

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 24 March 2016 (1st communique)

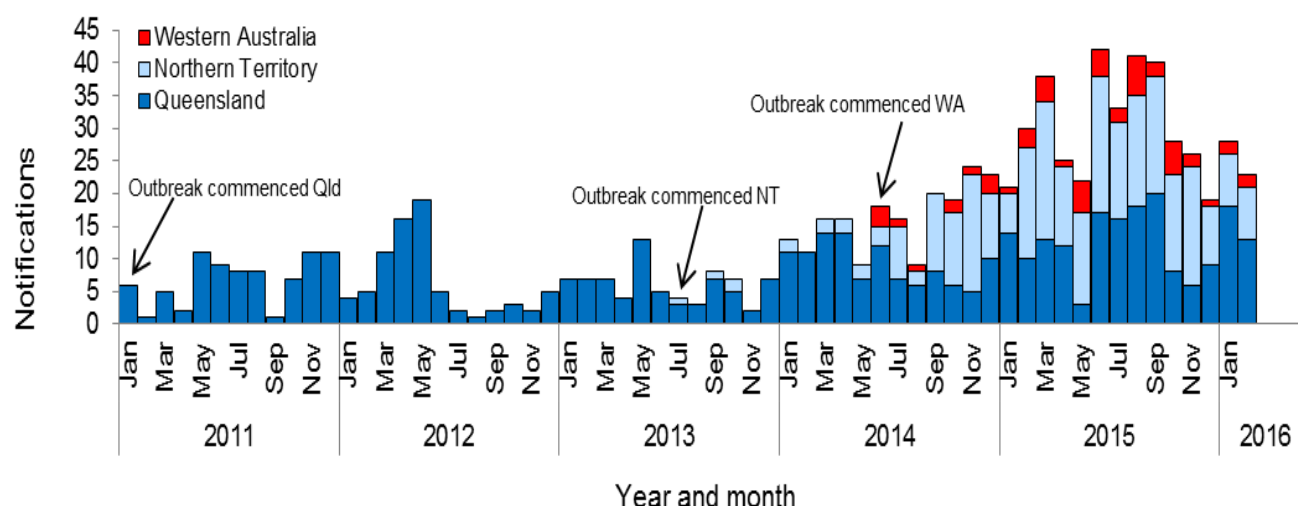
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 29 February 2016 (current status), and the activities of the MJSO from 01 October 2015 -- 29 February 2016.

Current status

Outbreak data to 29 February 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹ notified in affected regions² of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 29 February 2016.



¹ Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

² Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 29 February 2016³.

	North Qld (four HHSs ^B)	NT (four regions ^B)	WA (Kimberley)
Situation to---date, 29 February 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^A	510	277	51
Percent cases reported in 15---29 year age group	72%	79%	80%
% Male / % Female	44% / 56%	50% / 50%	31% / 69%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
---number of deaths in congenital cases	3	0	0
Last reporting month, 1---29 Feb 2016			
Number of cases ^A	13	8	2
Percent cases reported in 15---29 year age group	54%	50%	50%
% Male / % Female	54% / 46%	50% / 50%	100% / 0%

Activities of the MJSO, 1 October 2015 - 29 February 2016:

- updated CDNA of the current outbreak situation and MJSO activities. CDNA supported the proposal for a multijurisdictional campaign to increase community awareness of the outbreak and the need for testing (see community engagement below).
- ensured that correct information regarding the outbreak was in the public domain by submitting a paper describing the outbreak epidemiology to the journal Communicable Diseases Intelligence (CDI).
- identified the need for information sharing about health promotion initiatives and set up a platform to facilitate this.
- created a 'Data working group' to address epidemiological questions pertinent to the outbreak, including: what data are needed to monitor the epidemiology of the outbreak and control efforts at the local, regional and multijurisdictional levels; and how to interpret data on testing coverage and positivity to guide outbreak responses.

Community engagement

A sub--group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC:

- developed a checklist for jurisdictions to use when engaging with communities
- recommended the need for infectious syphilis and antenatal testing rates to be provided to staff at the local service provider level
- submitted a proposal to the Commonwealth for funding of a multijurisdictional campaign to increase community awareness of the outbreak and the need for testing.

³ **Please note that all data are provisional and subject to change due to ongoing case investigation.**

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 16 June 2016 (2nd communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 31 May 2016 (current status), and the activities of the MJSO from 1 March - 31 May 2016.

Current status

Outbreak data to 31 May 2016 are summarised in Figure 1 and Table 1 below.

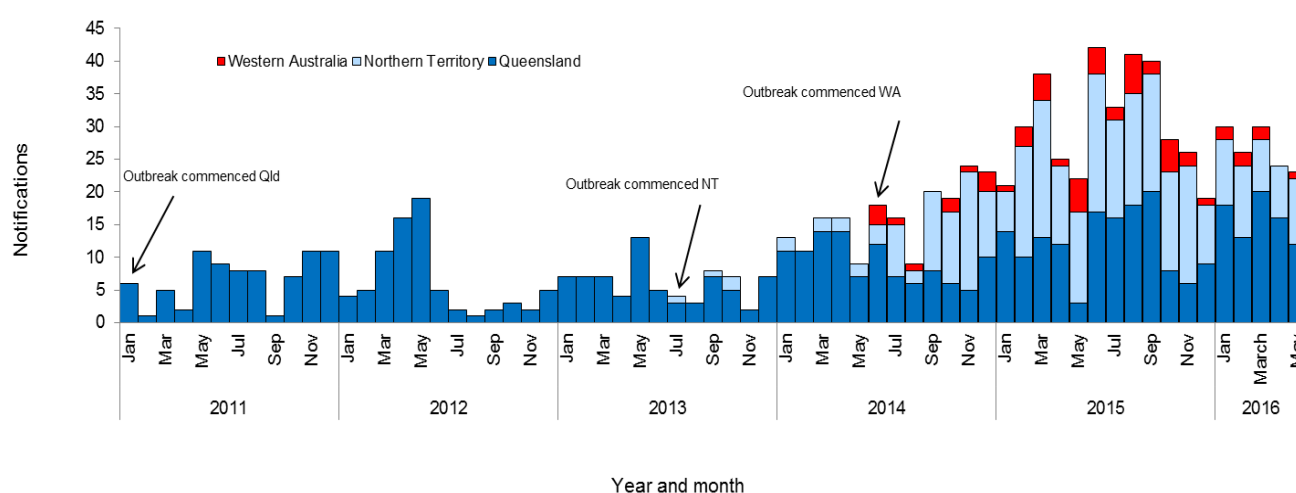


Figure 1. Epidemic curve showing outbreak cases of infectious syphilis⁴ notified in affected regions⁵ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 May 2016^v.

⁴ Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

⁵ Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 May 2016⁶.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 31 May 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	598	309	54
Percent cases reported in 15-29 year age group	71%	84%	78%
% Male / % Female	47% / 53%	47% / 53%	33% / 67%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
-number of deaths in congenital cases	3	0	0
Last reporting month, 1-31 May 2016			
Number of cases ^a	12	10	1
Percent cases reported in 15-29 year age group	75%	100%	0%
% Male / % Female	67% / 33%	30% / 70%	100% / 0%

Activities of the MJSO, 1 March 2016 – 31 May 2016:

- Updated CDNA of the current outbreak situation and MJSO activities;
- Developed a paper which summarises the barriers and issues identified in the outbreak response and the proposed actions to address these barriers/issues;
- Submitted various abstracts to a number of conferences;
- Disseminated information through the GP Round Table and Aboriginal and Torres Strait Islander Health Partnership Forums;
- Agreed to the development of a centralised webpage which will provide information to the public on the outbreak; and
- Consulted with the MJSO's Data Working Group (DWG), on a regular basis, to address epidemiological questions pertinent to the outbreak, including development of indicators to measure the goals in the MJSO's Terms of Reference.

Community engagement

- A sub-group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC received Commonwealth approval for funding of a multijurisdictional campaign to increase community awareness of the outbreak and the need for testing.

