

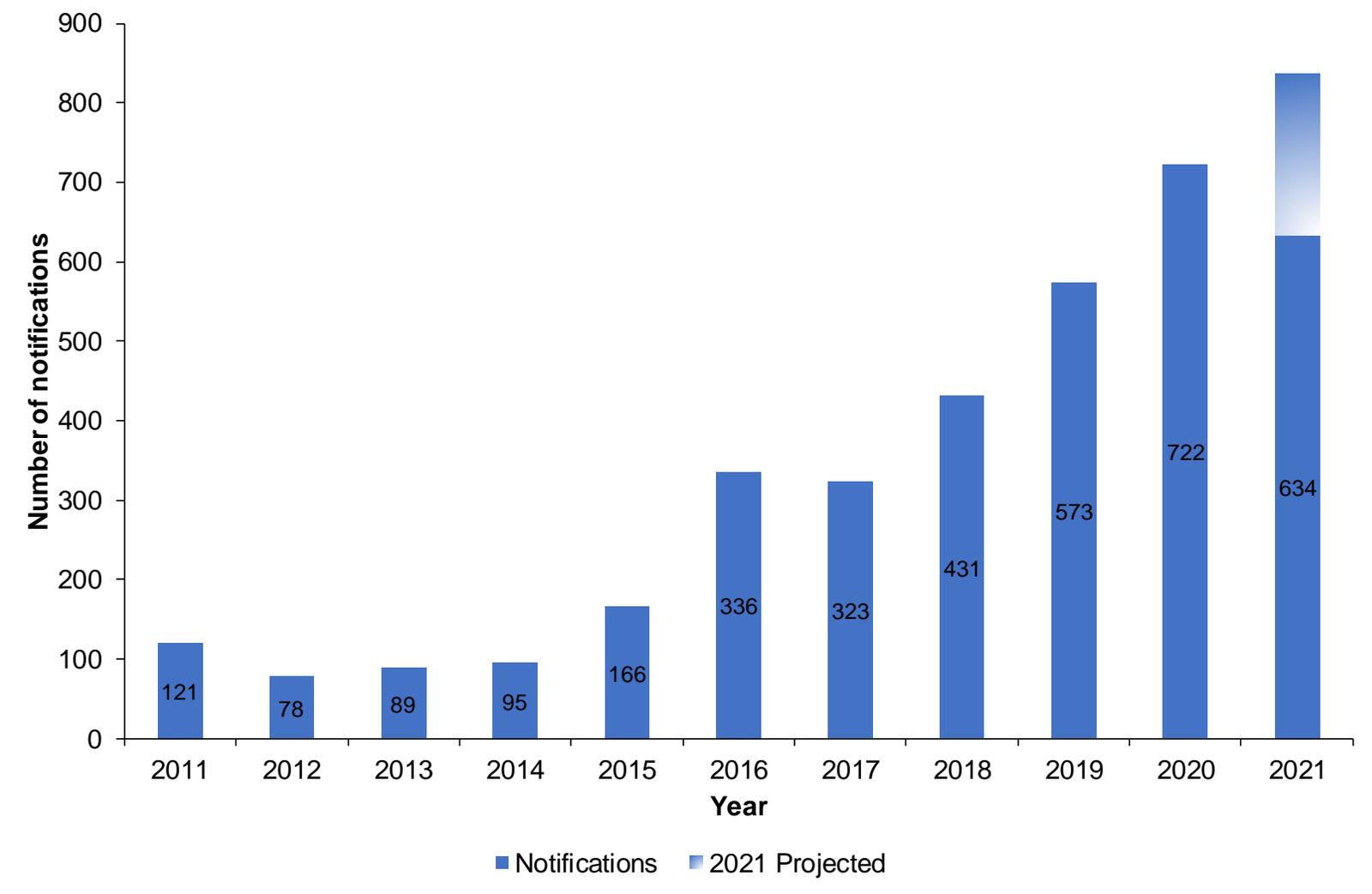
A paved road leads into a landscape under a dark, stormy sky. The road is flanked by red soil and sparse green vegetation. The sky is filled with dark, heavy clouds, suggesting an approaching storm. The overall mood is dramatic and somewhat ominous.

Your role in preventing congenital syphilis
– an interactive case-based discussion

