

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 24 March 2016 (1st communique)

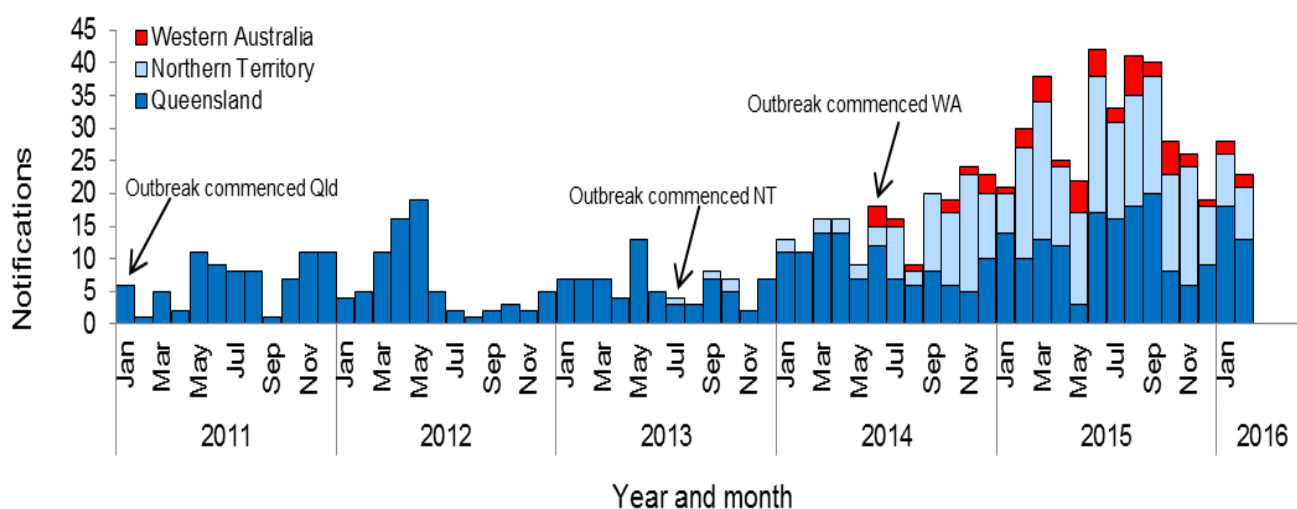
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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 29 February 2016 (current status), and the activities of the MJSO from 01 October 2015 -- 29 February 2016.

Current status

Outbreak data to 29 February 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹ notified in affected regions² of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 29 February 2016.



¹ 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.

² 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 29 February 2016³.

	North Qld (four HHSs ^β)	NT (four regions ^β)	WA (Kimberley region)
Situation to---date, 29 February 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^α	510	277	51
Percent cases reported in 15---29 year age group	72%	79%	80%
% Male / % Female	44% / 56%	50% / 50%	31% / 69%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
---number of deaths in congenital cases	3	0	0
Last reporting month, 1---29 Feb 2016			
Number of cases ^α	13	8	2
Percent cases reported in 15---29 year age group	54%	50%	50%
% Male / % Female	54% / 46%	50% / 50%	100% / 0%

Activities of the MJSO, 1 October 2015 - 29 February 2016:

- updated CDNA of the current outbreak situation and MJSO activities. CDNA supported the proposal for a multijurisdictional campaign to increase community awareness of the outbreak and the need for testing (see community engagement below).
- ensured that correct information regarding the outbreak was in the public domain by submitting a paper describing the outbreak epidemiology to the journal Communicable Diseases Intelligence (CDI).
- identified the need for information sharing about health promotion initiatives and set up a platform to facilitate this.
- created a 'Data working group' to address epidemiological questions pertinent to the outbreak, including: what data are needed to monitor the epidemiology of the outbreak and control efforts at the local, regional and multijurisdictional levels; and how to interpret data on testing coverage and positivity to guide outbreak responses.

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:

- developed a checklist for jurisdictions to use when engaging with communities
- recommended the need for infectious syphilis and antenatal testing rates to be provided to staff at the local service provider level
- submitted a proposal to the Commonwealth for funding of a multijurisdictional campaign to increase community awareness of the outbreak and the need for testing.

