

South Australian Syphilis Outbreak Response Plan: 2021 update and review

November 2021



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Acknowledgements

SA Health acknowledges the traditional custodians of country throughout South Australia (SA) and recognises their continuing connection to land, waters and community. We pay our respects to them; their cultures, contributions and to Elders past, present and emerging.

It is also acknowledged that significant work has been done by Aboriginal Community Controlled Health services in affected areas, the Aboriginal Health Council of South Australia, primary health care and other community organisations in partnership with the Commonwealth Department of Health and SA Health to address the syphilis outbreak. The South Australian Syphilis Outbreak Response Plan (Response Plan) provides an opportunity to draw on successes, identify remaining barriers, and develop sustainable solutions (recognising the different needs across regions).

While much of the focus has been on syphilis, the epidemiology for many other sexually transmissible infections (STI) and blood borne viruses (BBV) are similarly concerning. This Response Plan, in combination with the first South Australian Aboriginal STI and BBV Action Plan, released in 2020, will provide an opportunity to address the disproportionate rates of other STI and BBV among Aboriginal and Torres Strait Islander peoples.

The SA Syphilis Outbreak Response Plan was adapted with permission from the Western Australian Department of Health's Syphilis Outbreak Response Action Plan.

Introduction and background

There is a multi-jurisdictional syphilis outbreak (MJSO) affecting Aboriginal and Torres Strait Islander people (the Syphilis Outbreak) in Northern Territory, Queensland, Western Australia and South Australia. The first '[South Australian Syphilis Outbreak Response Plan](#)' (the Response Plan) was endorsed by the Minister for Health and Wellbeing and launched in July 2019. Although a significant amount of work to address the outbreak was undertaken prior to and during the development and launch of the Response Plan, the Plan has allowed for closer monitoring and coordination of the Syphilis Outbreak related activity by SA Health and key stakeholders involved in the SA Syphilis Outbreak Working Group (the Working Group). This reviewed and updated plan should be read in conjunction with the initial Response Plan in order to gain complete historical context.

The year 2020 saw two significant occurrences that impacted on the syphilis outbreak response in SA; a global pandemic emerged, and two cases of congenital syphilis were notified.

By February of 2020, the coronavirus 2019 (COVID-19) pandemic had reached SA and interrupted most public health activities, including those related to the syphilis outbreak, for some months. It is difficult to know the true impact of COVID-19 on the syphilis outbreak in SA, given that state-wide testing data is not available, and behavioural research (to assess the impact of lockdowns and physical distancing recommendations on sexual behaviour) has been limited. One Australian survey of sexual behaviours¹ found that participants reported a decrease in sexual activity; however casual hook-ups continued to take place. This research did not report on the Aboriginal status of participants in their sample and given COVID-19 was successfully prevented from reaching many rural and remote Aboriginal communities, it is unlikely that the findings are transferrable. Travel restrictions may have had some impact on transmission patterns, given that movement between Adelaide and the other outbreak regions in SA was significantly slowed for a large portion of 2020, as was travel across state and territory borders.

Despite travel restrictions, physical distancing and other impacts of COVID-19, the syphilis outbreak in SA continued. In May of 2020, a congenital syphilis case connected to the current outbreak was notified. A second congenital case was then notified in September of 2020. These two cases were the first to be notified in SA since 2017, bringing the total number of congenital cases connected to the South Australian outbreak to three.

A single case of congenital syphilis is considered a sentinel public health event triggering a review of the clinical care, social, environmental and other factors which may have contributed to the occurrence of the case.

A sub-committee of the Working Group was formed in order to conduct the review, led by the Chair of the Working Group, with input from subject matter experts and support from additional key informants involved in the care of the two congenital cases. The review recommendations span key areas including:

- > Broad systems
- > Local systems
- > Clinical protocols
- > Prevention, education and community engagement
- > Workforce development
- > Reporting.

¹ Coombe et al (2020). Love during lockdown: findings from an online survey examining the impact of COVID-19 on the sexual health of people living in Australia. *Sexually Transmitted Infections*. Accessed online from https://sti.bmj.com/content/early/2020/10/29/sextrans-2020-054688?utm_campaign=sti&utm_content=consumer&utm_medium=cpc&utm_source=trendmd&utm_term=usage-042019

Implementation of the recommendations arising from the '[Congenital Syphilis Case Review](#)' report have been incorporated into the revised priorities for the Response Plan 2021-2022.

Finally, significant work was undertaken by the Communicable Disease Control Branch (CDCB) in partnership with the Aboriginal Health Council of SA to develop and launch the first '[South Australian Aboriginal STI and BBV Action Plan](#)' (Action Plan) in 2020. The Action Plan provides an evidence-based, culturally informed and strategically aligned framework to improve STI and BBV outcomes for Aboriginal and Torres Strait Islander peoples in South Australia. Actions and priorities from the Action Plan have been considered and incorporated in the review of this Outbreak Response Plan.

Epidemiological snapshot 2016-2020

From the commencement of the current Syphilis Outbreak in SA in November 2016 to 31 December 2020, 133 cases of infectious syphilis among Aboriginal and Torres Strait Islander people and their sexual partners notified in South Australia were linked to the Syphilis Outbreak. Of these, a total of 70 cases were in males (52.6%) and 63 cases were in females (47.4%). The median age of all Syphilis Outbreak cases was 31 years (age range: 0 to 68 years). The median age for females was 28 years (age range 0 to 50 years) and the median age of males was older at 32 years (age range 0 to 68 years). The three congenital cases are included in the aforementioned count of 133.

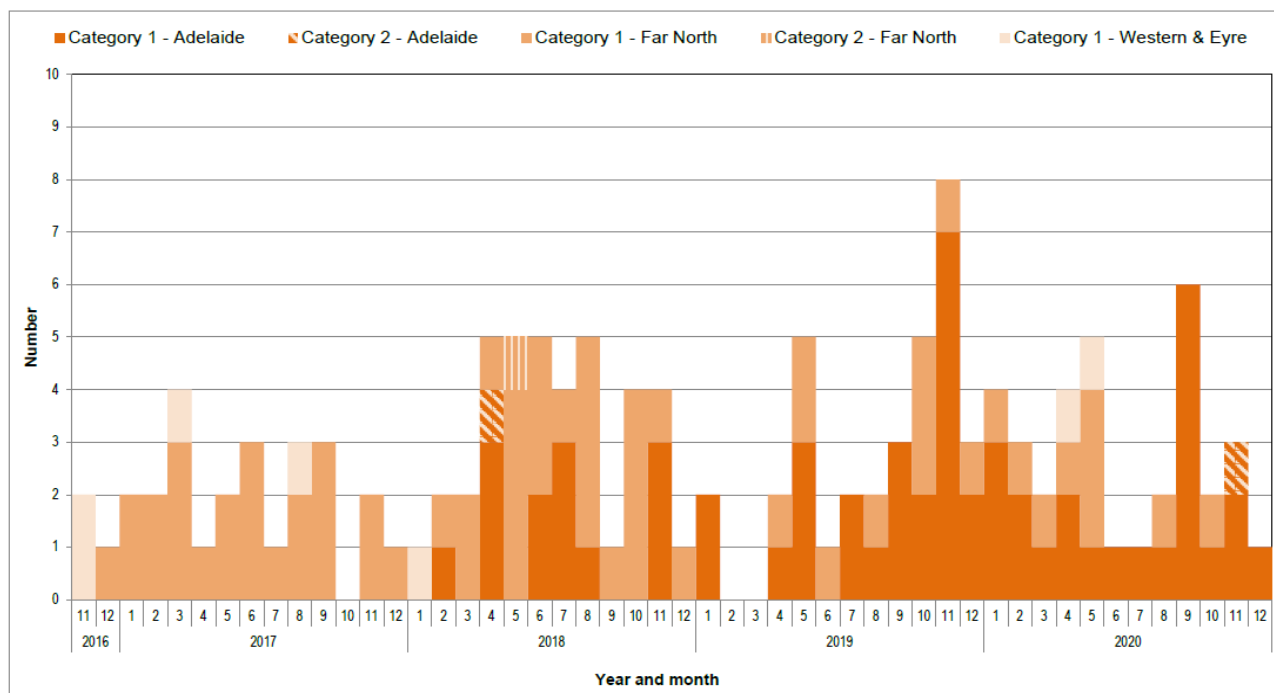
Of the 133 outbreak cases, 66 cases (49.6%) occurred in the Far North, 60 cases (45.1%) in metropolitan Adelaide and seven cases (5.3%) in the Western and Eyre region.

Among males, 48 of the 70 cases (69%) reported heterosexual contact as their exposure source, while 16 cases (23%) reported sex with males and two cases reported sex with males and females. The remaining males were either congenital cases (2) or their exposure was not stated (2). Among females, 59 of the 63 cases (94%) reported heterosexual exposure, with one female infant with congenital syphilis, and for three cases the exposure was not stated.

State-level surveillance data indicates 11 outbreak cases were pregnant at the time of diagnosis. However, this figure likely underestimates the true number of cases among pregnant women linked to the Syphilis Outbreak as pregnancy data was not systematically collected in the earlier years of the Syphilis Outbreak. According to the most recently published national data to 30 September 2020², a total of ten confirmed and 11 probable cases of congenital syphilis have been linked to the MJSO, including the three congenital cases notified in SA. Three confirmed and four probable syphilis-related deaths have been associated with cases notified in other jurisdictions.

Figure 1 illustrates the epidemic curve of Syphilis Outbreak cases in SA from 2016 to the end of 2020. A shift in the region of cases from predominantly Far North to predominantly Adelaide has occurred since 2018.