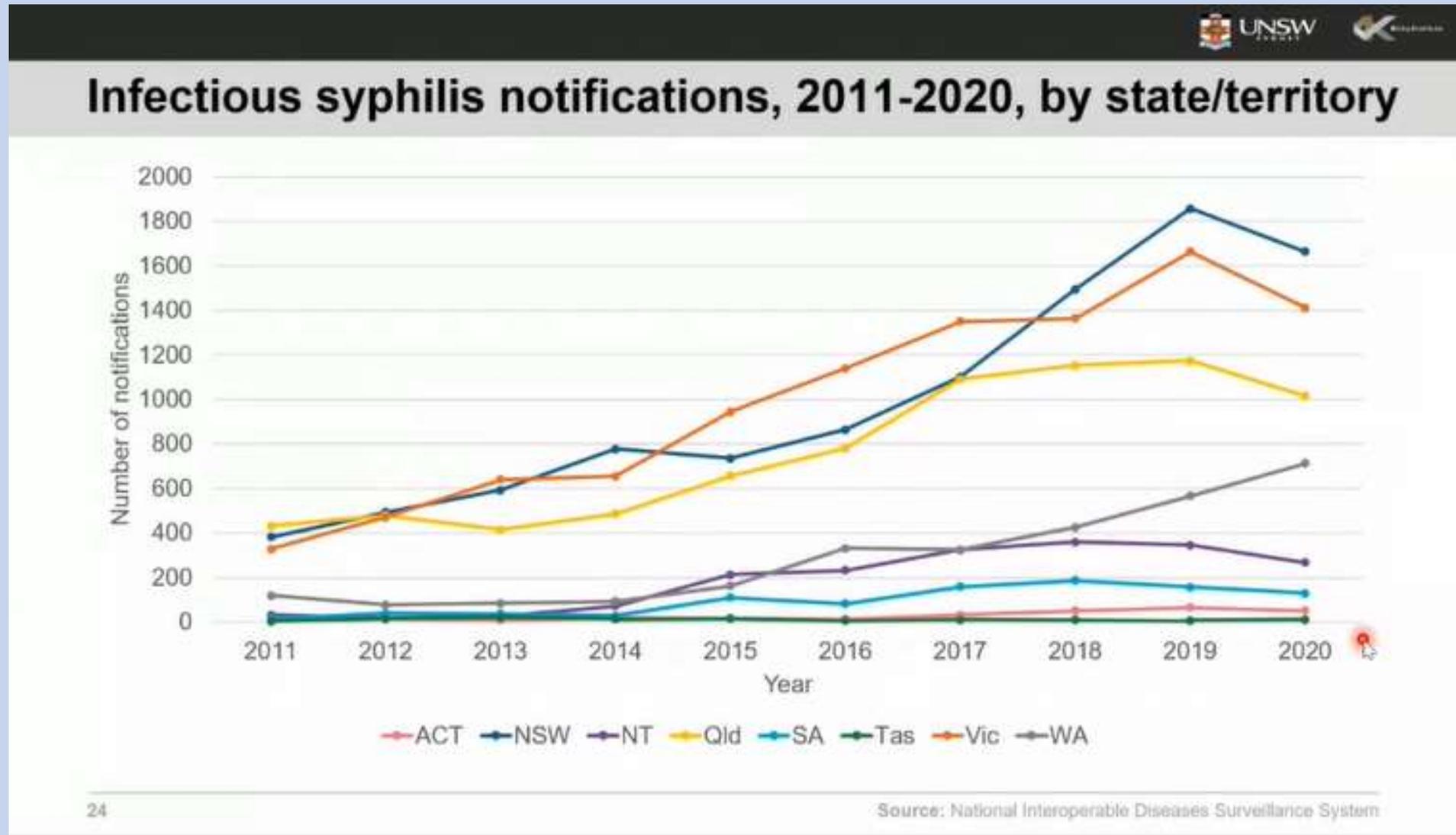
RHW Aboriginal Health Conference 2021

Presented by Naomi Nelson, Roberta Mongoo, Dr Donna Mak, Dr Pallas Mareyo and Dr Chevaun Howard

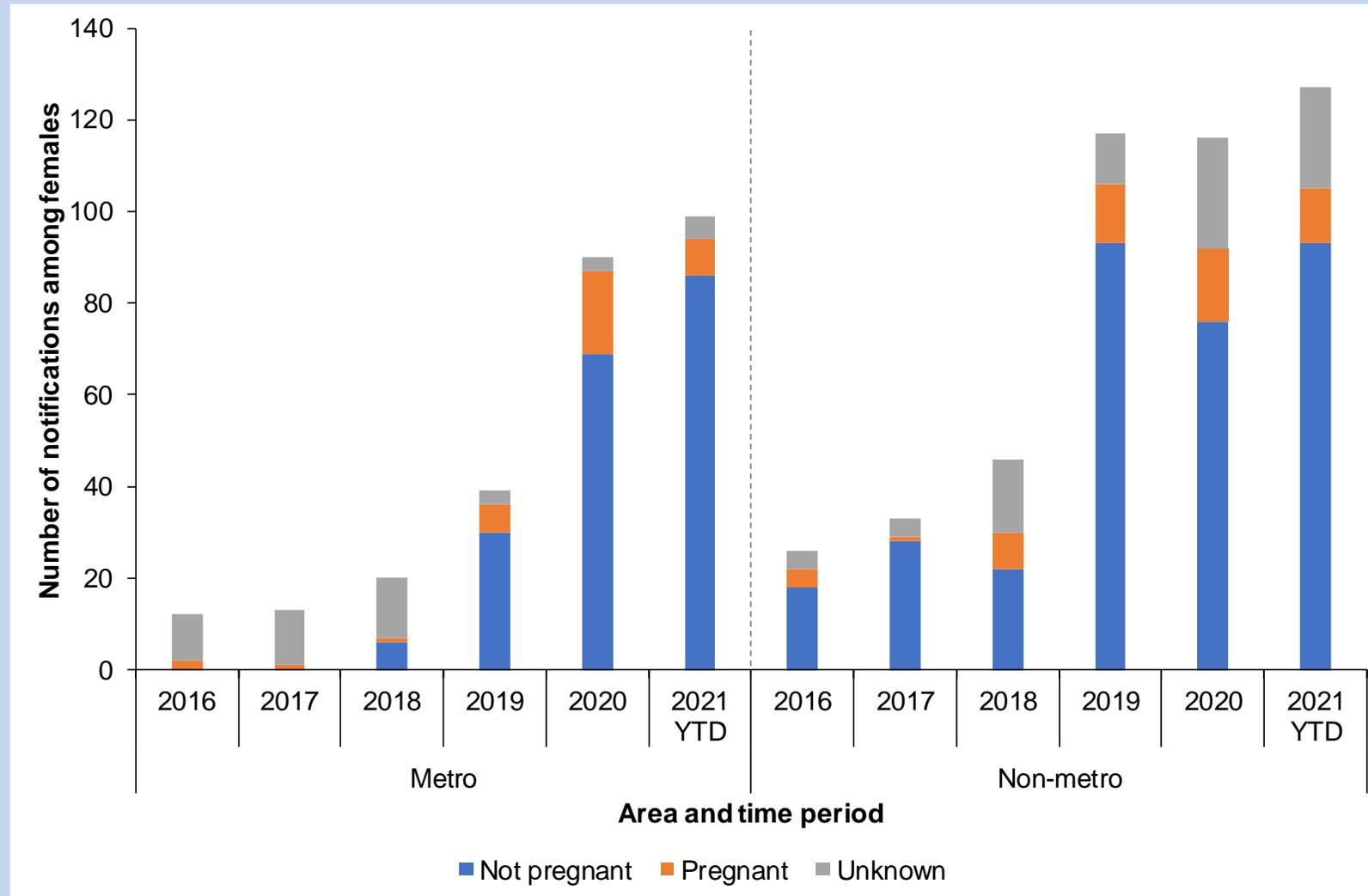
Number of infectious syphilis notifications in WA, Jan 2011 to Sep 2021, with projection to Dec 2021