³ **Please note that all data are provisional and subject to change due to ongoing case investigation.**

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 16 June 2016 (2nd communique)

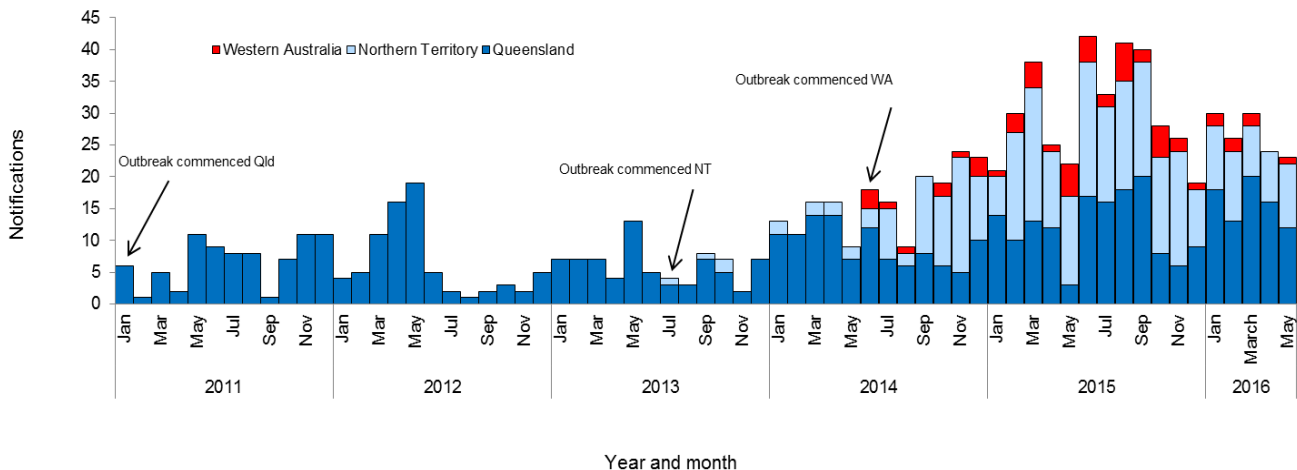
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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 May 2016 (current status), and the activities of the MJSO from 1 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 syphilis⁴ notified in affected regions⁵ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 May 2016⁶.



⁴ 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.

⁵ 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 May 2016⁶.

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

Activities of the MJSO, 1 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.

⁶ 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 July 2016 (3rd communique)

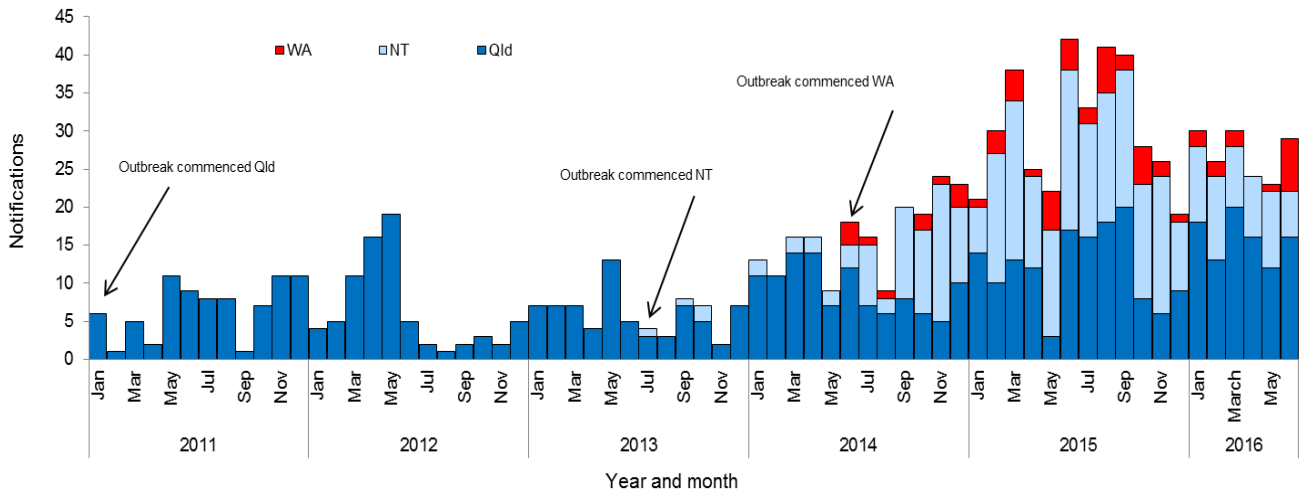
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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 30 June 2016 (current status), and the activities of the MJSO from 1 June – 30 June 2016.

