



Centre for Disease Control

NT HEALTH

Public Health Alert

Issued: 31st October 2023
Issued to: Health staff, NT Wide

Syphilis Alert

Summary

- The Northern Territory syphilis outbreak is ongoing, with 2,064 outbreak cases notified from 1st July 2013 to 26th October 2023.
- **A case of congenital syphilis has been notified** in Central Australia in August 2023.

Actions

- We urge clinicians to repeat syphilis serology in all pregnant women after the initial serology during pregnancy.
- Current recommendation is to test all pregnant women in outbreak areas for syphilis at the first visit (including request for test), 28 weeks, 36 weeks, delivery and 6 weeks post-partum.
- Test all other pregnant women for syphilis at the first visit, 28 weeks and 36 weeks or at time of any preterm birth.
- Offer syphilis testing to partners of pregnant women.

About

- In recent months, the **majority of infectious syphilis cases have been notified in the Central Australia and Barkly Regions, followed by the Katherine Region.**
- Untreated syphilis can have devastating consequences in pregnancy, leading to miscarriage, stillbirth, neonatal death, low birth weight and congenital syphilis.
- Common presentations of **infectious syphilis in adults** include painless oral, ano-genital ulcer/s (occasionally painful), regional lymph node enlargement, rashes that can involve palms and soles, patchy hair loss, fever, sore throat and fleshy lesions resembling genital warts, ocular involvement and transaminitis.
- Most **babies with congenital syphilis** are asymptomatic at birth. **Typical symptoms** include ulceration of nasal mucosa with nasal discharge - rhinitis, ('snuffles'), skin rashes or lesions, hepatosplenomegaly, generalised lymphadenopathy, haematologic abnormalities, osteochondritis, CNS abnormalities, chorioretinitis, nephrotic syndrome and pancreatitis. Further information can be found: <https://hdl.handle.net/10137/707>
- Interpretation of serology can be complex and needs to be matched with treatment history. Please call the **NT Syphilis Register (Darwin 8922 7818/ Alice Springs 8951 7552)** for the interpretation of results.

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 (08) 8922 8044 or 1800 008 002
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Transmission

- Syphilis is spread by direct contact with skin lesions or mucous membranes of an individual with infectious syphilis during anal, oral or vaginal intercourse. Vertical transmission can occur at any time during pregnancy and at any stage of syphilis.

Clinical management

- If you suspect syphilis, treat immediately with Benzathine penicillin 2.4 million units IM stat (2 pre-filled syringes) – don't wait for serology results
- Treat contacts and symptomatic people with Benzathine penicillin 2.4 million units IM stat (2 pre-filled syringes) and perform serology for syphilis and HIV
- Collect dry swabs from all genital ulcers/lesions for Syphilis PCR (NAAT)

Prevention

To reduce the risk of untreated syphilis, CDC recommends the following:

- Do twice yearly STI (including syphilis and HIV serology) screening for all young people at risk (especially 15-34 years old)
- If Point of Care test for syphilis done and found positive with no previous positive serology, treat immediately and take syphilis/HIV serology.

Public health management

- Actively follow up contacts/request clients to inform sexual partners and encourage them to attend for treatment.

Further information

Please disseminate this message **to all your clinical staff**.

Contact

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