Figure 1: Infectious syphilis by MJSO category and region, South Australia, 15 November 2016 to 31 December 2020

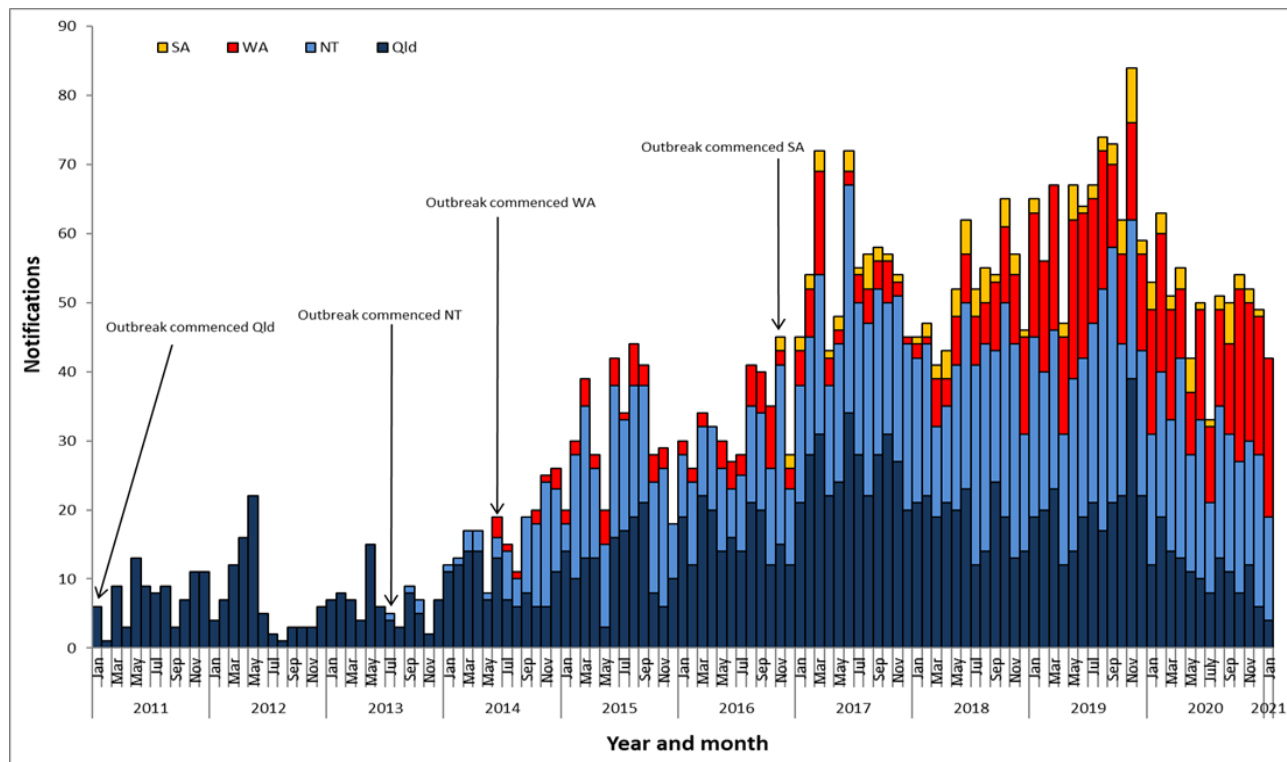


The Syphilis Outbreak continued in 2020 in all Syphilis Outbreak jurisdictions (Northern Territory, Queensland and Western Australia), as seen in Figure 2 below. According to national surveillance data, SA is the only jurisdiction in the MJSO where the proportion of cases in males is higher than in females. Compared to other Syphilis Outbreak jurisdictions, SA also reports an older age profile. This may be due to

²[https://www1.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/\\$File/28-Surveil-Report.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/28-Surveil-Report.pdf)

Adelaide being the only capital city to be declared an outbreak region, and an increasing proportion of notifications arising from Adelaide as the Syphilis Outbreak continues. Cases in metropolitan Adelaide have a higher median age than cases outside the metropolitan region (33 years compared to 29 years) and male cases in metropolitan Adelaide more frequently reported male-to-male sex or sex with males and females as their likely exposure (49% compared 3%).

Figure 2: Epidemic curve showing category 1 infectious syphilis outbreak cases notified in Aboriginal and Torres Strait Islander people residing in affected regions of Qld, the NT, WA and SA from commencement of the outbreak in each jurisdiction to 31 January 2021



Syphilis Outbreak Response Plan activities implemented to December 2020

The Working Group monitors the implementation of actions defined under this Response Plan, with members providing written and/or verbal updates against the actions assigned to them at each Working Group meeting. This work builds on the ongoing response to STI and BBV in Aboriginal and Torres Strait Islanders across South Australia that has been in place for many years, including through the sexual health program at the Aboriginal Health Council of South Australia (AHCSA) and its member services, in addition to the community wide screening conducted through the Nganampa Health Council in the Anangu Pitjantjatjara Yankunytjatjara Lands in the Far North region of SA.

A full report on activities undertaken against the first Response Plan can be viewed in [Appendix 2](#), and several highlights are summarised here.

A workforce development program was developed and continues to be delivered to clinical staff across outbreak regions. The Young Deadly Syphilis Free (YDSF) campaign and website was developed and implemented, supported by the South Australian Health and Medical Research Institute. Whilst the YDSF campaign has technically ended (with all related funding ending 30 June 2020), the legacy remains with a huge repository on the [Young Deadly Free](#) website, available for use in any community or health service.

Local health promotion content continues to be developed by SA agencies for use in upcoming or ongoing campaigns, including the 'Syphilis is Still Out There' campaign developed in partnership between AHCSA and SHINE SA. This campaign was developed in response to reduced testing throughout the COVID-19 pandemic and was shared across health services and social media channels across the State.

A network of health workers in Aboriginal Community Controlled Health Organisations was established, utilising Commonwealth funds and is being maintained and coordinated by AHCSA. This Sexual Health Network provides important support and information sharing opportunities for sexual health focussed workforce employed in Syphilis Outbreak regions.

The [Syphilis Register](#) and the Aboriginal Community Education Coordinator/Partner Notification Officer role have been maintained. Significant work has been undertaken to ensure a thorough review of the two congenital cases that occurred in 2020.

Priority populations and settings 2021-2022

Priority settings remain unchanged, as there are no new outbreak regions that have been declared since the last iteration of the Response Plan.

Priority settings include the Far North, Eyre and Western and Adelaide metropolitan regions of SA, including a focus on:

- > Aboriginal Community Controlled Health Services (ACCHS)
- > Primary health care services
- > Hospitals
- > Correctional facilities

Priority populations remain Aboriginal and Torres Strait Islander people who are:

- > Pregnant or may become pregnant
- > Aged 15-50 years old
- > Gay, bisexual and men who have sex with men
- > Highly mobile

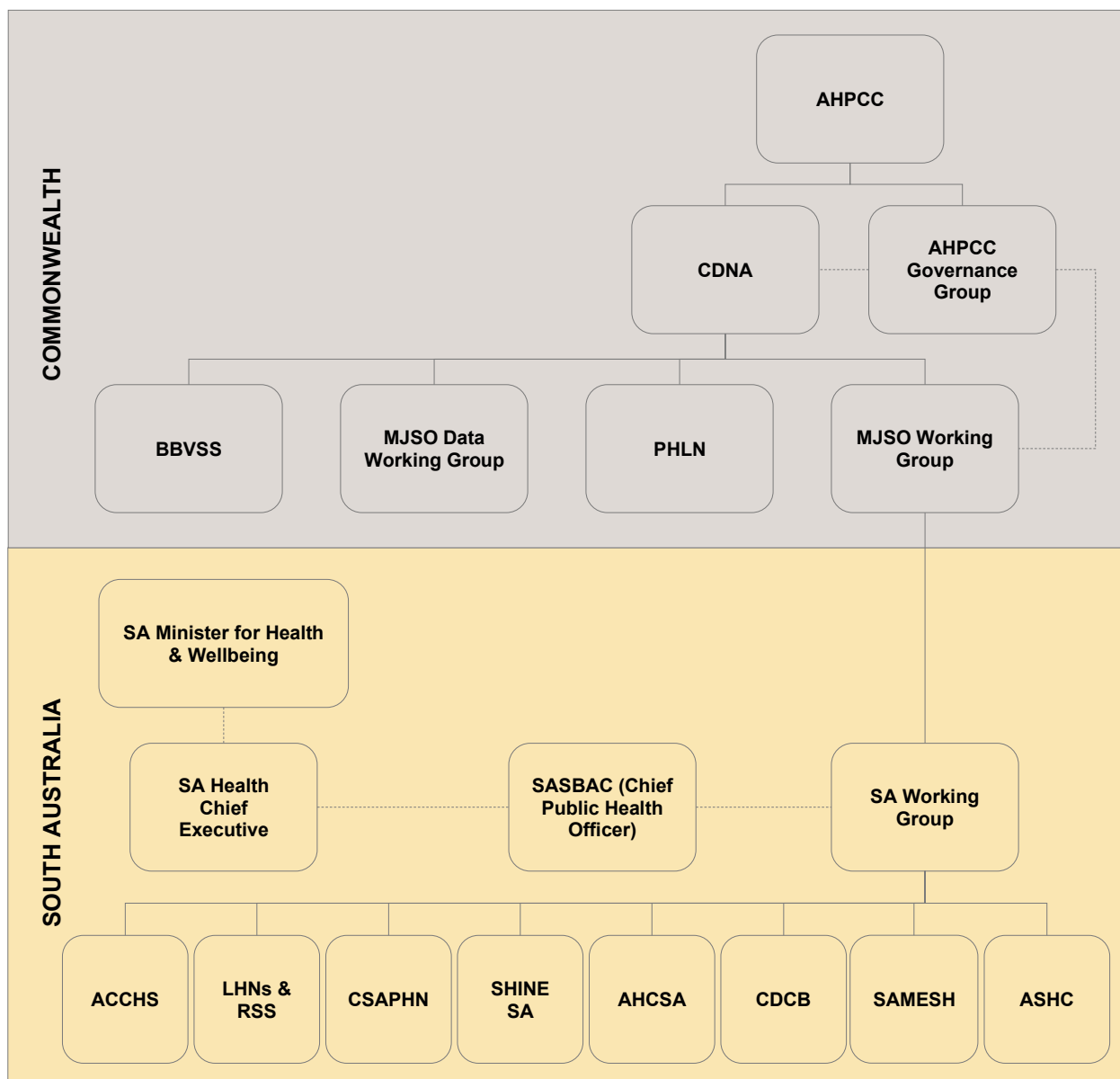
Non-Aboriginal partners or sexual contacts of Aboriginal and Torres Strait Islander people were previously mentioned in the Response Plan as a priority population, however it is important to specifically include within this partners who are culturally and linguistically diverse (CALD) and the broader CALD communities within Syphilis Outbreak regions because of the reported crossover in sexual networks. In addition, non-Indigenous women who are pregnant with Aboriginal babies are considered a priority group to engage with, particularly in relation to antenatal screening and care.