Current status

Outbreak data to 30 June 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis⁷ notified in affected regions⁸ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 30 June 2016^v.



⁷ 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.

⁸ 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 30 June 2016⁹.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 30 June 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	618	316	61
Percent cases reported in 15-29 year age group	71%	83%	74%
% Male / % Female	48% / 52%	47% / 53%	34% / 66%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
-number of deaths in congenital cases	3	0	0
Last reporting month, 1-30 June 2016			
Number of cases ^a	16	6	7
Percent cases reported in 15-29 year age group	63%	50%	0%
% Male / % Female	63% / 38%^	50% / 50%	43% / 57%

Activities of the MJSO, 01 June 2016 – 30 June 2016:

- Finalised the development of a paper which summarises the barriers and issues identified in the outbreak response and the proposed actions to address these barriers/issues;
- Finalised the development of a paper which will update the Australian Health Protection Principal Committee on the current outbreak situation and MJSO activities; and
- Endorsed a congenital syphilis outbreak case definition, developed by the MJSO's Data Working Group (DWG).

Community engagement

- During this period, the Community Awareness Campaign plan, arising from a proposal put forward by the MJSO's Aboriginal and Torres Strait Islander Community Engagement Sub-committee (EAC), was approved by the Commonwealth. This multijurisdictional campaign will aim to increase community awareness of the outbreak and the need for testing.

⁹ Please note that all data are provisional and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 18 August 2016 (4th communique)

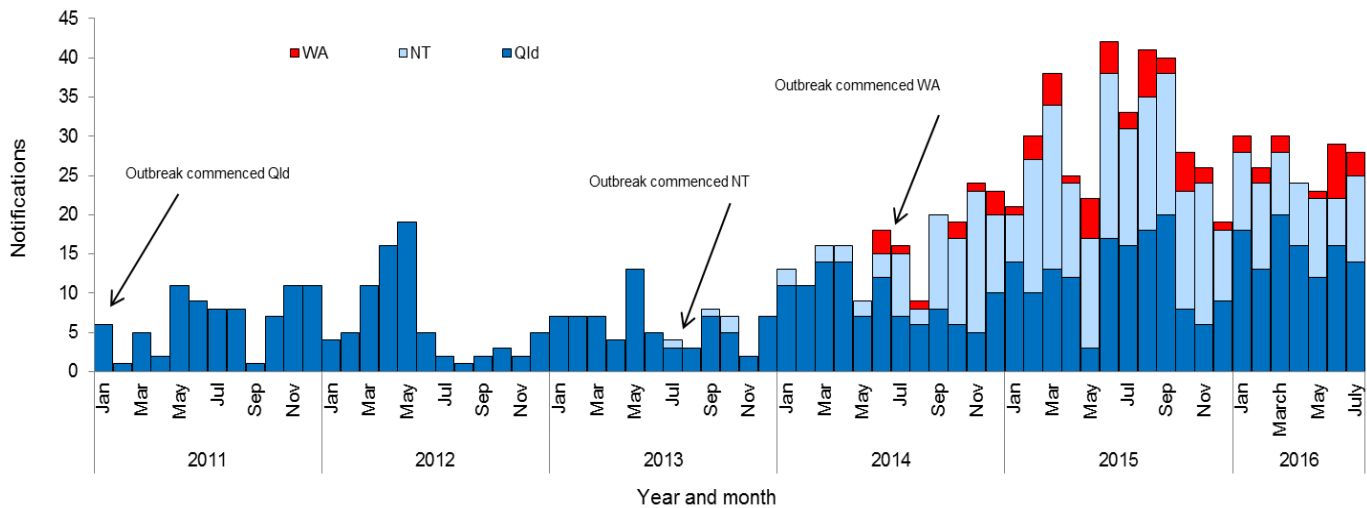
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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

Current status

Outbreak data to 31 July 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹⁰ notified in affected regions¹¹ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 July 2016⁷.



