

Lessons Learned from Public Health Reviews of Congenital Syphilis Cases in Western Australia

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Sexual Health and Blood-borne
Virus Program**

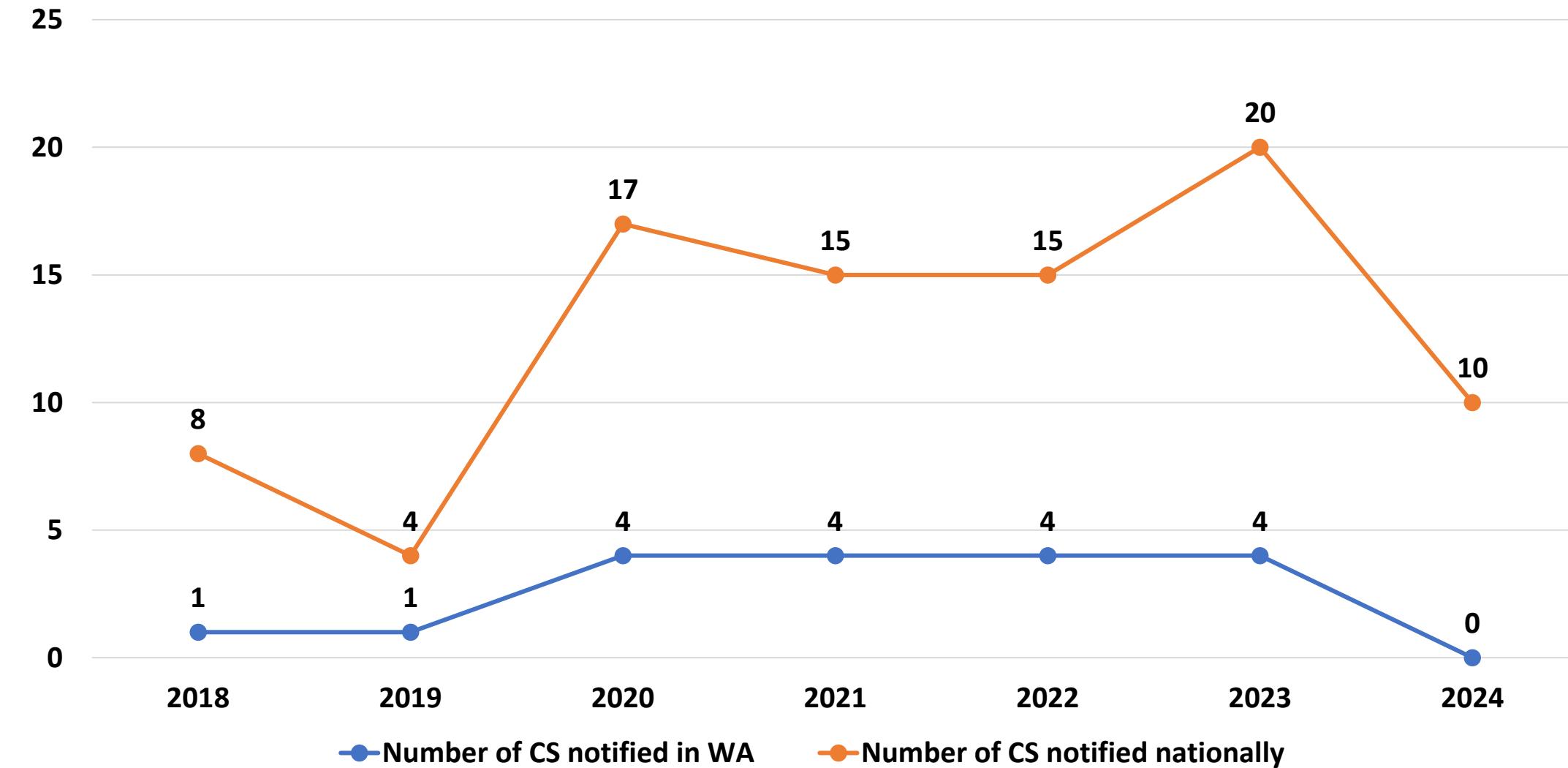
Classification: Official



Government of Western Australia
Department of Health

Congenital Syphilis in WA & AUS

Notifications of Congenital Syphilis (CS) in WA and nationally, by time period.



