

Syphilis Screening in Women of Reproductive age at Western Sydney Sexual Health Centre (WSSHC)

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Background:

Maternal and congenital Syphilis are of high clinical and public health importance. Testing and management among women of reproductive age were evaluated to optimise local responses.

Methods:

5-year retrospective analysis of routinely collected first-attendance data for cisgender females aged 15-49 between 01/12/2015-30/11/2020. Clinician-auditors extracted medical record data following protocol.

Results:

2048/2942 (70%) females were tested for Syphilis. 95 (5%) returned positive/reactive results. Of these; median age was 33, 71 (75%) overseas-born, 55 (58%) non-English-speaking background (NESB), 49 (52%) Medicare-eligible, 0 Indigenous. 37 (39%) previous sex work, 32 (34%) current sex-workers, 5 (5%) previous Intravenous drug use (IDU), 3 (3%) living with HIV (LWHIV), 23 (24%) pregnant, 13 (14%) symptomatic.

26 (27%) were staged infectious Syphilis ('IS') (3%,6%,18% primary, secondary, early latent 'ELS', respectively), 40 (42%) late latent/unknown duration (LUD), 15 (16%) past-treated, 12 (13%) false-positive.

93 (98%) were treated appropriately, 2 with late latent Syphilis (LLS) were lost to follow-up 'LTFU' pre-treatment. 55 (82%) had documented contact-tracing. 25 (26%) had social work referrals.

19/23 pregnant females were overseas-born, median age 26, 10 NESB, 18 Medicare-eligible, 1 symptomatic, 1 IDU (ever), 0 LWHIV, 0 >1 recent sexual partner. 5 had IS (4 ELS, 1 secondary), 14 LUD, 2 past-treated, 2 false-positive. All had appropriate treatment, 18/19 documented contact-tracing. 4/8 had serofollow-up at WSSHC per protocol, 7/8 any serofollow-up at WSSHC, within 12 months, where indicated.

32/37 sex-workers were overseas-born, median age 41, 25 NESB, 4 Medicare-eligible, 2 symptomatic, 2 current IDU, 2 LWHIV. 5 had IS (1 primary, 4 ELS), 15 LUD, 12 past-treated, 4 false-positive, 1 unrecorded; 35 appropriate treatment (2 LTFU-LLS), 15/20 documented contact-tracing, 3/6 serofollow-up (at WSSHC within 12 months where indicated).

Conclusion:

More targeted culturally appropriate strategies for engaging, testing, contact tracing

and following-up females of reproductive age are vital, particularly for overseas-born and sex-working clients.

Disclosure of interest:

None