¹⁰ 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.

¹¹ 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 July 2016¹².

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 31 July 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	633	328	64
Percent cases reported in 15-29 year age group	71%	83%	72%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
-number of deaths in congenital cases	3	0	0
Last reporting month, 1-31 July 2016			
Number of cases ^a	14	11	3
Percent cases reported in 15-29 year age group	50%	82%	67%
% Male / % Female	57% / 43%	45% / 55%	67% / 33%

Activities of the MJSO, 1 July 2016 – 31 July 2016:

- Proposed a number of actions to address some of the barriers and issues identified in the outbreak response; and
- Provided an update to the Australian Health Protection Principal Committee on the current outbreak situation and MJSO activities.

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 discussed alternative testing methods to be used alongside the Commonwealth funded Community Awareness Campaign. The purpose of this approach is to increase testing among young Aboriginal and Torres Strait people.

¹² **Please note that all data are provisional and subject to change due to ongoing case investigation.**

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 15 September 2016 (5th communique)

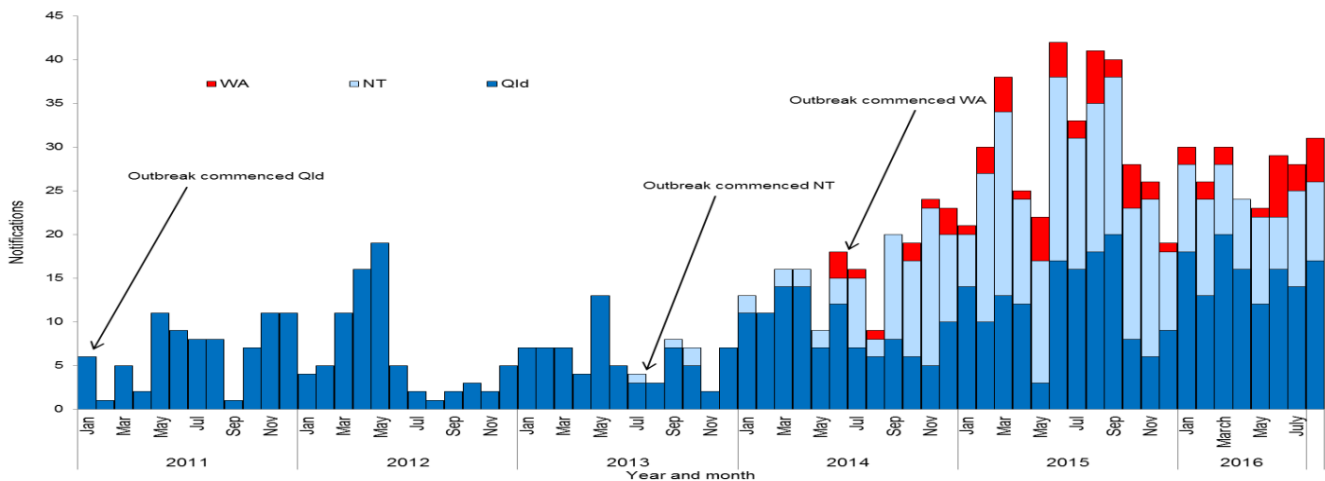
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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

Current status

Outbreak data to 31 August 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹³ notified in affected regions¹⁴ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 August 2016⁷.



¹³ 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.

¹⁴ 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 August 2016¹⁵.