Congenital Syphilis Reviews

Purpose: review the clinical and public health management of a congenital syphilis case or 'near miss' to:

- identify areas for health service improvement,
- identify updates to relevant clinical and public health guidelines and
- raise awareness and educate health care staff about syphilis

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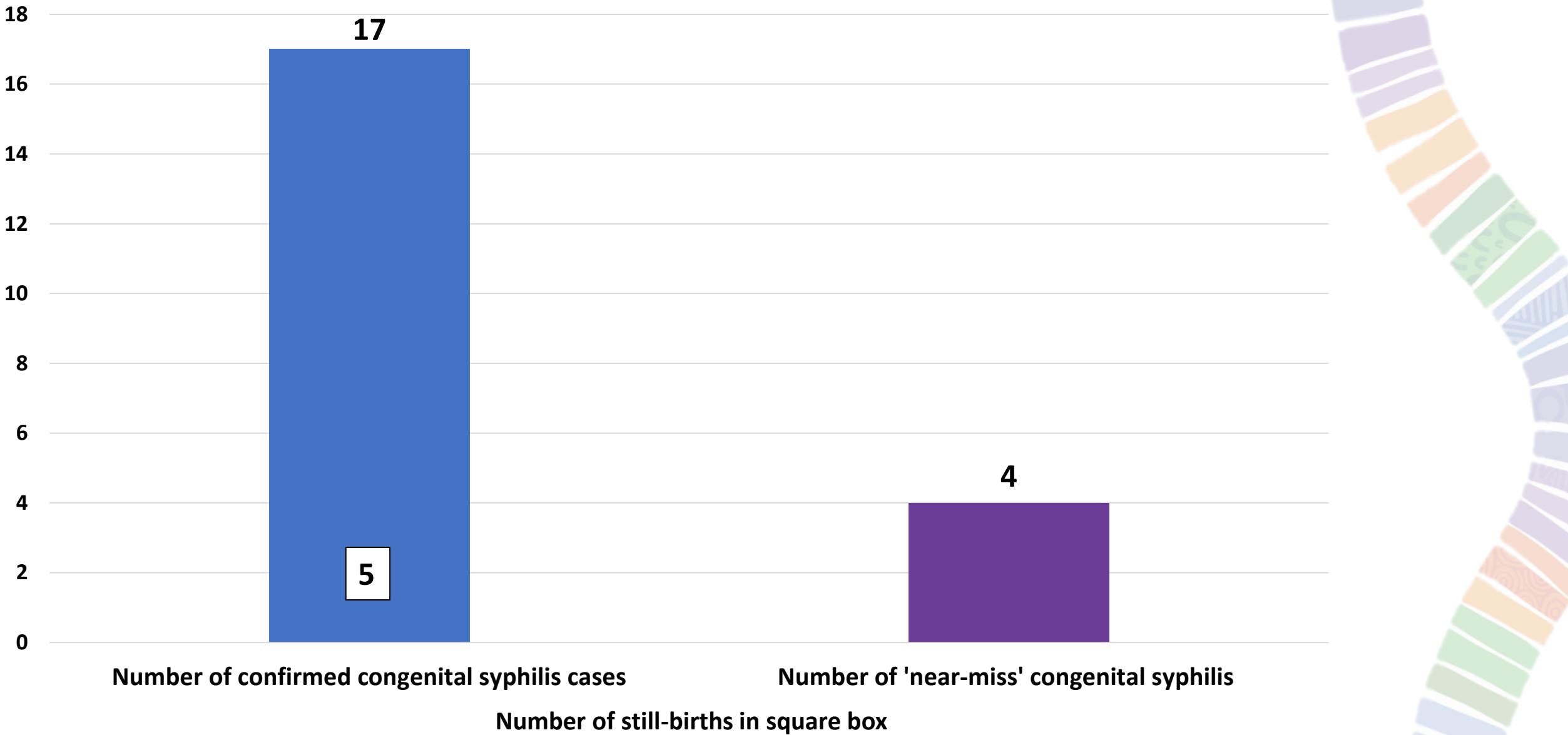
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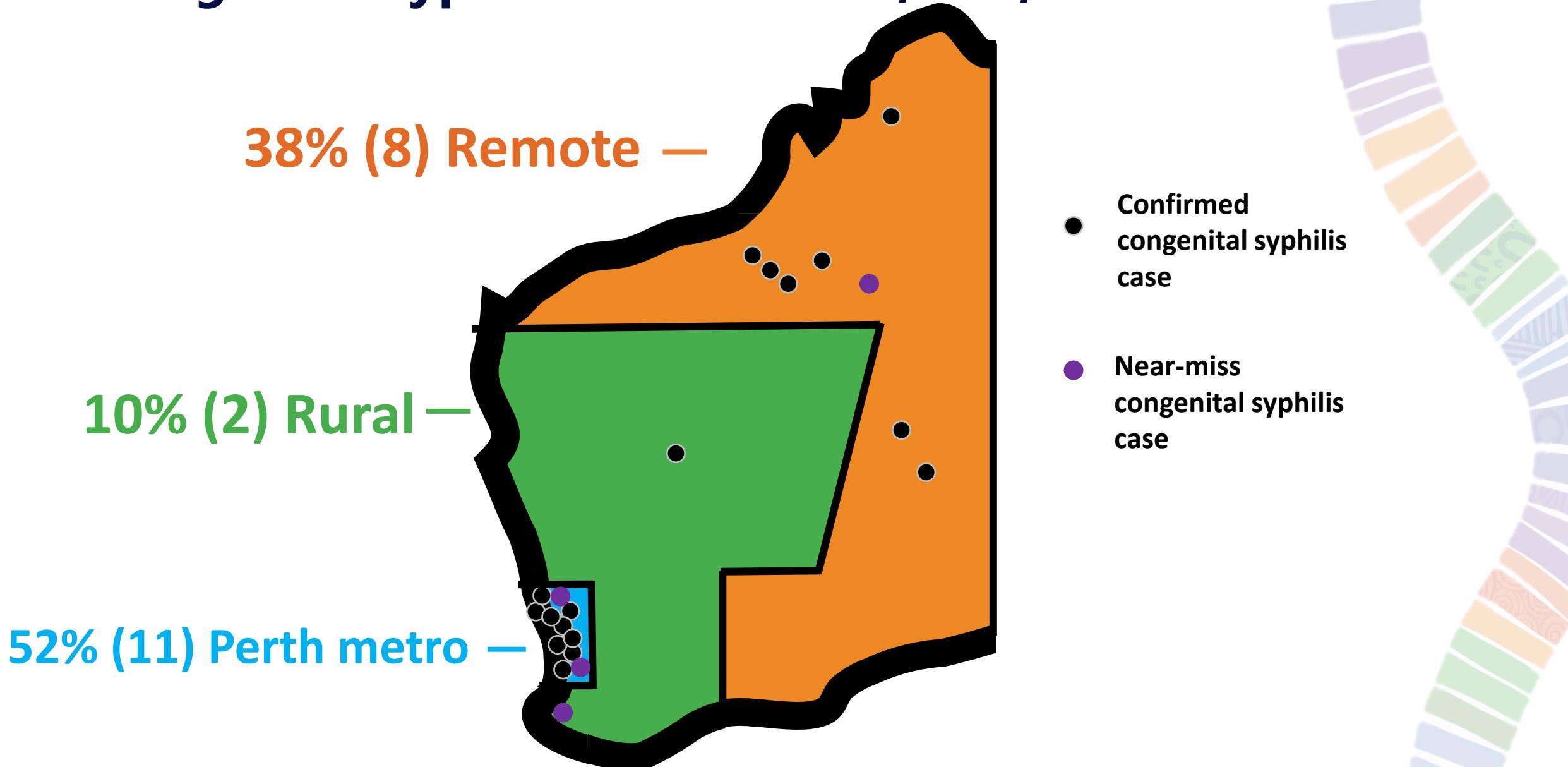
Recommendations disseminated to invitees, CE and other relevant services

