MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)
Meeting Communique, 16 June 2016

This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

The Multijurisdictional Syphilis Outbreak Working Group (MJSO) was formed by the Communicable Diseases Network of Australia (CDNA) in April 2015, in response to an ongoing outbreak of syphilis among Aboriginal and Torres Strait Islander people living largely in remote and rural areas of northern Australia. Increased notifications associated with the outbreak in northern Australia were first reported in January 2011 in northwest Queensland, followed by the Northern Territory (NT) in July 2013, and the Kimberley region of Western Australia (WA) in June 2014. This communique summarises the outbreak epidemiological data as of 31 May 2016 (current status), and the activities of the MJSO from 01 March - 31 May 2016.

Current status
Outbreak data to 31 May 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 May 2016.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 May 2016.

<table>
<thead>
<tr>
<th>Situation to-date, 31 May 2016</th>
<th>North Qld (four HHSs)</th>
<th>NT (four regions)</th>
<th>WA (Kimberley region)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outbreak commencement month/yr</td>
<td>January 2011</td>
<td>July 2013</td>
<td>June 2014</td>
</tr>
<tr>
<td>Total number of cases</td>
<td>598</td>
<td>309</td>
<td>54</td>
</tr>
<tr>
<td>Percent cases reported in 15-29 year age group</td>
<td>71%</td>
<td>84%</td>
<td>78%</td>
</tr>
<tr>
<td>% Male / % Female</td>
<td>47% / 53%</td>
<td>47% / 53%</td>
<td>33% / 67%</td>
</tr>
<tr>
<td>Congenital cases, confirmed (probable)</td>
<td>3 (1)</td>
<td>1 (2)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>-number of deaths in congenital cases</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Last reporting month, 1-31 May 2016</td>
<td>12</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Percent cases reported in 15-29 year age group</td>
<td>75%</td>
<td>100%</td>
<td>0%</td>
</tr>
<tr>
<td>% Male / % Female</td>
<td>67% / 33%</td>
<td>30% / 70%</td>
<td>100% / 0%</td>
</tr>
</tbody>
</table>

* 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 - Torres and Cape Hospital and Health Service area (from 1 December 2012); Cairns and Hinterland Hospital and Health Service area (from 1 August 2013); North West Hospital and Health Service area (from 1 January 2011); Townsville Hospital and Health Service area (from 1 January 2014); NT - Alice Springs or Barkly district (from 1 July 2013); Katherine district (from 1 May 2014); East Arnhem district (from 1 November 2015); WA - Kimberley region, Western Australia (from 1 June 2014), OR, is a sexual contact of a confirmed outbreak case.

* Affected regions include Torres and Cape, Cairns and Hinterland, North West, and Townsville Hospital and Health Services in Queensland; Alice Springs, Barkly, East Arnhem and Katherine regions in the Northern Territory, and: the Kimberley health region in Western Australia.

* Please note that all data are provisional and subject to change due to ongoing case investigation.
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Activities of the MJSO, 01 March 2016– 31 May 2016:
- Updated CDNA of the current outbreak situation and MJSO activities;
- Developed a paper which summarises the barriers and issues identified in the outbreak response and the proposed actions to address these barriers/issues;
- Submitted various abstracts to a number of conferences;
- Disseminated information through the GP Round Table and Aboriginal and Torres Strait Islander Health Partnership Forums;
- Agreed to the development of a centralised webpage which will provide information to the public on the outbreak; and
- Consulted with the MJSO’s Data Working Group (DWG), on a regular basis, to address epidemiological questions pertinent to the outbreak, including development of indicators to measure the goals in the MJSO’s Terms of Reference.

Community engagement
- A sub-group, Engaging Aboriginal and Torres Strait Islander Communities (EAC) meets monthly, and reports back to the MJSO with suggestions for improved community engagement. During this period, the EAC received Commonwealth approval for funding of a multijurisdictional campaign to increase community awareness of the outbreak and the need for testing.

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