⁶ Please note that all data are provisional and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 21 July 2016 (3rd communique)

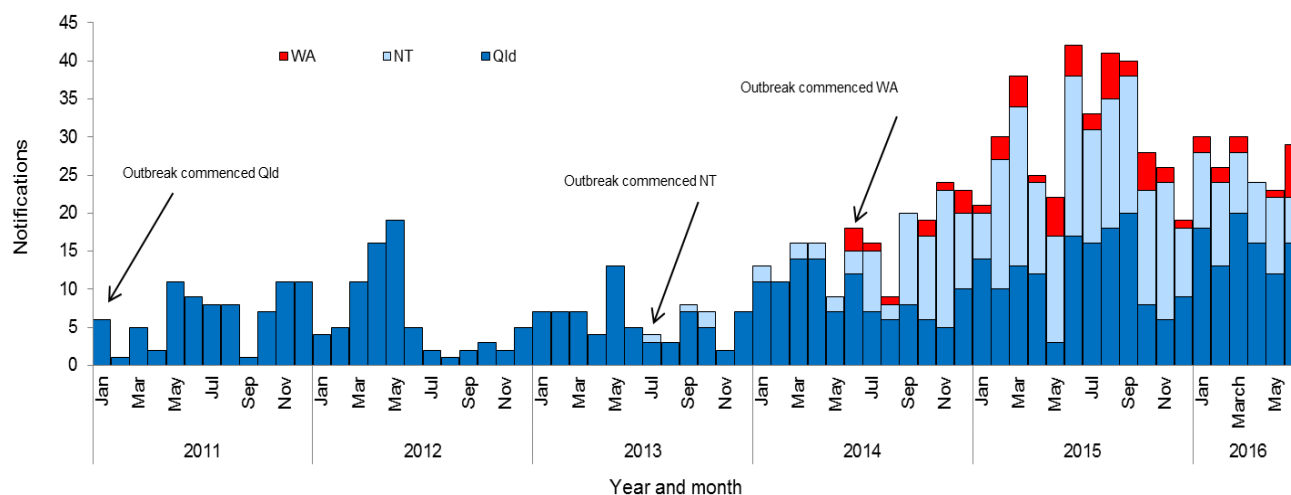
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 30 June 2016 (current status), and the activities of the MJSO from 1 June – 30 June 2016.

Current status

Outbreak data to 30 June 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis⁷ notified in affected regions⁸ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 30 June 2016^v.



⁷ Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

⁸ Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 30 June 2016⁹.

	North Qld (four HHSs ^B)	NT (four regions ^B)	WA (Kimberley region)
Situation to-date, 30 June 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^A	618	316	61
Percent cases reported in 15-29 year age group	71%	83%	74%
% Male / % Female	48% / 52%	47% / 53%	34% / 66%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
-number of deaths in congenital cases	3	0	0
Last reporting month, 1-30 June 2016			
Number of cases ^A	16	6	7
Percent cases reported in 15-29 year age group	63%	50%	0%
% Male / % Female	63% / 38%^	50% / 50%	43% / 57%

Activities of the MJSO, 01 June 2016 – 30 June 2016:

- Finalised the development of a paper which summarises the barriers and issues identified in the outbreak response and the proposed actions to address these barriers/issues;
- Finalised the development of a paper which will update the Australian Health Protection Principal Committee on the current outbreak situation and MJSO activities; and
- Endorsed a congenital syphilis outbreak case definition, developed by the MJSO's Data Working Group (DWG).

Community engagement

- During this period, the Community Awareness Campaign plan, arising from a proposal put forward by the MJSO's Aboriginal and Torres Strait Islander Community Engagement Sub-committee (EAC), was approved by the Commonwealth. This multijurisdictional campaign will aim to increase community awareness of the outbreak and the need for testing.

⁹ Please note that all data are provisional and subject to change due to ongoing case investigation.

Meeting Communique, 18 August 2016 (4th communique)

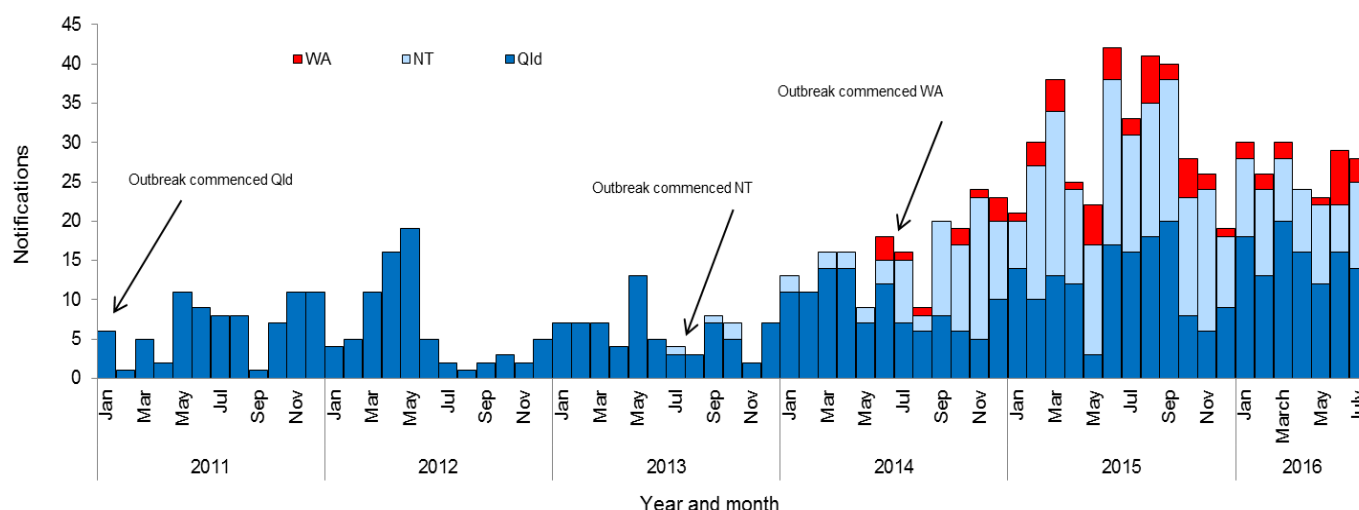
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 31 July 2016 (current status), and the activities of the MJSO from 1 July – 31 July 2016.

Current status

Outbreak data to 31 July 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹⁰ notified in affected regions¹¹ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 July 2016^v.



¹⁰ Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

¹¹ Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 July 2016¹².

	North Qld (four HHSs ^B)	NT (four regions ^B)	WA (Kimberley region)
Situation to-date, 31 July 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^A	633	328	64
Percent cases reported in 15-29 year age group	71%	83%	72%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
-number of deaths in congenital cases	3	0	0
Last reporting month, 1-31 July 2016			
Number of cases ^A	14	11	3
Percent cases reported in 15-29 year age group	50%	82%	67%
% Male / % Female	57% / 43%	45% / 55%	67% / 33%

Activities of the MJSO, 1 July 2016 – 31 July 2016:

- Proposed a number of actions to address some of the barriers and issues identified in the outbreak response; and
- Provided an update to the Australian Health Protection Principal Committee on the current outbreak situation and MJSO activities.

Community engagement

- A sub-group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC discussed alternative testing methods to be used alongside the Commonwealth funded Community Awareness Campaign. The purpose of this approach is to increase testing among young Aboriginal and Torres Strait people.

¹² Please note that all data are provisional and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 15 September 2016 (5th communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 31 August 2016 (current status), and the activities of the MJSO from 1 August – 31 August 2016.

Current status

Outbreak data to 31 August 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹³ notified in affected regions¹⁴ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 August 2016¹⁵.

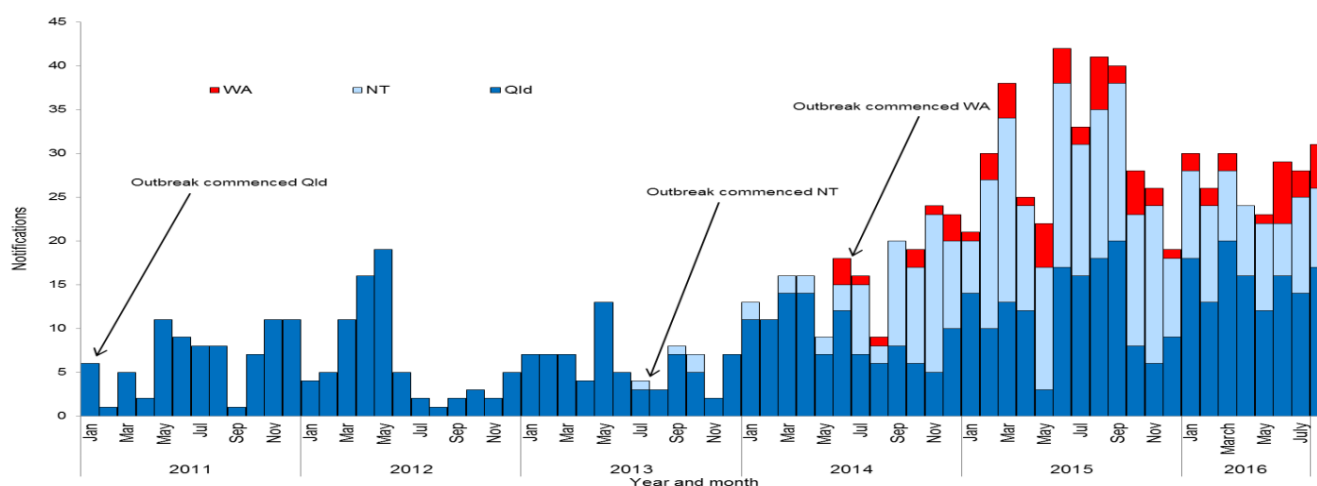


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 August 2016¹⁵.

