



ALERT FOR MIDWIVES

Syphilis outbreak across Western Australia

KEY POINTS

- Rates of syphilis infection have increased across Western Australia.
- Syphilis is transmitted through sexual contact, or through vertical transmission via the placenta from mother to fetus.
- Congenital syphilis is associated with a high rate of complications, including fetal death-in-utero, pre-term birth, low birth weight and organ abnormalities.
- Screening for syphilis at the first antenatal visit, and 28 and 36 weeks gestation is recommended in statewide clinical guidelines for all pregnant women.
- Notification to the Chief Health Officer of whether syphilis screening was performed during pregnancy and at birth is mandated for registered midwives attending births from 1 July 2023 (Form 2 of the Health (Notification by Midwives) Regulations 1994). This has been facilitated through clinical software updates.

Background

- Historically, most syphilis cases occurred in Aboriginal people from regional and remote communities and gay, bisexual, and other men who have sex with men in metropolitan Perth. While these groups continue to be at risk, syphilis infection is occurring across all populations in WA, including women of childbearing age.

Increasing risk of congenital syphilis

- Currently 27% of all infectious syphilis notifications for people living in metropolitan Perth and 48% of notifications for people living in regional WA are women of childbearing age.
- Since 2014, 14 infants with congenital syphilis have been notified, of which four cases have occurred since 1 January 2022.

Test

- Test all women for syphilis during pregnancy by taking blood for syphilis serology:
 - Test all pregnant women at booking (before 28 weeks), at 28 weeks (to 35 weeks), and at 36 weeks (and before birth).
 - Enquire about sexual partners during antenatal visits. Additional testing is recommended if the pregnant woman reports a new sexual partner, or her partner is known to have other sexual partners.
 - Test any **pregnant woman with minimal antenatal care** at any possible opportunity regardless of gestation.
 - Women who give birth in the Kimberley, Pilbara, and Goldfields should also be tested at birth, and at 6 weeks post-partum.
- If a person has an ulcer(s) or skin/mucosal lesion, swab the lesion (dry swab), and order a syphilis PCR test, in addition to taking blood for syphilis serology.
- Other risk factors associated with syphilis infection, in the woman and her partner, include:
 - Illicit drug use
 - Homelessness / unstable accommodation
 - Cultural and Linguistic Diversity
 - Aboriginal ethnicity
 - Transactional sex

- Many diagnoses of syphilis in pregnancy occur in women without the risk factors listed above, therefore routine screening at least three times in pregnancy is still important.
- Notification to the Chief Health Officer by registered midwives of births attended now includes whether recommended syphilis screening was conducted during pregnancy (all births attended) and at time of birth (births attended in the Kimberley, Pilbara, and Goldfields). Clinical software applications have been updated to enable notification.
- This information will be used to identify areas of insufficient testing during pregnancy.

Treat

- First line treatment for syphilis is long-acting penicillin (benzathine penicillin, bicillin L-A).
- The number of treatment doses required varies by stage of disease.

Trace

- Contact tracing should begin as soon as possible so sexual contacts can be followed-up for testing and treatment, and re-infection prevented.
- Contact your [local public health unit](#) for assistance with contact tracing.

For more information

- Refer to the [Quick guide for testing and treatment of syphilis](#) for more information.

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