CDCD tracks progress against recommendations

Number of mothers who delivered a baby with congenital syphilis or near miss, WA, 2019-2023



Residential location of mothers who delivered a baby with congenital syphilis or near miss, WA, 2019-2023



Characteristics of mothers who delivered a baby with congenital syphilis or near miss, WA, 2019-2023



62% Aboriginal



Median 28 years

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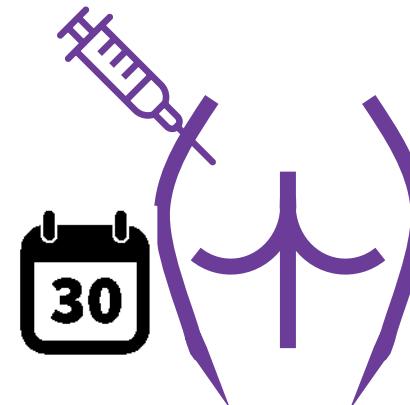
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90% acquired
infection in
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Median 28 years



95% Rx for syphilis
<30 days before
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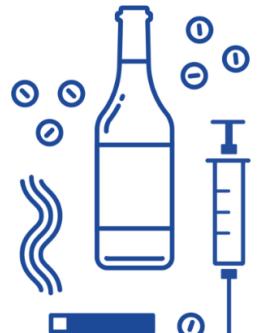
Median 28 years



