

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

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**Sexual Health and Blood-borne  
Virus Program**

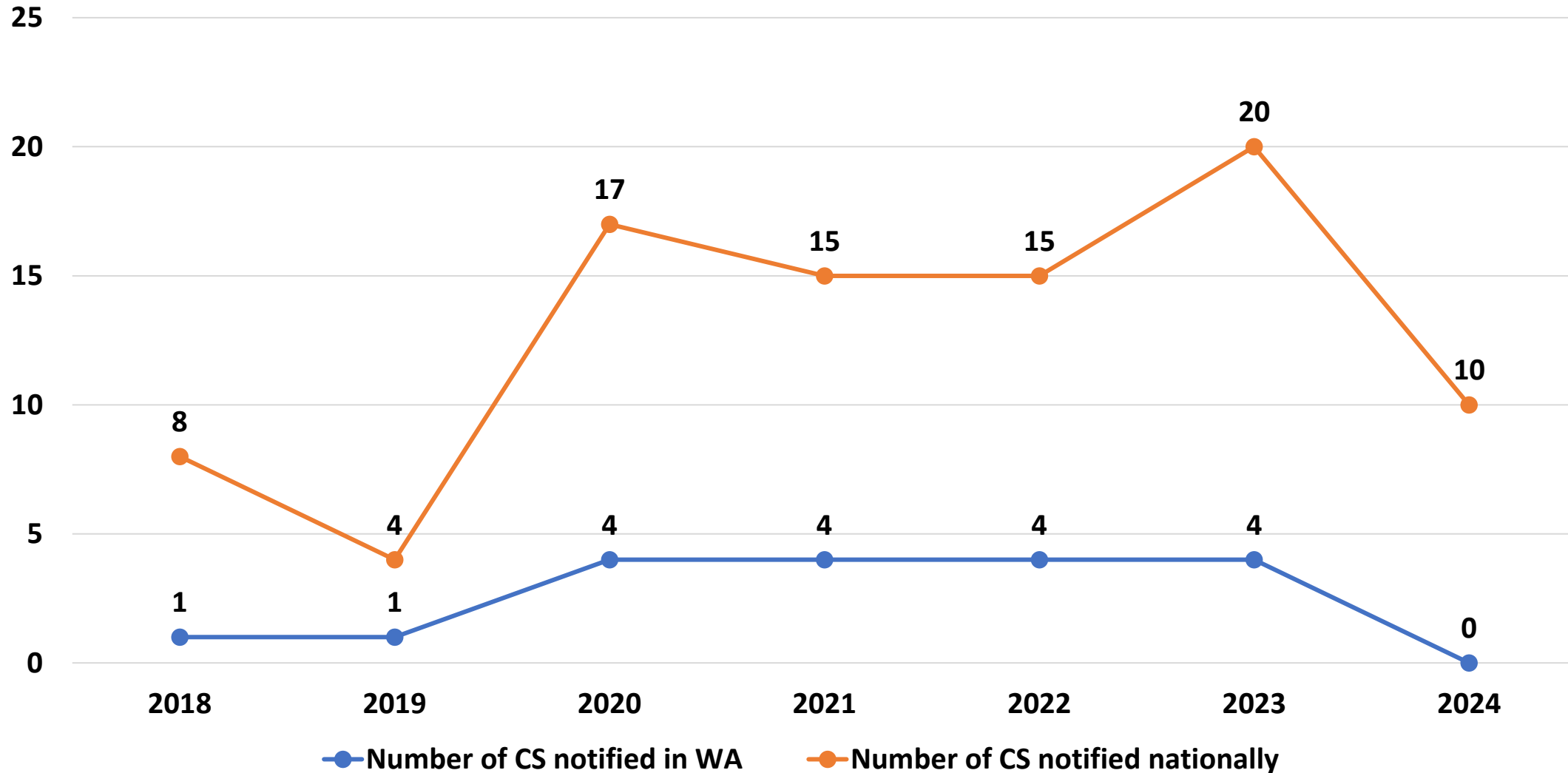
**Classification: Official**



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:

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- identify updates to relevant clinical and public health guidelines and
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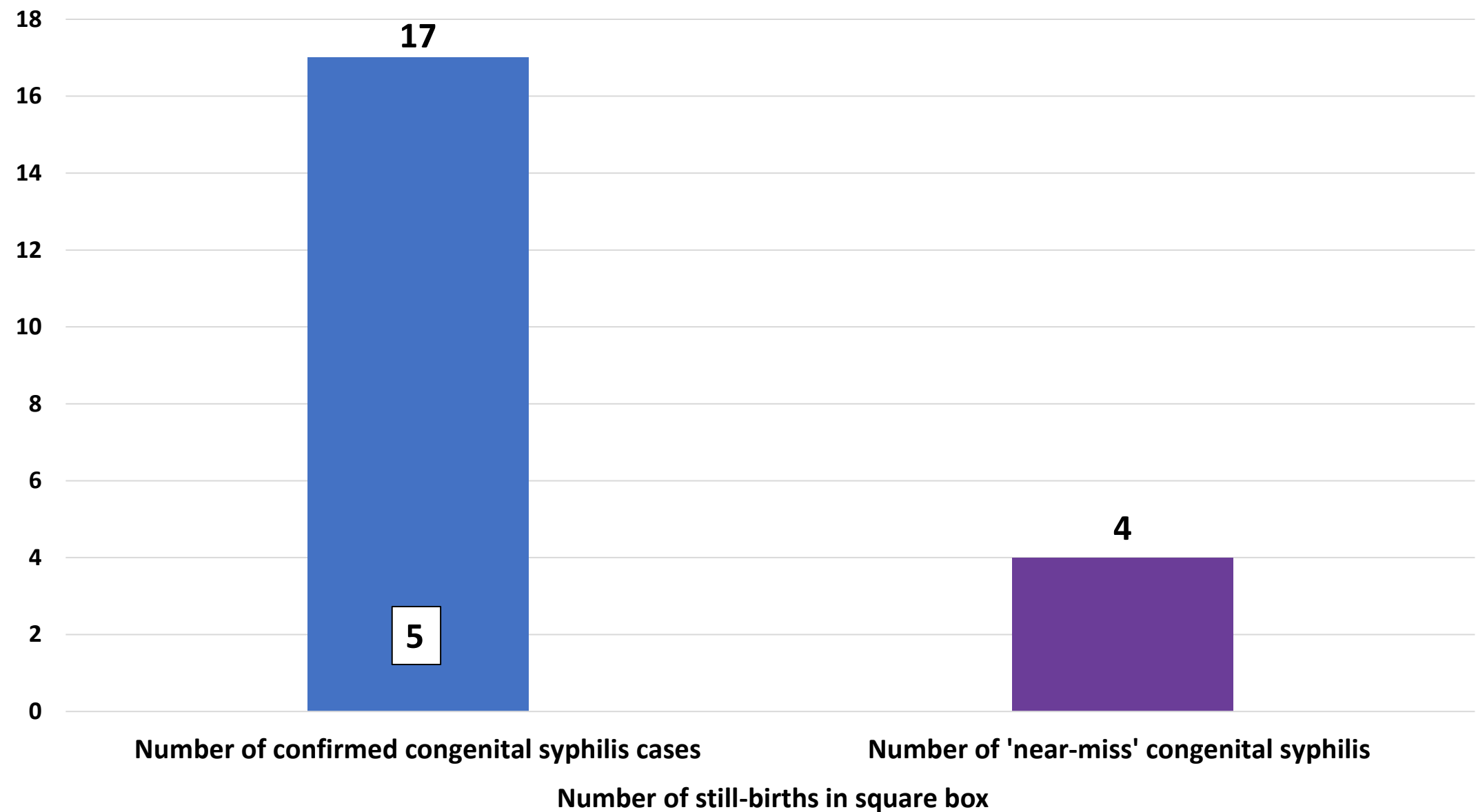
**Recommendations disseminated to invitees, CE and other relevant services**

