

## Lessons learnt from congenital syphilis case reviews in Victoria (2017-2026)

### Authors:

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### Background:

Victoria has experienced an upsurge in infectious syphilis cases in women over the last 10 years, and congenital syphilis has re-emerged. Comprehensive reviews of congenital syphilis cases have informed an evidence-based public health response.

### Methods:

Descriptive analysis of demographic and individual risk factors of the mothers, and themes analysis of health system contributing factors from reviews of congenital syphilis notified in Victoria (2017- 2026).

### Results:

21 congenital syphilis cases (including 10 deaths) were reported in Victoria. Mean age of mothers was 28, and 4 (19%) were Aboriginal. 10 (48%) had at least one risk factor (homelessness, drug use, mental health issues, family violence, unemployment, history of incarceration). 12 (57%) did not engage in any antenatal care. 6 (29%) acquired syphilis after a negative first trimester screening result.

4 (19%) of cases could have been prevented with an additional test at 28 weeks and 2 were not tested at birth, resulting in delayed diagnosis.

Health system gaps were identified in 15 (71%) cases and were related to diagnosis (inconsistent clinical guidelines, syphilis test not ordered or not completed, lab and clinical errors, test results not communicated); treatment (incomplete or incorrect); partner notification (women reinfected from untreated partners); access to care (difficulty in booking appointments, lack of bulk billing clinics, out of pocket treatment costs); care coordination (multiple providers, siloed medical records, and missed opportunities to test/engage in antenatal care during presentations to ED and other services).

Change in pregnancy testing guidelines and increased awareness among clinicians has resulted in less health system gaps identified over the last 3 years, however women not presenting to antenatal care remain a significant concern.

### Conclusion:

Patient-centered models of care, with improved care coordination and workforce development are key in preventing congenital syphilis.

### Disclosure of Interest Statement:

Note