¹³ Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

¹⁴ Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

¹⁵ **Please note that all data are provisional and subject to change due to ongoing case investigation.**

	North Qld (four HHSs ^β)	NT (four regions ^β)	WA (Kimberley region)
Situation to-date, 31 August 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^α	653	342	69
Percent cases reported in 15-29 year age group	70%	79%	71%
% Male / % Female	48% / 52%	46% / 54%	35% / 65%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
-number of deaths in congenital cases	3	0	0
Last reporting month, 1-31 August 2016			
Number of cases ^α	17	9	5
Percent cases reported in 15-29 year age group	41%	77%	60%
% Male / % Female	65% / 35%	44% / 56%	20% / 80%

Activities of the MJSO, 1 August 2016 – 31 August 2016:

- Provided an update to CDNA on the current outbreak situation and MJSO activities;
- Agreed to streamline the MJSO reporting requirements; and
- Agreed to review the current targets outlined in the Syphilis National guidelines for public health units and adapting those as necessary to the context of the syphilis outbreak.

Community engagement

- A sub-group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC agreed to provide comments on the Community Awareness Campaign's plans and materials. Given the coverage of the campaign across northern Australia, it is important that members of this group have input from their local area perspective.

Meeting Communique, 20 October 2016 (6th communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 30 September 2016 (current status), and the activities of the MJSO from 1 September – 30 September 2016.

Current status

Outbreak data to 30 September 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹⁶ notified in affected regions¹⁷ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 30 September 2016¹⁸.

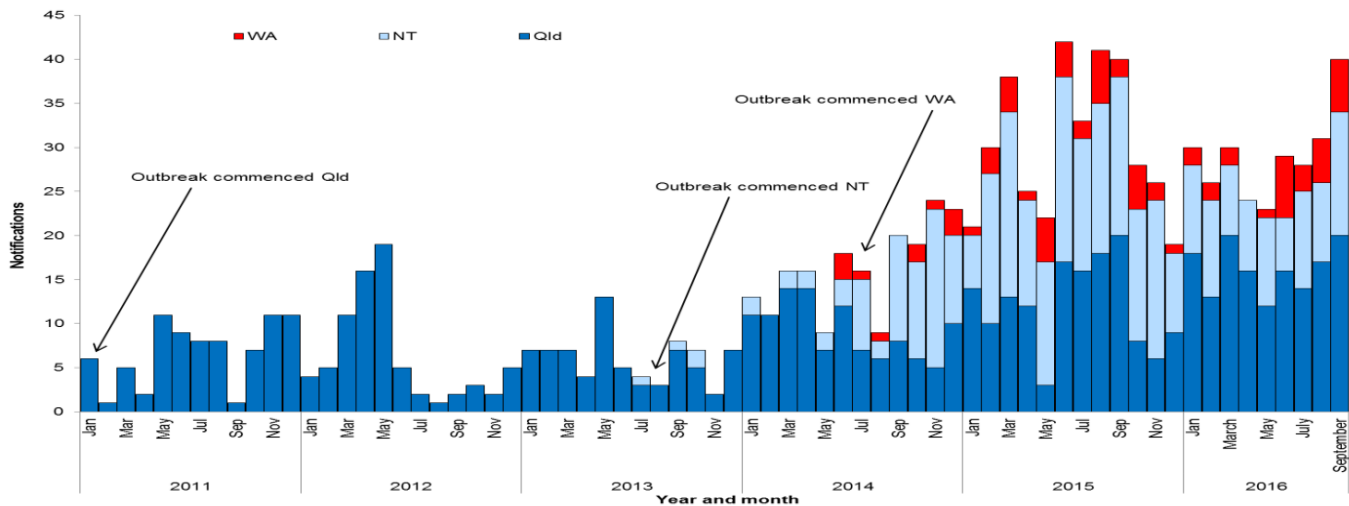


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 30 September 2016¹⁸.

¹⁶ Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

¹⁷ Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

¹⁸ Please note that all data are provisional and subject to change due to ongoing case investigation.

	North Qld (four HHSs ^β)	NT (four regions ^β)	WA (Kimberley region)
Situation to-date, 30 September 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^α	681	361	75
Percent cases reported in 15-29 year age group	70%	79%	68%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1-30 September 2016			
Number of cases ^α	20	14	6
Percent cases reported in 15-29 year age group	65%	86%	33%
% Male / % Female	30% / 70%	64% / 36%	50% / 50%

Activities of the MJSO, 1 September 2016 – 30 September 2016:

- Published a webpage on the Department of Health's website to provide information regarding the infectious syphilis outbreak affecting Aboriginal and Torres Strait Islander people living in northern Australia;
- Sought agreement from CDNA to review the current targets outlined in the Syphilis National guidelines for public health units and adapting those as necessary to the context of the syphilis outbreak;
- Considered the possible role of the syphilis point of care tests as part of the outbreak response strategy to rapidly screen communities and provide immediate treatment to those with a positive result; and
- Explored new changes to the syphilis case definition.

Community engagement

- A sub-group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC shared promotional material and engagement plans aimed to encourage testing and increase awareness among Aboriginal and Torres Strait Islander communities.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 24 November 2016 (7th communique)

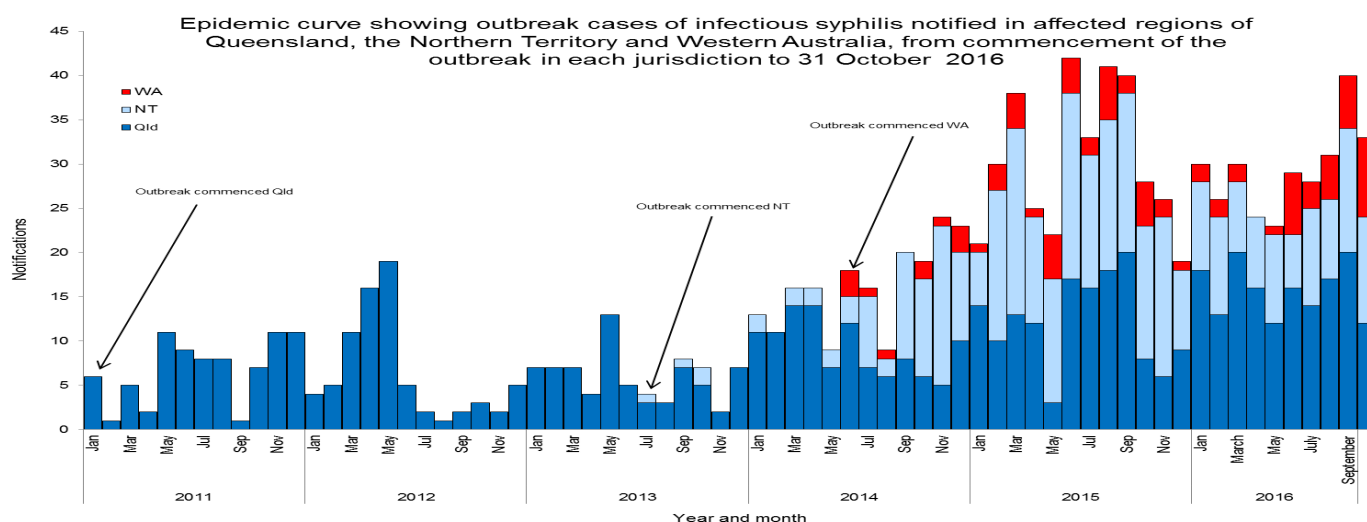
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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Current status

Outbreak data to 31 October 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹⁹ notified in affected regions²⁰ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 October 2016^y.



¹⁹ Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

²⁰ Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 October 2016²¹.

	North Qld (four HHSs ^B)	NT (four regions ^B)	WA (Kimberley region)
Situation to-date, 31 October 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^A	693	372	84
Percent cases reported in 15-29 year age group	70%	79%	69%
% Male / % Female	48% / 52%	47% / 53%	34% / 66%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1-31October 2016			
Number of cases ^A	12	12	9
Percent cases reported in 15-29 year age group	75%	92%	66%
% Male / % Female	42% / 58%	42% / 58%	22% / 78%

Activities of the MJSO, 1 October – 31 October 2016:

- Presented epidemiological data and public health response activities at the 2016 Australasian Sexual Health Conference.
- Sought agreement from CDNA to review the current targets outlined in the Syphilis National guidelines for public health units and adapting those as necessary to the context of the syphilis outbreak.
- Considered the possible role of the syphilis point of care tests as part of the outbreak response strategy to rapidly screen communities and provide immediate treatment to those with a positive result.

