

Increase in Infectious Syphilis ALERT

for services in Far West, Murrumbidgee, and Western NSW LHDs

1. There has been a recent increase in notifications of infectious syphilis in the Mildura area in Victoria, which borders Far West Local Health District.
2. In response to the heightened risk of syphilis in areas close to Mildura:
 - Maintain a high clinical suspicion for syphilis.
 - Test widely, including during routine check-ups and during pregnancy.
 - Consider keeping a stock of benzathine penicillin.
 - Ensure testing and treatment of all sexual contacts and inform the local public health unit about contacts in Victoria.

Increase in infectious syphilis notifications in the Mildura Local Government Area (LGA)

- Notifications of infectious syphilis have increased in the Mildura LGA, with 22 notifications from 1 January 2019 to 6 November 2019. Of these, 70% were in women.
- No localised increase in notifications has been observed on the NSW side of the border. However, the geographical proximity of Mildura puts western and southern NSW at a heightened risk of syphilis.

Maintain a high clinical suspicion for syphilis in all population groups

- Primary syphilis may present with a painless ulcer at the site of infection.
- Secondary syphilis usually involves a rash and non-specific symptoms such as fever, malaise, lymphadenopathy.
- Many people with syphilis do not present with symptoms.

Test widely and consider repeat testing in pregnancy

- Test for syphilis in persons diagnosed with an STI or presenting as a contact of a person with an STI.
- Test as part of routine STI checks for all sexually active people, during health assessments for Aboriginal and Torres Strait Islander people (MBS item 715), and opportunistically.
- Test pregnant women at the first antenatal visit, and again at 24-28 weeks gestation if considered at risk of infection or uncertain of risk. All Aboriginal women and other pregnant women whose baby will be identified as Aboriginal should routinely receive a second syphilis antenatal test at 24-28 weeks.

Treat promptly and consider stocking benzathine penicillin

- Treat infectious syphilis promptly with benzathine penicillin 2.4 million units (equivalent to 1.8 g-usually two full pre-filled syringes) IMI stat. For late latent syphilis and syphilis of unknown duration, three doses are required (i.e. benzathine penicillin 2.4 million units weekly for 3 weeks).
- To facilitate timely treatment in general practice, consider ordering Bicillin L-A in advance through the Emergency Drug Supply Schedule (Prescribers Bag; listed 1 September 2019).

Ensure testing and treatment of all sexual contacts


- Treat all sexual contacts without waiting for test results. For primary syphilis treat and test all sexual partners in the previous 3 months; for secondary syphilis, treat and test all sexual partners in the previous 6 months.
- Inform the local Public Health Unit (1300 066 055) of cases who report sexual partners in Victoria.

Specialist services are available to provide assistance

- Seek advice from **local sexual health services**:
 - Far West LHD: Jo Lenton, Sexual Health Clinical Nurse Consultant, (08) 8080 1100/0402 121 249 (Mon-Thu)
 - Murrumbidgee LHD: Alison Kincaid, Sexual Health Clinical Nurse Consultant, 0427 452 059 (Mon-Fri)
 - Western NSW LHD: Kim Grant, Clinical Nurse Consultant, (02) 6330 5935/0477 718 116 (Mon-Thu 07:00-17:30)
- The **NSW Sexual Health Info Link** (1800 451 624/www.shil.nsw.gov.au) can assist, including with online contacts.

Resources & further information

- The Australian STI Management Guidelines are available at www.sti.guidelines.org.au.
- The Australasian Contact Tracing Guidelines, including links to anonymous online partner notification services are available at <http://contacttracing.ashm.org.au>.



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