Governance

Some changes have occurred in the membership of the Working Group. The South Australian Health and Medical Research Institute (SAHMRI) and the Adelaide Primary Health Network have both withdrawn from the Working Group. The governance of all South Australian Local Health Networks (LHNs) has also changed significantly since the first iteration of the Response Plan was devised, however representation from LHN staff has remained stable.

The Response Plan is developed, implemented and monitored via the Working Group and is a standing agenda item at each Working Group meeting. In addition, progress reports are provided to the South Australian STI and BBV Advisory Committee (SASBAC), which is chaired by the South Australian Chief Public Health Officer. Figure 3 describes the state and Commonwealth governance framework of the Syphilis Outbreak response and lists the membership of the Working Group.

Figure 3: State and Commonwealth governance of the public health response to the syphilis outbreak in South Australia and nationally



ACCHS	Aboriginal Community Controlled Health Services	LHNs	Local Health Networks (SA Health)
AHCSA	Aboriginal Health Council SA	MJSO	Multi-Jurisdictional Syphilis Outbreak
AHPCC	Australian Health Principal Protection Committee	PHLN	Public Health Laboratory Network
ASHC	Adelaide Sexual Health Centre	CSAPHN	Country SA Primary Health Network
BBVSS	Blood Borne Virus and STI Standing Committee	SAMESH	SA Mobilisation + Empowerment for Sexual Health
CDNA	Communicable Diseases Network Australia	SASBAC	STI and BBV Advisory Committee (SA Health)
CDCB	Communicable Disease Control Branch (SA Health)	SA Working Group	SA Syphilis Outbreak Working Group
RSS	Rural Support Service		

Aims of the SA Syphilis Outbreak Response Plan

The aims of the Response Plan are unchanged; to control the outbreak of infectious syphilis among Aboriginal and Torres Strait Islander populations in SA, with a focus on the eradication of congenital syphilis. The ultimate goal of the original Response Plan was to reduce rates and minimise the impact of STI and BBV, and to achieve positive sexual health and wellbeing outcomes for Aboriginal and Torres Strait Islander populations.

In accordance with the suite of national action plans on STI and BBV, as well as the Enhanced response to addressing STI and BBV in Indigenous populations Action Plan³, and the South Australian Aboriginal STI and BBV Action Plan⁴, the Response Plan aims to consider a long-term, sustainable response to STI and BBV among Aboriginal and Torres Strait Islander populations.

Therefore, the amended goals of the Response Plan are to:

1. Reduce the incidence of infectious syphilis among Aboriginal people to pre-outbreak levels
2. Eliminate congenital syphilis
3. Improve systems and develop workforce capability to prevent and respond to any future outbreaks of infectious syphilis

In addressing these aims, a number of priority areas were identified.

Priority Area 1: Antenatal and postnatal care

- > Increase the accessibility of antenatal and postnatal care.
- > Increase community education and awareness about syphilis, especially to families, young people and in pregnancy.
- > Increase antenatal syphilis screening in line with clinical guidelines.

Priority Area 2: Prevention, education and community engagement

- > Increase community education and awareness to maximise reach and engagement with priority populations.
- > Increase engagement and collaboration with priority populations, Aboriginal and Torres Strait Islander communities and leaders in the planning and delivery of prevention and education strategies.
- > Increase the development and utilisation of locally developed and culturally appropriate resources.
- > Increase access to comprehensive reproductive healthcare.

Priority Area 3: Workforce development

- > Increase the healthcare workforce in outbreak and other regions (with priority on dedicated Aboriginal and Torres Strait Islander sexual health positions, filled by Aboriginal and Torres Strait Islander people).
- > Increase the capacity of the health workforce by expanding the scope for STI testing and treatment and maximise utilisation of generalist staff.
- > Increase STI training and support for the health workforce.
- > Increase partnerships and collaboration between agencies working in STI and BBV control and antenatal and postnatal care.

³ [https://www1.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/\\$File/Action-Plan-May18.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/Action-Plan-May18.pdf)

⁴ <https://www.sahealth.sa.gov.au/wps/wcm/connect/acb6c49b-42f2-4618-86e5-d4b0e26f6701/20155.1+Aboriginal+STI+BBV-Action+Plan-WEB-SECURE.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-acb6c49b-42f2-4618-86e5-d4b0e26f6701-nwMyw60>

Priority Area 4: Testing, treatment and partner notification

- > Increase the provision of testing, treatment and follow up, including partner notification, using established and innovative methods, technologies and standardised clinical guidelines.
- > Increase priority population participation in testing including by developing environments that normalise testing.
- > Increase innovative strategies for testing and treating priority populations who are not otherwise engaged with established health services.

Priority Area 5: Surveillance and reporting

- > Increase timely and accurate notification of positive syphilis cases.
- > Increase the distribution and sharing of relevant data, including surveillance data
- > Increase the confidential and appropriate sharing of patient information for clinical management and partner notification purposes.
- > Increase the completion of Aboriginal and Torres Strait Islander information on relevant forms and records.
- > Increase training and support for quality assurance and auditing processes.

Revised priorities and actions for 2021-2022

Whilst the high level aims and objectives of the original Response Plan remain unchanged, a revised set of priorities and some additional or new initiatives have been identified due to the contextual, governance and epidemiological changes described above, and the achievements and activities already completed.

Outbreak response plan

Priority Area 1: Antenatal and postnatal care

- > Increase the accessibility of antenatal and postnatal care.
- > Increase community education and awareness about syphilis, especially to families, young people and in pregnancy.
- > Increase antenatal syphilis screening in line with statewide clinical guidelines.

Action	Lead agency &/or partners	Time frame
1.1 Monitor implementation of the recommendations of the 2020 Congenital Syphilis Case Review.	CDCB All	Immediate priority
1.2 Implement strategies to improve the uptake and monitoring of routine antenatal syphilis screening including the identification of people at risk and additional screening requirements as per clinical guidelines in all antenatal care settings.	LHNs ACCHS AHCSA PHNs GP Partners	
1.3 Aboriginal Maternal Infant Care (AMIC) and midwifery workforces are supported to participate in outbreak response activities including through the provision of training and workforce development.	LHNs ACCHS AHCSA CDCB	
1.4 Ensure consistent referral of all Aboriginal and Torres Strait Islander people diagnosed with syphilis during pregnancy for specialist management.	CDCB ASHC LHNs SHINE SA PHNs	
1.5 Provide community education activities about congenital syphilis (with emphasis on early testing and the potential effects of untreated STI on fertility and pregnancy outcomes).	AHCSA ACCHS SHINE SA	
1.6 Finalise a protocol for the public health investigation of any congenital syphilis diagnosis.	CDCB AHCSA ASHC	
1.7 Encourage screening and education of partners and families in antenatal care settings.	LHNs PHNs	1-3 years
1.8 Promote and support consistent implementation of the SA Perinatal Practice Guidelines and GP Obstetric Shared Care Guidelines (relating to STI and BBV, prioritising syphilis).	CDCB SHINE SA GP Partners ACCHS AHCSA ASHC LHNs PHNs	

Priority Area 2: Prevention, education and community engagement

- > Increase community education and awareness to maximise reach and engagement with priority populations.
- > Increase engagement and collaboration with priority populations, Aboriginal and Torres Strait Islander communities and leaders in the planning and delivery of prevention and education strategies.
- > Increase the development and utilisation of locally developed and culturally appropriate resources.
- > Increase the accessibility of comprehensive reproductive healthcare.