	North Qld (four HHSs ^B)	NT (four regions ^B)	WA (Kimberley region)
Situation to-date, 31 August 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^A	653	342	69
Percent cases reported in 15-29 year age group	70%	79%	71%
% Male / % Female	48% / 52%	46% / 54%	35% / 65%
Congenital cases, confirmed (probable)	3 (1)	1 (2)	0 (0)
-number of deaths in congenital cases	3	0	0
Last reporting month, 1-31 August 2016			
Number of cases ^A	17	9	5
Percent cases reported in 15-29 year age group	41%	77%	60%
% Male / % Female	65% / 35%	44% / 56%	20% / 80%

Activities of the MJSO, 1 August 2016 – 31 August 2016:

- Provided an update to CDNA on the current outbreak situation and MJSO activities;
- Agreed to streamline the MJSO reporting requirements; and
- Agreed to review the current targets outlined in the Syphilis National guidelines for public health units and adapting those as necessary to the context of the syphilis outbreak.

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 agreed to provide comments on the Community Awareness Campaign's plans and materials. Given the coverage of the campaign across northern Australia, it is important that members of this group have input from their local area perspective.

¹⁵ 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 October 2016 (6th communique)

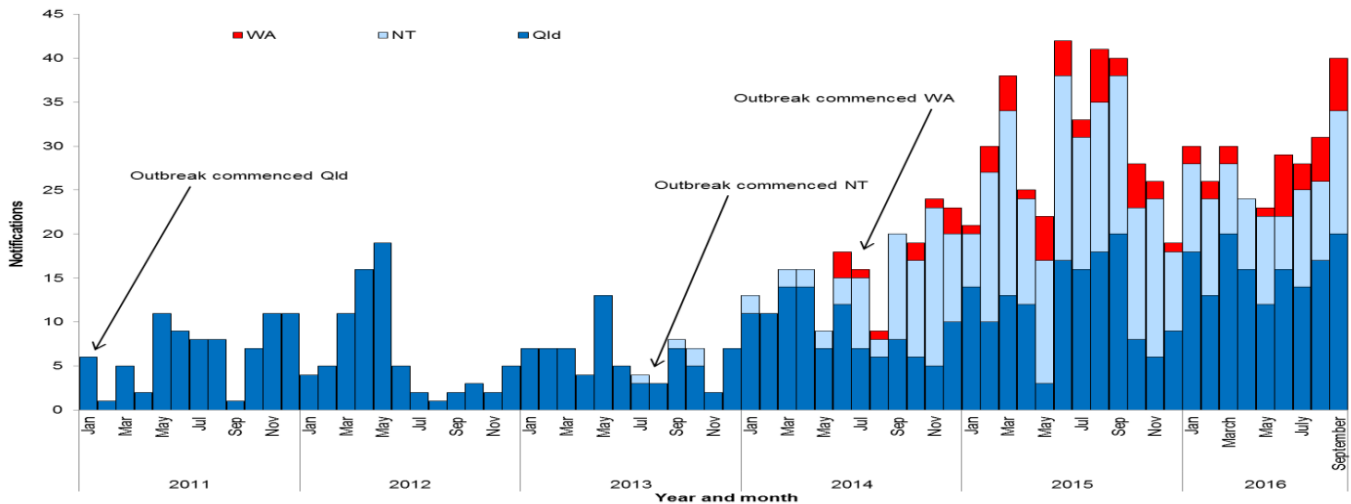
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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 30 September 2016 (current status), and the activities of the MJSO from 1 September – 30 September 2016.

Current status

Outbreak data to 30 September 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹⁶ notified in affected regions¹⁷ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 30 September 2016¹.



¹⁶ 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.

¹⁷ 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 30 September 2016¹⁸.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 30 September 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	681	361	75
Percent cases reported in 15-29 year age group	70%	79%	68%
% Male / % Female	48% / 52%	47% / 53%	36% / 64%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1-30 September 2016			
Number of cases ^a	20	14	6
Percent cases reported in 15-29 year age group	65%	86%	33%
% Male / % Female	30% / 70%	64% / 36%	50% / 50%

Activities of the MJSO, 1 September 2016 – 30 September 2016:

- Published a webpage on the Department of Health's website to provide information regarding the infectious syphilis outbreak affecting Aboriginal and Torres Strait Islander people living in northern Australia;
- Sought agreement from CDNA to review the current targets outlined in the Syphilis National guidelines for public health units and adapting those as necessary to the context of the syphilis outbreak;
- Considered the possible role of the syphilis point of care tests as part of the outbreak response strategy to rapidly screen communities and provide immediate treatment to those with a positive result; and
- Explored new changes to the syphilis case definition.

