

Notifications of syphilis in Queensland 2010–2015

Communicable Diseases Branch

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Summary

A total of 3,819 syphilis cases were notified in Queensland between 1 January 2010 and 31 December 2015: 2,247 (58.8%) cases were infectious syphilis (≤ 2 years duration), 1,562 (40.9%) cases were late latent syphilis (> 2 years duration), and 10 (0.3%) cases were congenital syphilis.

There has been an upward trend in notifications of infectious syphilis, from 228 notifications in 2010 to 565 in 2015. Statewide notification rates have more than doubled from 5.2 cases per 100,000 population per year in 2010 to 12.1 cases per 100,000 population per year in 2015.

Of the 2,247 infectious syphilis cases notified, 1,437 (64.0%) were attributable to non-Indigenous males, 58 (2.6%) to non-Indigenous females, 349 (15.5%) to Aboriginal and Torres Strait Islander males and 358 (15.9%) to Aboriginal and Torres Strait Islander females (45 cases with missing data on Indigenous status). Over half (57.1%) of the notifications in Aboriginal and Torres Strait Islander people were among the group aged 15-24 years and 72.1 per cent among 15-29 years old. Non-Indigenous male cases were distributed evenly across age groups from 20-24 years to 45-49 years.

The increase in infectious syphilis notification rates has been most marked for Aboriginal and Torres Strait Islander males and females, and for non-Indigenous males. Among Aboriginal and Torres Strait Islander people the notification rate more than doubled from 37.9 per 100,000 per year in 2010 to 82.2 per 100,000 per year in 2015 (for males from 42.4 per 100,000 per year in 2010 to 88.1 per 100,000 per year in 2015 and for females from 33.5 per 100,000 per year in 2010 to 76.4 per 100,000 per year in 2015). The non-Indigenous male notification rate also more than doubled from 7.0 per 100,000 per year in 2010 to 16.8 per 100,000 per year in 2015; the non-Indigenous female notification rate remained stable, at less than 1 per 100,000 per year across years.

In north Queensland, more than 75 per cent of infectious syphilis cases were notified in Aboriginal and Torres Strait Islander people; in south Queensland the corresponding proportion was approximately 5 per cent.

The majority of infectious syphilis notifications were attributable to non-Indigenous men who had sex with men (1,189, 52.9% of total cases), followed by Aboriginal and Torres Strait Islander females who reported sexual contact with the opposite sex (334, 14.9%), and cases in Aboriginal and Torres Strait Islander males who reported sexual contact with the opposite sex (243, 10.8%) or with the same sex (68, 3.0%).

Nationally and in Queensland, infectious syphilis is primarily notified in young heterosexual Aboriginal and Torres Strait Islander people and in men who have sex with men. Efforts to increase syphilis testing and treatment in these high risk groups need to be strengthened. Strategies also need to be tailored for antenatal testing in all settings, including Aboriginal and Torres Strait Islander communities, to prevent the serious consequence of congenital syphilis.

Introduction

This report describes notifications of syphilis in Queensland over the period 2010–2015, focusing particularly on the demographic distribution and risk factors among infectious syphilis cases. Data were extracted from the Notifiable Conditions System (NoCS) on 22 January 2016, covering notifications (valid or probable) with onset dates from 1 January 2010 to 31 December 2015. All infectious syphilis cases are followed up by the Queensland Syphilis Surveillance Service. Clinicians managing the cases are supported to optimise individual treatment and public health prevention activities. Additional information on risk factors, reasons for syphilis testing, and Aboriginal and Torres Strait Islander status is also collected by the service.

Statewide notifications of syphilis

Notifications of syphilis in Queensland, 2010–2015

A total of 3,819 syphilis cases were notified in Queensland between 2010 and 2015: 2,247 (58.8%) cases were infectious syphilis (≤ 2 years duration), 1,562 (40.9%) cases were late latent syphilis (> 2 years duration), and 10 (0.3%) cases were congenital syphilis (Table 1).

Notifications of infectious syphilis increased from 228 cases in 2010 to 565 cases in 2015. The corresponding notification rates more than doubled from 5.2 cases per 100,000 population per year in 2010 to 12.1 per 100,000 population per year in 2015 (Table 2). This is consistent with data for New South Wales and Victoria showing increasing rates of diagnosis of infectious syphilis over the five years to 2014, whereas rates were stable or declining in Western Australia and the Northern Territory.¹

Notification rates of late latent syphilis fluctuated over the reporting period, ranging from 4.7 per 100,000 per year in 2010 to 6.5 per 100,000 per year in 2013.

