

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 16 February 2017 (9th Communique)

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 January 2017 (current status), and the activities of the MJSO from 1 December 2016 – 31 January 2017.

Current status

Outbreak data to 31 January 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 January 2017^y.

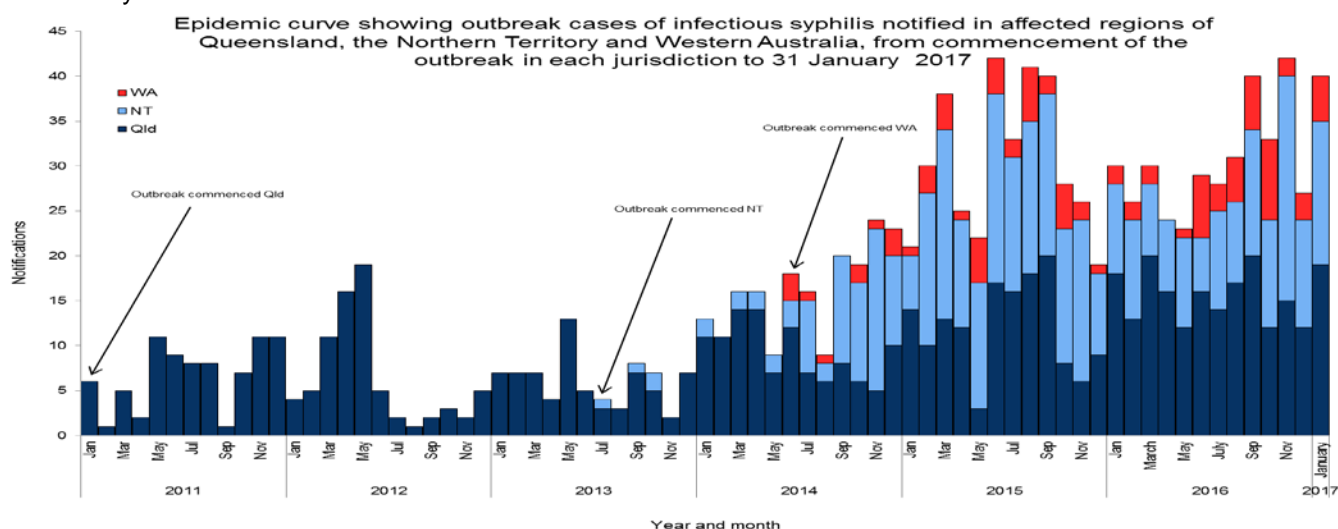


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 January 2017^y.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 31 January 2017			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	743	426	94
Percent cases reported in 15-29 year age group	69%	78%	68%
% Male / % Female	48% / 52%	46% / 54%	35% / 65%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1 December 2016 – 31 January 2017			
Number of cases ^a	31	28	8
Percent cases reported in 15-29 year age group	61%	75%	75%
% Male / % Female	52% / 48%	43% / 57%	37% / 63%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **OR**, is a sexual contact of a confirmed outbreak case.

^b 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.

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

Activities of the MJSO, 1 December 2016 – 31 January 2017:

- The Darwin Rural and Urban region of the Northern Territory was declared an outbreak region (from 1 January 2017);
- Proposed a number of actions aimed at addressing some of the barriers and issues identified in the outbreak response.

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 shared promotional material and engagement plans aimed to encourage testing and increase awareness among Aboriginal and Torres Strait Islander communities.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 23 March 2017 (10th Communique)

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 23 March 2017 (current status), and the activities of the MJSO from 1–28 February 2017.

Current status

Outbreak data to 28 February 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, and Western Australia from commencement of the outbreak in each jurisdiction to 28 February 2017^c.

