



South Australian Syphilis Outbreak Response Plan

May 2019



Government
of South Australia

SA Health

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Acknowledgements

SA Health acknowledges the traditional custodians of country throughout South Australia 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 will also provide an opportunity to address the disproportionate rates of other STI and BBV.

This Response Plan has been adapted with permission from the Western Australian Department of Health's Syphilis Outbreak Response Action Plan.

Background and context

A multi-jurisdictional syphilis outbreak affecting Aboriginal and Torres Strait Islander people was first identified in January 2011, in northwest Queensland, followed by the Northern Territory in July 2013, and the Kimberley region of Western Australia in June 2014.

The Multi-Jurisdictional Syphilis Outbreak (MJSO) Working Group was formed by the Communicable Diseases Network Australia (CDNA) in April 2015 to facilitate and coordinate cross border efforts to control the outbreak.

In order to strengthen national governance of the outbreak response, the Australian Health Protection Principal Committee (AHPPC) formed the Enhanced response addressing sexually transmissible infections (and blood borne viruses) in Indigenous populations Governance Group. This Governance Group developed the 'Action Plan for an enhanced response addressing sexually transmissible infections (and blood borne viruses) in Indigenous populations' (National Action Plan). The National Action Plan was endorsed by the Australian Health Ministers Advisory Council (AHMAC) on 8 December 2017.

The Communicable Disease Control Branch (CDCB), SA Health declared an outbreak in March 2017 in the Far North and Eyre and Western regions (from November 2016) and in November 2018 declared the outbreak had extended to the Adelaide region (from February 2018).

The South Australian Syphilis Outbreak Working Group (the Working Group) was formed in May 2017 in response to the outbreak and is comprised of representatives from various government, non-government and community controlled health services. The Working Group's role is to monitor and coordinate the state syphilis outbreak response, with the aim of concentrating immediate efforts to contain the current outbreak, while simultaneously seeking to develop sustainable, long-term interventions that are required in order to tackle disproportionately high rates of most STI and BBV among Aboriginal and Torres Strait Islander populations. The Working Group's Terms of Reference (Appendix 2) outline the membership, roles and responsibilities in relation to the outbreak response in South Australia.

This Response Plan sits alongside a suite of state level implementation and action plans designed to deliver on the actions outlined in the national policy framework for STI and BBV, most notably, the first 'South Australian Aboriginal STI and BBV Action Plan', which is currently in development.

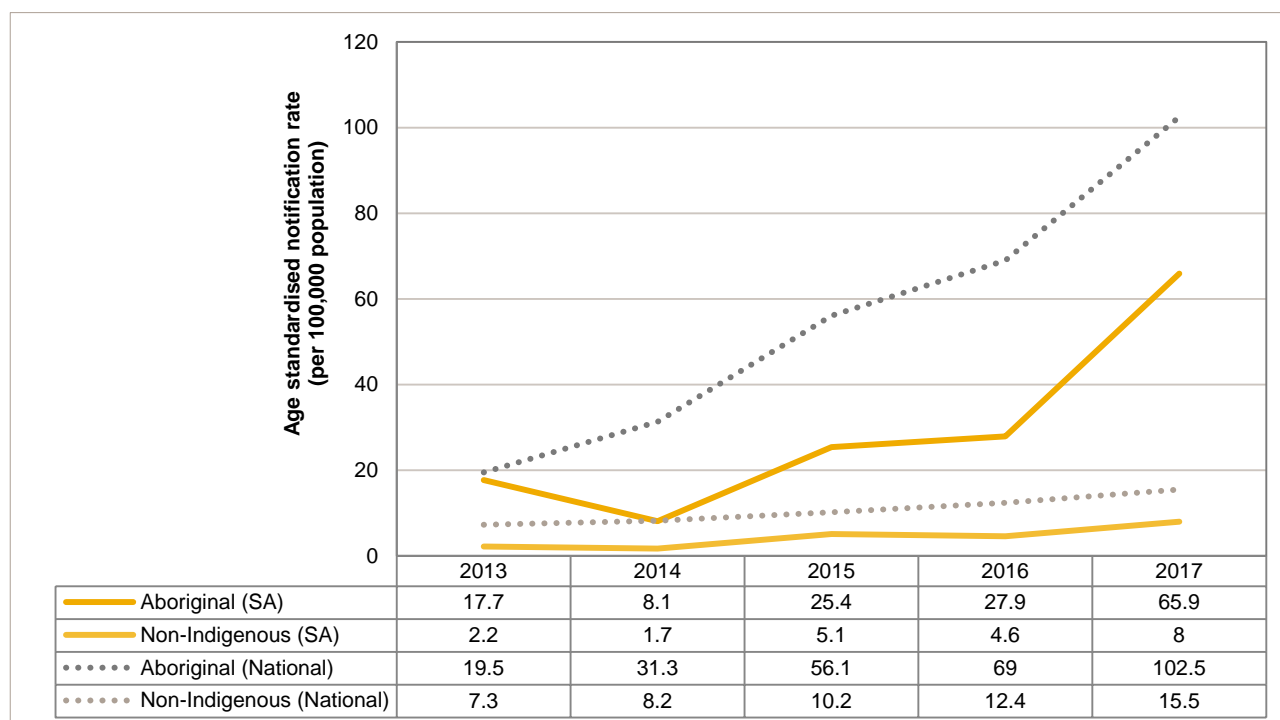
Funded within existing resources, most undertakings build upon current relationships and work activities to create new capacity to address items in the Response Plan. Other activities may require new funding streams to achieve objectives, and to meet performance indicators and output measures.