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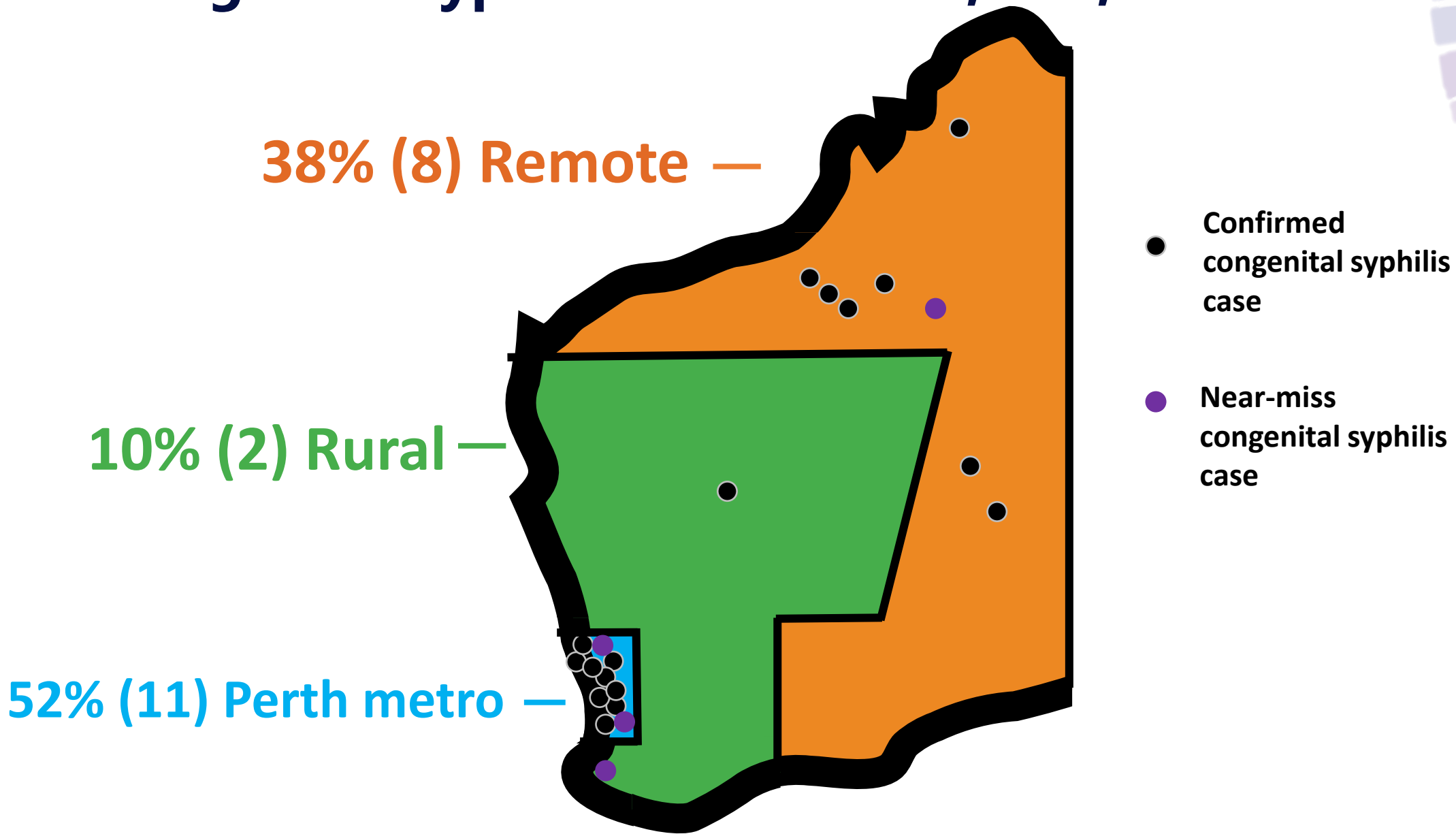
**Recommendations authored and endorsed**

**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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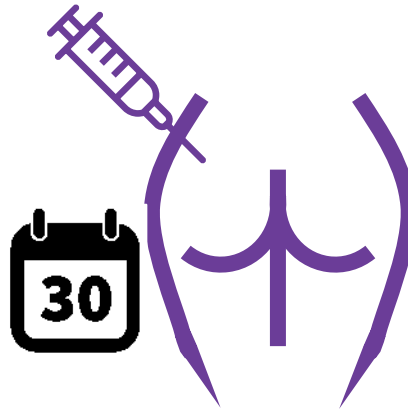
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**90% acquired infection in Australia**



**95% Rx for syphilis <30 days before delivery**

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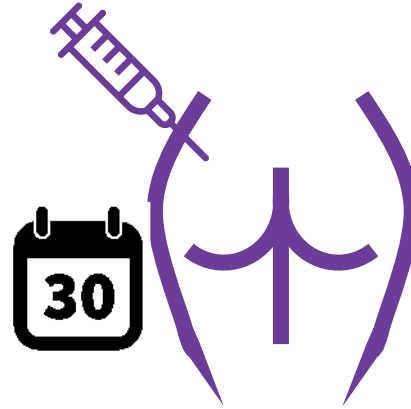
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**95% Rx for syphilis <30 days before delivery**