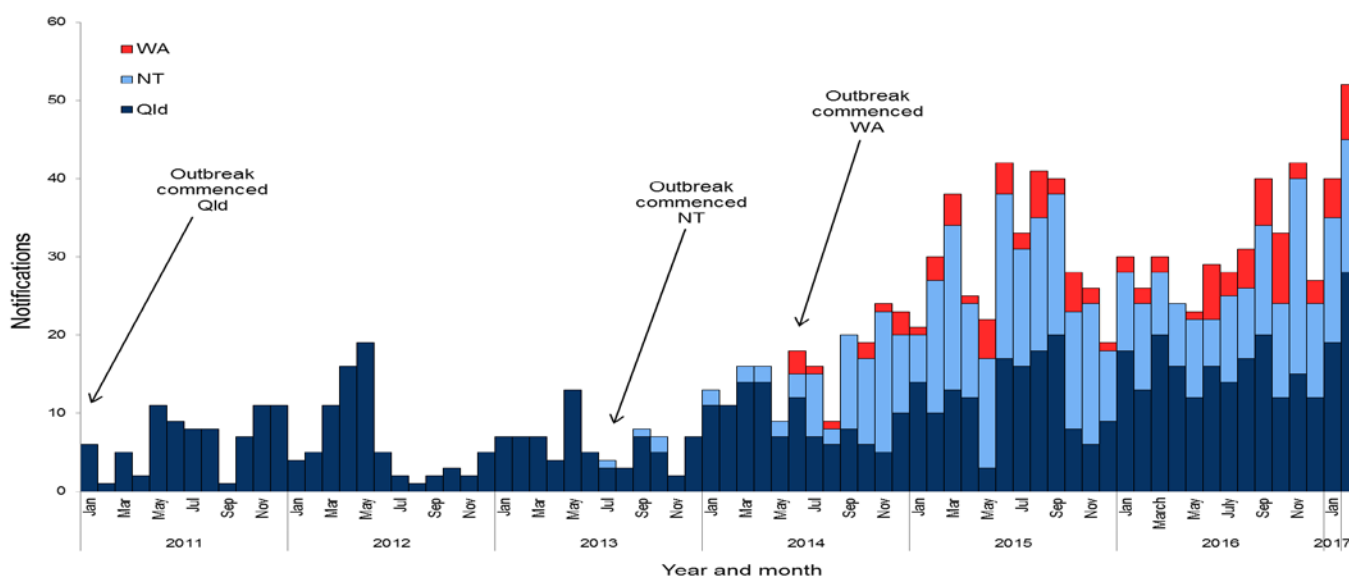


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 28 February 2017^c.

	North Qld (four HHS ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 28 February 2017			
Outbreak commencement month/year	January 2011	July 2013	June 2014
Total number of cases ^a	774	453	101
Percent cases reported in 15-29 year age group	69%	78%	68%
% Male / % Female	48% / 52%	45% / 55%	35% / 65%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1–28 February 2017			
Number of cases ^a	28	17	7
Percent cases reported in 15-29 year age group	61%	76%	58%
% Male / % Female	46% / 54%	29% / 71%	29% / 71%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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.

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

Activities of the MJSO, 1 February – 28 February 2017:

- Provided an update to the CDNA and the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) of the Australian Health Protection Principal Committee (AHPCC) on the outbreak status and activities of the MJSO Working Group.
- Continued to discuss a number of actions aimed at addressing some of the barriers and issues identified in the outbreak response.

Community engagement

- The MJSO Working Group discussed the Engaging Aboriginal and Torres Strait Islander Communities (EAC) sub-group, and agreed to further consider the membership and structure of the sub-group to more effectively meet the aims of the EAC.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communiqué, 20 April 2017 (11th Communiqué)

This communiqué 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. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre regions from November 2016.

This communiqué summarises the outbreak epidemiological data as of 20 April 2017 (current status), and the activities of the MJSO from 1–31 March 2017.

Current status

Outbreak data to 31 March 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 March 2017^y.