90% acquired
infection in
Australia



95% Rx for syphilis
<30 days before
delivery



48% alcohol/
other drug use
in pregnancy

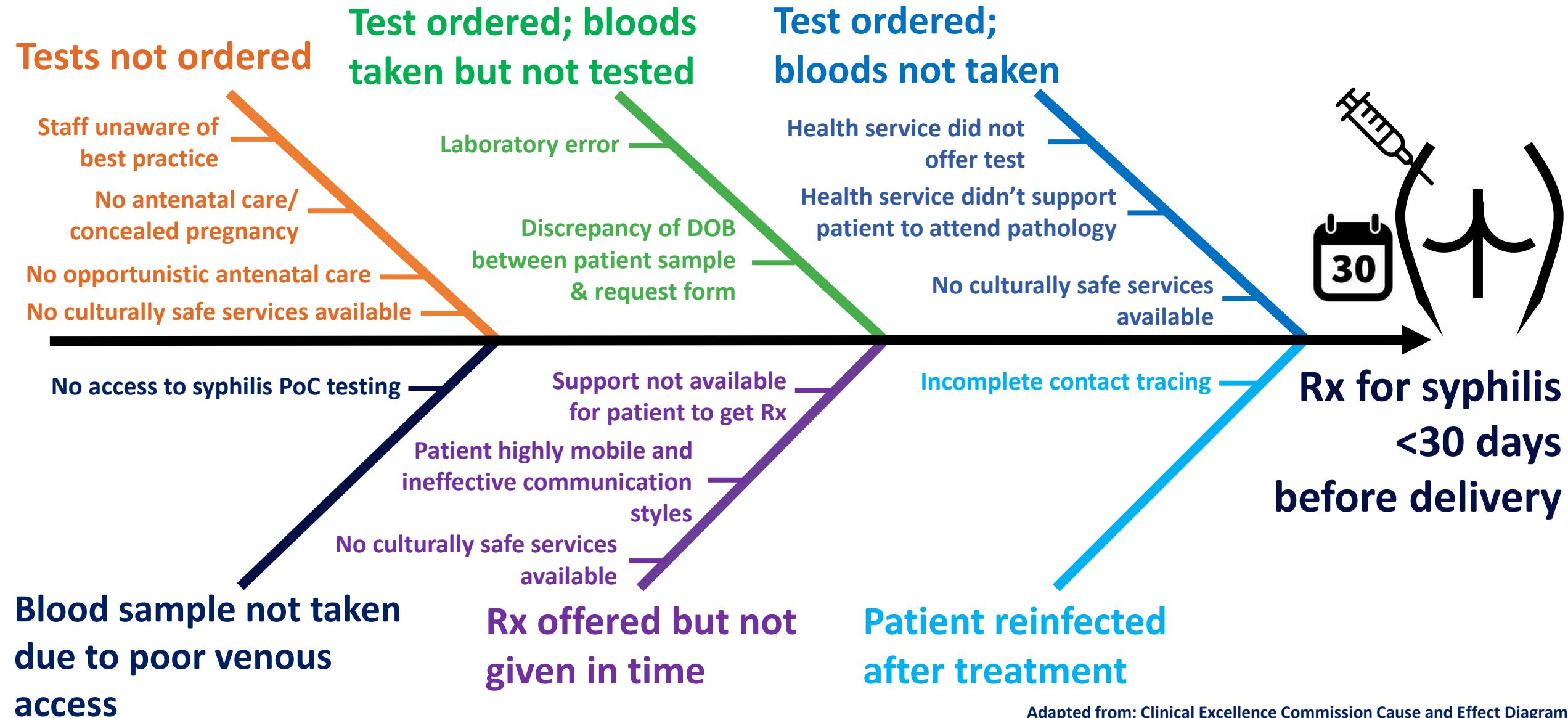


33%
unstable
housing



52% other
complex social
issues

Factors contributing to syphilis treatment not being completed ≥ 30 days before delivery, WA, 2019-2023



Vignette 1

Mariam, aged 29 years & partner - student visas, no Medicare

1st trimester – Syphilis, hepatitis B and HIV negative, not offered chlam or gono testing

20 weeks – ED presentation with vaginal discharge, HVS taken + azithromycin empirical Rx. No other STI tests were offered in ED. Chlamydia detected in the high vaginal swab, patient not informed of result and contact tracing was not mentioned.

28 weeks – Syphilis testing requested on same form as OGTT but did not present for blood test due to URTI & financial barriers to accessing care

37 weeks – Routine syphilis test RPR 128, +ve TPPA; Rx commenced promptly

38 weeks – Delivered a baby with clinical features of congenital syphilis. Reported her partner as being her only sexual contact during pregnancy. Hx from partner indicated that he had probably acquired syphilis a few weeks before she presented with chlamydia. Sexual contact no longer living in Australia

Vignette 2

Abigail, aged 28 years, from remote region A

PMHx – FASD, methamphetamine & alcohol use, hospital admissions for psychotic Sx

Social Hx – 3 children, all under the care of DCPFS

10 weeks – Presented to a metro homeless people's health service to discuss options for this unplanned pregnancy; laboratory request form given for routine first visit antenatal blood tests including syphilis. Transient patient - not proactively followed up; health service unaware blood sample not taken.

20 weeks – Presented to hospital ED in region B with soft-tissue injuries inflicted by her partner; pregnancy noted; blood taken for a full set of first visit antenatal blood tests (point of care syphilis testing was not available) and given antenatal clinic appointment. Three days later, RPR 128, +ve TPPA; PHU informed she was had left region B to escape partner

24 weeks – Alert in the public hospital system indicated she was in a metro ED at night with sprained ankle; left ED before staff realised she needed syphilis treatment

26 weeks – Presented with symptoms of sepsis at a different metro ED; delivered a stillborn baby; congenital syphilis confirmed at postmortem. Partners not named for contact tracing due to fear of FDV.

What's WA doing?



