

**Senate Finance and Public Administration Committee**

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

**Supplementary Budget Estimates 2016 - 2017, 21 October 2016**

**Ref No:** SQ16-000598

**OUTCOME:** 5 - Regulation, Safety and Protection

**Topic:** Syphilis Outbreak

**Type of Question:** Written Question on Notice

**Senator:** Dodson, Patrick

**Question:**

- a) Who from the Department of Health is represented on the Multijurisdictional Syphilis Outbreak Working Group (MJSO)?
- b) What trends in notifications of new cases of syphilis have been identified since the MJSO was formed?
- c) What additional resources are being provided by the Commonwealth in response to this disease outbreak?
- d) What treatment is provided to people diagnosed with syphilis?
- e) Can you detail the outcomes of the treatment?
- f) In terms of the Government's response and the work of the MJSO, what is the Government's strategy to address this outbreak?
- g) Are any additional sexual health education and other preventive health programs or measures being introduced in response to the outbreak?
- h) Is the Department aware of any equivalent outbreaks occurring in contemporary times in developed countries?

**Answer:**

- a) The Multijurisdictional Syphilis Outbreak Working Group (MJSO) is a working group of the Communicable Diseases Network Australia (CDNA). The Department of Health is represented on the MJSO by surveillance and policy officers within the Office of Health Protection (OHP). The MJSO provides routine updates and advice to CDNA, whose members include senior officers from OHP.

- b) Since the formation of the MJSO in April 2015 up to 30 September 2016, there have been 537 notifications of infectious syphilis and three congenital syphilis cases reported in the outbreak declared regions of Queensland, the Northern Territory and Western Australia.

Further information on the outbreak, updated on a monthly basis, is available on the *Infectious syphilis outbreak* webpage on the Department of Health's website: <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm>

- c) See response under part g)
- d) It is recommended that for cases of confirmed infectious syphilis of less than two years duration, one dose of benzathine penicillin 1.8g (2.4 million units) by intra-muscular injection (IMI) is required. For probable cases of infectious syphilis or syphilis of more than two years or unknown duration, a course of three doses benzathine penicillin 1.8g (2.4 million units) IMI, 7 days apart, is required.

Further information on public health management of syphilis is available in the *CDNA National Guidelines for Public Health Units: Syphilis*: <http://www.health.gov.au/internet/main/publishing.nsf/Content/cdna-song-syphilis.htm>

- e) States and territories have primary responsibility for communicable disease control, including infectious syphilis. Questions related to the impact of treatment on the infectious syphilis outbreak should be directed to the health departments within the jurisdictions affected by the outbreak (Queensland, the Northern Territory and Western Australia).
- f) All Australian governments are guided in their response to sexually transmissible infections in Aboriginal and Torres Strait Islander people by the National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017. State and territory health departments, who have lead responsibility for the response in their jurisdictions, are supported by the Department through national coordination of the MJSO and funding of a multijurisdictional syphilis and STI community awareness campaign.
- g) The Commonwealth has provided \$0.556 million over two years from 2016-17 to the South Australian Health and Medical Research Institute (SAHMRI), in partnership with the Aboriginal Nations Torres Strait Islander HIV Youth Mob (ANTHYM), to develop, implement and evaluate an Aboriginal community awareness campaign on syphilis and other sexually transmissible infections. This campaign is a Commonwealth contribution to the current syphilis outbreak targeting remote communities across northern Australia, and other remote areas in Queensland, Northern Territory, Western Australia and South Australia.

The Commonwealth is providing \$485,000 (GST exclusive) over three years from 2016-17 to the South Australian Health and Medical Research Institute to undertake GOANNA Survey 2. This is the second national cross-sectional study of Aboriginal and Torres Strait Islander young people assessing health knowledge, risky practices/behaviours and health service use in relation to blood borne viruses (BBV) and sexually transmitted infections (STI), including syphilis. The GOANNA Survey 2 Report will inform the development of future BBV/STI policy and programs targeting young Aboriginal and Torres Strait Islander people aged 30 years and below.

The Government is providing up to \$500,000 over two years from 2016-17 to respond to the syphilis outbreak through testing, contact tracing and follow up testing for STI. These activities will be rolled out alongside the syphilis campaign to ensure they are supported by sexual health education and will be accompanied with concurrent testing for other STI/BBV and contact tracing where appropriate. As syphilis is a risk factor for HIV and other STI/BBV, improving syphilis testing and treatment may also have a positive impact on STI/BBV rates more broadly.

- h) High rates of syphilis continue to be observed globally with an estimated 36.4 million adults worldwide infected with syphilis at any given time<sup>1</sup>. Developed countries, including but not limited to the United Kingdom, the United States of America and Canada, have reported recent outbreaks of syphilis.

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<sup>1</sup> World Health Organization, Global incidence and prevalence of selected curable sexually transmitted infections, 2012.