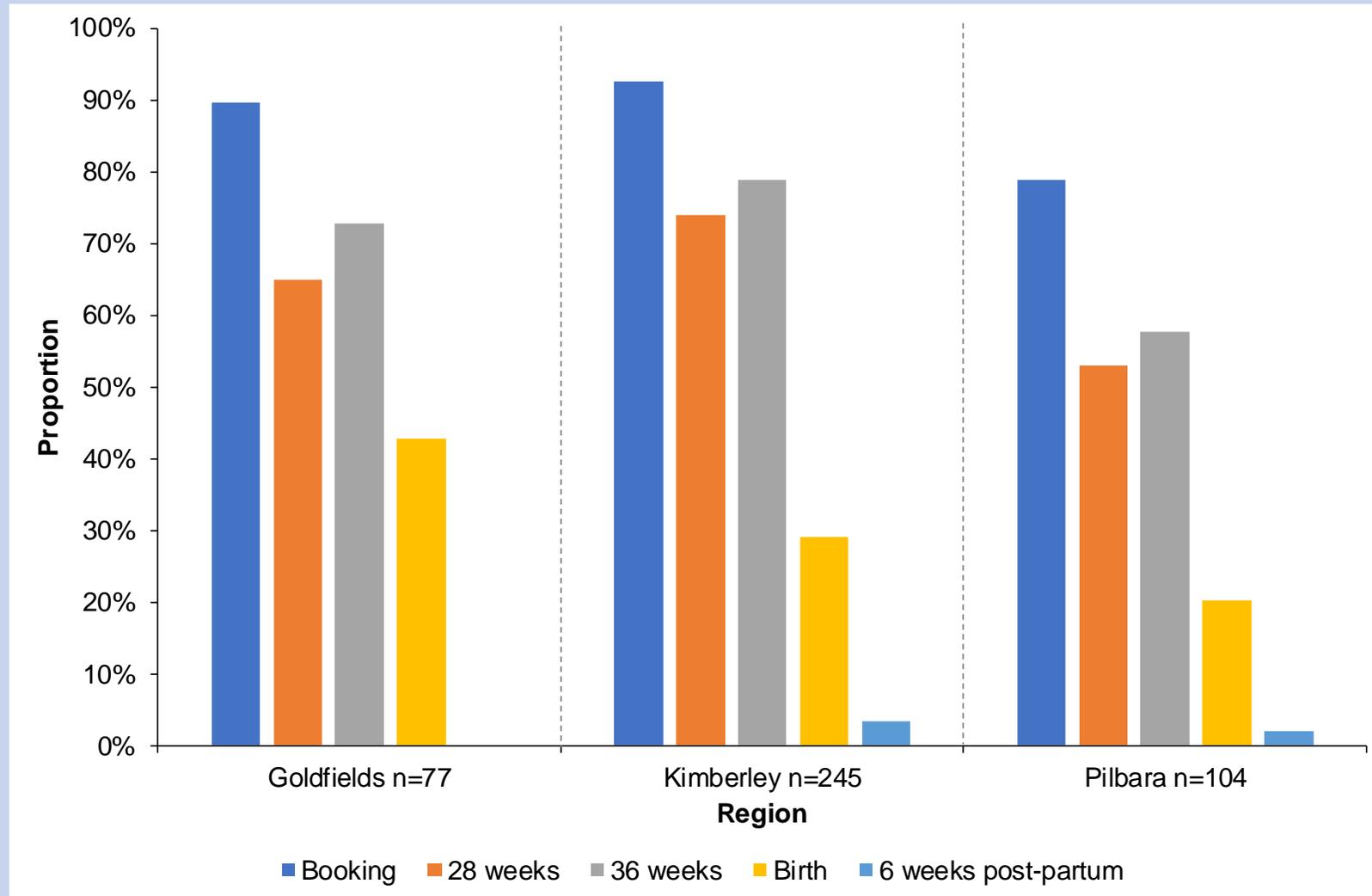
Annual HIV/STI Surveillance update and report launch: Kirby Institute and Centre for Social Research in Health [Not released data]