Action	Lead agency &/or partners	Time frame
2.1 Increase targeted social media promotion with locally designed and produced content, and linkages to peer education programs where possible.	SHINE SA AHCSA CDCB PHNs SAMESH ACCCHS	Immediate priority
2.2 Deliver culturally appropriate, peer led sexual and reproductive health community education and health promotion, including the distribution of free safer sex materials in priority settings, and utilising a range of channels.	ACCCHS LHNs ACHSA SAMESH	
2.3 Ensure syphilis is a priority topic in the development of a targeted, culturally relevant sexual health and BBV education program for young Aboriginal people in schools, and in non-school settings for young people not engaged in the school environment.	CDCB AHCSA SHINE SA	<12 Months
2.4 Utilise the existing workforce for community engagement and awareness raising (e.g. Aboriginal Health Workers (AHW), AMIC Workers, Aboriginal Liaison Officers, etc.).	LHNs ACCCHS	
2.5 Collaborate with local Elders, young people, champions and navigators when planning and delivering prevention strategies.	AHCSA SHINE SA ACCCHS	
2.6 Implement strategies targeting Aboriginal and Torres Strait Islander gay men and men who have sex with men (MSM) with health promotion initiatives.	SAMESH AHCSA	
2.7 Incorporate messaging to counteract stigma, racism and discrimination into prevention education programs and initiatives.	All	
2.8 Develop and implement strategies/initiatives to increase access to comprehensive reproductive healthcare in Aboriginal and Torres Strait Islander communities (with a focus on rural and remote areas).	SHINE SA ACCCHS AHCSA LHNs	1-3 years

Priority Area 3: Workforce development

- > Increase the healthcare workforce in outbreak and other regions (with priority on dedicated Aboriginal and Torres Strait Islander sexual health positions, filled by Aboriginal and Torres Strait Islander people).
- > Increase the capacity of the sexual health workforce by expanding the scope for testing and treatment and better utilisation of existing staff.
- > Increase training and support for the sexual health workforce.
- > Increase partnerships and collaboration between agencies working in STI and BBV control and antenatal and postnatal care.

Action	Lead agency &/or partners	Time frame
3.1 Implement a collaborative and highly targeted workforce development response addressing sexual health / STI and community engagement / cultural safety and respect for all relevant staff.	SHINE SA ACCHS AHCSA ASHC LHNs PHNs CDCB	<12 months
3.2 Continue providing training and education on partner notification for doctors, nurses and AHW, including in antenatal services.	CDCB ASHC	
3.3 Continue providing training and education about the role and functions of the Syphilis Register and the Aboriginal Sexually Transmissible Infection (STI) Community Education Coordinator/Partner Notification Officer for doctors, nurses and AHW.	CDCB	
3.4 Raise awareness and provide syphilis outbreak information to targeted primary care services, including: – General practices – GPs providing Obstetric Shared Care – Alcohol and other drug services.	SHINE SA GP Partners AHCSA ASHC DASSA PHNs	
3.5 Continue to implement community wide STI screening among AHCSA member ACCHS including Nganampa Health Council, offering additional support where required.	AHCSA ACCHS CDCB	
3.6 Resource South Australian Aboriginal primary health care services to employ adequate full-time equivalent (FTE) staff to effectively, sustainably and equitably respond to the burden of STI and BBV infections among Aboriginal community within each region ⁵ .	CDoH* ACCHS AHCSA CDCB	
3.7 Enable Aboriginal Health Practitioners to undertake relevant activities within their full scope of practice to support culturally safe, accessible, high quality STI and BBV clinical service provision to Aboriginal people, including the administration of syphilis treatment ⁶ .	CDCB AHCSA ACCHS	
3.8 Identify and resource existing staff within government health services to provide sexual health testing and follow-up.	LHNs	
3.9 Expand the capacity of the broader healthcare workforce to incorporate sexual health testing and treatment into their day-to-day practice.	LHNs ACCHS	
3.10 Implement strategies to attract, reward, recognise and retain Aboriginal and Torres Strait Islander staff, including use of Equal Opportunity Employment Exemptions to facilitate targeted recruitment for designated roles.	All partners	
3.11 Assess and respond to the workforce development needs of the locum workforce in outbreak regions.	RSS SHINE SA ACCHS AHCSA LHNs PHNs	

* Commonwealth Department of Health

⁵ Refer to action 5 of the [SA Aboriginal STI and BBV Action Plan 2020-2024](#)

⁶ Refer to action 6 of the [SA Aboriginal STI and BBV Action Plan 2020-2024](#)

Priority Area 4: Testing, treatment and partner notification

- > Increase the provision of testing, treatment and follow up, including partner notification, using established and innovative methods, technologies and standardised clinical guidelines.
- > Increase priority population participation in testing including by developing environments that normalise testing.
- > Increase innovative strategies for testing and treating priority populations who are not otherwise engaged with established health services.

Action	Lead agency &/or partners	Time frame
4.1 Normalise STI and BBV screening, using positive and culturally appropriate language, for example, as part of regular adult health checks, Women's Health Checks and preconception consults.	AHCSA ASHC PHNs SHINE SA	Immediate priority
4.2 Provide timely, consistent, culturally safe and appropriate, follow-up of syphilis testing, treatment and partner notification services, with support/involvement of the SA Syphilis Register.	CDCB ACCHS ASHC LHNs SHINE SA	
4.3 Provide increased mobile, outreach and place based STI and BBV testing opportunities (e.g. integrated with child health visits, at home visits, group led initiatives) including point of care testing where possible / appropriate.	ACCHS AHCSA LHNs SHINE SA	
4.4 Provide culturally safe access to STI and BBV testing, clinics, support and care that allows for gender specific and age specific options (e.g. men's and women's health check days, young people's days) and includes assistance with transport where required.	AHCSA ACCHS LHNs SHINE SA	
4.5 Increase and maintain higher volume of opportunistic STI and BBV testing through medical practitioners in a range of settings (including GP clinics, hospitals and emergency departments).	CDCB SHINE SA LHNs PHNs	
4.6 Provide on demand support to clinicians to assist in the interpretation of syphilis serology and management via clinical consultant advisory services.	CDCB AHCSA ASHC	
4.7 Participate in the development of clear and standardised clinical definitions and national guidelines for STI and BBV testing and results, including accessing patient history, national STI and BBV testing policies and point of care testing guidelines.	ASHC AHCSA CDCB SHINE SA	
4.8 Support mainstream clinical services to access contemporary guidelines for screening and management of Aboriginal and Torres Strait Islander people at risk of or living with STI or BBV (such as the Combined Remote Primary Healthcare Manuals).	AHCSA ASHC ASHM CDCB PHNs SHINE SA	
4.9 Promote guideline-based management for presentations with symptoms consistent with possible STI, including appropriate testing and presumptive treatment and partner notification.	ASHC AHCSA ACCHS LHNs PHNs SHINE SA	
4.10 Investigate opportunities to create a system for flagging untreated syphilis in patients when presenting at health services.	CDCB All partners	<12 months

Priority Area 5: Surveillance and reporting

- > Increase timely and accurate notification of positive syphilis cases.
- > Increase the distribution and sharing of relevant data, including surveillance data
- > Increase the confidential sharing of patient information for clinical management and partner notification purposes.
- > Increase the completion of Aboriginal and Torres Strait Islander information on relevant forms and records.
- > Increase training and support for quality assurance and auditing processes.

Action	Lead agency & partners	Time frame
5.1 Maintain the SA Syphilis Register and dedicated Aboriginal Partner Notification Officer role.	CDCB	Immediate priority
5.2 Monitor data from emerging outbreak regions in order to provide guidance and epidemiological information to health services so that early partnership responses can be developed and implemented.	CDCB AHCSA	
5.3 Provide regular reporting of outbreak data and information to health services and communities (standardise data collection statewide and access to timely data).	CDCB AHCSA ACCCHS	<12 months
5.4 Provide syphilis testing data to monitor testing coverage in outbreak areas.	SA Pathology CDCB AHCSA	
5.5 Develop statewide guidelines for the surveillance of congenital syphilis based on the 'Syphilis - CDNA National Guidelines for Public Health Units'.	CDCB	
5.6 Enable and support patient information sharing among regions and jurisdictions as appropriate, in order to prevent the spread of syphilis.	CDCB ACCCHS LHNs	1-3 years
5.7 Ensure Aboriginal and Torres Strait Islander data fields on test forms and records are complete and reported on.	SA Pathology ACCCHS CDCB LHNs PHNs	
5.8 Provide pro-active support to doctors requesting testing to ensure syphilis notification data is completed in a timely and thorough manner.	CDCB	
5.9 Ensure regular quality assurance and auditing measures are maintained for clinical data.	ACCCHS AHCSA CDCB	

Reference documents

The following documents provide further context, background, and guidance in relation to the syphilis outbreak across affected regions in Australia, and were consulted in the development of this plan:

- > [Syphilis: CDNA National Guidelines for Public Health Units](#)
- > [National strategic approach for an enhanced response to the disproportionately high rates of STI and BBV in Aboriginal and Torres Strait Islander people](#)
- > [Enhanced Response to Addressing STI \(and BBV\) in Indigenous Populations Action Plan](#)
- > [Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022](#)
- > [South Australian Aboriginal Sexually Transmissible Infections and Blood Borne Viruses Action Plan](#)
- > [South Australian Congenital Syphilis Case Review](#)
- > [Western Australian Syphilis Outbreak Action Plan.](#)

Appendices

Appendix 1: Table of acronyms

Term/Acronym	Definition
ACCHS	Aboriginal Community Controlled Health Services
AHCSA	Aboriginal Health Council of South Australia
AHPPC	Australian Health Principal Protection Committee
AHW	Aboriginal Health Worker
AMIC	Aboriginal and Maternal Infant Care
ASHC	Adelaide Sexual Health Centre, Royal Adelaide Hospital
BBV	blood borne virus
BBVSS	Blood Borne Virus and STI Standing Committee (Commonwealth)
CDCB	Communicable Disease Control Branch, SA Health
CDNA	Communicable Diseases Network Australia
CDoH	Commonwealth Department of Health
LHNs	Local Health Networks in South Australia (Central, North, South, Country SA, Women's and Children's)
MJSO	Multi-Jurisdictional Syphilis Outbreak
MSM	men who have sex with men
PHC	Primary Health Care
PHNs	Primary Health Networks in South Australia (Adelaide and Country SA)
RSS	Rural Support Service
SAMESH	South Australia Mobilisation + Empowerment for Sexual Health
SASBAC	STI and BBV Advisory Committee (SA Health)
STI	sexually transmissible infection

Appendix 2: 2019-20210 Implementation Report

SA Syphilis Outbreak Response Plan 2019-2020: Progress Against Actions

The SA Syphilis Response Plan (the plan) was endorsed by the Minister for Health in June 2019. Activities that were reported via the SA Syphilis Outbreak Working Group up to the December 2020 meeting are recorded here as a stocktake of progress against the priorities identified in the plan. This progress report informs a review of the plan to direct priorities from 2021-2022.