Community engagement

- A sub-group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC shared promotional material and engagement plans aimed to encourage testing and increase awareness among Aboriginal and Torres Strait Islander communities.

²¹ Please note that all data are provisional and subject to change due to ongoing case investigation.

Meeting Communique, 15 December 2016 (8th communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 30 November 2016 (current status), and the activities of the MJSO from 1 – 30 November 2016.

Current status

Outbreak data to 30 November 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis²² notified in affected regions²³ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 30 November 2016²⁴.

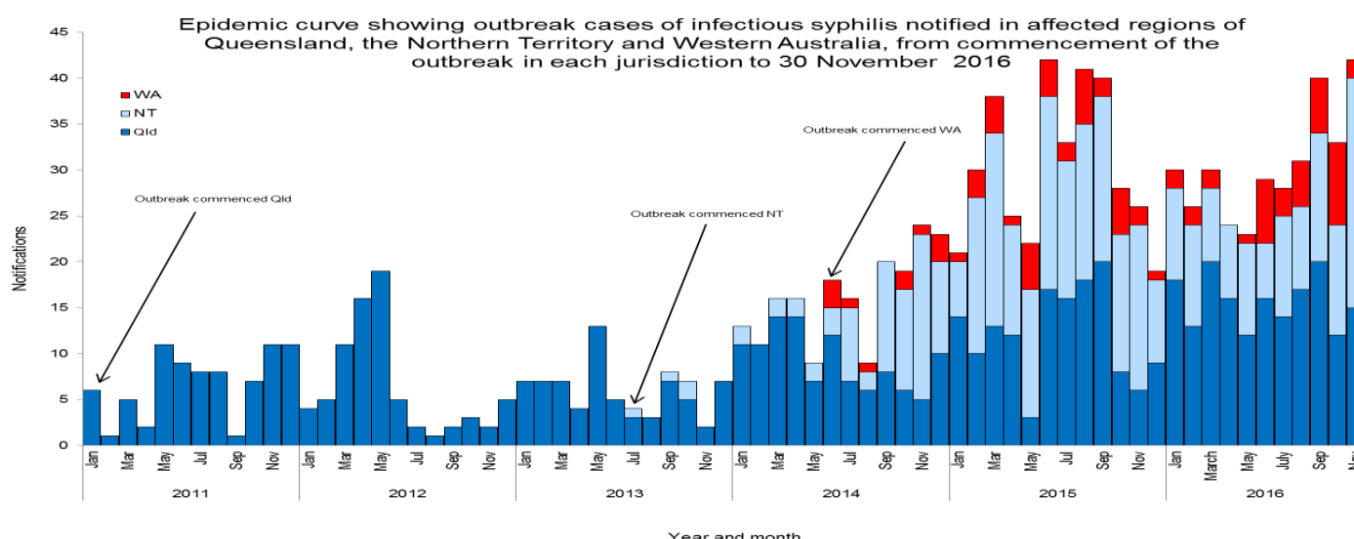


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 30 November 2016²⁴.

²² Cases defined as per the MJSO syphilis outbreak case definition: Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld --- Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT --- Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA --- Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

²³ Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

²⁴ Please note that all data are provisional and subject to change due to ongoing case investigation.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 30 November 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	709	397	86
Percent cases reported in 15-29 year age group	70%	79%	67%
% Male / % Female	48% / 52%	46% / 54%	35% / 65%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1-30 November 2016			
Number of cases ^a	15	25	2
Percent cases reported in 15-29 year age group	67%	76%	0%
% Male / % Female	60% / 40%	36% / 64%	50% / 50%

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 16 February 2017 (9th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 31 January 2017 (current status), and the activities of the MJSO from 1 December 2016 – 31 January 2017.

Current status

Outbreak data to 31 January 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 January 2017^v.

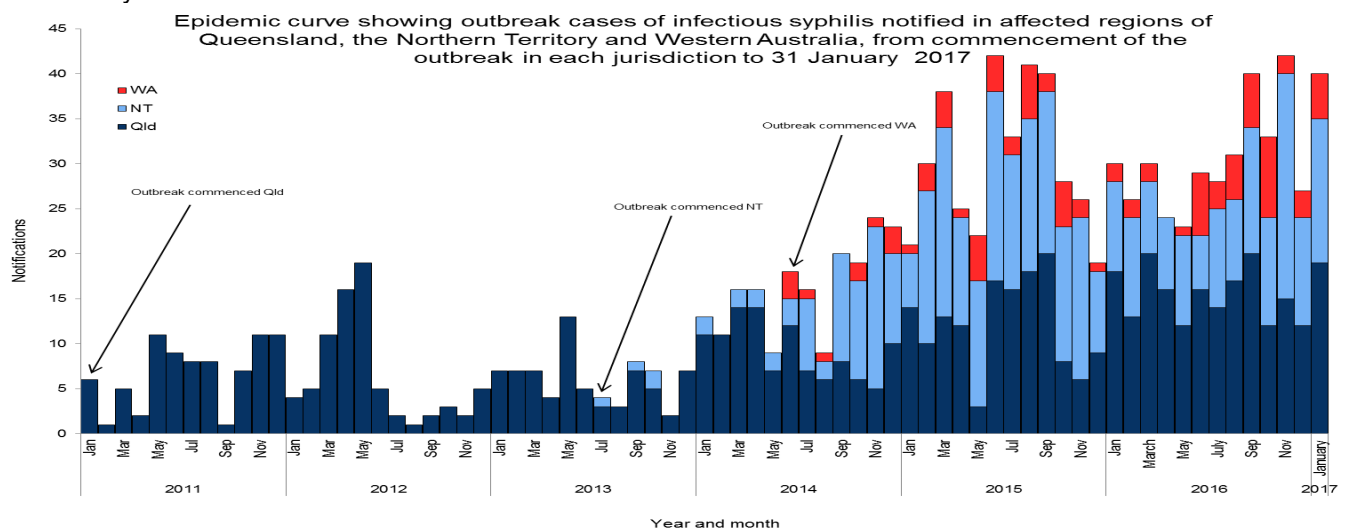


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 January 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 31 January 2017			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	743	426	94
Percent cases reported in 15-29 year age group	69%	78%	68%
% Male / % Female	48% / 52%	46% / 54%	35% / 65%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1 December 2016 – 31 January 2017			
Number of cases ^a	31	28	8
Percent cases reported in 15-29 year age group	61%	75%	75%
% Male / % Female	52% / 48%	43% / 57%	37% / 63%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

^v Please note that **all data are provisional** and subject to change due to ongoing case investigation.

Activities of the MJSO, 1 December 2016 – 31 January 2017:

- The Darwin Rural and Urban region of the Northern Territory was declared an outbreak region (from 1 January 2017);
- Proposed a number of actions aimed at addressing some of the barriers and issues identified in the outbreak response.

Community engagement

- A sub-group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC shared promotional material and engagement plans aimed to encourage testing and increase awareness among Aboriginal and Torres Strait Islander communities.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 23 March 2017 (10th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014.

This communique summarises the outbreak epidemiological data as of 23 March 2017 (current status), and the activities of the MJSO from 1–28 February 2017.

Current status

Outbreak data to 28 February 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, and Western Australia from commencement of the outbreak in each jurisdiction to 28 February 2017^c.