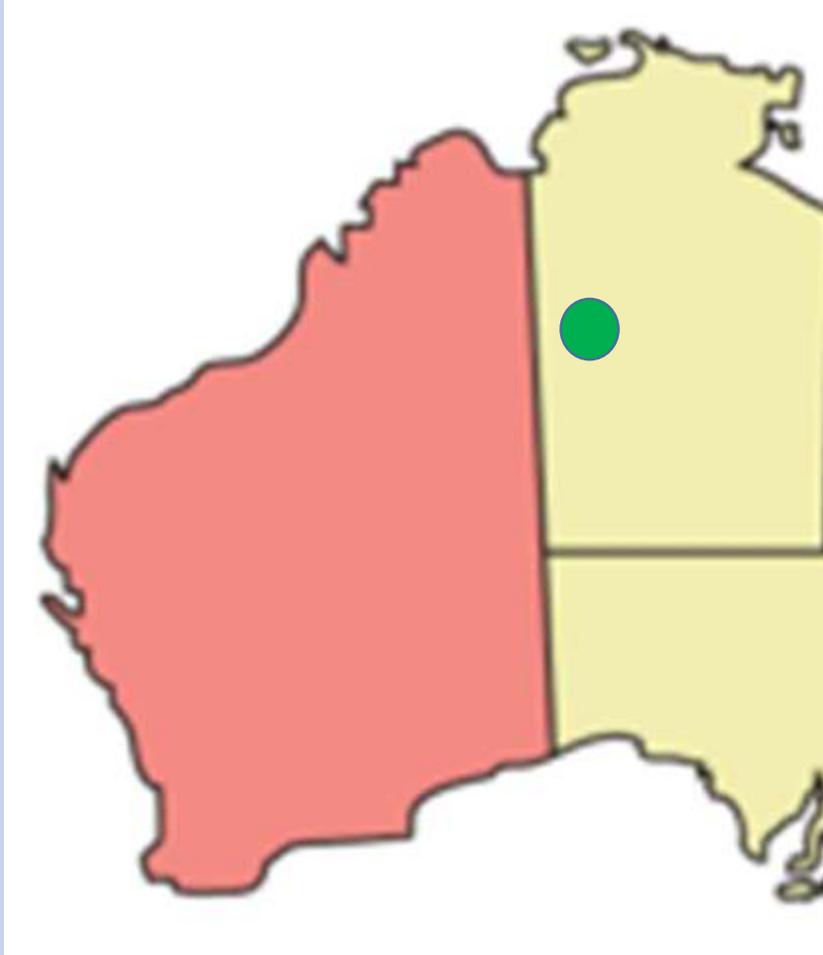


Number of infectious syphilis notifications in WA among females of reproductive age by area and pregnancy status, Jan 2016 to Sep 2021



Proportion of Aboriginal antenatal women tested for syphilis in three remote WA regions by time of test, Jan 2021 to Sep 2021





Part A

19 yo presents to remote NT clinic with some dysuria and feeling generally a bit sick. Obs stable. Urine dipstick consistent with Urinary Tract Infection.

Pregnancy test done opportunistically by nurse
– no history or medications on file as visiting Community.

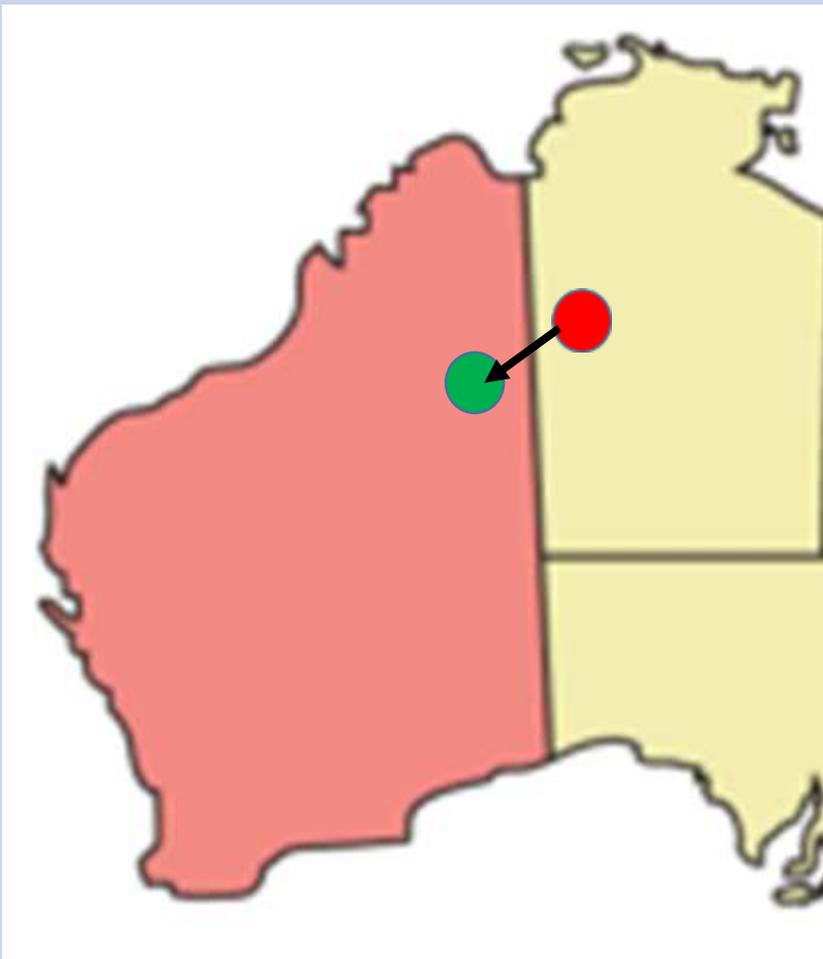
- UTI and pregnancy discussed with patient, antenatal bloods and investigations arranged and empirical treatment for UTI commenced.