**48% alcohol/other drug use in pregnancy**

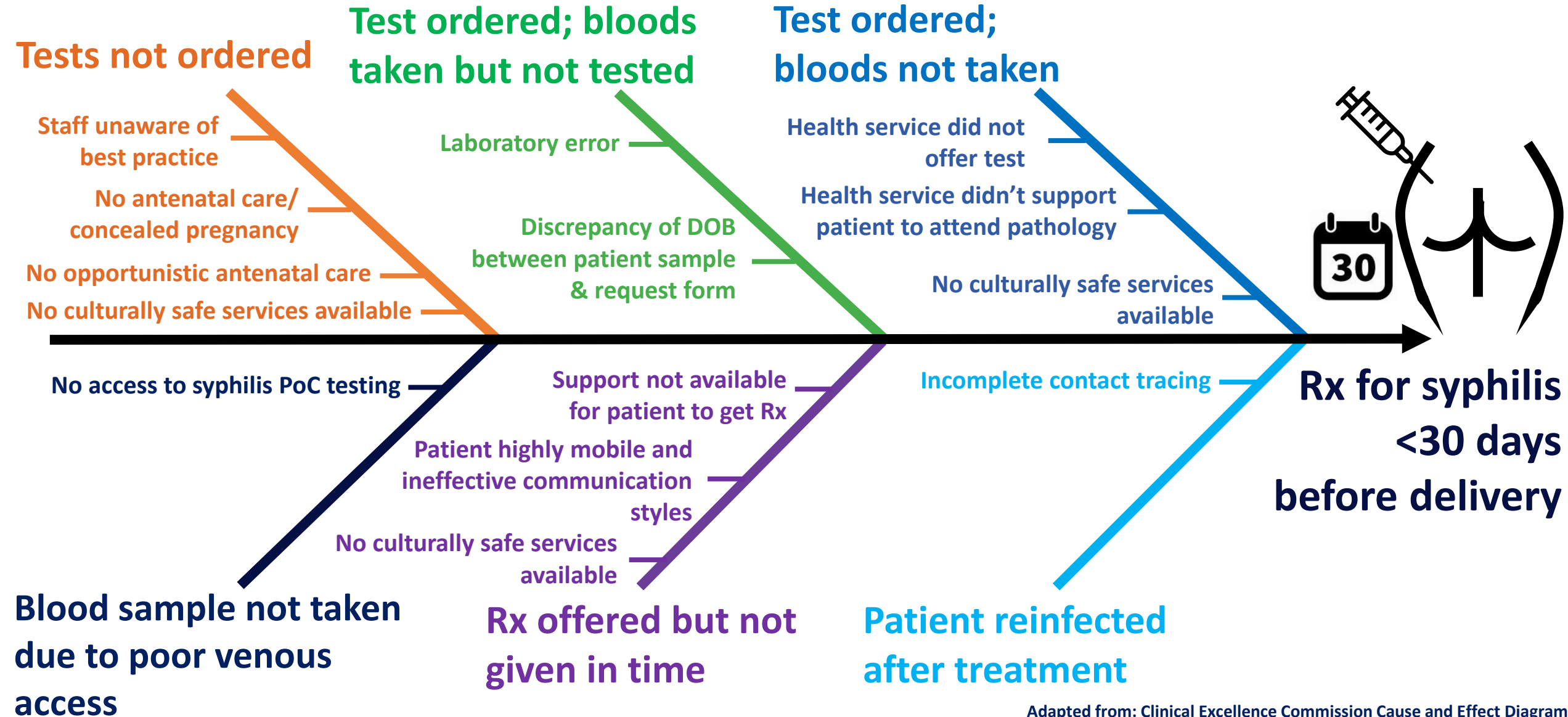


**33% unstable housing**



**52% other complex social issues**

# Factors contributing to syphilis treatment not being completed $\geq 30$ days before delivery, WA, 2019-2023



# Vignette 1

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