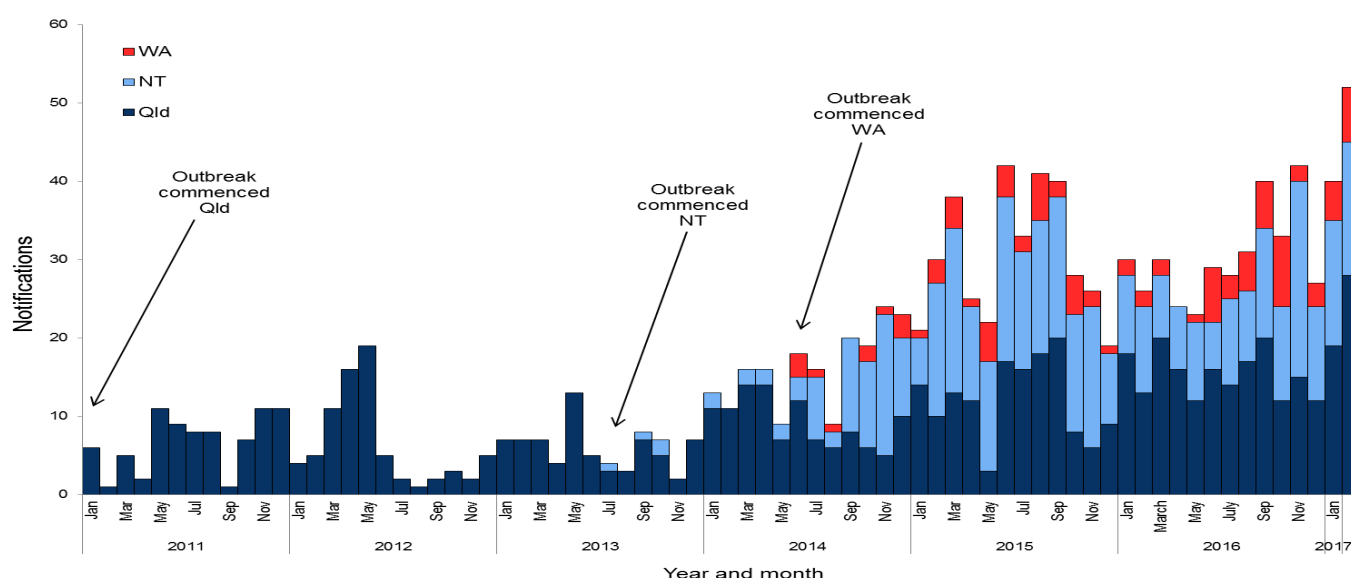


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 28 February 2017^c.

	North Qld (four HHSS ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 28 February 2017			
Outbreak commencement month/year	January 2011	July 2013	June 2014
Total number of cases ^a	774	453	101
Percent cases reported in 15-29 year age group	69%	78%	68%
% Male / % Female	48% / 52%	45% / 55%	35% / 65%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1–28 February 2017			
Number of cases ^a	28	17	7
Percent cases reported in 15-29 year age group	61%	76%	58%
% Male / % Female	46% / 54%	29% / 71%	29% / 71%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

^c Please note that **all data are provisional** and subject to change due to ongoing case investigation.

Activities of the MJSO, 1 February – 28 February 2017:

- Provided an update to the CDNA and the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) of the Australian Health Protection Principal Committee (AHPPC) on the outbreak status and activities of the MJSO Working Group.
- Continued to discuss a number of actions aimed at addressing some of the barriers and issues identified in the outbreak response.

Community engagement

- The MJSO Working Group discussed the Engaging Aboriginal and Torres Strait Islander Communities (EAC) sub-group, and agreed to further consider the membership and structure of the sub-group to more effectively meet the aims of the EAC.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 20 April 2017 (11th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre regions from November 2016.

This communique summarises the outbreak epidemiological data as of 20 April 2017 (current status), and the activities of the MJSO from 1–31 March 2017.

Current status

Outbreak data to 31 March 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 March 2017^c.

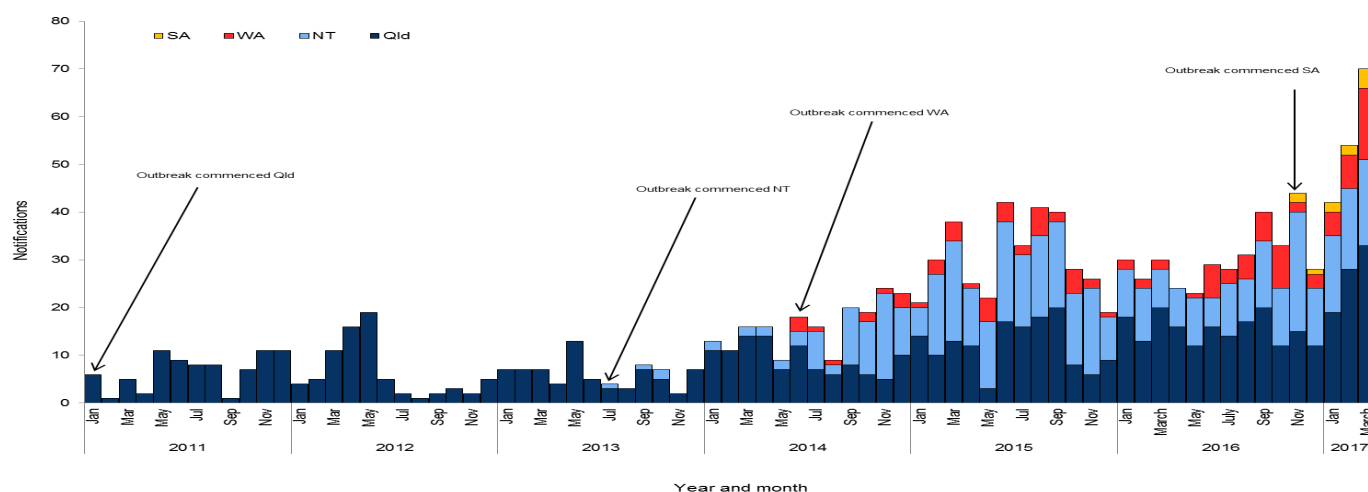


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 March 2017^c.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (Western/Eyre regions)
Situation to-date, 31 March 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	808	471	116	11
Percent cases reported in 15-29 year age group	69%	77%	68%	64%
% Male / % Female	49% / 51%	45% / 55%	34% / 66%	55% / 45%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	4	0	0	0
Last reporting month, 1–31 March 2017				
Number of cases ^a	33	18	15	4
Percent cases reported in 15-29 year age group	76%	44%	73%	75%
% Male / % Female	58% / 42%	44% / 56%	33% / 67%	50% / 50%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014); **SA** - Western and Eyre regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western and Eyre regions in South Australia.

^c Please note that **all data are provisional** and subject to change due to ongoing case investigation.

Activities of the MJSO, 1 – 31 March 2017:

- Commenced a review of the 2015 National Guidelines for Syphilis in the context of the outbreak.
- Continued to discuss a number of actions aimed at addressing some of the barriers and issues identified in the outbreak response.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 18 May 2017 (12th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre regions from November 2016.

This communique summarises the outbreak epidemiological data as of 18 May 2017 (current status), and the activities of the MJSO from 1–30 April 2017.

Current status

Outbreak data to 30 April 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 April 2017^c.

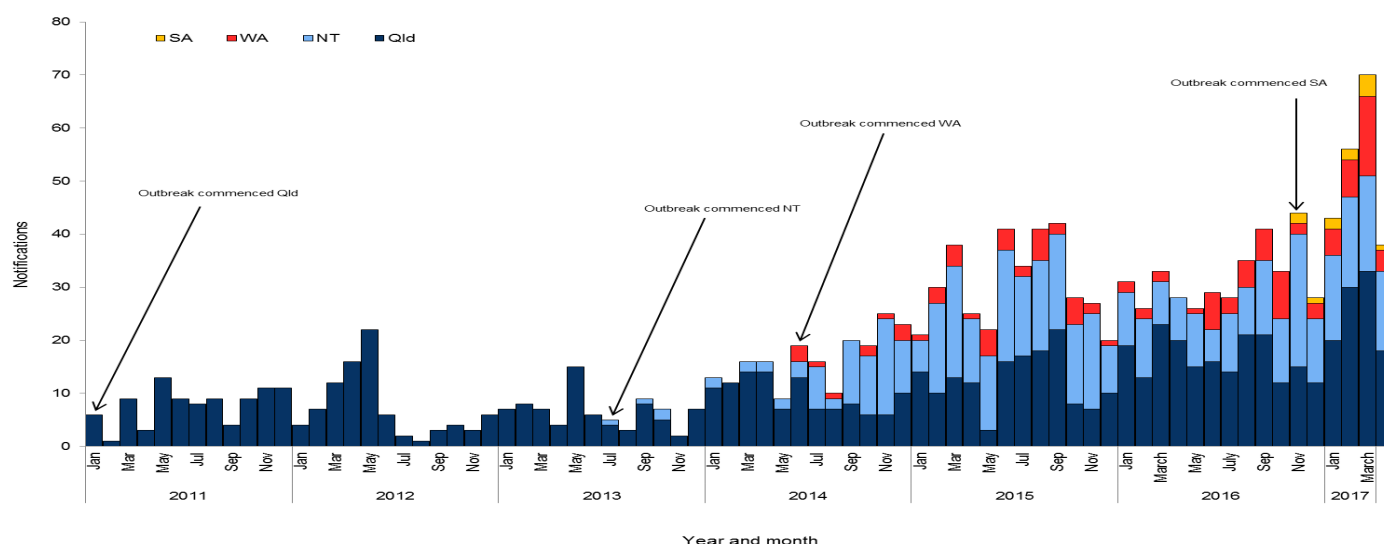


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 April 2017^c.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (Western/Eyre regions)
Situation to-date, 30 April 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	826	491	121	12
Percent cases reported in 15-29 year age group	69%	75%	69%	67%
% Male / % Female	48% / 52%	46% / 54%	36% / 64%	50% / 50%
Congenital cases, confirmed (probable)	3 (2)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	4	0	0	0
Last reporting month, 1–30 April 2017				
Number of cases ^a	18	15	4	1
Percent cases reported in 15-29 year age group	78%	40%	75%	100%
% Male / % Female	33% / 67%	73% / 27%	75% / 25%	0% / 100%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western and Eyre regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western and Eyre regions in South Australia.