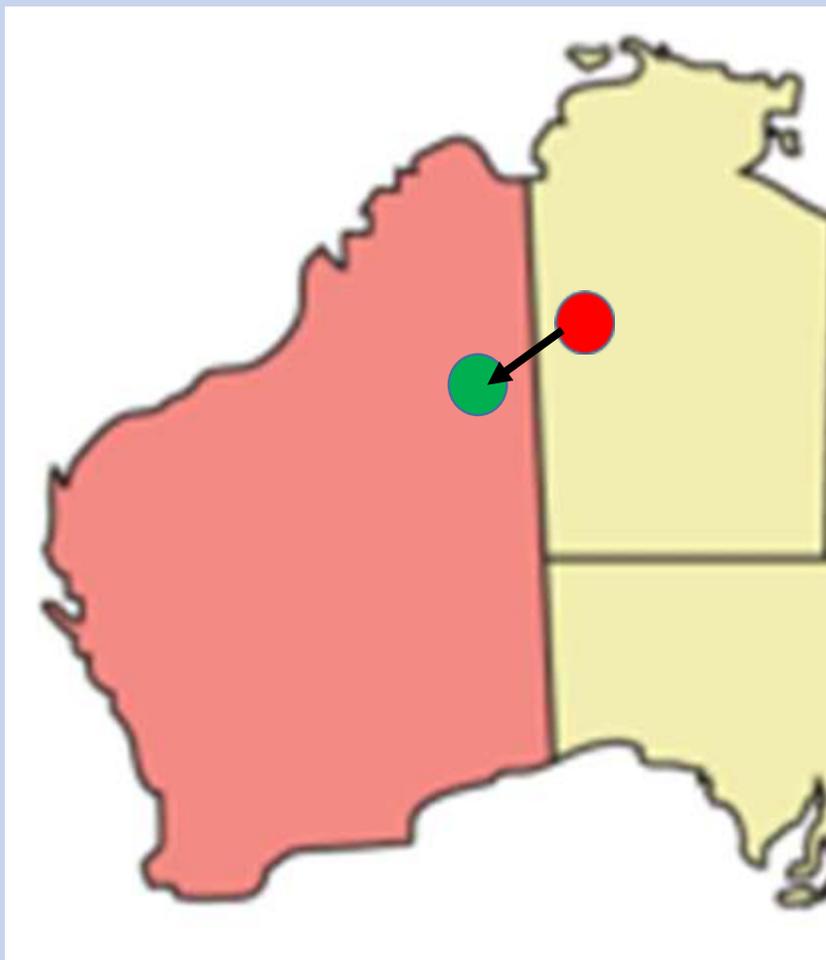


Part B

Several days later, results come back to locum GP. E. coli UTI and syphilis serology (EIA positive, RPR 1:32) indicating likely Syphilis infection.

3 attempts made to find patient over next couple of days. AHW has been told by family that patient has returned to WA.





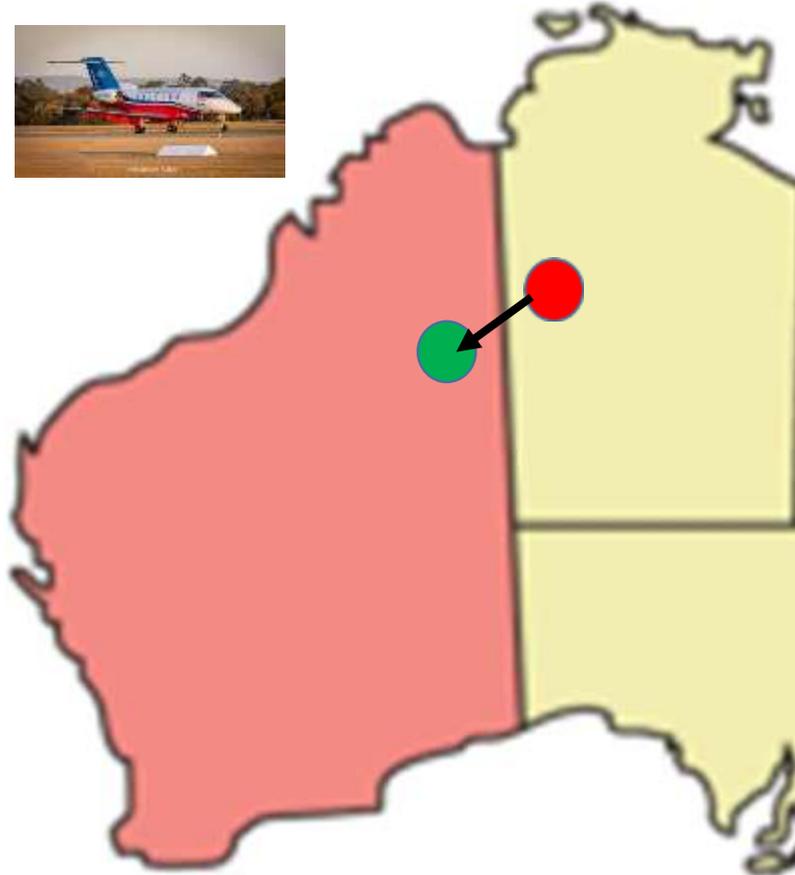
Part C – 4 months later

BIB Aunty to remote WA clinic contracting 2:10 (since late last night, getting stronger). No antenatal care. Reports positive pregnancy test in NT earlier this year.