Epidemiological snapshot

In South Australia there were 158 notifications of infectious syphilis in 2017ⁱ, an approximate nine-fold increase on the 18 notifications reported in 2011. The notification rate in 2017 was 9.2 per 100,000 population, almost double the rate in 2016 of 5.1 per 100,000. Notification rates in the Aboriginal and Torres Strait Islander population rose to 70 per 100,000 in 2017, up from 26.4 per 100,000 in 2016¹.

Figure 1 demonstrates the five year trend of age standardised notifications of infectious syphilis rates at State and National level. The median age of Aboriginal and Torres Strait Islander cases in 2017 was 30 years (range 22-67 years), lower than the median age of all cases (at 37 years).

Figure 1: Syphilis (infectious) age standardised notification rate per 100,000 population, by Aboriginal or Torres Strait Islander status²



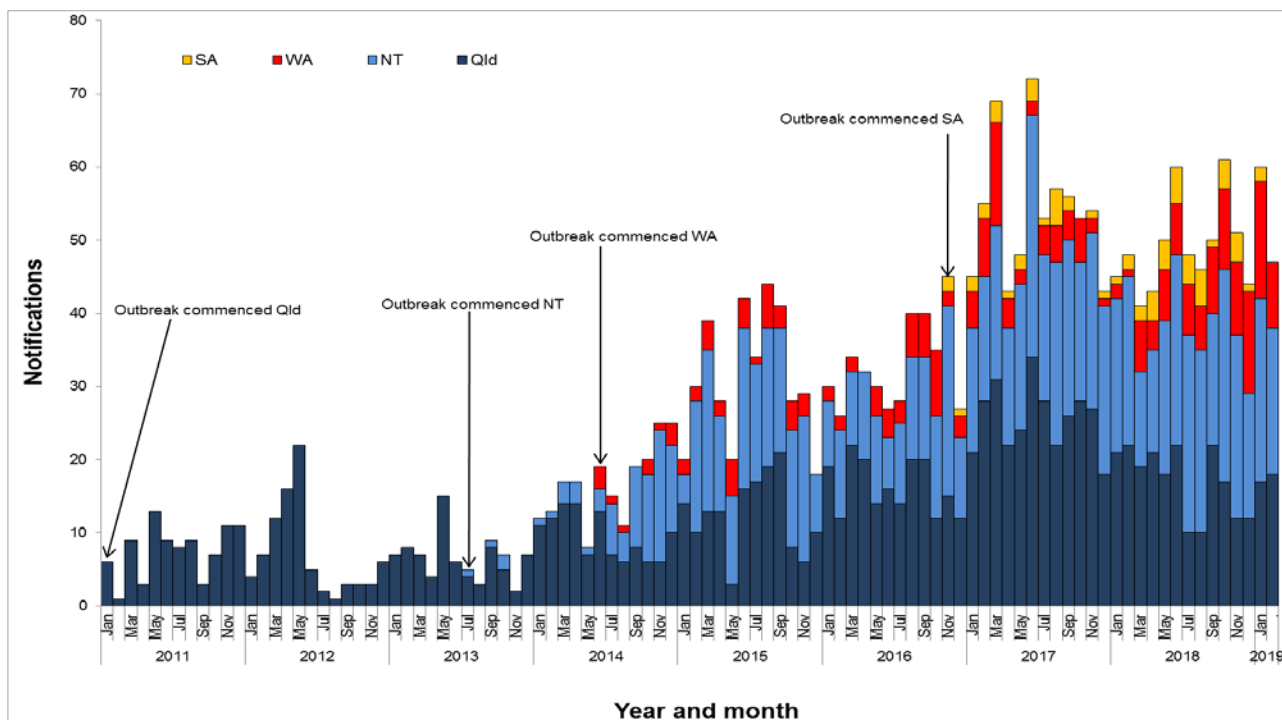
The CDCB, SA Health declared an outbreak of infectious syphilis in the Far North and Eyre and Western regions of South Australia in response to a clustering of cases amongst Aboriginal and Torres Strait Islander people between November 2016 and May 2017. In February 2018, the outbreak was extended to Adelaide.

