



Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI)

Syphilis Roundtable Recommendations – 22 October 2021

Summary

While Australia has made some notable progress in the management of sexually transmissible infections (STIs) in recent years, there are persistent and emerging issues as syphilis remains a public health challenge. Over the past decade, the notified cases of infectious syphilis have continued to rise within Australia. Specifically, there have been increased rates of syphilis among:

- men who have sex with men;
- women of child-bearing age; and
- Aboriginal and Torres Strait Islander communities

On 22 October 2021 the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI) convened to discuss the emerging trends and issues relating to syphilis in these three priority groups. Recommendations from the roundtable are below. The recommendations serve to support further consideration by governments and the sector on next steps to address the situation.

1. Strategic

- 1.1. Development of an Aboriginal and Torres Strait Islander BBV STI Advisory Group, modelled on the structure of the advisory group from the recent response to the COVID-19 outbreak. The advisory group will ensure equal representation and joint decisions between the Commonwealth, state and territory governments and Aboriginal community-controlled organisations.
- 1.2. Development of a national syphilis plan, that is linked to or included in the current National BBV STI Strategies, that will provide clear strategic intent, objectives and outputs. The plan should address what success will look like for both Aboriginal and Torres Strait Islander and non-Aboriginal and Torres Strait Islander populations, funding, capacity building, education for service providers and linkages to state-wide syphilis response plans (or encourage the development of these). The national syphilis plan should also ensure that co-design with the appropriate peak body is incorporated into any planning/policy proposal *before* policies are progressed to Government for endorsement.
- 1.3. Undertake a national review/analysis of the drivers of the increase in syphilis notifications in regards to all populations affected, with the aim of determining the

factors contributing to the increased prevalence of syphilis in the community and how trends can be reversed.

- 1.4. Review of relevant state and territory legislation which support contact tracing, to consider opportunities to improve current arrangements, including whether ACCHOs and other parties (such as community organisations) could assist states and territories to undertake contact tracing.
- 1.5. State and Territories to review funding arrangements and service levels for public sexual health services, to ensure service coverage is adequate for changing trends in STI epidemiology and arrangements are aligned with the goals of the National Health Reform Agreement and National STI and HIV Strategies.
- 1.6. Improve and increase the resources and capacity of local sexual health centres for testing and treatment; including free, anonymous and confidential testing with consideration of expansion the eligibility criteria.
- 1.7. Introduction of a general practice “Annual Sexual Health Check” MBS item for all Medicare-eligible persons to incentivise comprehensive STI testing and treatment by sexual health and primary care providers and support early diagnosis. Consideration should also be given to include a syphilis specific MBS item number to ensure improved data collection, as this is generally claimed through more general MBS items.
- 1.8. The Australian Government Department of Health to explore the development of a national syphilis register in collaboration with the Communicable Diseases Network Australia (CDNA) and relevant sub-committee of CDNA to ensure national consistency and access of records, as opposed to the current multiple state systems that are not interlinked.

2. Testing

- 2.1. Improved testing and earlier detection of primary, secondary and asymptomatic syphilis infections.
 - Earlier detection is needed to prevent secondary syphilis and reduce the infectiousness of syphilis - through improved diagnosis of primary syphilis and frequent serological screening of high-risk patients to detect very early asymptomatic syphilis.
 - Increased and more frequent testing of high-risk patients.
 - Review and define the risk factors for syphilis (e.g. behavioural factors such as drug use) given the changing epidemiology, to help define those requiring more frequent testing.
 - Ensure syphilis and HIV testing is undertaken following any diagnosis of chlamydia or gonorrhoea.
 - Increase screening for syphilis through “opt-out” screening that is linked to other blood tests (such as HIV testing or blood tests in later pregnancy).
 - Greater use of nucleic acid amplification testing for syphilis from anogenital ulcers to increase diagnosis of primary syphilis including multiplex testing with herpes testing.
 - Use of Point of Care Testing to support traditional lab testing, to support early detection and treatment and allow capacity to undertake opportunistic testing.