^c Please note that **all data are provisional** and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 22 June 2017 (13th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 22 June 2017 (current status), and the activities of the MJSO from 1–31 May 2017.

Current status

Outbreak data to 31 May 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 May 2017^c.

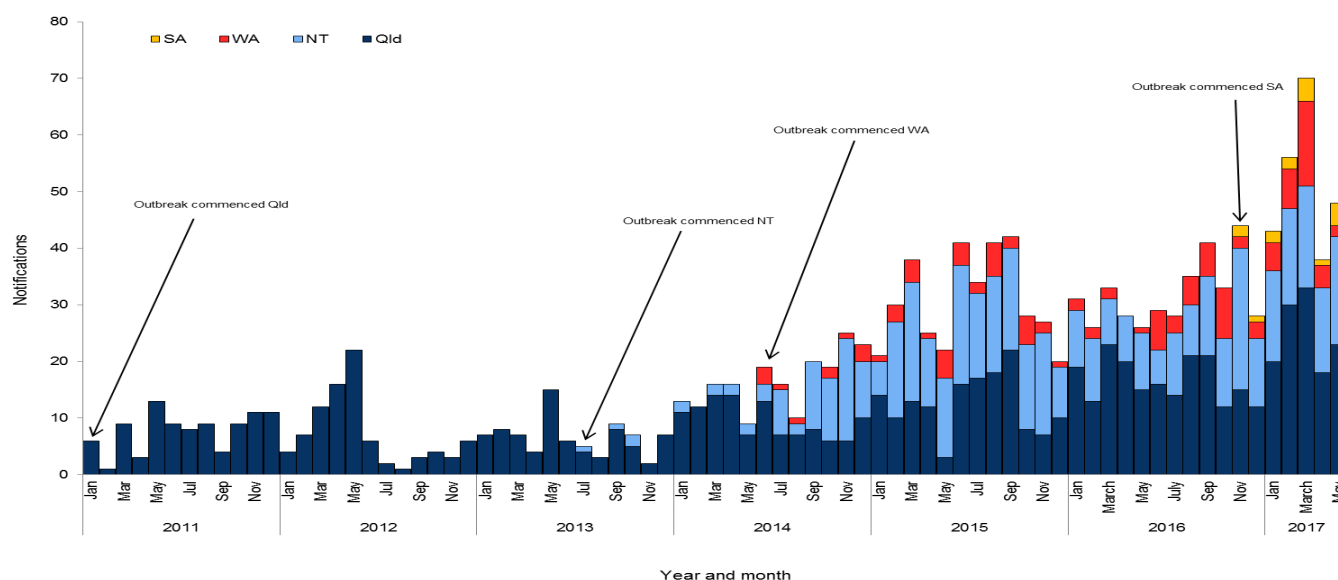


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 May 2017^c.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 May 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	852	509	123	16
Percent cases reported in 15-29 year age group	69%	74%	68%	56%
% Male / % Female	48% / 52%	46% / 54%	36% / 64%	50% / 50%
Congenital cases, confirmed (probable)	3 (2)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	4	0	0	0
Last reporting month, 1–31 May 2017				
Number of cases ^a	23	19	2	4
Percent cases reported in 15-29 year age group	65%	53%	50%	25%
% Male / % Female	61% / 39%	42% / 58%	50% / 50%	50% / 50%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^c Please note that **all data are provisional** and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 20 July 2017 (14th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 20 July 2017 (current status).

Current status

Outbreak data to 30 June 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 June 2017^v.

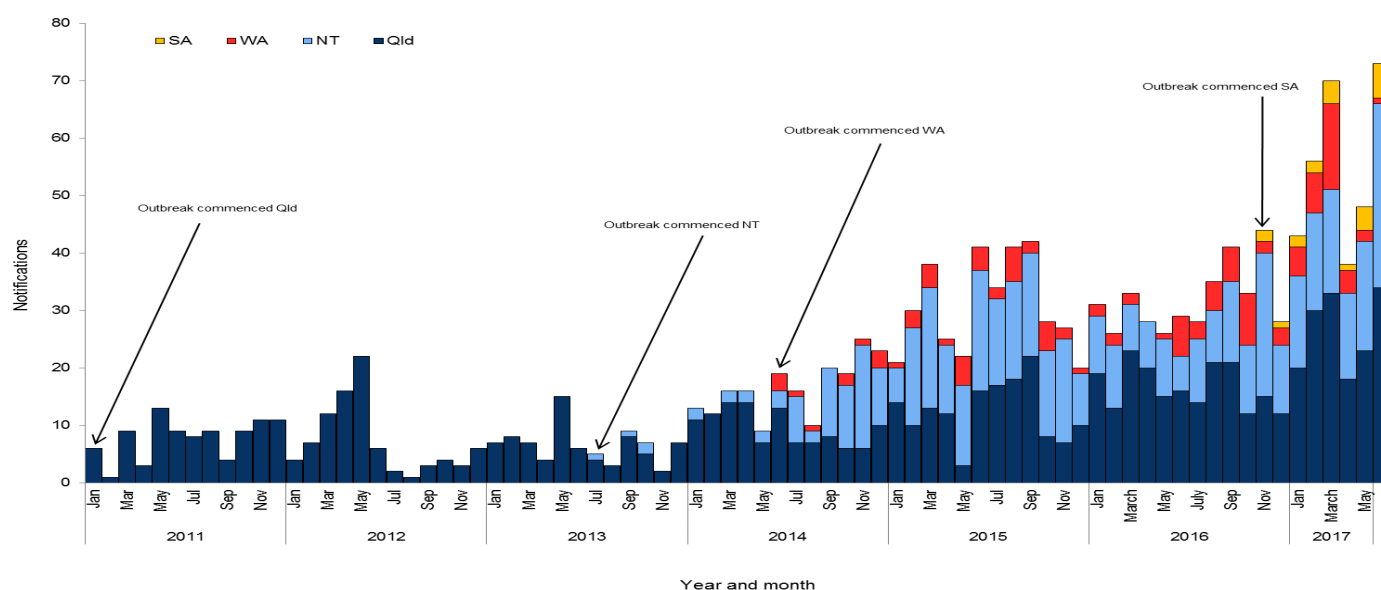


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 June 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 30 June 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	887	542	124	22
Percent cases reported in 15-29 year age group	69%	72%	69%	55%
% Male / % Female	48% / 52%	46% / 54%	35% / 65%	50% / 50%
Congenital cases, confirmed (probable)	3 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–30 June 2017				
Number of cases ^a	34	32	1	6
Percent cases reported in 15-29 year age group	59%	47%	100%	50%
% Male / % Female	41% / 59%	50% / 50%	0% / 100%	50% / 50%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^v Please note that **all data are provisional** and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 17 August 2017 (15th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 17 August 2017 (current status).

Current status

Outbreak data to 31 July 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 July 2017^v.