To 30 April 2019, 68 cases of infectious syphilis have been notified among Aboriginal and Torres Strait Islander people in outbreak regions of South Australia. Thirty (44%) cases have occurred in women, including 6 diagnosed during pregnancy and 1 case of congenital syphilis. Forty-seven (69%) cases have occurred in the Far North, 5 (7%) in Eyre and Western, and 16 (24%) in Adelaide. Of the Adelaide cases, 9 (56%) identified as men who have sex with men, 1 identified as a bisexual male, 5 identified as heterosexual (3 women, 2 men), and 1 male whose sexual orientation was unknown. One case in regional South Australia identifies as a man who has sex with men, all other cases identify as heterosexual.

Figure 2 is an epidemic curve of the multijurisdictional syphilis outbreak cases in all states and territories to 30 April 2019³.

ⁱ Most recently available published data from the Communicable Disease Control Branch, SA Health

Figure 2: Epidemic curve showing category 1 infectious syphilis^α outbreak cases notified in Aboriginal and Torres Strait Islander people residing in affected regions^β of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 April 2019^{γ,δ}



Notes:

‡ 'Diagnosis date' was used to define the period of analysis. This date represents either the onset date or where the date of onset was not known, the earliest of the specimen collection date, the notification date, or the notification receive date.

α Cases defined as per the MJSO syphilis outbreak case definition:

Nationally, an infectious syphilis outbreak case is defined as: any person who is newly diagnosed with confirmed or probable infectious syphilis according to the CDNA national surveillance case definition for infectious syphilis, AND, is an Aboriginal or Torres Strait Islander person who resides in any of the following outbreak declared regions as defined and documented by that jurisdiction, at or after the dates indicated: Qld - North West Hospital and Health Service area (from 1 January 2011); Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); Townsville Hospital and Health Service area (from 1 January 2014); NT - Alice Springs Rural and Urban or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); Darwin Rural and Urban (from 1 January 2017); WA - Kimberley region (from 1 June 2014) and Pilbara region (from 1 February 2018); SA - Far North and Western and Eyre regions (from 15 November 2016); Adelaide (from 1 February 2018) (category 1 outbreak cases) OR, is a sexual contact of a confirmed outbreak case (category 2 outbreak cases).

β Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs Urban, Alice Springs Rural, Barkly, East Arnhem, Katherine, Darwin Urban and Darwin Rural regions in the Northern Territory; Kimberley and Pilbara regions in Western Australia, and; Far North, Western and Eyre and Adelaide regions in South Australia.

γ Please note that all data are provisional and subject to change due to ongoing case investigation.

Priority populations and settings

Syphilis, and most STI and BBV more broadly, disproportionately affect Aboriginal and Torres Strait Islander people across settings and communities. A range of factors contribute to Aboriginal and Torres Strait Islander people more frequently being exposed to environments and situations where there is an increased risk of STI and BBV. These may include:

- > a lack of access to culturally responsive services
- > complex social and medical factors
- > concerns around privacy, confidentiality, stigma and shame
- > over-representation in custodial settings⁵.

Experiences of racism and the ongoing impacts of colonisation also contribute to an increased burden of infection and sexual health risk⁶. In addition, individual Aboriginal or Torres Strait Islander people are more likely to be exposed to STI and BBV in sexual or other risk contexts due to the higher prevalence of STI and BBV in Aboriginal and Torres Strait Islander communities⁷.

Furthermore, the highly mobile nature of Aboriginal and Torres Strait Islander populations in the outbreak affected areas, often across jurisdictional borders, emphasises the need for cross-border partnership strategies and cooperation in determining innovative response actions and priorities.

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

- > Aboriginal Controlled Community Health Services (ACCHS)
- > primary care health services
- > hospitals
- > correctional facilities.

Response activities should be targeted to Aboriginal and Torres Strait Islander communities in outbreak affected areas, as well as communities who are connected to outbreak areas as a result of travel and/or related populations. Within these communities, priority populations include Aboriginal and Torres Strait Islander people who are:

- > women of reproductive age
- > aged 15 – 50 years oldⁱⁱ
- > gay, bisexual men and men who have sex with men
- > highly mobile.

Non-Aboriginal people who are partners or sexual contacts of Aboriginal and Torres Strait Islander people in outbreak affected communities should also be considered a priority population.