Between 2010 and 2015, there were 10 cases of congenital syphilis notified (7 Aboriginal and Torres Strait Islander cases and 3 Non-Indigenous cases).

Table 1 Notifications of syphilis in Queensland, 2010–2015

Disease	2010	2011	2012	2013	2014	2015	Total	
							n	Proportion
Infectious syphilis (≤ 2 years duration)	228	340	388	332	394	565	2,247	58.8%
Late latent syphilis (> 2 years duration)	208	233	260	302	281	278	1,562	40.9%
Congenital syphilis	2	3	0	2	0	3	10	0.3%
All syphilis	438	576	648	636	675	846	3,819	100.0%

Table 2 Notification rates* of syphilis (per 100,000 population per year) in Queensland, 2010–2015

Disease	2010	2011	2012	2013	2014	2015
Infectious syphilis (≤ 2 years duration)	5.2	7.6	8.5	7.1	8.5	12.1
Late latent syphilis (> 2 years duration)	4.7	5.2	5.7	6.5	6.0	6.0
Congenital syphilis	0.0	0.1	0.0	0.0	0.0	0.1
All syphilis	9.9	12.9	14.2	13.7	14.5	18.2

* Notification rates were calculated based on estimated resident populations for respective years except for 2014 and 2015 where the 2013 estimated resident population was used.

Notifications of infectious syphilis by sex and Indigenous status

Of 2,247 infectious syphilis cases, 1,831 (81.5%) were from males and 416 (18.5%) from females (Table 3). Aboriginal and Torres Strait Islander people accounted for nearly one-third of the infectious syphilis cases overall. Aboriginal and Torres Strait Islander females represented 86 per cent of female infectious syphilis cases.

There has been a substantial increase in infectious syphilis notification rates among Aboriginal and Torres Strait Islander people, from 37.9 per 100,000 per year in 2010 to 82.2 per 100,000 per year in 2015 (Table 4).

For non-Indigenous people in Queensland there was an increase in notification rates of infectious syphilis among males from 7.0 per 100,000 per year in 2010 to 16.8 per 100,000 per year in 2015; rates for females remained stable at less than 1 per 100,000 per year across all years.

For the Aboriginal and Torres Strait Islander population, recent annual rates in Queensland are higher but show similar increasing trends to national infectious syphilis notifications, which increased from 22 per 100,000 per year in 2010 to 32 per 100,000 per year in 2014.¹

The rate of diagnosis of infectious syphilis among the male population at a national level is similar to that in Queensland, increasing nationally from 9.1 per 100,000 per year in 2010 to 15.9 per 100,000 per year in 2014.¹

Table 3 Infectious syphilis (≤2 years duration) notifications by sex and Indigenous status, Queensland, 2010–2015

Demographic	2010	2011	2012	2013	2014	2015	Total	
							n	proportion
Males	189	268	309	273	317	475	1,831	100.0%
Indigenous	39	56	55	47	65	87	349	19.1%
Non-Indigenous	148	208	243	222	242	374	1,437	78.5%
Not stated	2	4	11	4	10	14	45	2.5%
Females	39	72	79	59	77	90	416	100.0%
Indigenous	31	66	64	54	67	76	358	86.1%
Non-Indigenous	8	6	15	5	10	14	58	13.9%
Total population	228	340	388	332	394	565	2,247	100.0%
Indigenous	70	122	119	101	132	163	707	31.5%
Non-Indigenous	156	214	258	227	252	388	1,495	66.5%
Not stated	2	4	11	4	10	14	45	2.0%

Table 4 Infectious syphilis (≤2 years duration) notification rates* (per 100,000 population per year) by sex and Indigenous status, Queensland, 2010–2015

Demographic	2010	2011	2012	2013	2014	2015
Males	8.6	12.0	13.6	11.8	13.7	20.5
Indigenous	42.4	59.5	57.1	47.6	65.9	88.1
Non-Indigenous	7.0	9.7	11.1	10.0	10.9	16.8
Females	1.8	3.2	3.5	2.5	3.3	3.9
Indigenous	33.5	69.6	65.9	54.3	67.3	76.4
Non-Indigenous	0.4	0.3	0.7	0.2	0.4	0.6
Total population	5.2	7.6	8.5	7.1	8.5	12.1
Indigenous	37.9	64.6	61.5	51.0	66.6	82.2
Non-Indigenous	3.7	5.0	5.9	5.1	5.7	8.7

* Notification rates were calculated based on estimated resident populations for respective years, except for 2014 and 2015 where the 2013 estimated resident population was used.