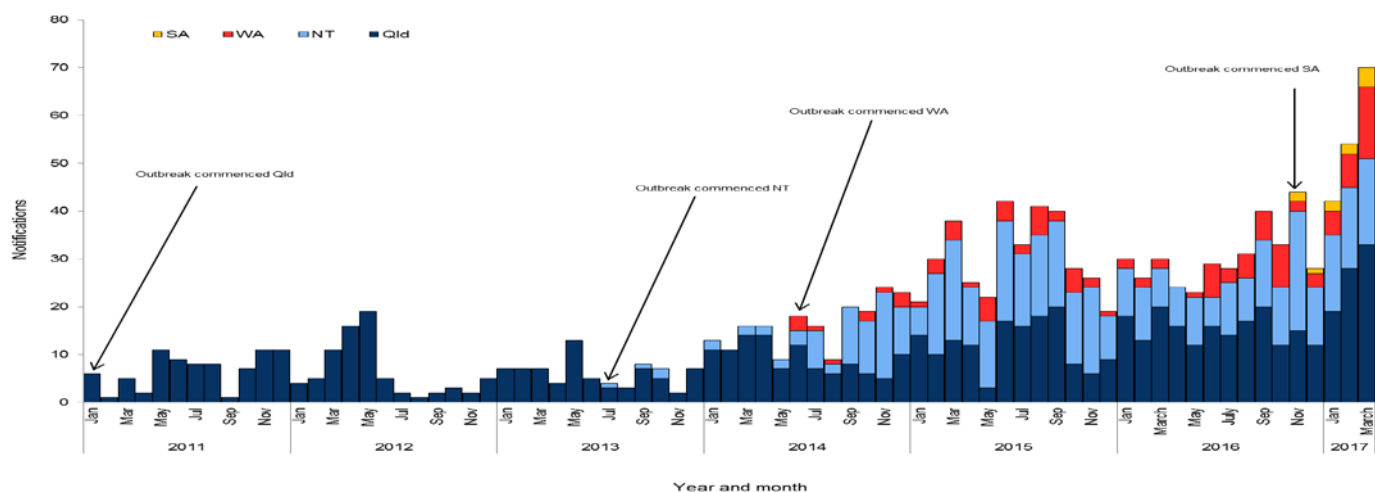


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 March 2017^y.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (Western/Eyre regions)
Situation to-date, 31 March 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	808	471	116	11
Percent cases reported in 15-29 year age group	69%	77%	68%	64%
% Male / % Female	49% / 51%	45% / 55%	34% / 66%	55% / 45%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	4	0	0	0
Last reporting month, 1–31 March 2017				
Number of cases ^a	33	18	15	4
Percent cases reported in 15-29 year age group	76%	44%	73%	75%
% Male / % Female	58% / 42%	44% / 56%	33% / 67%	50% / 50%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014); **SA** - Western and Eyre regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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; the Kimberley health region in Western Australia, and; Western and Eyre regions in South Australia.

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

Activities of the MJSO, 1 – 31 March 2017:

- Commenced a review of the 2015 National Guidelines for Syphilis in the context of the outbreak.
- Continued to discuss a number of actions aimed at addressing some of the barriers and issues identified in the outbreak response.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 18 May 2017 (12th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre regions from November 2016.

This communique summarises the outbreak epidemiological data as of 18 May 2017 (current status), and the activities of the MJSO from 1–30 April 2017.

Current status

Outbreak data to 30 April 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 April 2017^c.

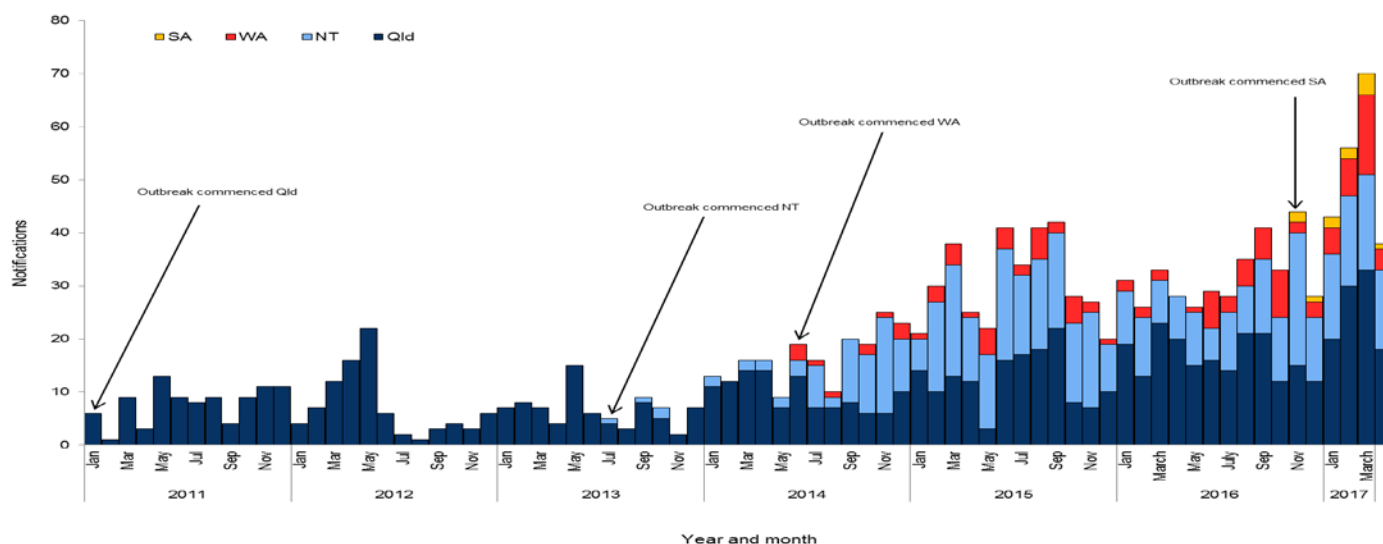


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 April 2017^c.

	North Qld (four HHS ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (Western/Eyre regions)
Situation to-date, 30 April 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	826	491	121	12
Percent cases reported in 15-29 year age group	69%	75%	69%	67%
% Male / % Female	48% / 52%	46% / 54%	36% / 64%	50% / 50%
Congenital cases, confirmed (probable)	3 (2)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	4	0	0	0
Last reporting month, 1–30 April 2017				
Number of cases ^a	18	15	4	1
Percent cases reported in 15-29 year age group	78%	40%	75%	100%
% Male / % Female	33% / 67%	73% / 27%	75% / 25%	0% / 100%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western and Eyre regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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; the Kimberley health region in Western Australia, and; Western and Eyre regions in South Australia.