WA Syphilis Outbreak Response Group Governance

Co-Chairs: **Aboriginal Health Council of WA** + **Communicable Disease Control Directorate**

Representation from:

ACCHOs

RACGP

Public Health Units

Statewide NGOs

Region Syphilis Outbreak Response Teams

Co-Chairs:

**Local
ACCHO* + Public Health
Unit**

Representation from:

**ACCHOs/
AMS**

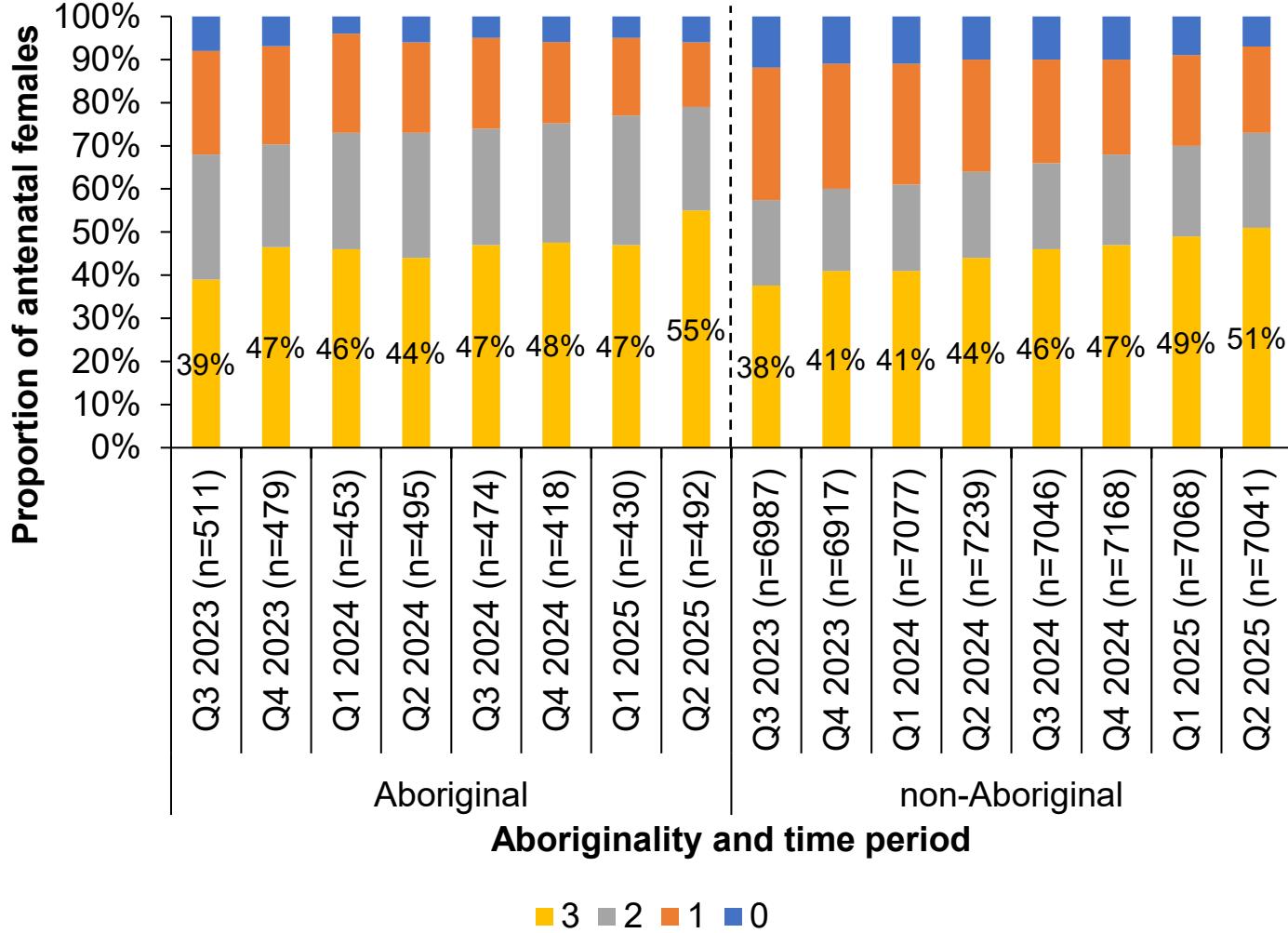
**Maternity
staff**

**Public Health
Unit**

ED Staff

**Local
NGOs**

Proportion of antenatal females who had a total of 0, 1, 2 or 3 syphilis tests during pregnancy in WA by Aboriginality and time period, Q3 2023 – Q2 2025.