PMHx: Nil. Smokes Gunja and cigarettes. Occasional EtoH.

Several presentations over last few years with minor illnesses. Implanon removed last year. Declined other contraception as not in a relationship at that time. Sexually Transmitted Infection testing including syphilis negative at that time.

2 months ago presented to clinic with infected skin sores requiring antibiotics. No screening for STI/pregnancy at that time (note would have been pregnant at this stage)

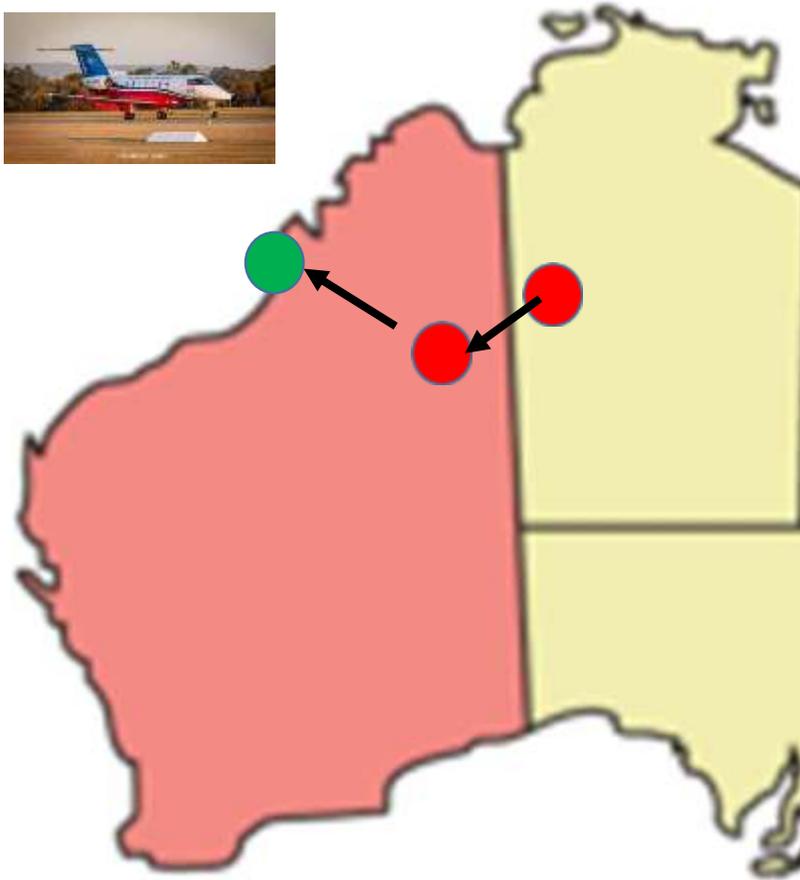


Part C cont.

On review in clinic:

On examination – clinical signs of UTI and preterm labour confirmed.

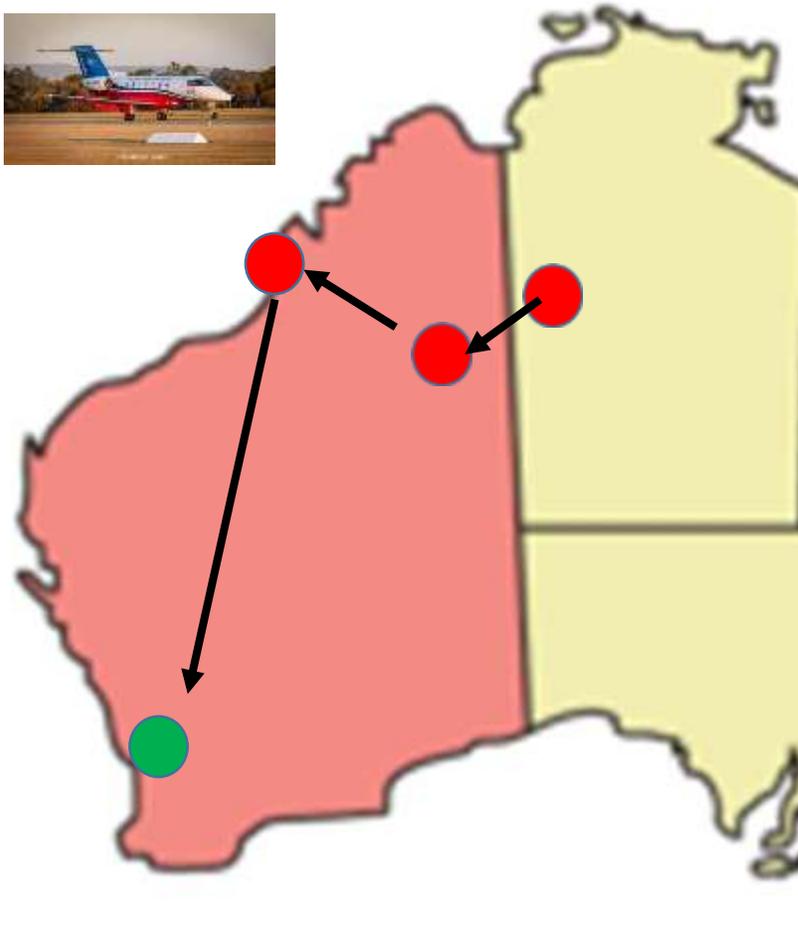
RFDS plane in the area collecting another patient to bring back to regional hospital, can pick up patient shortly. No space for support person on plane.