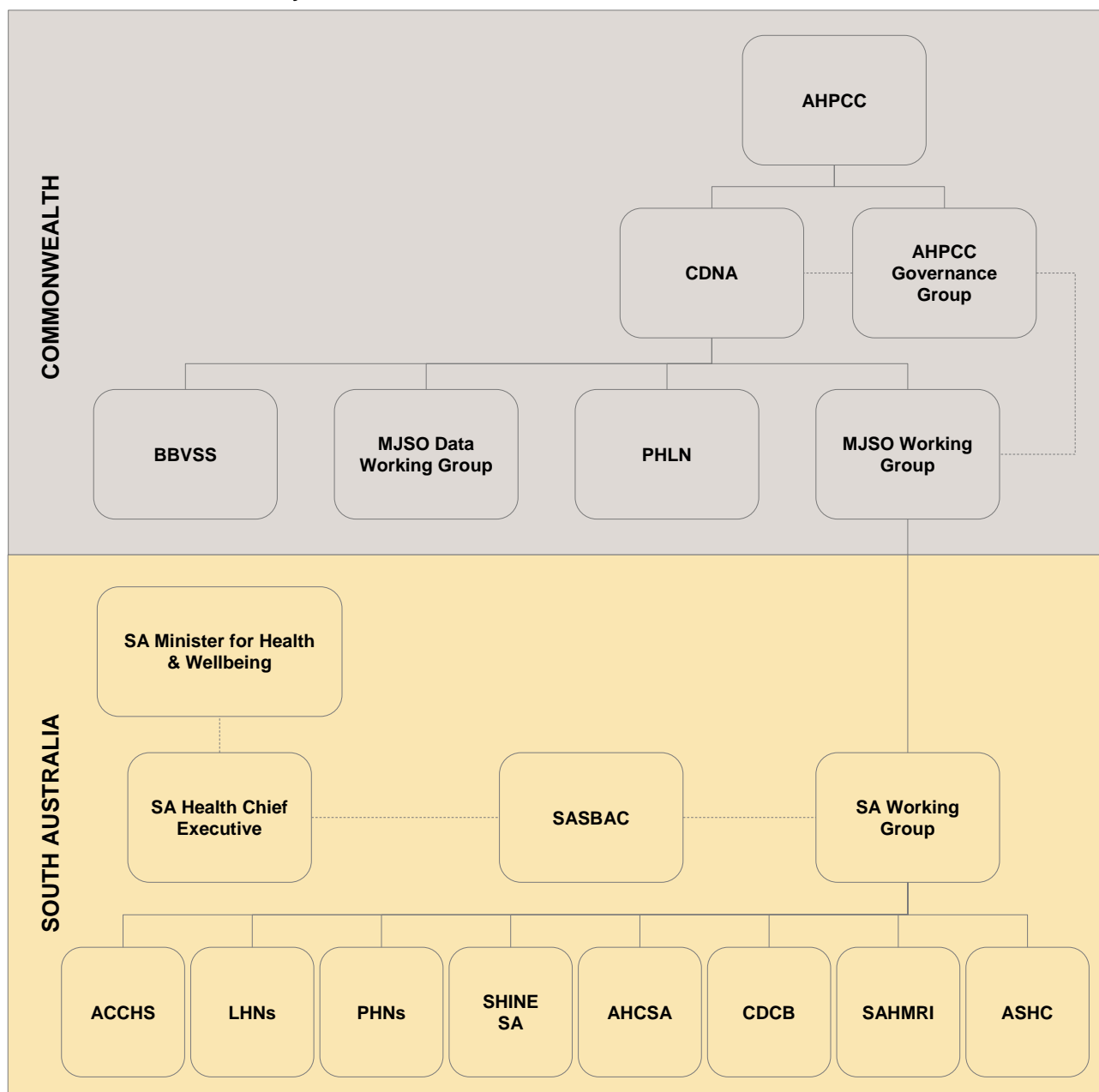
ⁱⁱ The upper age range has been increased from 35 years old to 50 years old in response to the outbreak notification data, on request of the SA Working Group.

Governance

The SA Syphilis Outbreak Response Plan is developed, implemented and monitored via the Working Group and will be a standing agenda item at each Working Group meeting. In addition, progress reports will be provided to the South Australian STI and BBV Advisory Committee (SASBAC).

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	PHNs	Primary Health Networks (Adelaide & Country SA)
BBVSS	Blood Borne Virus and STI Standing Committee	SAHMRI	SA Health and Medical Research Institute
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

Aims of the SA Syphilis Outbreak Response Plan

The aims of the SA Syphilis Outbreak Response Plan are 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.

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 Plan', and the draft 'South Australian Aboriginal STI and BBV Action Plan', this plan also aims to consider a long-term, sustainable response to STI and BBV among Aboriginal and Torres Strait Islander populations. The ultimate goals of the SA Syphilis Outbreak Response Plan are reducing rates and minimising the impact of STI and BBV, and achieving positive sexual health and wellbeing outcomes for Aboriginal and Torres Strait Islander populations.