Priority Area 1: Antenatal and postnatal care

Action 1.1: Aboriginal Maternal Infant Care (AMIC) Workers are engaged in outbreak response activities related to antenatal and postnatal care.

Eyre and Far North Local Health Network (EFNLHN)

- > Antenatal screening for all women at risk women at booking visit, at 20-24 weeks, 28 weeks, 36 weeks, birth and 6 weeks postnatal in line with clinical guidelines and perinatal practice guidelines. This scheduling has been added to the MGP Antenatal schedule to remind Midwives and AMIC Practitioner. An email was sent to GP's.
- > Antenatal screening for not at risk women at booking visit.
- > Clinical Auditing – An audit was completed of the Aboriginal women in the Ceduna area and all had the extended screening completed (100%).
- > Screening of partners and families is routine for all positive results.

Northern Adelaide Local Health Network (NALHN)

- > NALHN developed and implemented a syphilis label system designed to increase antenatal screening (per guideline recommendations).

Action 1.2: Aboriginal Maternal Infant Care (AMIC) Workers are engaged in outbreak response activities related to antenatal and postnatal care.

SHINE SA

- > SHINE SA continues to collaborate with AHCSA in providing education to AMIC Worker students. Presentations include Safer Sex, STIs and contraception. SHINE SA encourages AMIC worker attendance at STI updates to ensure current knowledge and contemporary practice of all health workers.
- > SHINE SA has supported ASHC in the delivery of education through electronic means to AMIC undergraduates and Aboriginal Health units across the State.

EFNLHN

- > AMIC practitioners provide education and awareness within the program and have received education from Midwives.

Action 1.3: Promote and support consistent implementation of SA Perinatal Practice Guidelines (including recently updated advice regarding syphilis screening) across all clinical services co-ordinating care of pregnant Aboriginal and Torres Strait Islander people at risk.

Aboriginal Health Council of South Australia (AHCSA)

- > Each new worker within AHCSA member ACCHS who hold sexual health portfolio and/or involved with Antenatal Care is made aware of Current SA Perinatal Practice Guidelines with updated advice regarding syphilis screening via email and phone.

Communicable Disease Control Branch (CDCB)

- > The [SA Perinatal Practice Guidelines](#) were updated in 2019 to include recommendations regarding increased screening for people from outbreak affected communities. Implementation and communication of these updated guidelines is ongoing.
- > A [Public Health Alert](#) was distributed by the CDCB in May 2020 regarding a congenital syphilis case, with information about management of cases and antenatal screening guidelines.
- > An article was published in the February 2020 edition of [MedicSA magazine](#) (the official publication of the Australian Medical Association SA) to communicate information about the syphilis outbreak and the changes made to the guidelines to the medical workforce.
- > The [SA GP Obstetric Shared Care Guidelines](#) were updated in April 2020.

Nganampa Health Council (NHC)

- > Oversight from outreach midwives and NHC sexual health co-ordinator to maximise adherence to current syphilis testing guidelines per SA Perinatal Practice Guidelines and Remote Primary Healthcare Manuals.
- > Systematic use of pre-filled pathology templates on the patient information recall system (PIRS) to ensure correct tests for syphilis at appropriate times during pregnancy.

SHINE SA

- > SHINE SA continues negotiations with Country Health SA Primary Health Network regarding the development of a series of podcasts about STIs in pregnancy including reference to SA Perinatal Practice Guidelines and syphilis.
- > Prior to restrictions imposed by the response to COVID-19 pandemic, SHINE SA provided education to Flinders University student midwives and new midwifery graduates on the topic of STIs in pregnancy with an emphasis on routine antenatal syphilis screening. As restrictions continue to be lifted, SHINE SA will be actively following up future sessions of this type.

Action 1.4: Ensure consistent referral of all Aboriginal and Torres Strait Islander people diagnosed with syphilis during pregnancy for specialist management.

CDCB

- > CDCB has coordinated a Congenital Syphilis Case Review group to examine two cases of congenital syphilis notified in 2020. The report has been finalised ready for briefing to the Minister and includes recommendations regarding referral and management of people diagnosed with syphilis during pregnancy, as well as broader recommendations relating to prevention.

SHINE SA

- > SHINE SA clinical staff are aware of referral processes and pathways to facilitate appropriate referral for specialist treatment of any Aboriginal &/or Torres Strait Islander client diagnosed with syphilis during pregnancy.

Action 1.5: Develop a protocol for public health investigation of any congenital syphilis diagnosis.

AHCSA

- > Participate on the Congenital Syphilis Case Review group. The entire Sexual health team has been involved in meetings and drafting the report and recommendations.

CDCB

- > A protocol, based on the CDNA Series of National Guidelines for Syphilis was drafted in 2019 and will be reviewed for completion by CDCB, informed, in part, by the outcomes of the Congenital Case Review Group.

Action 1.6: Encourage screening and education of partners and families in antenatal care settings.

AHCSA

- > Recommending to AHCSA member ACCHS opportunistic Syphilis Screening to all people 16-40 years including antenatal settings. Currently 6 week (May/June postponed due to COVID) Annual STI Screening period 5th October to 13th November 2020 now running with 10 SA ACCHS participating.

SHINE SA

- > SHINE SA has promoted syphilis testing at community events including those held in country areas. Information specific to syphilis in pregnancy and the need for testing of family members and partners as well as the pregnant person has been included.

Action 1.7: Provide community education activities on congenital syphilis, STI and BBV (with an emphasis on early testing).

AHCSA

- > Education about the increased incidence of syphilis within the syphilis outbreak areas and the importance of protecting community including the unborn by encouraging the increased testing for those at risk during pregnancy by testing at First antenatal visit, then 28 weeks; 36 weeks; at birth and again 6 week post-natal check.

SHINE SA

- > SHINE SA has promoted syphilis testing at community events including those held in country areas. Information specific to syphilis in pregnancy and the need for testing of family members and partners as well as the pregnant person has been included.

- > The following community events have been attended by SHINE SA, engaging communities and providing community education on STI/BBV testing including during pregnancy. Events were well attended and received positive feedback.
 - Port Pirie Aboriginal Health Day,
 - Moorundi Aboriginal Disability and Health Fair Day,
 - Whyalla Family Fun Day,
 - Ardrossan You Rock Festival
 - Maree Women's Health Day (September 2020).
- > The impact of COVID-19 restrictions has resulted in changes to project funding and ability to attend events in person. SHINE SA endeavour to continue to support community events through the provision of resources and virtual support to workers with the aim of ensuring current knowledge and practices in worker support of communities.

Action 1.8: Develop and implement strategies to increase access to comprehensive reproductive healthcare in Aboriginal and Torres Strait Islander communities (with a focus on rural and remote areas).

SHINE SA

- > SHINE SA is offering scholarships for Aboriginal health workers and health workers who service Aboriginal communities to attend sexual health courses. Supported places offered in the following courses under the scholarship to date include:
 - Pregnancy Choices Training (2 workers subsidised for course in March 2020),
 - Cervical Screening Provider Course (1 worker subsidised for course in September 2020
 - Certificate in Sexual Health for Nurses/Midwives (5 workers subsidised for course in September 2020 and an additional 1 worker offered subsidy for May 2021)
 - Contraceptive Implant Training (1 worker offered subsidy for October 2020)
 - FRESH Aboriginal Focus (Currently 6 workers offered subsidy for October 2020).
- > SHINE SA have also worked with ASHC to deliver education about syphilis to Aboriginal focussed health organisations and workers through webinars and presentations.

Priority Area 2: Prevention, education and community engagement

Action 2.1: Increase targeted social media promotion with locally designed and produced content, and linkages to peer education programs where possible.

SHINE SA

- > SHINE SA has utilised social media to promote STI/BBV testing, safer sex and condom use.
 - Organic Facebook and Instagram posts have promoted safer sex & STI/BBV testing
 - Paid Facebook posts have promoted safer sex
 - Billboards and Radio medium have also been used to promote STI/BBV testing
- > The Aboriginal Health Council of South Australia (AHCSA) and SHINE SA released a social media campaign for health professionals 'Syphilis Is Still Out There'. The campaign aims to raise awareness of syphilis screening and treatment during COVID-19.

To help support this campaign and reinforce key messages around syphilis prevention and treatment, SHINE SA published a range of social media tiles on SHINE SA Facebook and Instagram. Advertising has been targeted to health professionals in key areas of South Australia.

A landing page (<https://www.shinesa.org.au/syphilisoutbreak/>) provides information for health professionals on screening and treatment with 1,140 views.

- > A "Get a Sexual Health Check" social media campaign targeting young people in rural SA was conducted in July and August 2020 using Facebook and Instagram. This campaign has proven efficient and effective in reaching audiences with 1,561,770 views and 1,674 people visiting the "Get a Sexual Health Check" webpage.

Action 2.2: Deliver face-to-face community education services.

