

Preventing congenital syphilis: lessons learned from public health reviews of case

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Background: In WA, from 2014 to 2021, the annual number of infectious syphilis notifications increased ninefold, from 93 to 848 cases. Syphilis notifications among pregnant women increased disproportionately from one to 29 cases, and a total of 10 congenital syphilis cases (five regional and five metropolitan) were notified, of which six were Aboriginal and three were stillborn.

Methods: Public health reviews were conducted for 9 congenital syphilis cases and one “near miss” case notified between January 2019 and June 2021. Reviews were chaired by a public health physician and conducted according to WA Health’s “Guidelines for public health review of a congenital syphilis case” developed in 2019 and updated in 2021 and 2022 (<https://ww2.health.wa.gov.au/~media/Files/Corporate/general-documents/Sexual-Health/PDF/Guidelines-for-review-of-congenital-syphilis.pdf>)

Reviews assess the antenatal, and intra- and post-partum clinical and public health management of a congenital syphilis case; identify service gaps, areas for service improvement, and updates required for clinical and public health guidelines; and raise awareness and educate health care staff about syphilis.

Results: The reviews identified common factors among mothers of the congenital syphilis cases, including mental health and complex social issues, history of methamphetamine use, mobility and homelessness. Some women with complex social issues concealed their pregnancy. These factors resulted in mothers having difficulty accessing primary health care, thus receiving no or minimal antenatal care. Some women who did access antenatal care, received suboptimal care including lack of syphilis testing during pregnancy and lack of opportunistic testing during non-pregnancy-related presentations, including STI-related presentations.

Conclusion: Case review findings prompted WA Health to recommend syphilis testing at the first antenatal visit, 28 and 36 weeks for all pregnant women, and documentation of antenatal syphilis testing in the midwives’ notification system. Pregnant women require access to comprehensive and culturally safe primary health care that includes holistic antenatal care. Nationally consistent antenatal syphilis testing recommendations are required.

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