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

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 22 June 2017 (13th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 22 June 2017 (current status), and the activities of the MJSO from 1–31 May 2017.

Current status

Outbreak data to 31 May 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 May 2017^c.

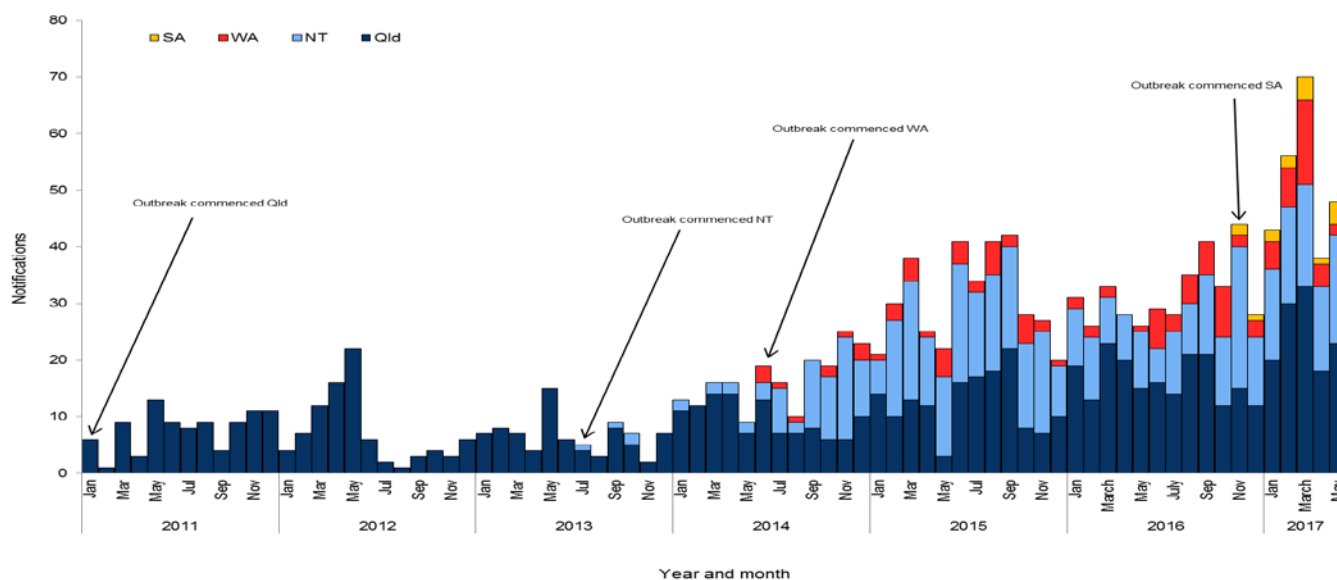


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 May 2017^c.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 May 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	852	509	123	16
Percent cases reported in 15-29 year age group	69%	74%	68%	56%
% Male / % Female	48% / 52%	46% / 54%	36% / 64%	50% / 50%
Congenital cases, confirmed (probable)	3 (2)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	4	0	0	0
Last reporting month, 1–31 May 2017				
Number of cases ^a	23	19	2	4
Percent cases reported in 15-29 year age group	65%	53%	50%	25%
% Male / % Female	61% / 39%	42% / 58%	50% / 50%	50% / 50%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

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

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 20 July 2017 (14th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 20 July 2017 (current status).

Current status

Outbreak data to 30 June 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^α notified in affected regions^β of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 June 2017^γ.