In addressing these aims, a number of priority areas for action have been identified:

Priority Area 1: Antenatal and postnatal care

- > Increase access to antenatal and postnatal care.
- > Increase community education and awareness about syphilis, especially to families, young people and in pregnancy.
- > Increase early uptake of routine antenatal syphilis screening in line with clinical guidelines.
- > Increase access to comprehensive reproductive healthcare.

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.

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.

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.

Priority Area 5: Surveillance and reporting

- > Increase access to surveillance data and support with relevant notification procedures.
- > Increase the distribution and sharing of relevant data and patient information as appropriate.
- > Increase the completion of Aboriginal and Torres Strait Islander information on relevant forms and records.
- > Increase quality assurance and auditing mechanisms.

Outbreak Response Plan

Priority Area 1: Antenatal and postnatal care

- > Increase access to antenatal and postnatal care.
- > Increase community education and awareness about syphilis, especially to families, young people and in pregnancy.
- > Increase early uptake of routine antenatal syphilis screening in line with statewide clinical guidelines.
- > Increase access to comprehensive reproductive healthcare.

Action	Output measure / performance indicator	Lead agency & partners	Time frame
1.1 Monitor and improve the uptake of routine antenatal syphilis screening in services.	Clinical audit reports show an increase in uptake of antenatal syphilis screening in services.	AHCSA ACCHS LHNs PHNs SHINE SA	Immediate priority
1.2 Aboriginal Maternal Infant Care (AMIC) Workers are engaged in outbreak response activities related to antenatal and postnatal care.	The AMIC workforce is engaged in outbreak activities.	LHNs ACCHS AHCSA CDCB SHINE SA	
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.	Clinical audit reports show that the SA Perinatal Practice Guidelines are being implemented consistently across all services. Syphilis screening is occurring for all pregnant Aboriginal and Torres Strait Islander people at risk.	CDCB ACCHS AHCSA ASHC LHNs PHNs SHINE SA	
1.4 Ensure consistent referral of all Aboriginal and Torres Strait Islander people diagnosed with syphilis during pregnancy for specialist management.	Clinical audit reports show Aboriginal and Torres Strait Islander people diagnosed with syphilis during pregnancy are referred for specialist management.	CDCB ASHC LHNs SHINE SA	
1.5 Develop a protocol for public health investigation of any congenital syphilis diagnosis.	A protocol for public health investigation of any congenital syphilis diagnosis is developed and implemented.	CDCB AHCSA ASHC	<12 months
1.6 Encourage screening and education of partners and families in antenatal care settings.	Evidence of partners and families in education, screening, testing and care.	ACCHS LHNs PHNs SHINE SA	
1.7 Provide community education activities on congenital syphilis, STI and BBV (with an emphasis on early testing).	Number of community education activities delivered.	AHCSA ACCHS SAHMRI SHINE SA	
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).	Reproductive healthcare access strategies implemented.	LHNs SHINE SA ACCHS AHCSA PHNs	1-3 years

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.

Action	Output measure / performance indicator	Lead agency & partners	Time frame
2.1 Increase targeted social media promotion with locally designed and produced content, and linkages to peer education programs where possible.	Social media content is developed and produced locally. Number of peer support programs who disseminate social media content. Social media metrics.	SAHMRI AHCSA CDCB PHNs SAMESH SHINE SA	Immediate priority
2.2 Deliver face-to-face community education services.	Number of community education sessions delivered.	ACCHS LHNs SAMESH	<12 Months
2.3 Utilise the existing workforce for community engagement (e.g. Aboriginal Health Workers (AHW), AMIC Workers).	AHW and AMIC workforce utilised in community engagement activities.	LHNs ACCHS	
2.4 Ensure community led approaches to plan, develop and deliver health promotion (culturally appropriate and locally developed, where possible) are used.	Community participation and involvement measures are implemented.	SAHMRI AHCSA	
2.5 Collaborate with local Elders, champions and navigators when planning and delivering prevention strategies.	Local Elders, champions and navigators are collaborated with when planning and delivering prevention strategies.	SAHMRI AHCSA	
2.6 Collaborate with young people in planning and delivering education and health promotion initiatives.	Young people are collaborated with when planning and delivering education and health promotion initiatives.	SAHMRI AHCSA SHINE SA	
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.	Number of health promotion initiatives targeting MSM developed and delivered / distributed.	SAMESH AHCSA	
2.8 Increase knowledge and understanding of STI and BBV prevention in schools, prioritising those in outbreak affected and connected schools.	Number of schools in outbreak affected areas engaged in teacher training / education activities.	SHINE SA AHCSA SAHMRI CDCB	
2.9 Incorporate messaging to counteract stigma, racism and discrimination into prevention education programs and initiatives.	Messaging to counteract stigma, racism and discrimination is incorporated into education programs and initiatives.	SAHMRI AHCSA SAMESH SHINE SA	1-3 years
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.	Health promotion materials promoting syphilis screening distributed to selected GPs, hospital and health and community services organisations.	SAHMRI AHCSA ACCHS PHNs SAMESH SHINE SA	

