak amongst at-risk populations as well as the wider community
- A more consistent and coordinated approach is needed across service providers, plus increased workforce development and funding of key services engaging with at-risk populations
- Need for more culturally-safe approaches, Aboriginal workforce positions and assertive outreach models
- Need for more frequent and opportunistic screening and testing, including antenatal visits, point-of-care testing and ED presentations
- Stigma, shame and embarrassment preventing testing and presentation for syphilis.

Appendix 1

TITLE: Metropolitan Syphilis Outbreak Response Team (MSORT)
TERMS OF REFERENCE

1. Purpose

The Metropolitan Syphilis Outbreak Response Team (MSORT) was formed in response to an outbreak that was declared in the Perth metropolitan area in mid-2020 after increased cases emerged in at-risk groups, including:

- people who experience homelessness
- young Aboriginal and non-Aboriginal people
- culturally and linguistically diverse people
- people who use methamphetamine and/ or inject drugs
- men that have sex with men
- people who have sex with MSM.

An increase in cases in women of childbearing age has been observed, including those from at-risk groups and three cases of congenital syphilis have been notified in the metropolitan area since 2018 (at the time of drafting).

The MSORT follows the recommendations for outbreak response in accordance with the CDNA Syphilis National Guidelines for Public Health Units. The aim of the response is to control the outbreak of infectious syphilis and to have nil cases of congenital syphilis in the metropolitan area.

2. Objectives

- To increase testing in at-risk populations, particularly women of childbearing age
- To achieve best practice management outcomes for cases of infectious syphilis in these at-risk groups
- To achieve best practice management outcomes for contacts of infectious syphilis in these at-risk groups; and
- Increase completeness and quality of data relating to syphilis cases.

3. Functions and responsibilities

The MSORT is responsible for facilitation of the development, implementation and evaluation of strategies that are being used to control the syphilis outbreak. In some instances, member organisations will be actively involved in implementation of key strategies; in others, members will endorse the activity of the working groups. The team will monitor and report on the outbreak while encouraging partnerships between key stakeholders and organisations in the metropolitan area to ensure a coordinated response.

4. Membership

Homeless Health Care
Royal Perth Hospital Sexual Health Clinic
South Terrace Clinic
Peer Based Harm Reduction
Hepatitis WA
WAAC
SHQ
Aboriginal Health Council WA
Derbarl Yerrigan Health Service
Department of Justice
Metropolitan Communicable Disease Control
Mental Health Commission
360 Health and Community
Peel Youth Medical Services
Royal Perth Hospital Emergency Department
King Edward Memorial Hospital
Women and Newborn Drug and Alcohol Service
East Metropolitan Health Service
Ishar Womens Health Service
Perth Children's Hospital
Sexual Health Blood-borne Virus Program
Communicable Disease Control Directorate

5. Invitees

Other members can attend on an ad-hoc basis as required, by invitation. Representatives, with the acknowledgement of the Chair, may nominate a proxy in the event of absence. A proxy will be able to vote on behalf of the substantive member. In the event of an extended absence, resignation or change of position, the committee member is required to nominate a replacement.

6. Frequency of meetings

The MSORT will meet at least quarterly, more frequent meetings may be required initially and at the determination of members. The need for the group to continue should be subject to review after 18–24 months.

7. Management of meetings

Co-chairs: Metropolitan Communicable Disease Control Public Health Physician and a member organisations physician

Secretariat: Sexual Health and Blood Borne Virus Program, Communicable Disease Control Directorate, CDCD

Agenda: The agenda for each meeting will be distributed at least 24 hours prior to the meeting

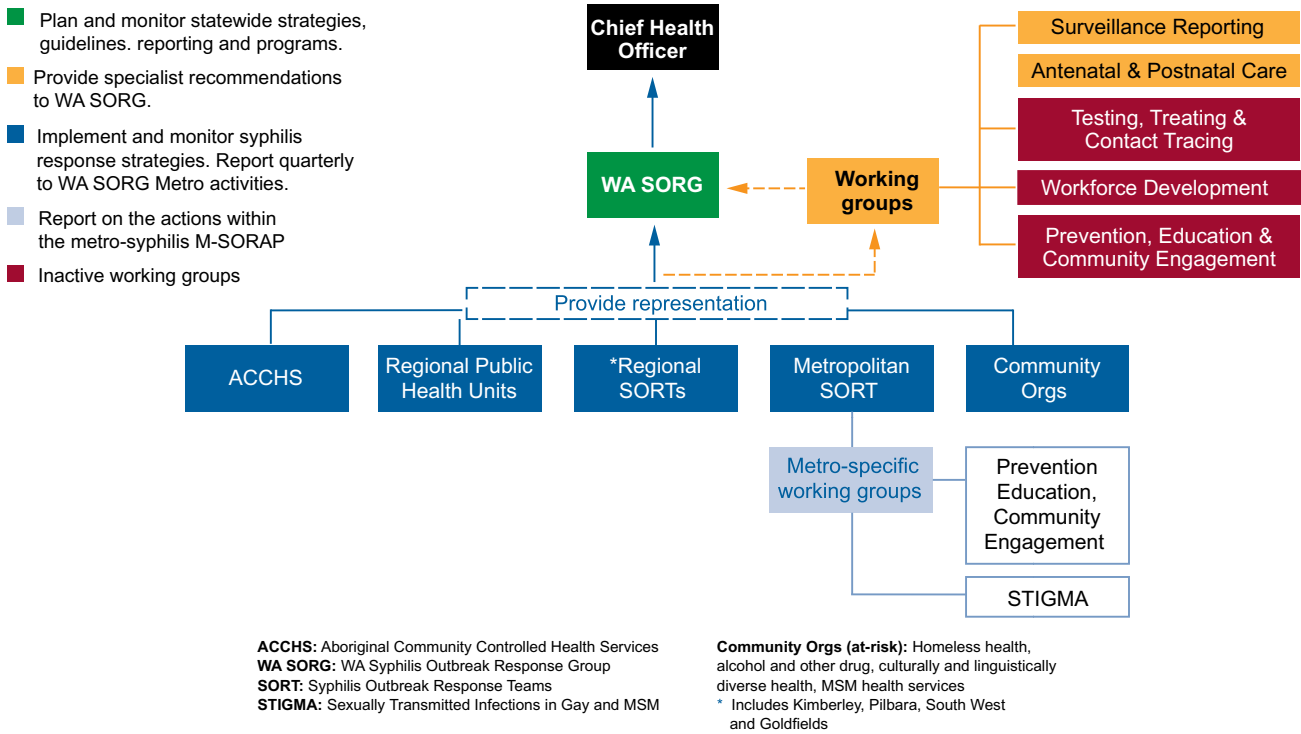
Records: The secretariat will keep files of at least the following:

1. agendas, meeting papers and meeting records
2. correspondence and papers circulated other than with agenda.

Quorum: When endorsement from the MSORT is required members will be notified two weeks prior to meeting date if members are unable to attend their proxy will have the ability to vote on their behalf. Quorum will require 50% of those in attendance to endorse.

8. Structure

Metropolitan Syphilis Outbreak Response



9. Reporting

Reporting and surveillance of the outbreak data is the responsibility of the MCDC. Data and reports will be provided to the MSORT prior to and during meetings.

10. Review and amendment of terms of reference

The MSORT will review these terms of reference annually if the outbreak extends beyond 12 months.

Signed up by:

Version No.	Amendment date	Approved by
1.00		
2.00		

This document can be made available in alternative formats on request for a person with disability.

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