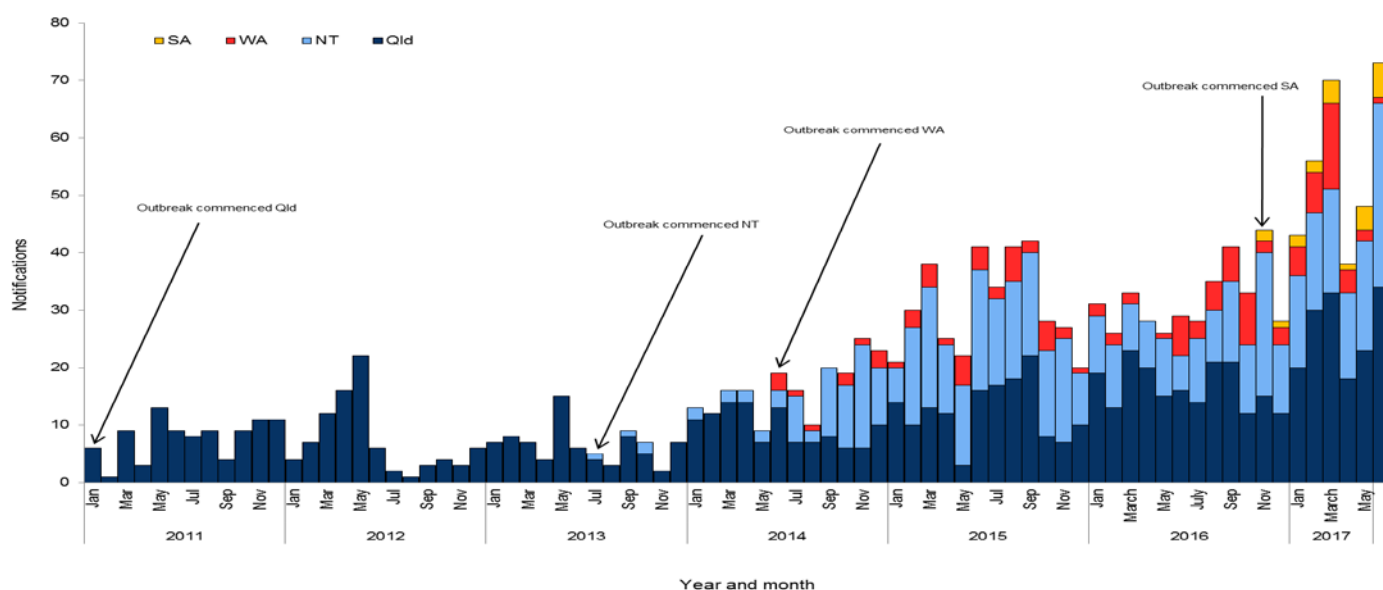


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 June 2017^γ.

	North Qld (four HHSs ^β)	NT (four regions ^β)	WA (Kimberley region)	SA (three regions ^β)
Situation to-date, 30 June 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^α	887	542	124	22
Percent cases reported in 15-29 year age group	69%	72%	69%	55%
% Male / % Female	48% / 52%	46% / 54%	35% / 65%	50% / 50%
Congenital cases, confirmed (probable)	3 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–30 June 2017				
Number of cases ^α	34	32	1	6
Percent cases reported in 15-29 year age group	59%	47%	100%	50%
% Male / % Female	41% / 59%	50% / 50%	0% / 100%	50% / 50%

^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** - 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^β 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; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

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

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 17 August 2017 (15th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 17 August 2017 (current status).

Current status

Outbreak data to 31 July 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 July 2017^c.

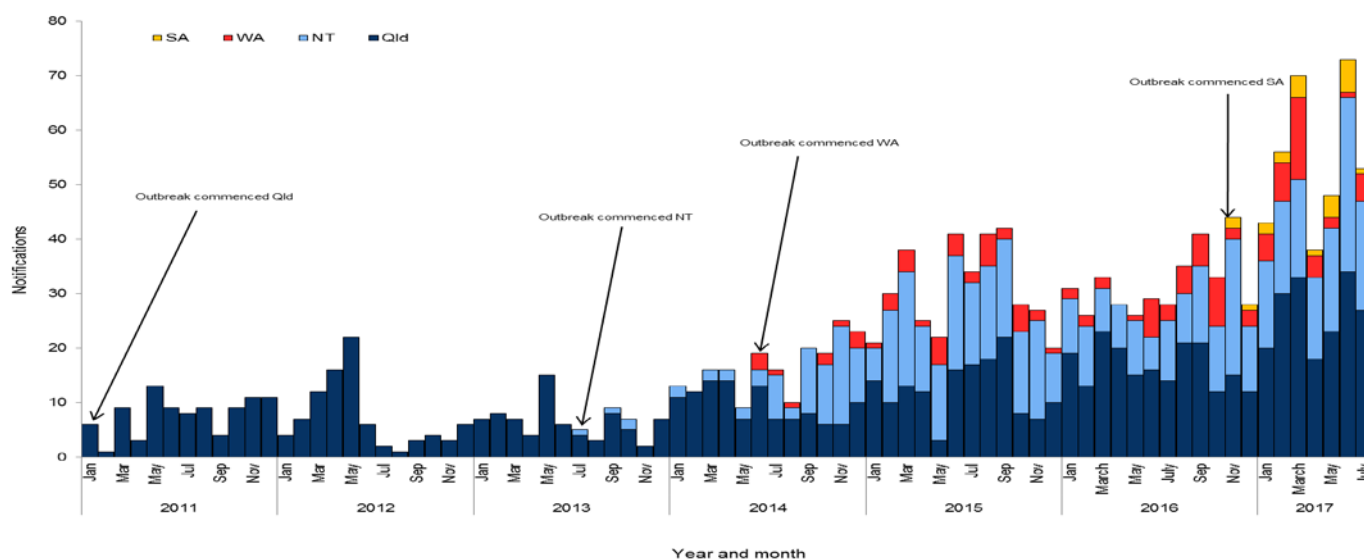


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 July 2017^c.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 July 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	915	562	129	22
Percent cases reported in 15-29 year age group	68%	71%	70%	41%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%	55% / 45%
Congenital cases, confirmed (probable)	3 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–31 July 2017				
Number of cases ^a	27	20	5	1
Percent cases reported in 15-29 year age group	52%	50%	100%	0%
% Male / % Female	48% / 52%	50% / 50%	60% / 40%	100% / 0%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

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

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 21 September 2017 (16th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 21 September 2017 (current status).