EFNLHN

- > Literature and posters displayed in patient waiting areas at sites ie GP & Midwives waiting areas; AMIC office.
- > Engagement, education and screening of Aboriginal women within the Aboriginal Mothers and Babies program in partnership with Yadu Health.
- > Sexual Health education session by AMIC worker at booking visit.
- > Distribution of CDCB alerts to Clinical staff.
- > Provided copies of AHCSA's 'Sexually transmitted Infections & Blood Borne Viruses' in clinical areas.

SHINE SA

- > As reported in 1.6 & 1.7 above, SHINE SA have provided face-to-face education to community groups in Whyalla and Maree.

Action 2.3: Utilise the existing workforce for community engagement (e.g. Aboriginal Health Workers (AHW), AMIC Workers).

NHC

- > In the remote setting, existing primary healthcare workforce (AHW, remote area nurses (RAN) and outreach midwives) are considered critical to delivering ongoing and embedded messages about the importance of syphilis testing and timing of testing. The NHC STI Co-ordinator gives intermittent group education to all clinical staff, and direct orientation to all permanent staff. Since at least 1995 this has then translated into a high level of opportunistic and targeted testing for syphilis, alongside community education and engagement.

Action 2.4: Ensure community led approaches to plan, develop and deliver health promotion (culturally appropriate and locally developed, where possible) are used.

AHCSA

- > AHCSA supporting ACCHS with planning community engagement grants and health activities for current 2020 STI screening period. 10 ACCHS have submitted applications for this year's STI Screening period to assist engaging with community members in STI and BBV screening 5th October until 13th November 2020.

NHC

- > The NHC comprehensive STI control and HIV prevention program has, since its inception in 1995, been a community-led approach to combatting both common STIs and BBVs. Planning of this program was originally led by male and female Anangu steering committees composed of senior men and women. The ongoing approach to prevention of syphilis on the APY lands continues through this established program which combines high quality clinical services, education, surveillance and monitoring and measurement of outcomes and provision of health hardware among other strategies.

Action 2.5: Collaborate with local Elders, champions and navigators when planning and delivering prevention strategies.

NHC

- > As above (see 2.4)

Action 2.6: Collaborate with young people in planning and delivering education and health promotion initiatives.

SHINE SA

- > Input from young people in the planning and delivery of health promotion/education initiatives was incorporated into the Ardrossan You Rock Festival through a brief combined questionnaire and evaluation form. This approach was well received and will be repeated in future community activities.
- > A condom campaign included consultation by circulating artwork to universities for electronic voting by students.

Action 2.7: Implement strategies to include Aboriginal and Torres Strait Islander gay men and men who have sex with men (MSM) in health promotion initiatives.

SAMESH

- > Following community feedback from culturally and linguistically diverse (CALD) and Aboriginal people, SAMESH redeveloped the '[Wherever Sex Happens](#)' campaign to make it more culturally acceptable and inclusive to increase engagement.
- > The '[What Works](#)' campaign includes an Aboriginal community model. This campaign was developed and shot in November/December 2020 and the model was involved in planning.
- > While these campaigns weren't syphilis specific, syphilis was prioritised in the website information.
- > An Aboriginal SAMESH volunteer undertook several peer outreach sessions at the male only sex-on-premises venue in Adelaide, specifically speaking with clients about syphilis and the need for increased testing.
- > SAMESH worked closely with Aboriginal players of the gay and inclusive rugby union team Adelaide Sharks during Indigenous Round, including a sexual culturally suitable health talk with all team members. We also did this during Pride Round.

Action 2.8: Increase knowledge and understanding of STI and BBV prevention in schools, prioritising those in outbreak affected and connected schools.

SHINE SA

- > Schools continue to be supported with training provided to teachers, including a dedicated course with an Aboriginal focus attracting 34 attendees in September 2019 and August 2020. Participation in other courses included teachers working in rural areas such as Whyalla, Moonta, Roxby Downs and Waikerie.
- > The SHINE SA Schools Education and Support (SES) Team have commenced the Secondary (Years 7 – 10) curriculum review. It is anticipated that the secondary curriculum will be published early in 2021.
- > The SHINE SA SES Team were required to cancel all face-to-face training sessions from mid-March to June 2020. Since June 2020, over 260 educators have attended a 2-day relationships and sexual health course (including Primary, Secondary, Inclusive Education and Aboriginal courses) with the team. The SES Team have recommenced travel and have held sessions with school-based educators state-wide – including on the Eyre Peninsula, Limestone Coast, Murraylands, Riverland, Flinders Ranges and Outback (mid-north) and the Clare Valley.
- > The SES Team continues to distribute FREE in-date bags of educator condoms for training/demonstration purposes. Since November 2019, the SES Team have distributed 8,262 condoms (81 bags x 102 condoms) to school-based educators. The majority of these condoms were provided to educators attending a 2-day Teaching It Like It Is Relationships and Sexual Health Course or a 2020 Annual Curriculum Update Session.
- > The schools specific Facebook page continued to grow and now has 2,264 followers. The page continues to promote SHINE SA campaigns.
- > The SES Team received 100 of each of the five Safer Sex – Use a Condon Campaign posters. The team continue to distribute these to educators at South Australian schools

Action 2.9: Incorporate messaging to counteract stigma, racism and discrimination into prevention education programs and initiatives.

SHINE SA

- > SHINE SA pro-actively incorporates messaging and strategies to counteract stigma, racism and discrimination into prevention education programs and initiatives. Teaching curriculum, course material, fact sheets, other resources and advertising material are developed and reviewed regularly through set processes designed to monitor and advocate for target populations.

Action 2.10: Utilise a range of health promotion channels including after-hours services, kiosks, videos in waiting rooms, radio, group yarns and partnerships with other health programs to promote syphilis screening.

SHINE SA

- > SHINE SA updated the Media Release in July 2019 regarding Increased syphilis testing recommended in pregnancy
- > Dr Amy Moten, SHINE SA Coordinator of Medical Education appeared in the article Baby Born with Avoidable Congenital Syphilis: Experts published by InDaily (June 2020), a South Australian owned & independent source of digital news. This article addressed the concern over a case of congenital syphilis to raise awareness in health professionals and the community about the importance of syphilis screening during pregnancy.
- > SHINE SA offer a range of free to access contemporary fact sheets on syphilis and other topics for use in health promotion and client consultation
- > As reported in 2.1 above, SHINE SA partnered with AHCSA in the 'Syphilis Is Still Out There' Campaign with promotion on Social Media.
- > As mentioned in 2.1 above, a Get a Sexual Health Check social media campaign was held in July & August 2020, targeting young people in rural SA

Priority Area 3: Workforce development

Action 3.1: Develop and implement a collaborative and highly targeted workforce development response addressing sexual health / STI and community engagement / cultural safety and respect for all relevant staff.

AHCSA

- > Coordination of Aboriginal SH&BBV Network (ASHN) meetings continue monthly via teleconference, as well as ongoing email updates and phone calls. This gives AHCSA the ability to communicate on a regular basis with the appointed sexual health representatives from each of the services from across the state (SA) and feedback updated information regarding sexual health related topics such as – updates from the Aboriginal STI Education and Partner Notification Officer (CDCB) regarding syphilis notifications, SHINE SA giving community the capacity to help develop community based resources and AHCSA to engage and provide support directly to the appointed sexual health workers (workshops, STI screening dates, Aboriginal community led initiatives for screening).
- > Recent meetings and education session with Nunkuwarn Yunti Staff in regards to 6 week Annual STI Screening period in collaboration with Adelaide Sexual Health Centre and CDCB/Syphilis Register. AHCSA also continue planning approaches to work in Adelaide parklands with Nunkuwarn Yunti, Adelaide Sexual Health Centre and CDCB.

EFNLHN

- > Information provided to clinical staff through infection control committee about the outbreak and screening requirements including opportunistic screening in ED for at risk patients.
- > Regular updates to Infection Control Nurses via the Monthly EFNLHN Infection control meeting.
- > EFNLHN would support ACCHOs in educating and if possible participating in a surge workforce.

NHC

- > One of the key components of the 'Eight Ways to Beat HIV' model which is the basis of the STI Control and HIV prevention program at NHC since 1995, is sustaining a workforce capable of providing high quality, gender-appropriate and culturally safe sexual health services at all times on the APY Lands. A very high level of testing for common STIs on a regular basis, including but not limited to annual, age-based population-wide STI screening have been sustained in all years since 1995. This network is maintained through ongoing training and program maintenance by the NHC STI Control Co-ordinator (staffed by a public health medical officer). The program is regularly monitored through internal evaluation of data on testing rates in different age groups, treatment proportion, time to treatment and contact tracing completeness and timeliness.

SHINE SA

- > SHINE SA in partnership with Aboriginal Health Council SA (AHCSA) and ASHC participated in 'Responding in the Outback' – a 2-day workforce education event for Aboriginal Health Workers, Aboriginal Health Practitioners and others working in Aboriginal Health. SHINE SA:
 - presented sessions on both days of the program
 - supported some Aboriginal health worker attendance at the event by organising and covering the costs of travel, accommodation and per diem; and
 - provided administration support, artwork and marketing/promotion for the event.

- > As reported in 1.8 above, SHINE SA offers Scholarships for Aboriginal and Torres Strait Islander Focused workers which provide for the completion of any sexual or reproductive health SHINE SA training course. See <https://www.shinesa.org.au/scholarships>.
- > SHINE SA continues its partnership with Adelaide Sexual Health Centre (ASHC) to provide workforce education with particular focuses on the syphilis outbreak and Aboriginal & Torres Strait Islander communities. ASHC provides the education while SHINE SA provides all administration support, accreditation of course content for CPD points, artwork, marketing and promotion. As part of this initiative a webinar was delivered giving an update on syphilis. This webinar received excellent feedback and the recording is available for access through the SHINE SA learning platform. Additional education has also been delivered to individual Aboriginal focussed health clinics and their staff through virtual means.
- > SHINE SA and ASHC through funding from Country SA PHN have collaborated on the production of two educational videos by Dr Carole Khaw addressing syphilis signs, symptoms, stages, serology and treatment. These videos expand on the syphilis overview for clinicians which was released in 2019. They are available for viewing via the SHINE SA website <https://www.shinesa.org.au/syphilis-videos/>.
- > SHINE SA has produced and released podcasts on relevant sexual and reproductive topics for education of community and the health workforce. Sexual Health Matters (for community) & Sexual Health Matters – Clinical podcasts are free to access through SHINE SA website as well as through popular podcast apps.