- Explore opportunities to increase Point of Care Testing in outreach models in settings where increased notifications of syphilis have occurred (e.g. correctional services).
 - Support the development of Point of Care Tests which are suitable for use in persons with prior syphilis, to help support the diagnosis of recent syphilis (e.g. PCR).
 - National trial of home-based STI testing (pending results from UK trial).
 - Promotion of STI testing in other settings, such as Drug and Alcohol services, Needle and Syringe programs, family planning settings.
- 2.2. Consideration to move from risk-based antenatal syphilis screening, to universal screening (up to five times) during and post pregnancy.
- 2.3. Develop (or enhance existing) guidance material to support women and their sexual health during pregnancy. This may include reference to ensuring sexual partners are included in discussions on the importance of sexual health screening and the inclusion of referral pathways for male sexual partners to attend antenatal settings.

3. Treatment

- 3.1. Undertake an environmental scan and literature review on current research programs or work being undertaken to alter or change the current syphilis treatment protocol.
For example: to reduce pain of the treatment or multiple treatments.
- 3.2. Standardise treatment protocols and introduce measures to ensure consistency in the interpretation of test results.
For example: Inclusion of treatment instructions (including appropriate antibiotic dosage) in positive diagnosis pathology lab reports.
- 3.3. Undertake a trial of presumptive treatment in certain contexts for high-risk patients, that are unlikely to return for follow up appointments. This trial would also help inform cost effective analysis of this approach.

4. Workforce Development

- 4.1. Increased activities to support the recruitment and retainment of Aboriginal Health Workers, Aboriginal Liaison Officers and clinical staff (both male and female), in rural and remote areas to enable effective, team based sexual health promotion and treatment.
- 4.2. Improved cultural safety and availability of guidance materials and/or tools, particularly focussed on the sensitivities around sexual health education, to be incorporated into general practice, nursing, allied health professionals, sexual health workers and youth workers training.

5. Communication Education

- 5.1. Development of an education campaign that is tailored to increasing awareness among young people, and in particular young men about syphilis, including information on testing and treatment options/locations.
- Suggestion to use QR codes and social influencers for effective messaging.
 - For example, increased promotion through the use of digital dating and 'hook up' apps, and platforms popular with younger people such as TikTok and Snapchat.

- 5.2. Undertake a national syphilis campaign that focuses on maternal care and congenital syphilis.
 - Posters in GP/clinic waiting rooms
 - Technology (such as Hot Doc messaging, online booking platforms, on-hold messages and TV advertisements)
 - NewsGP newsletters
 - Australian Journal of General Practice and a focus edition on syphilis
 - Advertising on various antenatal applications such as Baby Bump
- 5.3. Development of targeted communication for men who have sex with men in GP/sexual health clinics waiting rooms and on commonly frequented websites.
- 5.4. Ensure the provision of targeted information and resources for migrant, refugee, international student populations and young men, to enable referrals from clinical health to health promotion. Consideration should also be given to how to support these populations in accessing appropriate testing and treatment services.

6. Data, Surveillance and Research

- 6.1. State and territory governments to explore legislative options to allow the centralisation of data (such as MBS, clinical, de-identified patient data) and data sharing between agencies and/or Departments.
- 6.2. Improved access to BBV STI data – from the Commonwealth, state and territory governments – to understand behaviours and identify hot spots or areas with increasing incidences of BBV and STI.
 - Access to PBS/MBS data in a timely manner
 - Access to public and private pathology services data in a timely manner. This should be provided in a format that permits basic demographic breakdowns and per-person analysis (i.e., to permit number of persons tested not just number of tests done)
 - Increasing the availability of relevant behavioural/social data
- 6.3. Promote and seek for consistency in national electronic patient record systems (including case management systems), to ensure coordination of care and improved support and follow-up.

7. Guidelines

- 7.1. Development of a two-page summary that includes key facts and addresses myths, for inclusion in the Department's Pregnancy Care guidelines.
- 7.2. Undertake a review of the applicable National STI Testing Guidelines and align testing protocols.