Current status

Outbreak data to 31 August 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 August 2017^v.

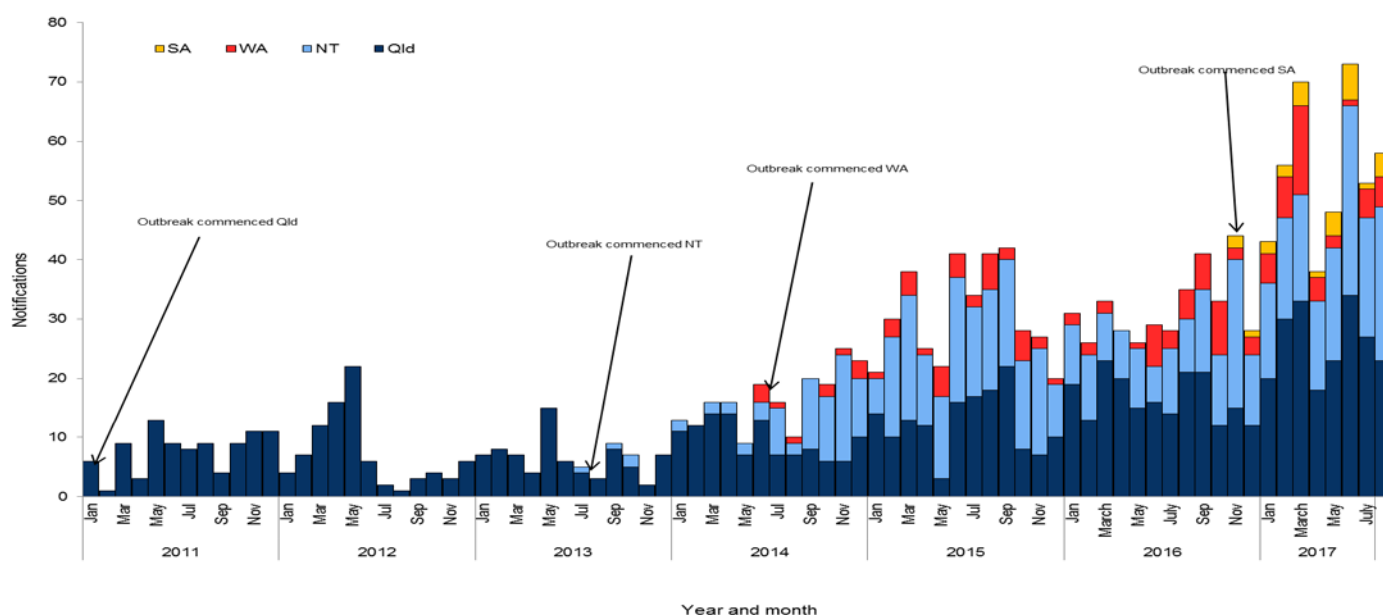


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 August 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 31 August 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	941	588	134	26
Percent cases reported in 15-29 year age group	68%	70%	69%	50%
% Male / % Female	49% / 51%	47% / 53%	37% / 63%	54% / 46%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–31 August 2017				
Number of cases ^a	23	26	5	4
Percent cases reported in 15-29 year age group	56%	50%	40%	25%
% Male / % Female	44% / 56%	62% / 38%	40% / 60%	50% / 50%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

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

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 19 October 2017 (17th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western, Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 19 October 2017 (current status).

Current status

Outbreak data to 30 September 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 September 2017^c.