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	Output measure / performance indicator	Lead agency & partners	Time frame
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.	A collaborative workforce development response is developed and implemented. Communication / training resources developed and distributed. Number and type of workforce development training and education activities offered. Number of clinical attachments undertaken by primary care doctors, nurse and midwives in high syphilis caseload clinics.	SHINE SA ACCHS AHCSA ASHC LHNs PHNs	<12 months
3.2 Provide training and education on partner notification for doctors, nurses and AHW, including antenatal services.	Number of partner notification training and education activities offered.	CDCB ASHC	
3.3 Provide training and education on the Syphilis Register for doctors, nurses and AHW.	Number of Syphilis Register training and education activities offered.	CDCB	
3.4 Raise awareness and provide syphilis outbreak information to general practices with a focus on GPs providing Obstetric Shared Care.	Number and type of information distributed to general practices.	SHINE SA AHCSA ASHC PHNs	
3.5 Continue to implement community wide STI screening among AHCSA member ACCHS, offering additional support where required.	Annual STI screening and support for AHCSA member ACCHS continues to be implemented.	AHCSA ACCHS CDCB	
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.	Number of FTE across ACCHS working in clinical STI and BBV roles.	CDoH* ACCHS AHCSA CDCB	
3.7 Consistently utilise the Aboriginal and Torres Strait Islander health workforce to their full scope of practice.	Qualitative feedback on outcomes.	ACCHS LHNs	
3.8 Identify and resource existing staff within government services to provide sexual health testing and follow-up.	Number of FTE who 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.	Qualitative feedback on outcomes.	LHNs ACCHS	

Action	Output measure / performance indicator	Lead agency & partners	Time frame
3.10 Implement strategies to attract, reward, recognise and retain Aboriginal and Torres Strait Islander staff.	Number of Aboriginal and Torres Strait Islander staff employed in partner agencies.	All partners	1-3 years
3.11 Consider the healthcare workforce development needs of the locum workforce.	Analyse the need of the locum healthcare workforce and report on outcomes.	SHINE SA ACCHS AHCSA LHNs PHNs	
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.	An outbreak 'surge' workforce planning strategy is developed.	AHCSA ACCHS LHNs SHINE SA	

* Commonwealth Department of Health

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.

Action	Output measure / performance indicator	Lead agency & partners	Time frame
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.	Positive and culturally appropriate language is used in relevant education and training sessions to normalise STI and BBV screening as a regular part of an adult health check.	SHINE SA AHCSA ASHC PHNs	Immediate priority
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.	Data related to follow-up indicates progressive reduction in time to treatment for cases and time to screening for contacts.	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.	Number of outreach STI and BBV testing opportunities provided. Number of STI and BBV point of care tests provided.	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).	Qualitative feedback on cultural safety initiatives. Number of STI and BBV clinic sessions offered for specific groups.	AHCSA ACCHS LHNs SHINE SA	
4.5 Increase opportunistic STI and BBV testing through primary health practitioners in a range of settings (including GP clinics, hospitals and emergency departments).	Number of STI and BBV tests conducted by clinicians in primary and tertiary healthcare settings.	SHINE SA LHNs PHNs	
4.6 Monitor new diagnoses and ensure consistent and culturally safe partner notification and treatment is provided.	The Syphilis Register is established. Syphilis Register data trends and requests are monitored and reported. Employ an Aboriginal and Torres Strait Islander STI/BBV Education and Partner Notification Officer	CDCB ASHC ACCHS	
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.	Increased phone calls to ASHC and CDCB phone advice lines.	CDCB AHCSA ASHC	
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.	Standardised clinical definitions and guidelines are developed and implemented.	CDCB ASHC AHCSA SAMESH RACGP	
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.	The number of AHCSA 'Sexually Transmitted Infections & Blood-Borne Viruses Handbooks' distributed to mainstream clinical services. Provision of clinical guidelines to through HealthPathways.	AHCSA ASHC ASHM CDCB PHNs SAHMRI SHINE SA	
4.10 Identify where Medicare can be utilised to incentivise STI and BBV screening.	A briefing paper is developed for presenting to AHPPC.	CDCB	<12 months

Priority Area 5: Surveillance and reporting

- > Increase access to surveillance data and support with relevant notification procedures.
- > Increase the distribution and sharing of relevant data and patient information as appropriate.
- > Increase the completion of Aboriginal and Torres Strait Islander information on relevant forms and records.
- > Increase quality assurance and auditing mechanisms.