Part D

Arrives in Regional hospital late that evening.
Appears to be 29 weeks on bedside ultrasound.
Antenatal blood tubes from remote community brought with patient sent to Path lab at regional hospital.

Immediate RFDS transfer to tertiary hospital

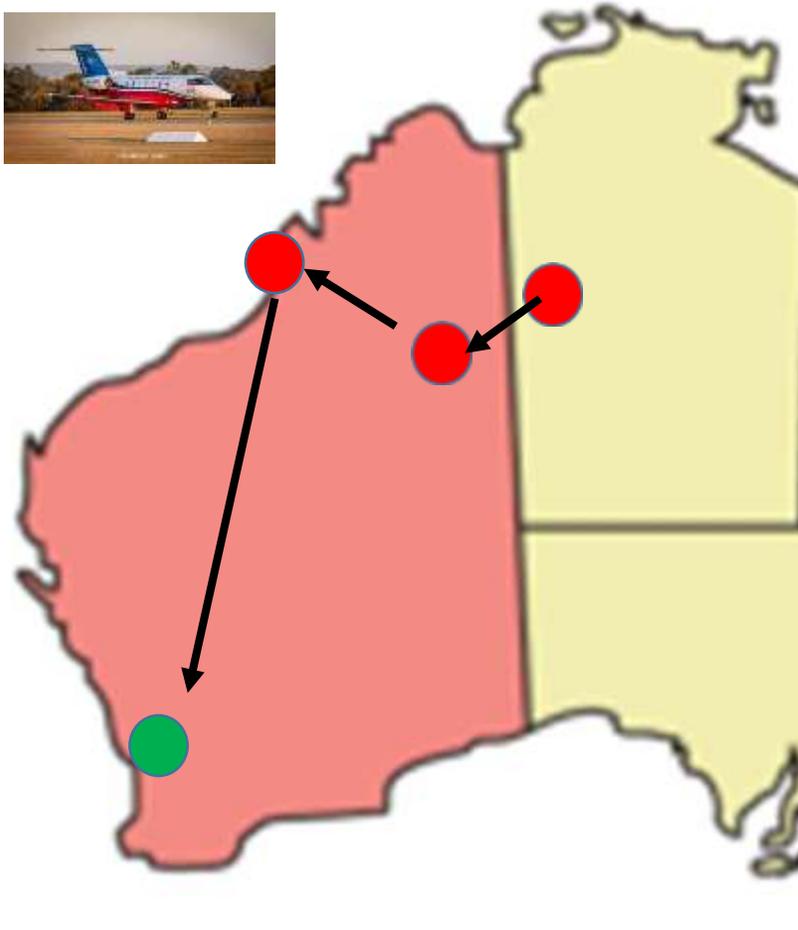


Part E

Landed in Perth. Transferred to Tertiary hospital
Proceeded quickly to vaginal delivery of a small
(growth restricted) baby.

Baby needing respiratory support and commenced
on antibiotics for suspected sepsis. Placental swabs
sent for microscopy as suspected infection.

No collection of bloods for syphilis serology from
mum or bub at this time.



Part F – 2 days post delivery

Remote area nurse (RAN) from WA clinic informed by Path lab of positive syphilis test.

- RAN in turn contacted Local Population Health Unit (PHU)
- PHU phoned through to treating neonatologist in the tertiary nursery. Results not available on path system at tertiary centre but able to be uploaded.
- Baby started on treatment; further investigations confirmed Congenital syphilis infection.

- Nursery staff contacted obstetric team. Mum treated with first dose of LA Bicillin (LAB).
- Despite multiple attempts at discussing contact tracing, patient did not disclose contacts during inpatient stay. MCDC notified of patient's need for ongoing treatment and contact tracing on discharge from hospital.
- Patient linked into Integrated Team Care Program for support post discharge.



Metropolitan Communicable Disease Control



Metropolitan Communicable Disease Control (MCDC) works to protect the population by monitoring communicable diseases, giving expert advice to primary care providers who diagnose the diseases, and following-up contacts of disease to reduce the spread in the community. The service also works collaboratively with immunisation service providers and other stakeholders to deliver WA immunisation programs and implement strategies to improve immunisation.

MCDC is a metropolitan-wide service based in the North Metropolitan Health Service that provides disease control services to the North, East and South Metropolitan Health Services. This support includes advice on notifiable infectious disease and immunisation to hospitals, general practice, residential aged care, education facilities and child care centres, to ensure appropriate public health management of notifiable diseases and other communicable diseases of public health significance, including disease outbreaks.

Find more information on the [notification of infectious diseases and related conditions \(external site\)](#).