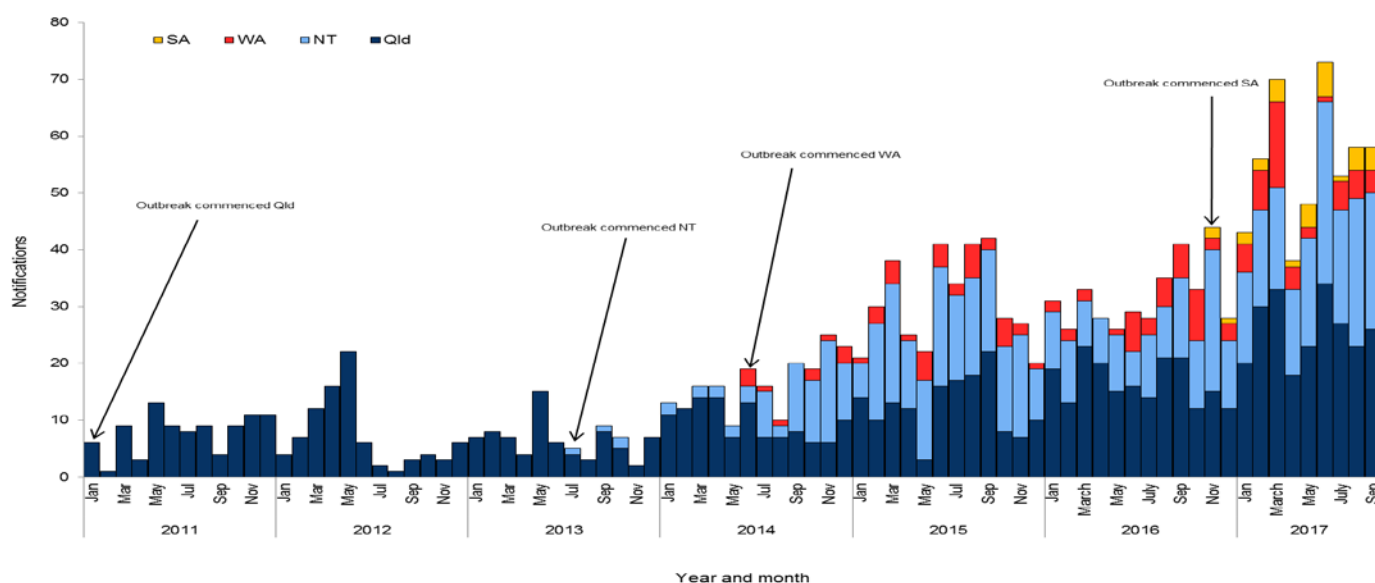


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 September 2017^c.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 30 September 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	966	614	138	30
Percent cases reported in 15-29 year age group	68%	69%	70%	47%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%	46% / 54%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–30 September 2017				
Number of cases ^a	26	24	4	4
Percent cases reported in 15-29 year age group	73%	29%	100%	25%
% Male / % Female	35% / 65%	25% / 75%	25% / 75%	25% / 75%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Western, Eyre and Far North regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

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

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 23 November 2017 (18th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 23 November 2017 (current status).

Current status

Outbreak data to 31 October 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^α notified in affected regions^β of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 31 October 2017^γ.

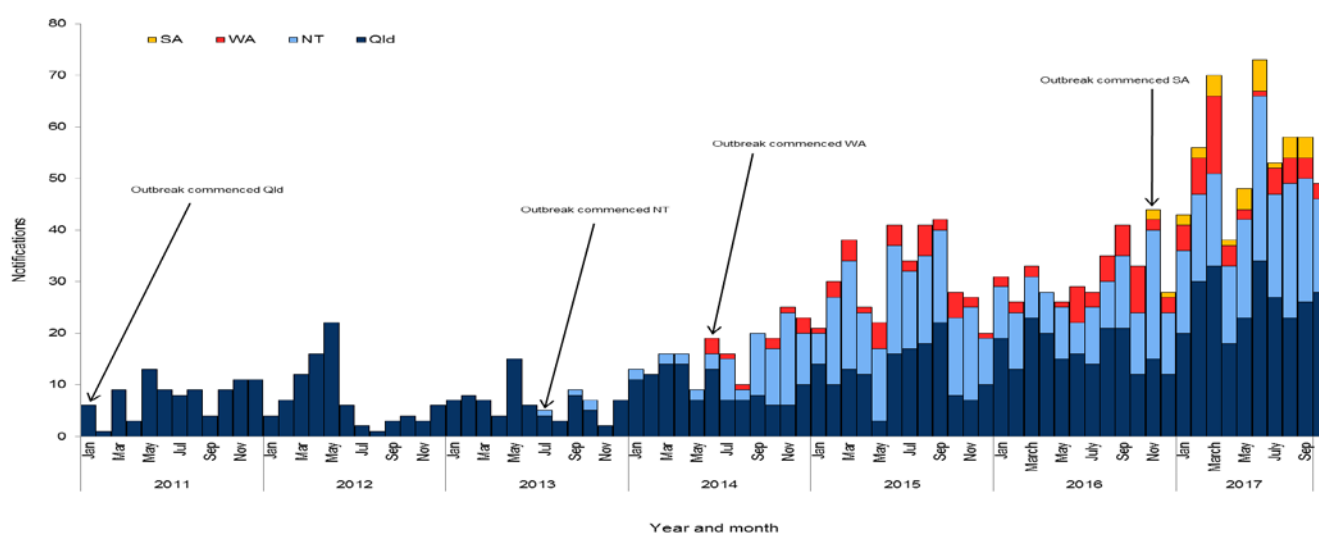


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 31 October 2017^γ.

