

The Re-emergence of Syphilis Among Women of Reproductive Age in Victoria, Australia: A Public Health Priority

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INTRODUCTION

Consistent with nationwide trends, syphilis notifications in Victoria have been increasing over the past decade, with an increase in cases of infectious syphilis in women of reproductive age and an associated re-emergence of congenital syphilis.

This study aimed to describe the epidemiology of infectious syphilis and congenital syphilis in Victoria to help inform targeted public health control measures.

METHODS

Routine surveillance data from 2010-2020 was provided by mandatory Victorian syphilis notifications and enhanced surveillance questionnaires from treating clinicians.

Data was extracted and grouped into a descriptive analysis of Victorian infectious syphilis and congenital syphilis incidence and case characteristics.

RESULTS

Annual infectious syphilis notifications in Victoria in 2020 were approximately five times more than in 2010 (Figure 1)

- There was an almost five-fold rise in cases among males and a more than seven-fold rise among females from 2010 to 2020
- Females made up 9% of cases during this time 67% of women were diagnosed in low-caseload clinics

Infectious syphilis rates in Aboriginal and Torres Strait Islander peoples are considerably higher than the general population (Figure 2)

- Females made up 29% of Aboriginal and Torres Strait Islander cases

Figure 1: Infectious Syphilis Cases in Victoria by Sex, 2010-20

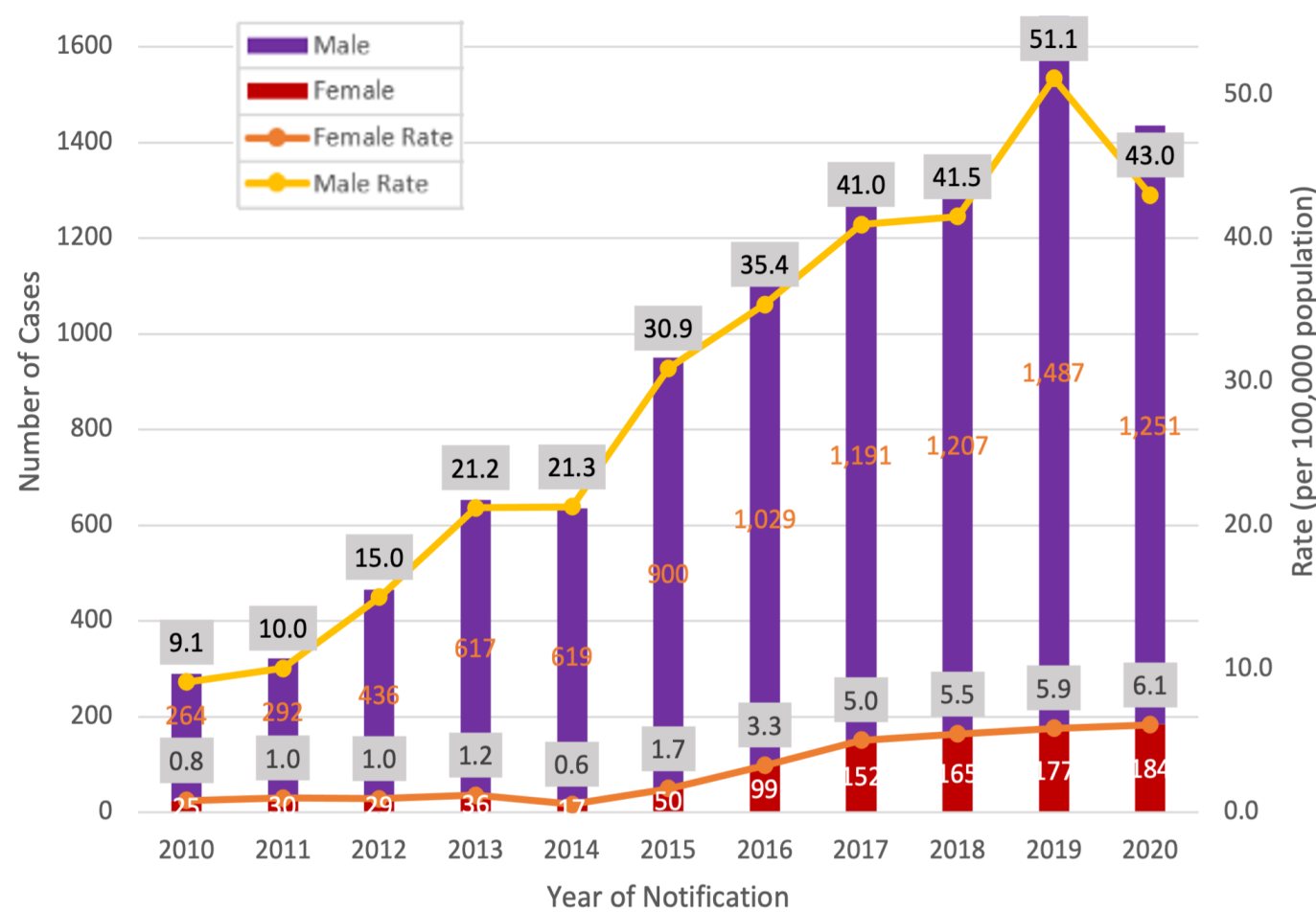
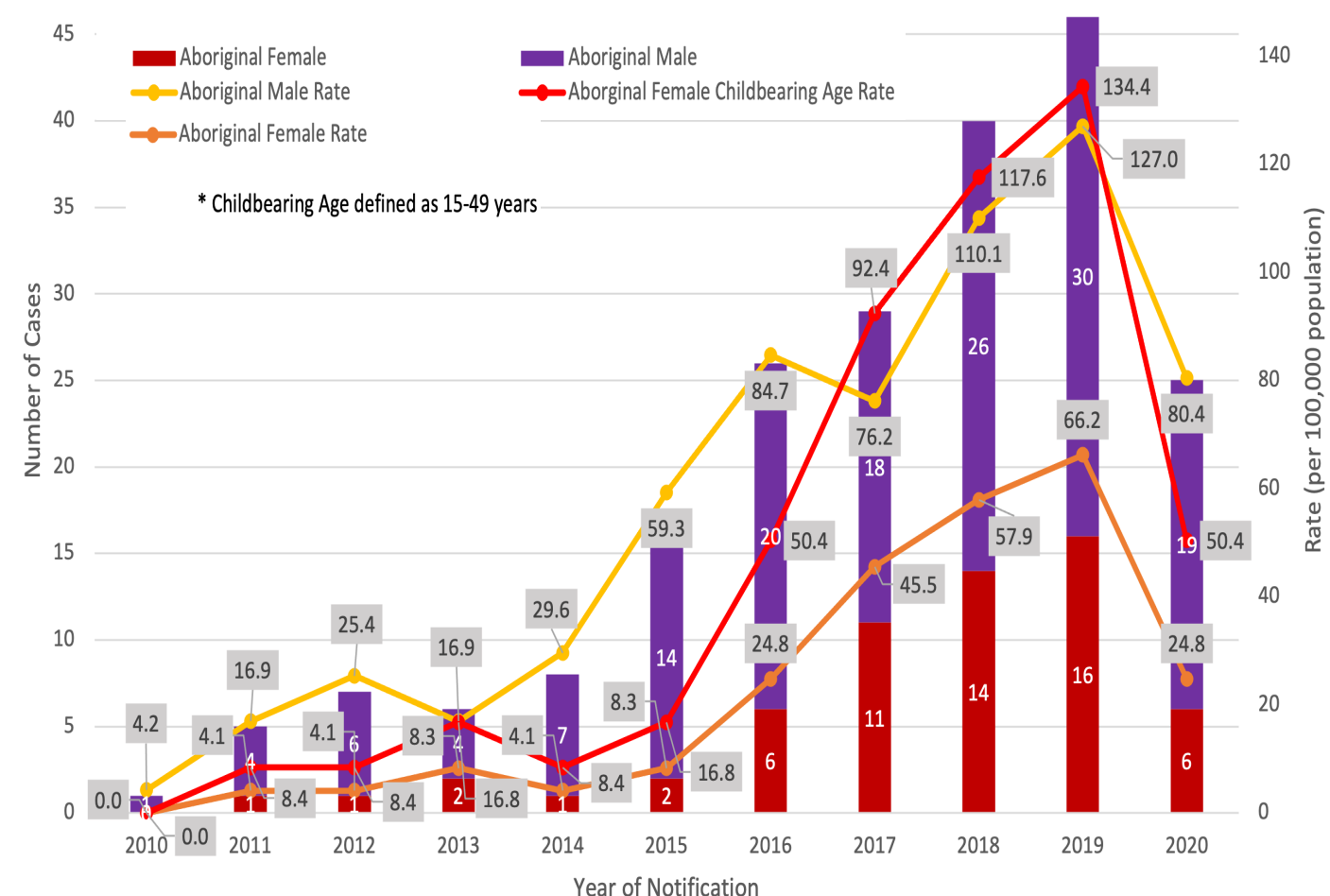


