

AN OUTBREAK OF INFECTIOUS SYPHILIS IN NORTHERN AUSTRALIA: THE EPIDEMIOLOGY AND PUBLIC HEALTH RESPONSE

Dups J^{1,2,3}, Bright A⁴, on behalf of the Multijurisdictional Syphilis Outbreak Working Group

¹ Communicable Disease Control Directorate, Health Department of Western Australia; ² PathWest Laboratory Medicine Western Australia; ³ National Centre for Epidemiology and Population Health, Australian National University; and ⁴ Office of Health Protection, Australian Government Department of Health

Introduction: In April 2015, a Multijurisdictional Syphilis Outbreak Group (MJSO) of the Communicable Diseases Network Australia was formed in response to an increase in infectious syphilis notifications among young Aboriginal and Torres Strait Islander people in northern Australia. We describe the epidemiology of the outbreak 2011-2015, the public health response and the activities of the MJSO.

Methods: Data were collated from update reports provided to the MJSO by affected jurisdictions. Cases of infectious syphilis were categorized as outbreak-associated based on an MJSO outbreak case definition.

Results: Increased notifications associated with the outbreak were first reported in northwest Queensland (Qld) in January 2011, followed by the Northern Territory (NT) in July 2013 and the Kimberley region of Western Australia (WA) in June 2014. Between January 2011 and December 2015, a total of 790 cases were reported in the outbreak. Of all cases, 45% were male, 75% were aged 15-29 years, and most resided in remote and outer regional areas. Seven congenital syphilis cases associated with the outbreak were reported; 2 were stillborn and 1 died in the neonatal period. Affected jurisdictions responded with public health actions according to national guidelines including: formation of local outbreak-response teams; increased testing; rigorous contact tracing and antenatal screening; and activities promoting safer sexual practices and outbreak awareness. The jurisdictions were supported by the activities of the MJSO who instituted standardised reporting, sought to engage Aboriginal and Torres Strait Islander communities in the response, and facilitated data and resource sharing.

Conclusion: The sustained wide spread nature of the outbreak across remote and outer regional areas, and mobility of the “at risk” population within and across jurisdictions have created challenges in outbreak control. However, the partnerships developed between the affected jurisdictions and other stakeholders through MJSO participation have been valuable in strengthening the overall public health response.

Disclosure of Interest Statement: Nothing to declare.