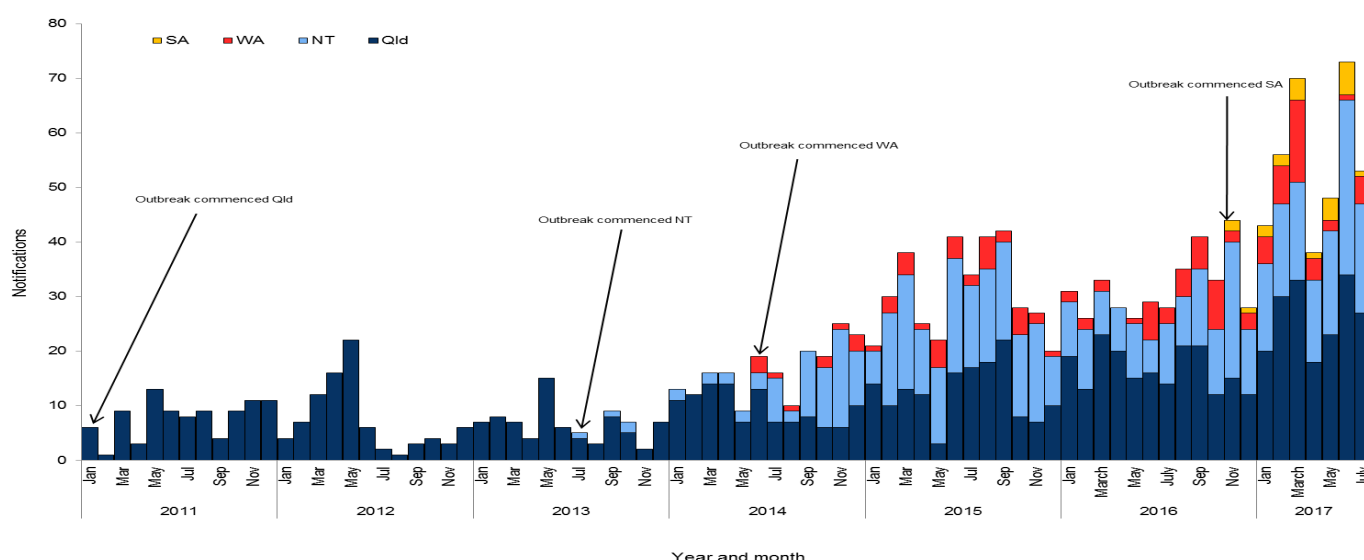


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 July 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 July 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	915	562	129	22
Percent cases reported in 15-29 year age group	68%	71%	70%	41%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%	55% / 45%
Congenital cases, confirmed (probable)	3 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–31 July 2017				
Number of cases ^a	27	20	5	1
Percent cases reported in 15-29 year age group	52%	50%	100%	0%
% Male / % Female	48% / 52%	50% / 50%	60% / 40%	100% / 0%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^v Please note that **all data are provisional** and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 21 September 2017 (16th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 21 September 2017 (current status).

Current status

Outbreak data to 31 August 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 August 2017^v.

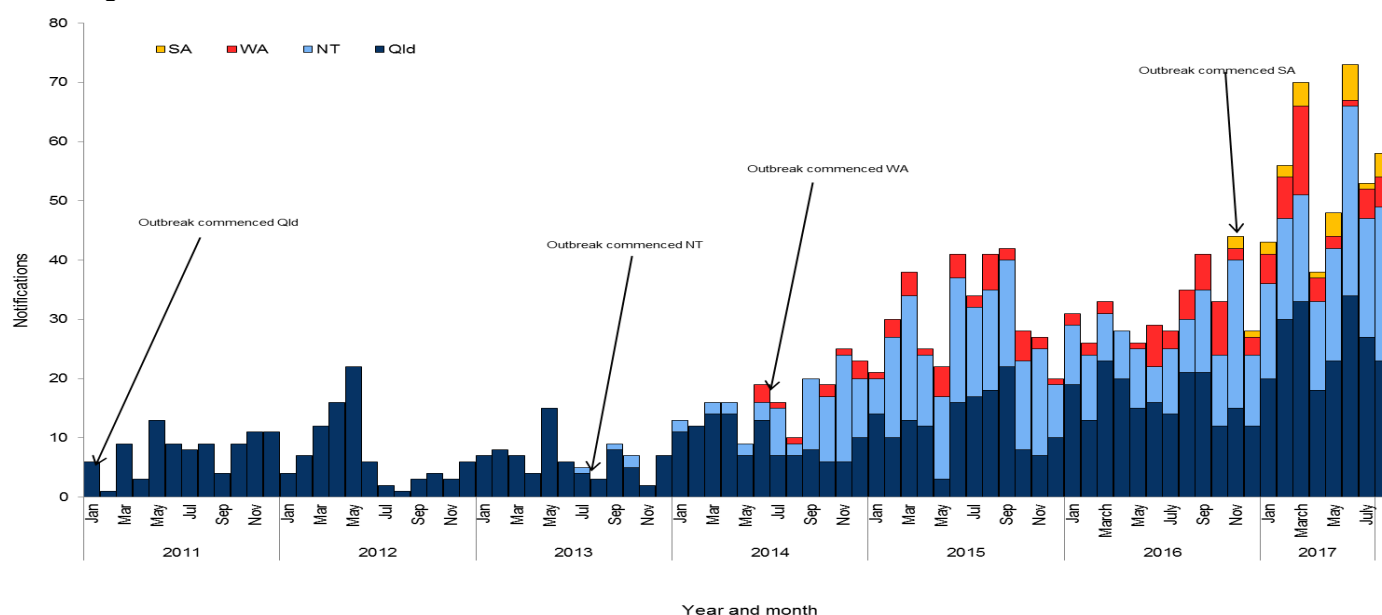


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 August 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 August 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	941	588	134	26
Percent cases reported in 15-29 year age group	68%	70%	69%	50%
% Male / % Female	49% / 51%	47% / 53%	37% / 63%	54% / 46%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–31 August 2017				
Number of cases ^a	23	26	5	4
Percent cases reported in 15-29 year age group	56%	50%	40%	25%
% Male / % Female	44% / 56%	62% / 38%	40% / 60%	50% / 50%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^v Please note that **all data are provisional** and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 19 October 2017 (17th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 19 October 2017 (current status).

Current status

Outbreak data to 30 September 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 September 2017^v.

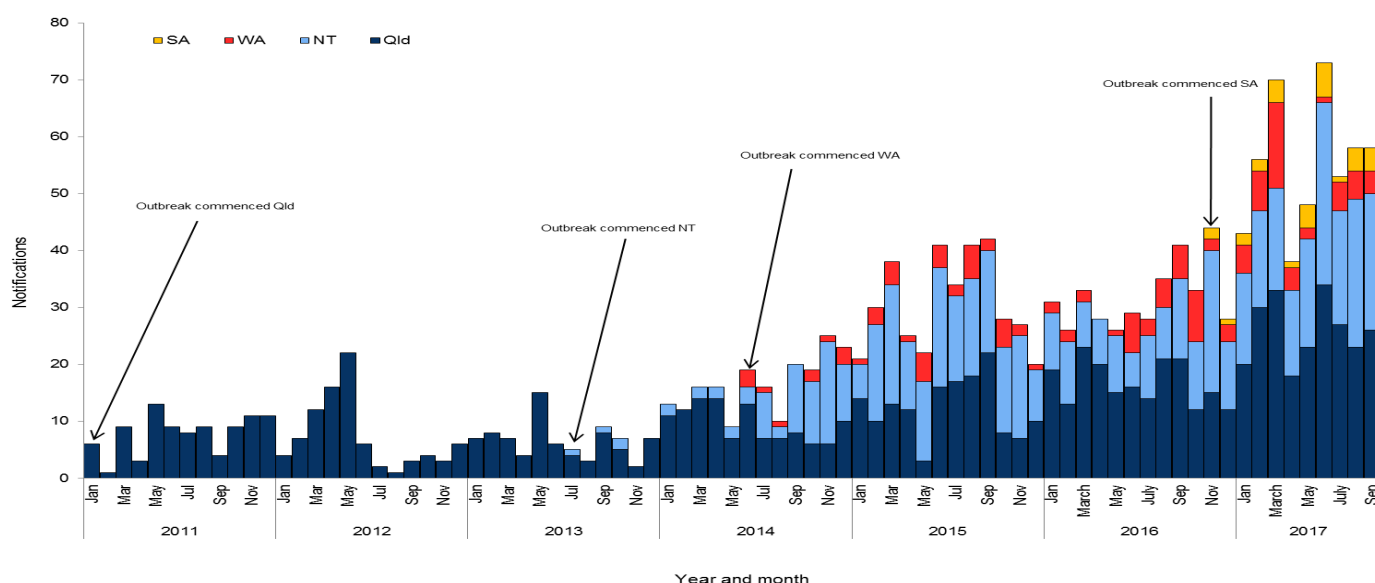


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 September 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 30 September 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	966	614	138	30
Percent cases reported in 15-29 year age group	68%	69%	70%	47%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%	46% / 54%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–30 September 2017				
Number of cases ^a	26	24	4	4
Percent cases reported in 15-29 year age group	73%	29%	100%	25%
% Male / % Female	35% / 65%	25% / 75%	25% / 75%	25% / 75%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^v Please note that all data are provisional and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 23 November 2017 (18th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 23 November 2017 (current status).

Current status

Outbreak data to 31 October 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 October 2017^c.

