

THE RE-EMERGENCE OF SYPHILIS AMONG WOMEN OF REPRODUCTIVE AGE IN VICTORIA, AUSTRALIA: A PUBLIC HEALTH PRIORITY

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Background:

Consistent with nationwide trends, syphilis notifications have been steadily rising over the past decade in Victoria. Of significance is an increase in women of reproductive age and an associated rise in congenital syphilis notifications. Mother-to-child transmission of syphilis is usually devastating to the fetus if maternal infection is not detected and treated early in pregnancy. Prior to 2017 there had been two cases of congenital syphilis in the preceding 26 years.

This study describes the epidemiology of infectious syphilis and congenital syphilis in Victoria.

Methods:

Available national data extracted from the Commonwealth National Notifiable Disease Surveillance System and Victorian routine notification and enhanced surveillance data from 1991 to 2020 was grouped into a descriptive analysis.

Results:

Annual infectious syphilis notifications in Victoria are approximately five times more than 10 years ago (n=289 in 2010 to n=1,440 in 2020), with a more than seven-fold rise among females (n=25, 9% in 2010 to n=186, 13% in 2020). Sixty-seven percent of women were diagnosed through low-caseload clinics. Between 2017-2020 at least 13% of female cases were known to be pregnant at diagnosis, and there have been nine cases of congenital syphilis. Infectious syphilis rates in Aboriginal and Torres Strait Islander peoples are significantly higher than the non-Indigenous population, with females making up 29% of Aboriginal and Torres Strait Islander cases.

Conclusion:

Rates of infectious syphilis in women of reproductive age and congenital syphilis are on the rise in Victoria, necessitating sustained public health action. 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. Treating infections before or promptly during pregnancy and undertaking partner notification and treatment to reduce risk of re-infection is critical to reducing the risk of congenital syphilis.

Disclosure of Interest Statement:

None