Figure 2: Infectious Syphilis in Aboriginal and Torres Strait Islander Peoples in Victoria, 2010-20

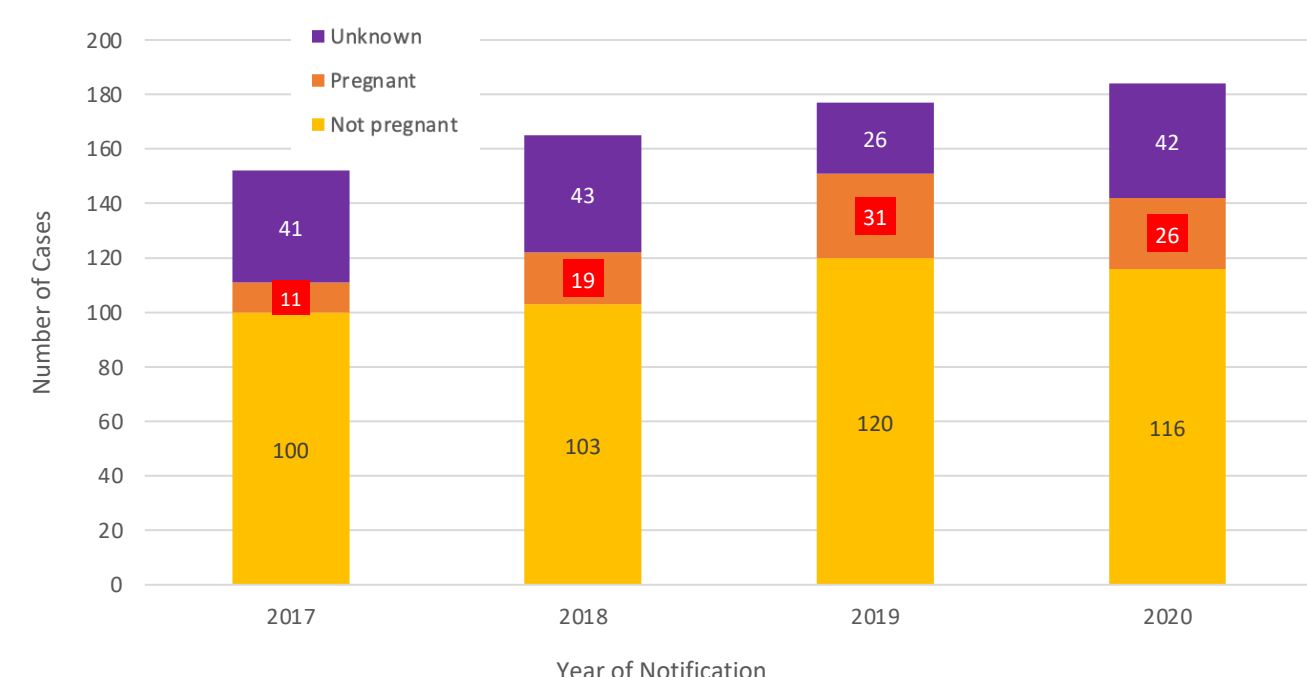


Between 2017-2020 at least 13% of female cases were known to be pregnant at diagnosis (Figure 3)

There have been nine cases of congenital syphilis in Victoria between 2017-2020

- The last case prior to 2017 was in 2004

Figure 3: Infectious Syphilis in Women in Victoria by Pregnancy Status at Diagnosis, 2017-20



CONCLUSION

Rates of infectious syphilis in women of reproductive age and congenital syphilis are on the rise in Victoria, necessitating sustained public health action.

Treating infections before or promptly during pregnancy and undertaking partner notification and treatment to reduce risk of reinfection is critical to reducing the risk of congenital syphilis.

Increasing awareness among individuals and clinicians of the risk of syphilis in pregnancy and health system strengthening, particularly targeting primary care where most women are diagnosed prior to pregnancy, is required.

<https://www.health.vic.gov.au/public-health/infectious-diseases>