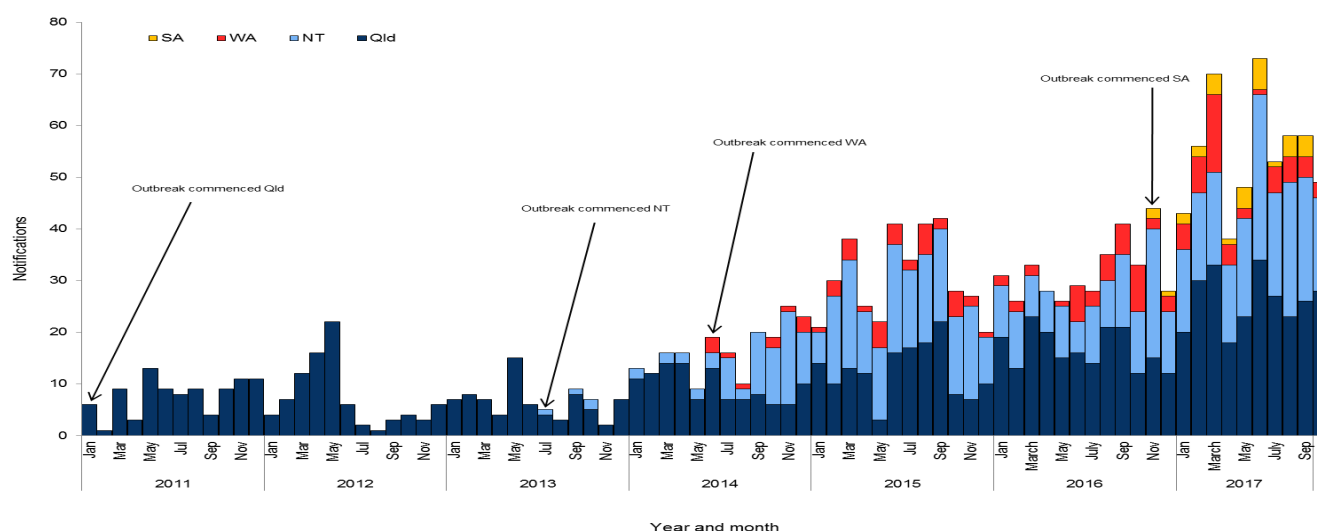


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 October 2017^c.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 October 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	994	634	141	30
Percent cases reported in 15-29 year age group	68%	67%	70%	47%
% Male / % Female	47% / 53%	47% / 53%	35% / 65%	50% / 50%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–31 October 2017				
Number of cases ^a	28	18	3	0
Percent cases reported in 15-29 year age group	64%	22%	100%	-
% Male / % Female	54% / 46%	50% / 50%	0% / 100%	-

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Far North and Western and Eyre and regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^c Please note that **all data are provisional** and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 21 December 2017 (19th Communique)

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 21 December 2017 (current status).

Current status

Outbreak data to 30 November 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 November 2017^v.

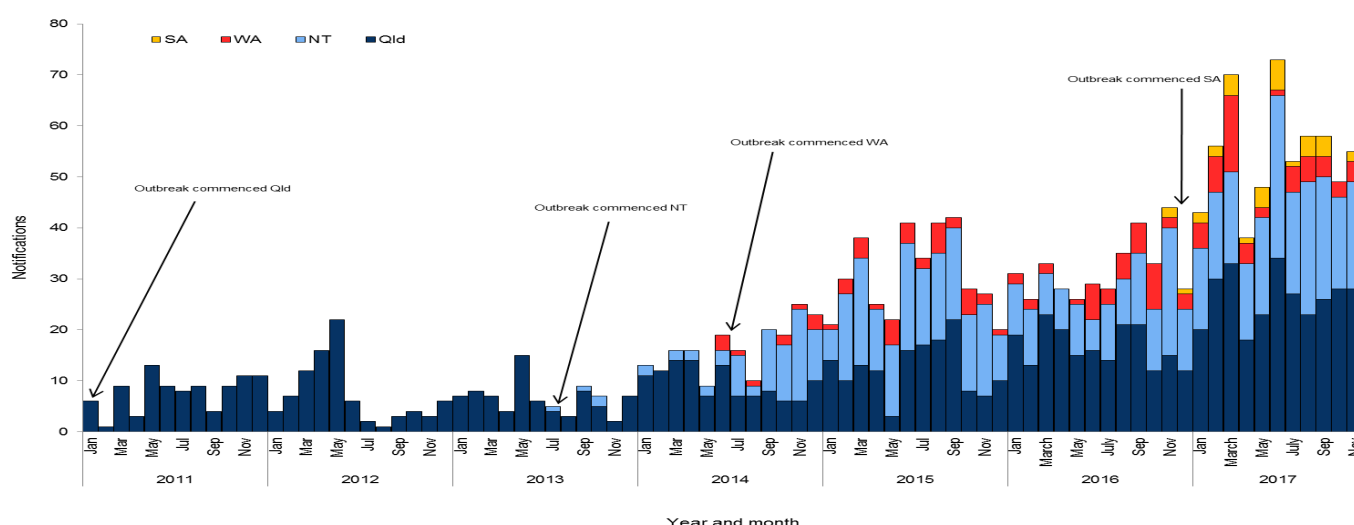


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 November 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 30 November 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	1022	655	145	32
Percent cases reported in 15-29 year age group	67%	68%	70%	47%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%	47% / 53%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–30 November 2017				
Number of cases ^a	28	21	4	2
Percent cases reported in 15-29 year age group	61%	81%	75%	50%
% Male / % Female	39% / 61%	57% / 43%	50% / 50%	100%/0%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Far North and Western and Eyre and regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^v Please note that **all data are provisional** and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 22 February 2018

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 22 February 2018 (current status).

Current status

Outbreak data to 31 January 2018 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 January 2018^v.

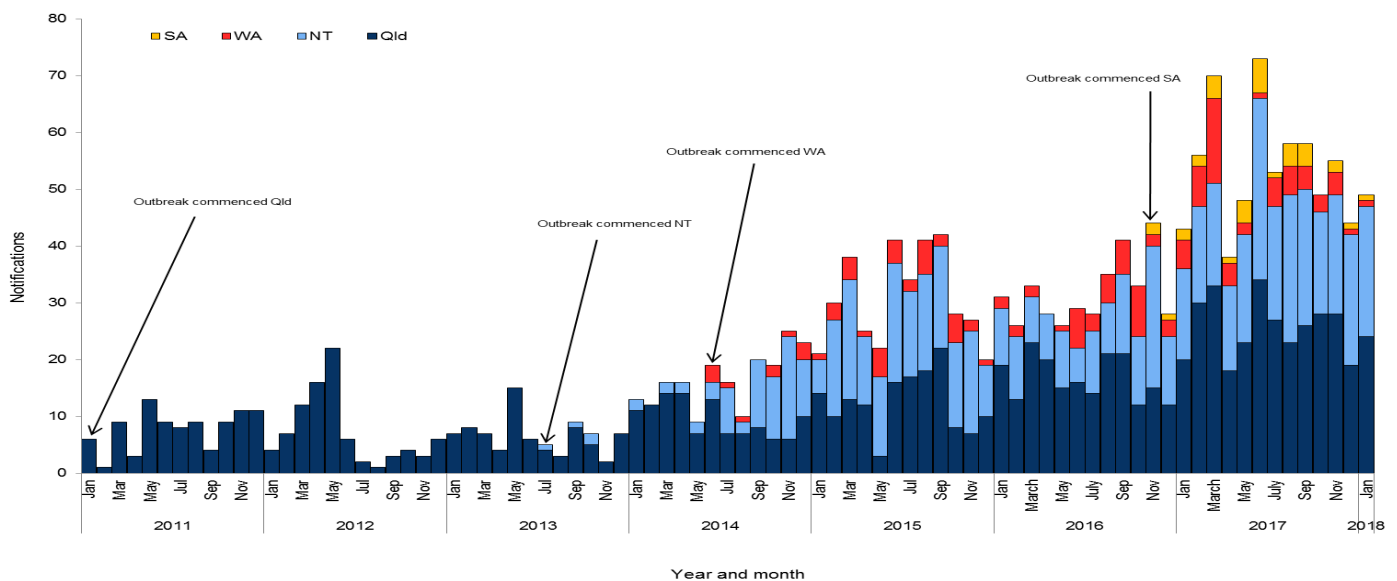


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 January 2018^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 January 2018				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	1066	704	148	34
Percent cases reported in 15-29 year age group	67%	66%	70%	47%
% Male / % Female	48% / 52%	47% / 53%	37% / 63%	44% / 56%
Congenital cases, confirmed (probable)	4 (4)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	6	0	0	0
Last reporting months, 1 December 2017 – 31 January 2018				
Number of cases ^a	43	46	2	2
Percent cases reported in 15-29 year age group	58%	46%	100%	50%
% Male / % Female	37% / 63%	41% / 59%	50% / 50%	0% / 100%

^a Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, **AND**, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: **Qld** - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); **NT** - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Far North and Western and Eyre and regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

^v Please note that all data are provisional and subject to change due to ongoing case investigation.