	Q3 2023	Q2 2025	Change
Aboriginal	39%	55%	16%
non-Aboriginal	38%	51%	13%

Maternity Dashboard

MaternityDashboard

Search

File Share Export Chat in Teams Get insights Subscribe to report ... Copilot

Maternity

Every Week Counts

Key Influencers for Mode...

Caesarean Section

Induction of Labour

VBAC - Second Birth

Primary Postpartum Hae...

Apgar Score

Stillbirths

Robson Classification

Place of Birth and Nurser...

Complications Selector

Gestational Diabetes

Birth Rate Trends

Syphilis Screening

Closing the Gap

Dashboard Metadata

Guide to our Graphs

Link to SQuIS

Go back

GOVERNMENT OF
WESTERN AUSTRALIA
Department of
Health

New to Power BI?

Maternity Dashboard

This dashboard visually presents the data recorded across maternity services in Western Australia.

The dashboard was developed by the Healthcare Quality Intelligence Unit, Clinical Excellence Division in June 2020. To get in touch with us, or if you have any suggestions for the dashboard, please email safetyandquality@health.wa.gov.au.

You may only use this data for local quality improvement within WA Health. To use the data for other purposes, contact the Maternal Data Collections team for advice by emailing birthdata@health.wa.gov.au.

The data presented within this dashboard is sourced from the Midwives Notification System dataset. This dataset goes through a validation process that would lag the dashboard by multiple months, in an effort to retain freshness of data, the latest months are included as entered, before validation. Many fields are not present in the latest data and some fields may change, making some figures unavailable depending on a specific site's data validation completeness.

This dashboard contains births occurring in both public and private hospitals but **only includes** public patients.

Midwives Notification System Metadata

Guide to our Graphs



Filters

Complete syphilis testing (for gestation @ delivery)

Syphilis Screening^①

Proportion of women who had all the syphilis tests they were eligible to have given the gestation at delivery.

Numerator:
Number of women who had a syphilis test at first antenatal contact and before 28 weeks;
Number of women who had a syphilis test before 28 weeks and at 28 to 35 weeks;
Number of women who had a syphilis test before 28 weeks, at 28 to 35 weeks and after 36 weeks

Denominator:
Number of women who gave birth before 28 weeks gestation;
Number of women who gave birth between 28 and 35 weeks;
Number of women who gave birth after 36 weeks

Table/Funnel Date: 31/07/2023 - 30/04/2025

SPC Date: 31/07/2023 - 30/04/2025

Measure-Group: MNS Syphilis Screening

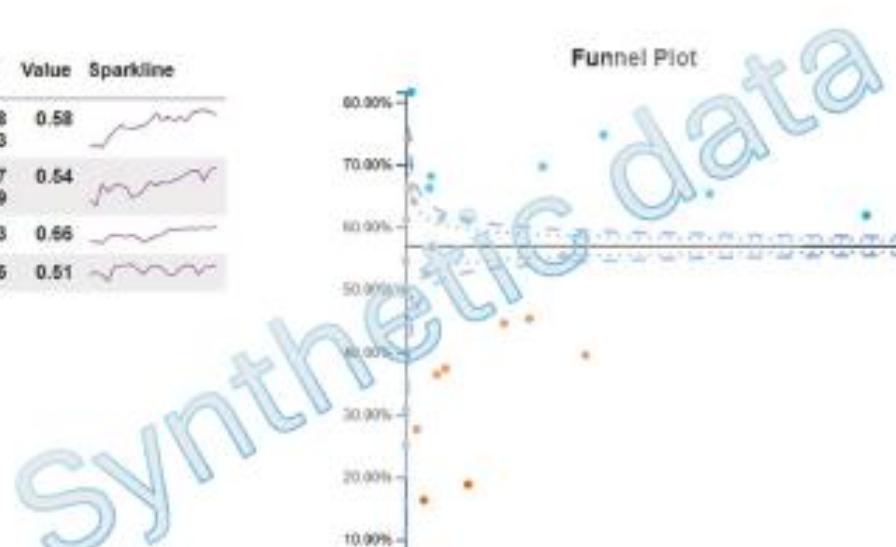
Measure: Complete syphilis testing

Regions / Hospitals: All

Funnel Plot:

HSP	Num	Den	Value	Sparkline
A.....	9739	16783	0.58	3
B.....	5744	10579	0.54	9
C.....	6081	7683	0.66	
D.....	3789	7446	0.51	

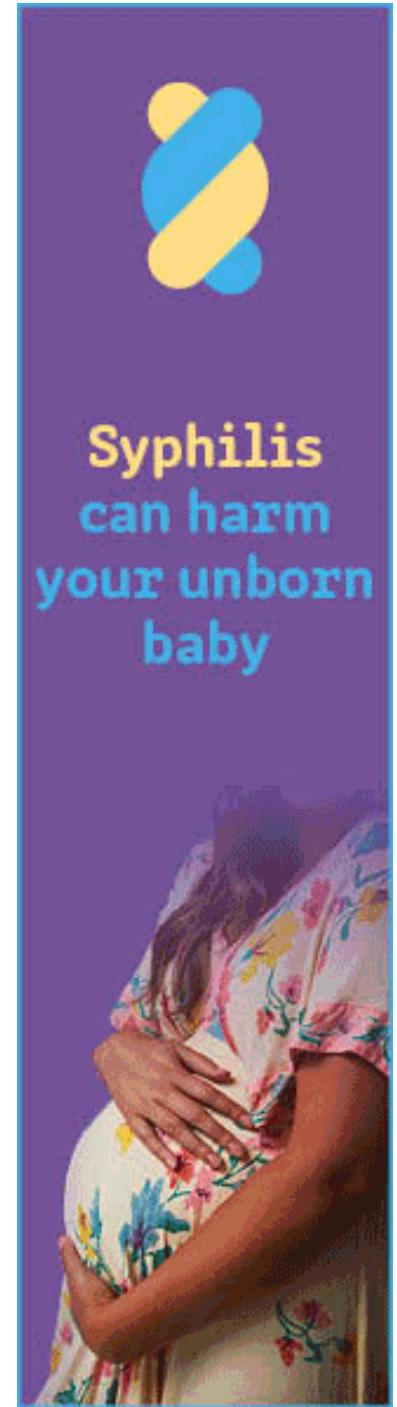
Statistical Process Control (SPC) Chart:



20

Syphilis testing missing data





Syphilis testing in pregnancy

Patient information



Congenital syphilis

If you have syphilis, it is important you take the antibiotics prescribed.

Without treatment, syphilis can pass onto your baby. This is called congenital syphilis and may cause:

- Miscarriage
- Premature birth
- Stillbirth and neonatal death
- Enlarged liver and spleen
- Deformities of the teeth and bones
- Blisters and skin rashes
- Developmental delay

Antibiotic treatment can prevent this.

Produced by Boorloo (Perth) Public Health Unit, 2024



SYPHILIS AND YOUR BABY

Government of Western Australia
WA Country Health Service



Figure 1. Teeth deformities



Figure 2. Enlarged liver



Figure 3. Skin rash



Conclusions

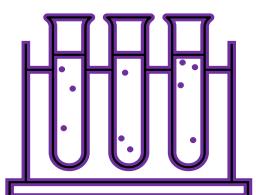


Sustained efforts for appropriate and tailored sexual health education and clinical services for priority populations in collaboration with community leaders



Investment in programs that overcome barriers to antenatal care for women at high risk of congenital syphilis and designed to be flexible and culturally safe

Encourage maternity services to monitor completeness of antenatal syphilis testing using syphilis testing indicators in Maternity Dashboard & undertake CQI activities



Universal 3 syphilis tests in pregnancy



Sustain the nationally coordinated syphilis response



Thank you

