

Understanding the continuum of care for pregnant people with infectious syphilis in Australia, 2015-2024

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Background: Cases of congenital syphilis doubled in Australia between 2015-2024 due to an ongoing infectious syphilis outbreak. To understand gaps in care for pregnant people, we assessed the care continuum for those with infectious syphilis during 2015-2024.

Methods: In consultation with the National Cascade Reference Group, we used deidentified enhanced national notification data from seven Australian state & territory health departments (2015-2024) to calculate: (i) estimated total pregnant people with infectious syphilis; (ii) diagnoses by trimester; (iii) adequate treatment as per national guidelines; (iv) serological follow up within one year of treatment; and (v) a four-fold reduction in RPR ≥ 30 days prior to delivery (or 80-100 days from baseline if delivery date unknown).

Results: An estimated 996 pregnant people were positive for infectious syphilis during 2015-2024; of these, 935 (93.9%) were diagnosed. Most were diagnosed in the first/second trimesters (n=643, 68.8%), 103 (11.0%) and 46 (4.9%) had a third-trimester or late diagnosis (at/post birth), respectively, and diagnosis timing was unknown for 143 (15%). After excluding late diagnoses, 670 (75.3%) received correct treatment; of these, 239, (35.6%) could be confirmed to have received timely treatment. For 130 (14.6%) treatment was unknown, and 89 (10.0%) received incorrect/late treatment. Of the 245 pregnant people with delivery dates and a RPR > 4 at baseline, 63 (25.7%) had a four-fold decrease in RPR ≥ 30 days prior to delivery, 52 (21.2%) showed no reduction or had a follow-up after delivery, and 130 (53.1%) had no information on follow-up RPR results. After excluding those with incorrect/late treatment, 469 (58.6%), had at least one recorded follow-up within one year. Of these, 234 (49.8%) had documented serological assessments, and 96 (20.4%) achieved a four-fold decrease in RPR at ≥ 30 days prior to delivery or 80-100 days from baseline.

Conclusion: Although most pregnant people are estimated to be diagnosed, strengthening early diagnosis, adequate treatment and timely serological follow-up are essential to prevent congenital syphilis.

Disclosure of Interest Statement:

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