Reports

[Notifiable Diseases in Perth – 2019 Snapshot \(PDF\)](#)

[Report of Notifiable Infectious Diseases in Metropolitan Perth 2019 \(PDF\)](#)

Contact us

Tel: (08) 9222 8588

Tel: 1300 MDCWA (1300 62 32 92)

Email: ContactMCDC@health.wa.gov.au

Location: Anita Clayton Centre, Suite 3/311
Wellington Street, Perth WA 6000

Web: ww2.health.wa.gov.au ([external site](#))

More information

[Aboriginal Health](#)

[DonateLife](#)

[State Head Injury Unit](#)

Team Work Approach



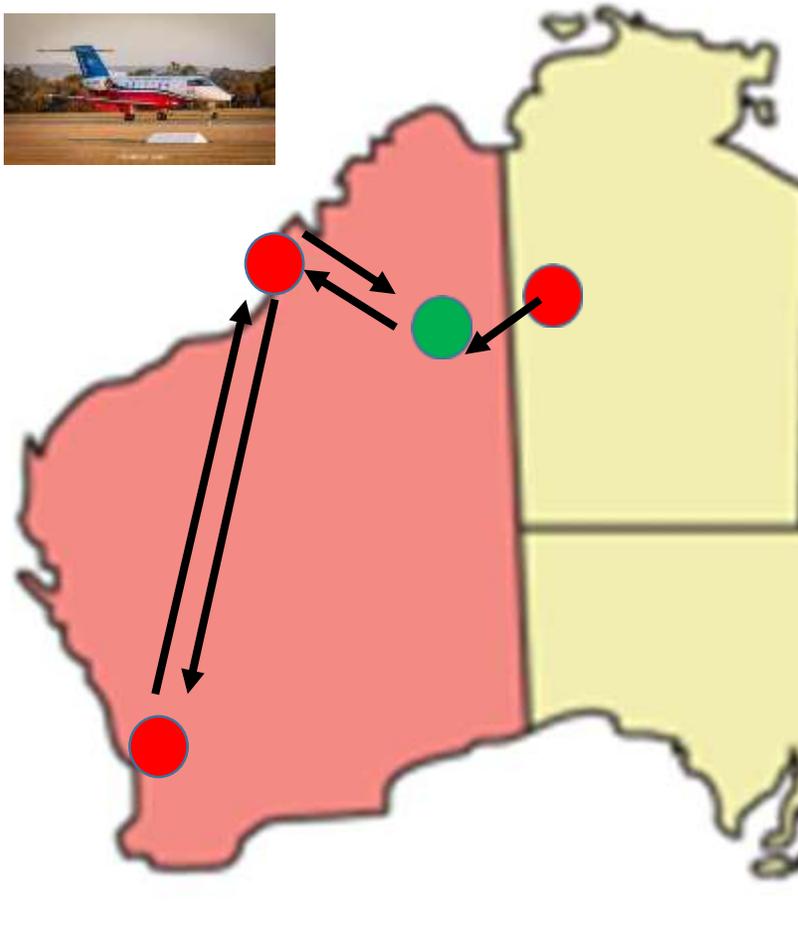
- MCDC AHLO and HHC outreach syphilis cases and contacts
- Relationship building and collaboration;
- Attends Day Centre's – Tranby, RUAH, Passages;
- Weekly women's and men's meeting within people who are experiencing homelessness;
- Additional follow-up if required.

Contact details for population/public health units in WA

Goldfields PHU	Great Southern PHU	Kimberley PHU	Midwest PHU	Pilbara PHU
Based in Kalgoorlie	Based in Albany	Based in Broome	Based in Geraldton	Based in South Hedland
Ph: 9080 8200	Ph: 9842 7500	Ph: 9194 1630	Ph: 9956 1985	Ph: 9174 1660
Fax: 9080 8201	Fax: 9892 2503	Fax: 9194 1631	Fax: 9174 1088	Fax: 9174 1088
Email: WACHSGoldfieldsCommunicableDiseaseControl@health.wa.gov.au	Email: WACHSGreatSouthernCommunicableDiseaseControl@health.wa.gov.au	Email: WACHSKimberleyCommunicableDiseaseControl@health.wa.gov.au	Email: WACHSMidwestCommunicableDiseaseControl@health.wa.gov.au	Email: WACHSPilbaraCommunicableDiseaseControl@health.wa.gov.au
Postcodes – see online				

Contact details for population/public health units in WA Cont.

South West PHU	Wheatbelt PHU	Metropolitan Communicable Disease Control
Based in Bunbury	Based in Northam	Based in Perth
Ph: 9781 2359	Ph: 9690 1720	Ph: 9222 8588 or 1300 MCDCWA (1300 62 32 92)
Fax: 9753 6587	Fax: 9690 1335	Fax: 9222 8599
Email: WACHSSouthwestCommunicableDiseaseControl@health.wa.gov.au	Email: WACHSWheatbeltCommunicableDiseaseControl@health.wa.gov.au	Email: contactMCDC@health.wa.gov.au
Postcodes – see online		



Part G

Regional town;

Transferred to Regional Hospital for “feeding and growing” for one week then discharged to Community.

Remote Community;

Initial visit with RAN for baby weight.

Not seen by visiting MW at next scheduled appointment

No repeat serology at 4 months for baby.

Outpatient follow up with visiting paediatrician in Community not attended as had funeral.

Take home messages

1. All pregnant women in WA need to be tested for syphilis at booking, 28 and 36 weeks.
2. Additional testing at delivery and 6 weeks post partum if from the Kimberley, Goldfields and Pilbara.
3. Consider point of care syphilis test if available in addition to formal lab test.
4. COMMUNICATION & handover are crucial.

To learn more about syphilis there are modules on syphilis for primary health care practitioners and a midwife specific module at <https://ashm.org.au/sexual-health/training/>

Any Questions?