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.

¹⁸ Please note that all data are provisional and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 24 November 2016 (7th communique)

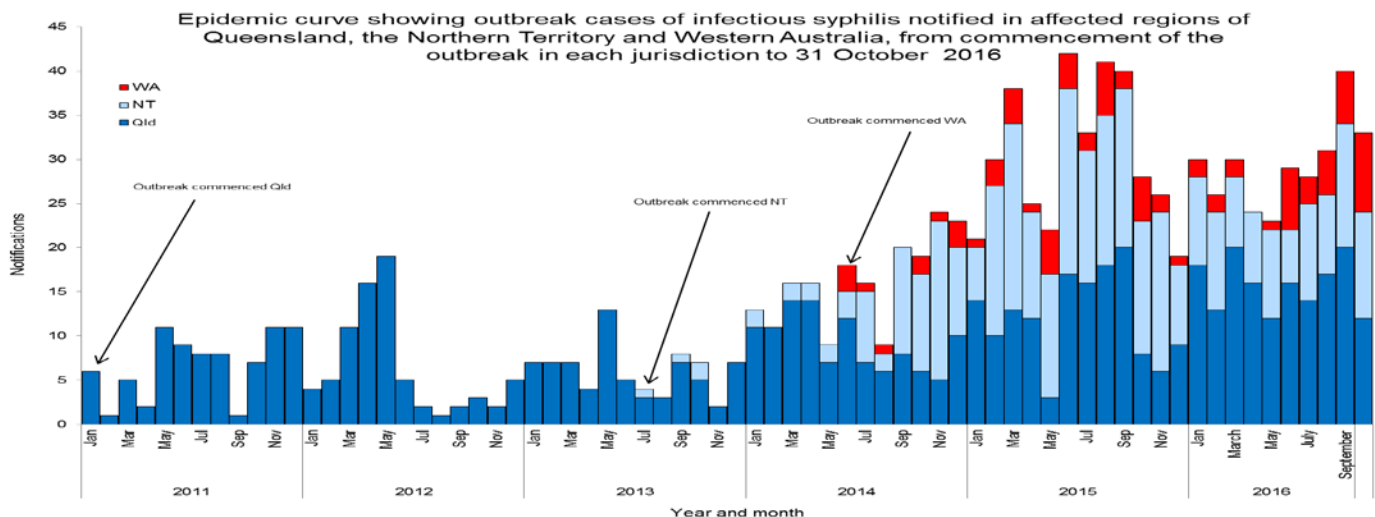
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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

Current status

Outbreak data to 31 October 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis¹⁹ notified in affected regions²⁰ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 31 October 2016^y.



¹⁹ 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.

²⁰ 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 31 October 2016²¹.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 31 October 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	693	372	84
Percent cases reported in 15-29 year age group	70%	79%	69%
% Male / % Female	48% / 52%	47% / 53%	34% / 66%
Congenital cases, confirmed (probable)	3 (2)	1 (2)	0 (0)
-number of deaths in congenital cases	4	0	0
Last reporting month, 1-31October 2016			
Number of cases ^a	12	12	9
Percent cases reported in 15-29 year age group	75%	92%	66%
% Male / % Female	42% / 58%	42% / 58%	22% / 78%

Activities of the MJSO, 1 October – 31 October 2016:

- Presented epidemiological data and public health response activities at the 2016 Australasian Sexual Health Conference.
- Sought agreement from CDNA to review the current targets outlined in the Syphilis National guidelines for public health units and adapting those as necessary to the context of the syphilis outbreak.
- Considered the possible role of the syphilis point of care tests as part of the outbreak response strategy to rapidly screen communities and provide immediate treatment to those with a positive result.