**1<sup>st</sup> 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**

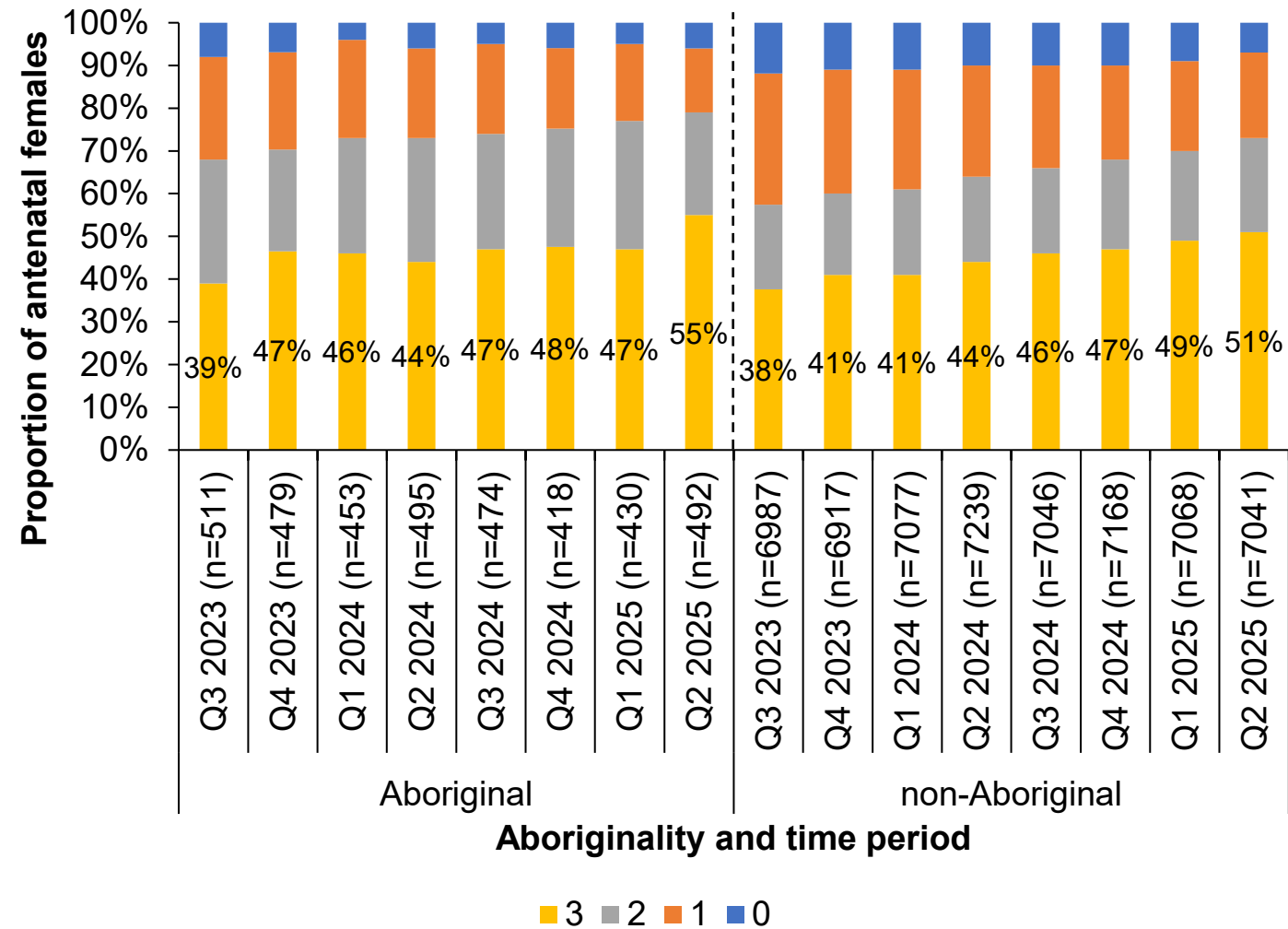
**Public Health  
Unit**

**ED Staff**

**Maternity  
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 SQLS

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](mailto: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](mailto: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.