	North Qld (four HHSs ^β)	NT (four regions ^β)	WA (Kimberley region)	SA (three regions ^β)
Situation to-date, 31 October 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^α	994	634	141	30
Percent cases reported in 15-29 year age group	68%	67%	70%	47%
% Male / % Female	47% / 53%	47% / 53%	35% / 65%	50% / 50%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–31 October 2017				
Number of cases ^α	28	18	3	0
Percent cases reported in 15-29 year age group	64%	22%	100%	-
% Male / % Female	54% / 46%	50% / 50%	0% / 100%	-

^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** - 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Far North and Western and Eyre and regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^β 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; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

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

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 21 December 2017 (19th Communique)

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. In March 2017, South Australia (SA) declared an outbreak in the Western and Eyre and Far North regions from November 2016.

This communique summarises the outbreak epidemiological data as of 21 December 2017 (current status).

Current status

Outbreak data to 30 November 2017 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis^a notified in affected regions^b of Queensland, the Northern Territory, Western Australia and South Australia from commencement of the outbreak in each jurisdiction to 30 November 2017^v.

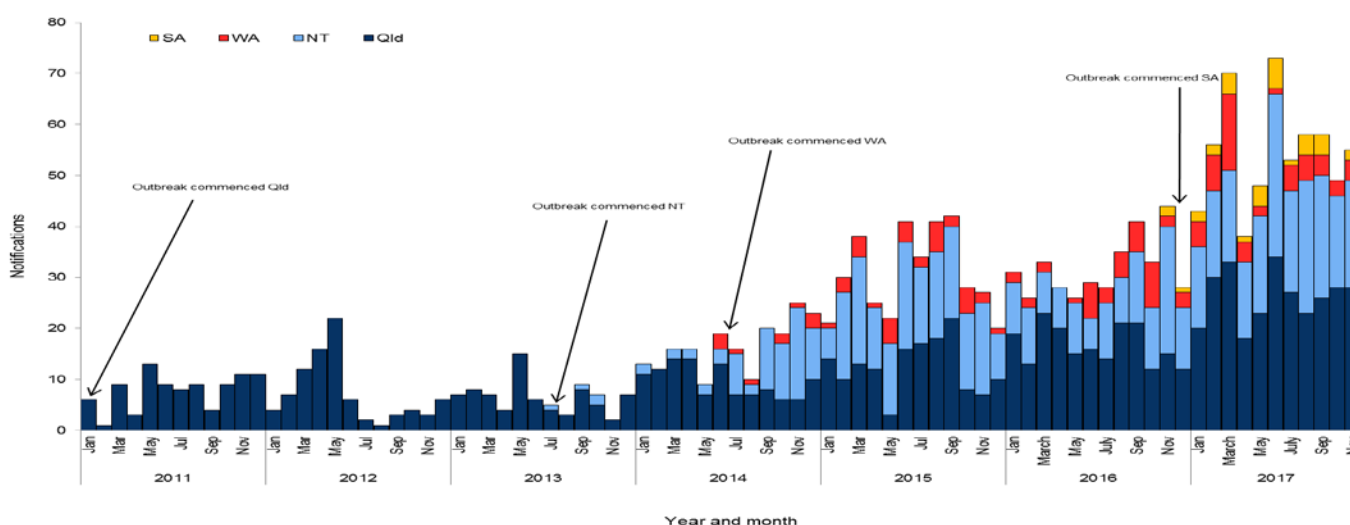


Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory, Western Australia and South Australia, to 30 November 2017^v.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)	SA (three regions ^b)
Situation to-date, 30 November 2017				
Outbreak commencement month/year	January 2011	July 2013	June 2014	November 2016
Total number of cases ^a	1022	655	145	32
Percent cases reported in 15-29 year age group	67%	68%	70%	47%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%	47% / 53%
Congenital cases, confirmed (probable)	4 (3)	2 (2)	0 (0)	1 (0)
-number of deaths in congenital cases	5	0	0	0
Last reporting month, 1–30 November 2017				
Number of cases ^a	28	21	4	2
Percent cases reported in 15-29 year age group	61%	81%	75%	50%
% Male / % Female	39% / 61%	57% / 43%	50% / 50%	100%/0%

^a 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); Darwin Rural and Urban (from 1 January 2017); **WA** - Kimberley region, Western Australia (from 1 June 2014), **SA** - Far North and Western and Eyre and regions (from 15 November 2016) **OR**, is a sexual contact of a confirmed outbreak case.

^b 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; the Kimberley health region in Western Australia, and; Western, Eyre and Far North regions in South Australia.

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