Action	Output measure / performance indicator	Lead agency & partners	Time frame
5.1 Establish and maintain the Syphilis Register.	The Syphilis Register is established and maintained. Syphilis Register communication resources are developed and distributed.	CDCB ASHC	Immediate priority
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.	Data and information is provided to health services as required when there is a new occurrence of syphilis infection.	CDCB	
5.3 Provide regular reporting of outbreak data and information to health services and communities (standardise data collection statewide and access to timely data).	Data and information provided regularly to health services and communities.	CDCB AHCSA ACCHS	<12 months
5.4 Develop statewide guidelines for the surveillance of congenital syphilis based on the 'Syphilis - CDNA National Guidelines for Public Health Units'.	South Australian guidelines for the surveillance of congenital syphilis are developed and implemented.	CDCB	
5.5 Enable and support patient information sharing among regions and jurisdictions as appropriate.	Patient information sharing metrics.	CDCB ACCHS LHNs	1-3 years
5.6 Ensure Aboriginal and Torres Strait Islander data fields on test forms and records are complete and reported on.	Reporting data is provided and reported.	SAPath* ACCHS CDCB LHNs PHNs	
5.7 Provide pro-active support to testing doctors to ensure syphilis notification data is completed in a timely and thorough manner.	Notification data is complete and correct	CDCB	
5.8 Ensure regular quality assurance and auditing measures are maintained for clinical data.	Quality assurance and audit schedules are implemented for clinical data.	ACCHS AHCSA CDCB	

* SA Pathology

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
- > Draft South Australian Aboriginal STI and BBV Action Plan
- > 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)
RACGP	Royal Australian College of General Practitioners
SA Path	SA Pathology (SA Health)
SAHMRI	South Australian Health and Medical Research Institute
SAMESH	South Australia Mobilisation + Empowerment for Sexual Health
SASBAC	STI and BBV Advisory Committee (SA Health)
STI	sexually transmissible infection

Terms of Reference

February 2019

Name

The group shall be known as the South Australian Syphilis Outbreak Working Group.

Background

A multi-jurisdictional syphilis outbreak affecting Aboriginal and Torres Strait Islander people was first identified in January 2011 in northwest Queensland, followed by the Northern Territory in July 2013 and the Kimberley region of Western Australia in June 2014. South Australia declared an outbreak in March 2017 in the Far North and Western and Eyre regions. On 14 November 2018 Adelaide was also declared an outbreak region.

SA Health participates on the Commonwealth led and coordinated Multi-Jurisdictional Syphilis Outbreak Working Group, which is tasked with implementing the Australian Health Protection Principal Committee's Action Plan on an *'Enhanced response to addressing sexually transmissible infections in Indigenous populations'*.

The South Australian Syphilis Outbreak Working Group (the Working Group) was first established in April 2017 to monitor and coordinate the state response. In December 2018 the Working Group resolved to expand its membership to include relevant Local Health Network, Primary Health Network and workforce development representatives.

The South Australian Sexually Transmissible Infection and Blood Borne Virus Advisory Committee (SASBAC), chaired by the Chief Public Health Officer, provides an overarching strategic role in providing expert advice on the planning, implementation, monitoring and evaluation of strategies and activities that make up the whole of the South Australian health system's response to STI and BBV.

The Working Group will provide progress/outcome updates to each meeting of SASBAC via the Working Group Chair.

Purpose

The Working Group has developed these Terms of Reference to embed the partnership between government, non-government organisations, researchers, clinicians and affected communities into an action oriented and outcome focussed response to the ongoing syphilis outbreaks across South Australia.

Aim

The overarching aim of the Working Group is to reduce the transmission of, and morbidity caused by, syphilis in South Australian Aboriginal and Torres Strait Islander Communities.

Objectives

In pursuit of the Aim, the Working Group will:

1. be informed by local, state and national developments
2. coordinate the development of a SA Syphilis Outbreak Response Plan and oversee its implementation
3. develop relationships, through its individual members, with government and non-government organisations and service providers at a local level who will:
 - a. identify and implement strategies to increase opportunities for hard to reach populations to access HIV,STI and BBV screening, testing and treatment services locally
 - b. identify and implement opportunities for education and awareness raising activities targeted at:
 - i. health professionals
 - ii. at risk communities
 - iii. general community
4. identify and engage appropriate government and non-government funding sources or in-kind support
5. provide progress and outcome based information back to stakeholders, including affected communities
6. advise the SA Department for Health and Wellbeing (DHW), through SASBAC of any new, emerging or unaddressed issue of concern requiring higher level consideration and advice.