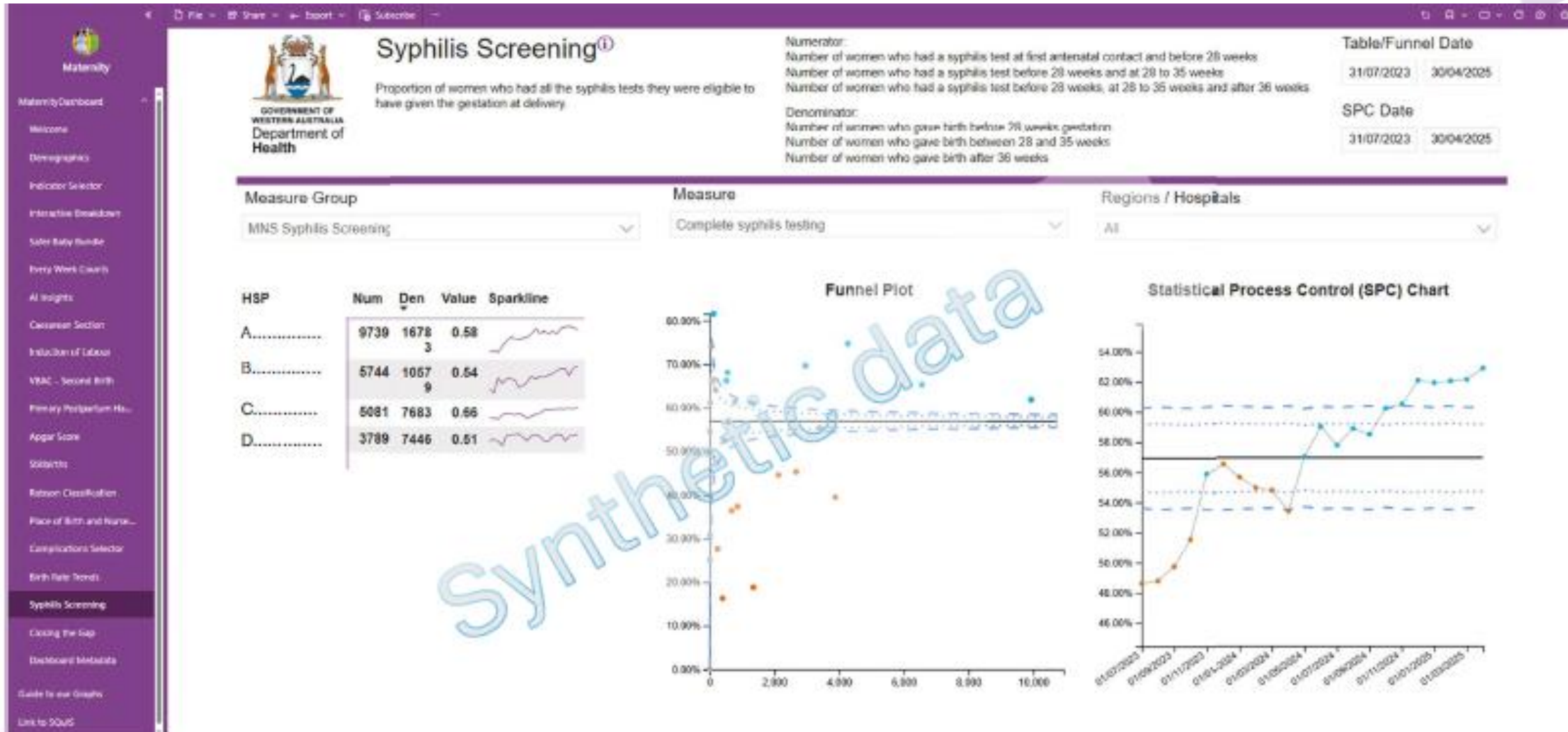
Midwives Notification System Metadata

Guide to our Graphs

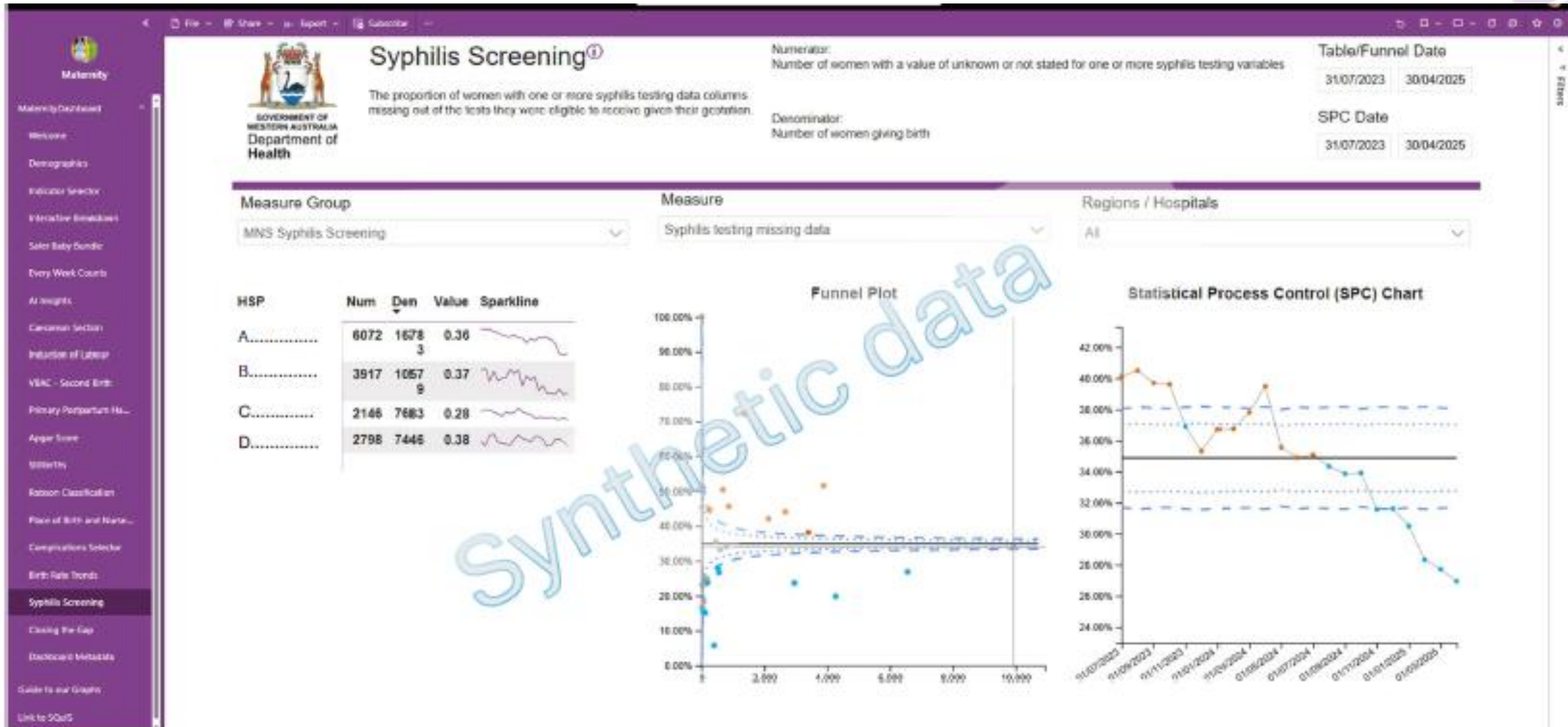
Filters



# Complete syphilis testing (for gestation @ delivery)



# Syphilis testing missing data





Department of Health

# Pregnant?

Syphilis can make you and your baby sick.

**Get tested for syphilis.**

Find out more

Anyone can be a **HEALTHYSEXUAL**  
healthysexual.com.au

Talk. Test. Protect. Talk. Test. Protect. Talk. Test. Protect.

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DO NOT OVERTAKE TURNING

WA Department of Health

# Syphilis and HIV can be serious

You could have them and not know

**Get an STI blood test**

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Syphilis can be treated with antibiotics and prevented by condoms

# Syphilis

It often has no symptoms

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healthysexual.com.au/syphilis

Get a syphilis blood test

Learn more

3 1 comment

Like Comment Share

Midland Line	Airport Line	Fremantle Line	Airport Line	Armada Line	Victoria Park	Clarkson	Butler	Clarkson	Mandurah
1 8	3 7	3 7	3 7	3 7	6 5	5 1	5 1	5 1	5 1
Midland	Fremantle	Fremantle	Fremantle	Fremantle	Victoria Park	Clarkson	Butler	Clarkson	Mandurah
High Wycombe	Claremont	Claremont	Claremont	Claremont	Victoria Park	Clarkson	Butler	Clarkson	Mandurah
Midland	13 8	13 8	13 8	13 8	21 5	21 5	21 5	21 5	21 5

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WA Department of Health

JCDecaux

# Syphilis can harm your unborn baby



# 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.**



Figure 1. Teeth deformities



Figure 2. Enlarged liver



Figure 3. Skin rash

Produced by Boorloo (Perth) Public Health Unit, 2024

Government of Western Australia  
WA Country Health Service



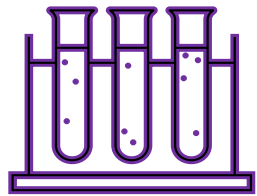
# Conclusions

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