Plans are in place to record a series of podcasts on the topic of syphilis and another series focussed on STIs in pregnancy.
- > SHINE SA continue to support Country GPs, nurses, midwives, Aboriginal Health Workers and other health professionals through funding received by Country SA PHN. Individual support, tailored to workplace &/or worker needs has been well received. COVID-19 restrictions resulted in the cancellation of planned face-to-face sessions however support via electronic means has continued. Individualised mentoring / tailored support are available on request with clinicians allocated to a sexual health nurse or doctor as relevant.

Action 3.2: Provide training and education on partner notification for doctors, nurses and AHW, including antenatal services.

CDCB

- > Syphilis Register Staff have participated in joint education sessions, (delivered online due to COVID) organised by SHINE SA and co-presented by Adelaide Sexual Health Centre, Aboriginal Health Council of SA and Register staff.
- > Frequent telephone and online contact has occurred with ACCHOs around the state, including formal networking organised by AHCSA, as well as telephone discussion directly between ACCHO staff and Register staff in relation to specific clients.
- > New links have been made and strengthened with AMIC staff at Women's and Children's Health Network.

NHC

- > Broad principles and tools for contact tracing are presented to staff by the NHC STI Co-ordinator (public health physician) during orientation sessions and other meetings. This is supplemented by regular review by the Co-ordinator of all contact tracing forms which results in some clinical reminders to staff and on the PIRS.
- > Infectious syphilis contact tracing is given very high priority. If contacts are not volunteered, then further attempts are made by staff, led by the STI Control Co-ordinator. All named contact(s) are kept active until they are seen and treated on the APY Lands, or else a complete handover is given to the place the person is likely to be, and progress monitored if they may return to the APY Lands.

Action 3.3: Provide training and education on the syphilis register for doctors, nurses and AHW.

CDCB

- > See 3.2.

NHC

- > Nganampa Health Council have maintained comprehensive syphilis registry information since the 1990s. The NHC STI Control Co-ordinator maintains this register, and all NHC staff are made aware of this at orientation.

Action 3.4: Raise awareness and provide information to general practices with a focus on GPs providing Obstetric Shared Care.

SHINE SA

- > SHINE SA includes promotion of HealthPathways syphilis information and the management of syphilis during pregnancy in courses and education.
- > SHINE SA has also collaborated with GP Partners in the delivery of syphilis education to GPs providing obstetric shared care (August 2019).

Action 3.5: Continue to implement community wide STI screening among AHCSA member ACCHS, offering additional support where required.

AHCSA

- > Annual 6-week STI screening period 5th October to 13th November 2020 with 10 SA ACCHS with a focus on engaging with the 16-35-year age group.
- > Opportunistic screening particularly for high risk groups encouraged where services are able to offer STI and BBV screening within clinical and preventative health activities.

NHC

- > Annual, age-based (14-40-year-old) STI screening targeting both current and transient status people has been undertaken continuously from 1995-2019 as part of the comprehensive STI control program. A modified, interim screen has been undertaken in 2020 with a limited format due to COVID-19 restrictions.

Action 3.6: Consider resourcing for additional full-time equivalent (FTE) staff across ACCHS to coordinate STI and BBV clinical service provision, provide clinical advice and coordinate training and strategic work.

AHCSA

- > AHCSA recommends this be considered and supported. Current Commonwealth funded Enhanced Syphilis Response Workers are funded within Outbreak areas until 30/6/21.

Action 3.7: Consistently utilise the Aboriginal and Torres Strait Islander health workforce to their full scope of practice.

- > No activity reported to Dec 2020.

Action 3.8: Identify and resource existing staff within government services to provide sexual health testing and follow-up.

- > No activity reported to Dec 2020.

Action 3.9: Expand the capacity of the broader healthcare workforce to incorporate sexual health testing and treatment into their day-to-day practice.

NHC

- > The model of STI control and BBV prevention since 1995 has been to embed the knowledge for appropriate high-quality clinical care and surveillance for STIs and BBV within the primary healthcare workforce. This is constantly maintained through the NHC STI Co-ordinator role. This provides the geographic and gender coverage to enable people on the APY Lands to be assured of a network of culturally safe, gender-appropriate care (including presumptive treatment), and outreach opportunistic testing which is then able to be offered at all times and through all clinics.

Action 3.10: Implement strategies to attract, reward, recognise and retain Aboriginal and Torres Strait Islander staff.

CDCB

- > All new job ads include a statement encouraging Aboriginal and Torres Strait Islander people to apply. CDCB is utilising the Aboriginal Employment Register for vacancies as they arise.
- > CDCB has also committed, via the CDCB action plan, to work towards creating a culturally safe and inclusive workforce, by offering Aboriginal Cultural Safety and Respect training on an annual basis (2 days face to face) in addition to the mandatory online cultural awareness eLearning for all SA Health staff. CDCB is in the process of developing a Cultural Safety Community of Practice which will meet quarterly to sustain work towards creating a safe, inclusive and diverse workplace. Staff are encouraged to discuss cultural safety and respect, and a number of books and resources on the topic of racism and anti-racism work have been purchased by the branch for staff to read and utilise in their work.

SHINE SA

- > In 2019, SHINE SA welcomed the addition of a 0.6FTE Community Educator; Aboriginal Focus to the education team. The successful applicant has been supported to complete a Certificate IV in Aboriginal & Torres Strait Islander Primary Health Care. SHINE SA's two Aboriginal community and workforce educators work closely with AHCSA to maintain cultural support and connections.

Action 3.11: Consider the workforce development needs of the locum workforce.

NHC

- > The NHC STI Co-ordinator co-ordinates TTANGO point-of-care training for locum workforce who are regular locums, or who provide service over a critical time when permanent staff are absent. The STI co-ordinator provides specific feedback to locum staff through fortnightly monitoring of STI testing templates and management of symptomatic people on the PIRS, and through contact tracing referral forms. This provides practical orientation to locum staff, specific to identified gaps.
- > Locum staff receive detailed orientation if they are working during the annual population-wide STI screen.

SHINE SA

- > Workforce needs of health professionals including locums are considered through feedback received from participants of training and also through the invitation of support through expression of interest under the Country SA PHN funding. Themes are identified and training opportunities offered as appropriate.

Action 3.12: Develop an outbreak 'surge' workforce planning strategy to identify opportunities for a 'surge' healthcare workforce and/or improve healthcare workforce coordination activities to undertake targeted testing (and treatment where needed) in areas of need.

- > No activities reported to Dec 2020.

Priority Area 4: Testing, Treatment and partner notification

Action 4.1: Normalise STI and BBV screening, using positive and culturally appropriate language, as part of regular adult health checks and incorporate it into existing education and training programs.

AHCSA

- > AHCSA's core business is to engage with ACCHS to embed sexual health care into regular health checks for community members. This is incorporated into education through sexual health program as well as education for Aboriginal Health Workforce.

EFNLHN

- > POC testing at Community Controlled Aboriginal Health services.
- > Ceduna are sending swabs through SA Path for any opportunistic and ante/post-natal testing, including post-nates at birth and 6 weeks.
- > AHCSA provided copies of 'Sexually transmitted Infections & Blood Borne Viruses' to be placed in clinical areas.

NHC

- > The long-term, comprehensive STI control and BBV Prevention program has embedded STI testing and appropriate BBV screening since 1995 into the clinic routine of NHC staff. This is co-ordinated using an understanding of the local epidemiology, led by sexual health physicians or public health doctors in the STI Co-ordinator role.
- > Since inception, this STI control program has involved both engagement and normalisation of STI testing (Anangu steering committees, reporting of results to the health committee), increasing community-wide understanding of STI prevention, and embedding appropriate opportunistic testing.
- > Development of many clinical templates and pathology testing templates by NHC which are on the patient information recall system (eg. AHC, Annual STI Screen, Women's check) embed appropriate tools for systematic, high-quality sexual health management into patient systems, reducing individual operator variability.

SHINE SA

- > SHINE SA promotes the use of culturally appropriate and inclusive language in all aspects of business, including clinical services and education and training events. SHINE SA collaborated in a webinar presented by PEACE Multicultural Services on the topic of Bridging Cultural Barriers For Better Sexual Health Services. This webinar was well received and is available for viewing on the SHINE SA website Bridging Cultural Barriers For Better Sexual Health Services.

Action 4.2: Provide timely and efficient follow up of STI and BBV testing, including treatment and partner notification services incorporating innovative methods / technologies where appropriate.

CDCB

- > Cases continue to be referred to Syphilis Register staff for location, treatment and partner notification, including locally acquired and travellers from the APY lands, NT and/or WA. A range of outcomes have occurred including successful treatment and screening of partners, clients choosing to return to country and/or lost to follow-up. Ongoing efforts occur to locate those people not already engaged in care.