Chair

The Chair shall be a Medical Consultant from CDCB, whose primary goal is to lead the direction of the Working Group during the meeting, ensuring a focus on identifying issues, actions and responsibilities through outcome focussed discussion.

Membership

Working Group membership is organisational based and includes representatives from (alphabetically):

- > Aboriginal Health Council of SA (AHCSA)
- > Adelaide Primary Health Network (APHN)
- > Adelaide Sexual Health Centre (ASHC)
- > Central Adelaide Local Health Network (CALHN)
- > Country Health SA Local Health Network (CHSALHN)
- > Country SA Primary Health Network (CSAPHN)
- > Nganampa Health Council (NHC)
- > Northern Adelaide Local Health Network (NALHN)
- > SA Health's Communicable Disease Control Branch (CDCB)
- > SA Mobilisation and Empowerment for Sexual Health (SAMESH)
- > Sexual Health Information Networking and Education SA (SHINE SA)
- > South Australian Health and Medical Research Institute (SAHMRI)
- > Southern Adelaide Local Health Network (SALHN)
- > Women's and Children's Health Network (WCHN)

The Working Group is supported by secretariat from CDCB.

The Working Group may periodically seek input from individuals or organisations with specialist expertise in certain areas.

Appointment of members

Working Group members may propose and agree upon additional ongoing members as required. New members will be appointed by the Chair.

Term of membership

Membership will be ongoing for the term of the Working Group.

Proxies

If a member is unable to attend a scheduled meeting, they should nominate a proxy with similar knowledge and skills to attend in their place

Member responsibilities

Members agree to engage in outcomes focussed discussion, striving to produce outcomes for the affected communities. In addition to shared ownership, individual representative organisations specifically agree to all actions identified in the SA Syphilis Outbreak Response Plan, including providing periodic updates and reports on these action items.

Confidentiality

Sensitivities exist in identifying particular Aboriginal communities as being associated with outbreaks of blood-borne viruses and sexual transmissible infections. Members of the Working Group will have due regard to this when reporting back to, or discussing issues with, their particular constituents.

Draft documents or papers marked 'confidential' are for the exclusive use of the Committee members and are not to be copied or circulated unless authorisation is provided by the secretariat.

Operating procedures

- > Meeting frequency – ad hoc as driven by meeting outcomes, minimum quarterly.
- > Agenda – driven by membership, populated and distributed by secretariat from CDCB.
- > Minutes – by secretariat from CDCB.
- > Quorum – is half the members (or their proxy) plus one.

Review and amendment of the Terms of Reference

The Terms of Reference will be reviewed annually by the Working Group, with changes endorsed by the majority of Members. The term of the Working Group will also be reviewed at that time or sooner if deemed appropriate by members.

Version control and change history

Version	Date from	Date to	Amendment
1.0	12/02/19		Original document

References

- 1 E Fearnley, I Tribe, R Waddell, A Solly (2018). Surveillance of sexually transmitted infections and blood-borne viruses in South Australia, 2017. Epidemiological report 31 ISSN 2201 – 1994. Accessed online <https://www.sahealth.sa.gov.au/wps/wcm/connect/1daa68f0-b9aa-40ed-983d-1409a45ef18d/2017+Surveillance+of+STIs+and+BBVs+in+SA+-+Epi+Report+31.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-1daa68f0-b9aa-40ed-983d-1409a45ef18d-mAThWIY>
- 2 Kirby Institute (2018). HIV, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report 2018. Kirby Institute, UNSW, Sydney. Accessed online https://kirby.unsw.edu.au/sites/default/files/kirby/report/KI_Annual-Surveillance-Report-2018.pdf
- 3 Australian Department of Health (2019). Infectious Syphilis Outbreak. Accessed online <http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-infectious-syphilis-outbreak.htm>
- 4 Multijurisdictional Syphilis Outbreak Surveillance Report: May 2019. Accessed online [https://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/\\$File/14th-Surveil-Report-Apr19.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/71E8A32E7518E532CA25801A0009A217/$File/14th-Surveil-Report-Apr19.pdf)
- 5 The Health of Australia's Prisoners (2015). Australian Institute of Health and Welfare, Canberra. Accessed online [file://dhgsf05/usersl\\$/hskene02/Downloads/aihw-phe-207.pdf](file://dhgsf05/usersl$/hskene02/Downloads/aihw-phe-207.pdf)
- 6 MacPhail, C. and McKay, K. (2018), Social determinants in the sexual health of adolescent Aboriginal Australians: a systematic review. Health Soc Care Community, 26: 131-146. Accessed online <https://onlinelibrary.wiley.com/doi/full/10.1111/hsc.12355>
- 7 Australian Department of Health (2018). Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy 2018-2022. Accessed online [http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1//\\$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1//$File/ATSI-Fifth-Nat-Strategy-2018-22.pdf)

For more information

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