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.

²¹ Please note that all data are provisional and subject to change due to ongoing case investigation.

MULTIJURISDICTIONAL SYPHILIS OUTBREAK WORKING GROUP (MJSO)

Meeting Communique, 15 December 2016 (8th communique)

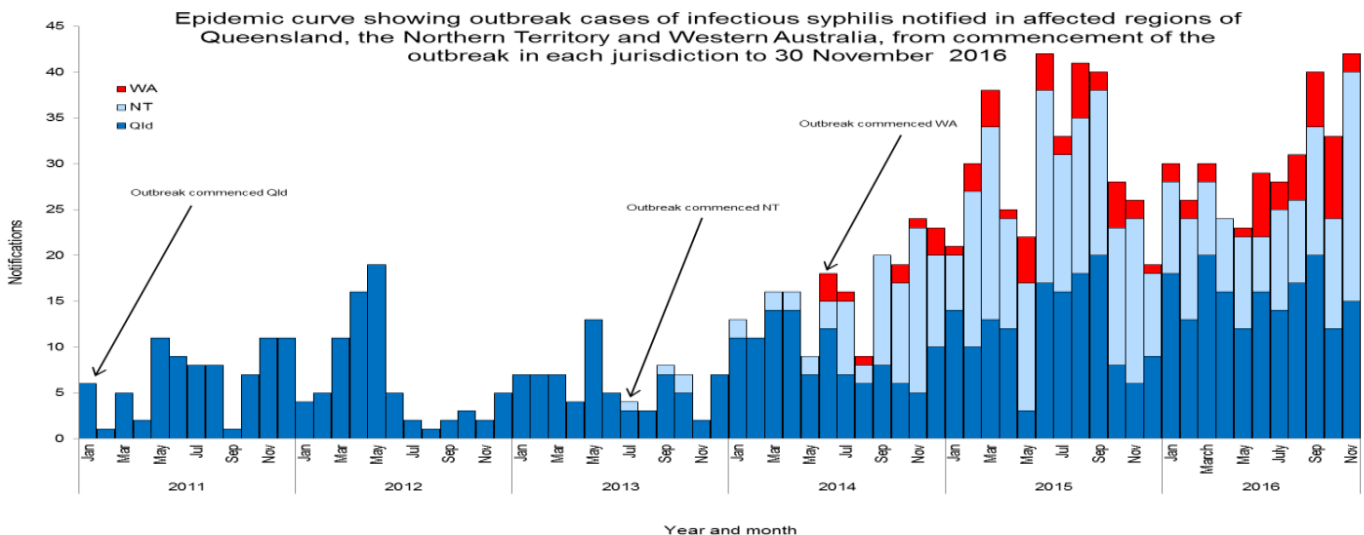
This communique has been authorised by the chair of the MJSO, Dr Nathan Ryder.

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 30 November 2016 (current status), and the activities of the MJSO from 1 – 30 November 2016.

Current status

Outbreak data to 30 November 2016 are summarised in Figure 1 and Table 1 below.

Figure 1. Epidemic curve showing outbreak cases of infectious syphilis²² notified in affected regions²³ of Queensland, the Northern Territory and Western Australia, from commencement of the outbreak in each jurisdiction to 30 November 2016^v.



²² 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.

²³ 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.

Table 1. Characteristics of outbreak cases of infectious syphilis notified in affected regions of Queensland, the Northern Territory and Western Australia, to 30 November 2016²⁴.

	North Qld (four HHSs ^b)	NT (four regions ^b)	WA (Kimberley region)
Situation to-date, 30 November 2016			
Outbreak commencement month/yr	January 2011	July 2013	June 2014
Total number of cases ^a	709	397	86
Percent cases reported in 15-29 year age group	70%	79%	67%
% 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, 1-30 November 2016			
Number of cases ^a	15	25	2
Percent cases reported in 15-29 year age group	67%	76%	0%
% Male / % Female	60% / 40%	36% / 64%	50% / 50%

²⁴ Please note that all data are provisional and subject to change due to ongoing case investigation.