NHC

- > Medical Officers and the NHC STI Control Co-ordinator work closely to commence treatment for new cases of infectious syphilis within hours, based on a preliminary phone call from SA pathology wherever possible. This minimises loss to follow-up and delays to treatment. This is only possible after scrutiny of the result by the STI Co-ordinator (public health physician) who co-ordinates the NHC syphilis registry, to ensure it is a new infection.
- > NHC STI Co-ordinator oversees all contact tracing to ensure that index cases are re-approached if they do not volunteer contact name(s), and to ensure follow-up of all contacts for syphilis. Communication and co-ordination occurs with syphilis registries and STI Co-ordinators across all of the jurisdictions involved in the MJSO.

SHINE SA

- > SHINE SA offers a Sexual Health Line (SHL) to community and professionals to assist in addressing questions about sexual and reproductive health issues as well as providing some test results.

Test results, information about treatment and advice regarding partner notification have been provided through the SHL including any recommended further testing.

Action 4.3: Provide increased mobile, outreach and place-based STI and BBV testing opportunities (e.g. integrated with child health visits, at home visits, group led initiatives) including point of care testing where possible / appropriate.

NHC

- > NHC has been involved in the TTANGO point-of-care test trials since commencement, and has four sites in the TTANGO3 program, which now covers 2/3 of the major clinics on the APY Lands. Syphilis point-of-care testing was not regarded as appropriate technology to introduce to combat the outbreak, due to limited applicability among age groups with some past history of previous treatment for syphilis infections

Action 4.4: Provide culturally safe access to STI and BBV testing, clinics, support and care that allows for gender specific and age specific options (e.g. men's and women's health check days, young people's days).

EFNLHN

- > The Aboriginal Family Birthing Program provides culturally safe antenatal services and offers increased screening for syphilis as per the Perinatal Practice Guidelines. Partner notification is outsourced as required.

NHC

- > The model of continuous care through the STI control program (since 1995) is the provision of gender appropriate staff in all clinics to provide sexual health services. The clinic services manager has been able to provide this almost without exception, in response to the identified priority. Appropriate gender staffing was a guiding principle in the original conceptualisation of the STI program by Anangu steering committees.

SHINE SA

- > SHINE SA collaborated with the Royal Flying Doctor Service (RFDS) in the provision of targeted health days. RFDS will be provided clinical services while SHINE SA provided community education. See Actions 1.6, 1.7 & 2.2 above.

Action 4.5: Increase opportunistic STI and BBV testing through primary health practitioners in a range of settings (including GP clinics, hospitals and emergency departments).

SHINE SA

- > SHINE SA, through Enhancing Sexual Health in Country SA has been promoting STI & BBV screening in hospital emergency departments and General Practice Clinics.
- > With the ability to travel to country areas now limited, such education and promotion has been offered in a virtual format.
- > Prior to the pandemic, SHINE SA had been supporting Adelaide PHN in drafting supportive documents to increase STI testing in General practice.

Action 4.6: Monitor new diagnoses and ensure consistent and culturally safe partner notification and treatment is provided.

CDCB

- > CDCBs Disease Surveillance Investigation Unit (DSIU) continues to monitor new diagnoses and refers to the Syphilis register as appropriate. Consistent and culturally safe partner notification and treatment follow up is provided via the Syphilis Register, including through the work of the Aboriginal and Torres Strait Islander Partner Notification and Education Officer.

Action 4.7: Provide on demand support to clinicians in outbreak areas to assist in the interpretation of syphilis serology and management via clinical consultant advisory services.

AHCSA

- > ACHSA endorsed the collaboration and ongoing partnership with Adelaide Sexual Health Centre in 2016. This capacity building has resulted in meaningful support for ASHN and ACCHS on the ground managing positive cases within communities. The collaborative work with CDCB and the SA and NT Syphilis Register also contribute to better support for ACCHS when managing positive Syphilis cases.

CDCB

- > Call volume to the Register continues to increase as awareness of the service expands. When queries cannot be directly addressed by Register staff, they are brought to the attention of specialist ID/Sexual Health staff for advice and resolution.

NHC

- > Detailed syphilis registry information which has included note search of all client records where serology indicates past exposure to syphilis was undertaken in the 1990s. The presence of detailed registry of every patient tested for syphilis at NHC allows for quick management decisions in response to new syphilis results. The public health physician (NHC STI Co-ordinator) continues to manage the syphilis registry for the APY Lands, and liaise with jurisdictional syphilis officers who request registry information.

Action 4.8: Develop clear and standardised clinical definitions and guidelines for STI and BBV testing and results, including accessing patient history, national STI and BBV testing policies and point of care testing guidelines

CDCB

- > A state-wide syphilis guideline based on the national guidelines has been drafted and requires further review (relates to Actions 1.5 & 5.4).

NHC

- > The NHC STI Control Co-ordinator has been on the Sexual Health Expert Advisory Group for the Remote Primary Health Care Manuals for the past four editions of the manuals (CARPA Standard Treatment Manual, WBM and Clinical Procedures Manual). NHC's commitment to these manuals has helped ensure standardised and relevant protocols are available to support remote health workers.

Action 4.9: Support mainstream clinical services to access contemporary guidelines for screening and management of Aboriginal and Torres Strait Islander people at risk of or living with STI or BBV.

AHCSA

- > AHCSA team responds to requests from mainstream services to support and improve access for Aboriginal Community members. Responding currently to request from Ceduna Hospital for Syphilis Update in partnership with YADU Health Aboriginal Corporation.

SHINE SA

- > SHINE SA promotes the availability and use of a range of contemporary guidelines and currently offers individual support to clinicians in learning how to navigate and implement them.

Action 4.10: Identify where Medicare can be utilised to incentivise STI and BBV screening.

- > No activities reported to Dec 2020.

Priority Area 5: Surveillance and reporting

Action 5.1: Establish and maintain the syphilis register.

CDCB

- > The SA Syphilis Register, operational since December 2019, continues to be maintained by CDCB.

NHC

- > NHC maintains a syphilis register of anyone tested in the past for syphilis up to present time, providing ongoing information to all jurisdictional syphilis registries with related clients. This syphilis registry was formalised in 1994/1995 and has been continuously operational, staffed by the NHC STI Co-ordinator alongside their other roles.

Action 5.2: Provide guidance and epidemiological information to health services in regions where there is a new occurrence of syphilis infections so that an early response to increase age-based testing can be implemented.

CDCB

- > Register staff initiated and continue to promote discussions between various outreach agencies with a view to mounting a response to syphilis notifications arising from people living in or frequenting Adelaide's parklands. AHCSA are informed of new infectious cases so that they may reach out to provide additional supports to the ACCHS Sexual Health Workers as required.

Action 5.3: Provide regular reporting of outbreak data and information to health services and communities.

AHCSA

- > As AHCSA team are informed via CDCB re Syphilis Outbreak Data they follow through and communicate with relevant workers within ACCHS in regards to enhanced testing/ treatments/ongoing management as required. AHCSA generates via Communicare "syphilis dashboards" for each individual SA Aboriginal Community Controlled Health Service which reports testing rates for syphilis at a local service level.

CDCB

- > DSIU provide monthly reports to AHCSA and reports at State syphilis meetings (quarterly).

EFNLHN

- > Ongoing monitoring of local cases and alerts to clinical staff as required.
- > 2 cases of Syphilis identified in antenatal women since January 2020 in Far West Coast.
- > AMIC Practitioner keeps a register of all Aboriginal women and when they were tested. MUM monitors non-aboriginal women.
- > AMIC Practitioner is also on the Communicable Disease Control network and Sexual Health network. This ensures positive cases are reported to the register and networks with other areas if women are transient and move during time of treatment to ensure care is followed up.

NHC

- > Relevant syphilis alerts at national, state level, or within Central Australia are shared through the NHC STI Co-ordinator, with an tailored emphasis on specific relevant information to the APY Lands.
- > Data on testing rates, prevalence or yield rates for syphilis and other common STIs (and BBVs) are reported to staff and to Anangu through appropriate community graphs. Intermittently the STI Co-ordinator reports directly to the Anangu Health Committee.
- > Data has been provided to Kirby Institute toward the national MJSO six-monthly report to indicate testing rates on the APY Lands since the inclusion of South Australia in the MJSO outbreak areas.

Action 5.4: Develop state-wide guidelines for the surveillance of congenital syphilis based on the 'Syphilis CDNA National Guidelines for Public Health Units'.

CDCB

- > A state-wide syphilis surveillance guideline based on the CDNA national guidelines has been drafted. This requires further review and finalisation (relates to Actions 1.5 & 4.8).

Action 5.5: Enable and support patient information sharing among regions and jurisdictions as appropriate.

CDCB

- > Syphilis register staff continue to liaise with/between several agencies, including cross border.
- > An internal CDCB protocol for flow of data through DSIU to the syphilis register has been completed.

NHC

- > NHC STI Co-ordinator liaises with relevant jurisdictional syphilis registries.
- > NHC STI Co-ordinator has been part of MJSO since commencement, and member on several sub-groups including the Data Working Group, Workforce Development Group and Engaging Aboriginal Communities sub-group.

Action 5.6: Ensure Aboriginal and Torres Strait Islander data fields on test forms and records are complete and reported on.

- > No activities reported to Dec 2020.

Action 5.7: Provide pro-active support to testing doctors to ensure syphilis notification data is completed in a timely and thorough manner.

CDCB

- > Routine Quality Auditing is conducted in DSIU to ensure medical notifications are completed in a timely manner.

- > The South Australian Public Health Act (2011) stipulates that reporting a confirmed or suspected notifiable condition to the Chief Public Health Officer must occur as soon as practicable and, in any event, within 3 days.

Action 5.8: Ensure regular quality assurance and auditing measures are maintained for clinical data.

- > ACCHS conduct regular quality assurance and audits. No further detail was reported to Dec 2020.

For more information

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