Trends in numbers and rates of infectious syphilis notifications over the period 2005–2015 are presented in Figures 1 and 2. Notification rates of infectious syphilis were higher during 2011–2015 than the period 2005–2010, particularly for Aboriginal and Torres Strait Islander people.

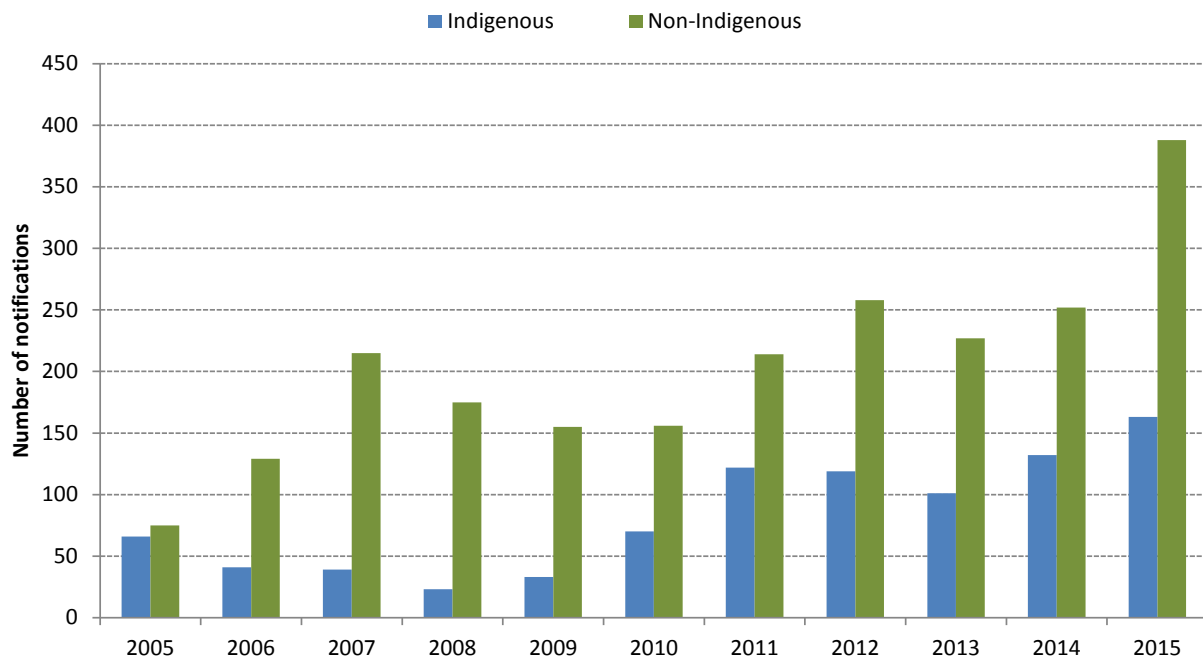


Figure 1 Infectious syphilis (≤ 2 years duration) notifications by Indigenous status and year of onset, Queensland, 2005–2015



Figure 2 Infectious syphilis (≤ 2 years duration) notification rates by Indigenous status and year of onset, Queensland, 2005–2015

Notifications of infectious syphilis by age group and Indigenous status

Of the 707 notifications of infectious syphilis in Aboriginal and Torres Strait Islander people, the highest number of notifications were in 15-19 years age group (221, 31%), followed by 20-24 years age group (183, 26%) and 25-29 years age group (106, 15%) (Table 5). Notifications for both males and females peaked in the 15-19 years age group (Figure 3).

Of 1,437 notifications from non-Indigenous males, the majority of cases were distributed across age groups from 20-24 years to 45-49 years (Figure 3).

Table 5 Infectious syphilis (≤2 years duration) notifications by Indigenous status* and age group, Queensland, 2010–2015

Age group (years)	Indigenous			Non-Indigenous		
	Male	Female	Total	Male	Female	Total
00-09	0	1	1	0	0	0
10-14	3	21	24	1	2	3
15-19	92	129	221	37	8	45
20-24	86	97	183	215	15	230
25-29	53	53	106	222	7	229
30-34	39	25	64	219	12	231
35-39	36	13	49	153	4	157
40-44	16	9	25	177	3	180
45-49	10	5	15	171	2	173
50-54	8	4	12	104	2	106
55-59	1	1	2	59	2	61
60-64	0	0	0	40	1	41
65+	5	0	5	39	0	39
Total	349	358	707	1,437	58	1,495

* Cases with unknown Indigenous status (n=45) were excluded from this table.

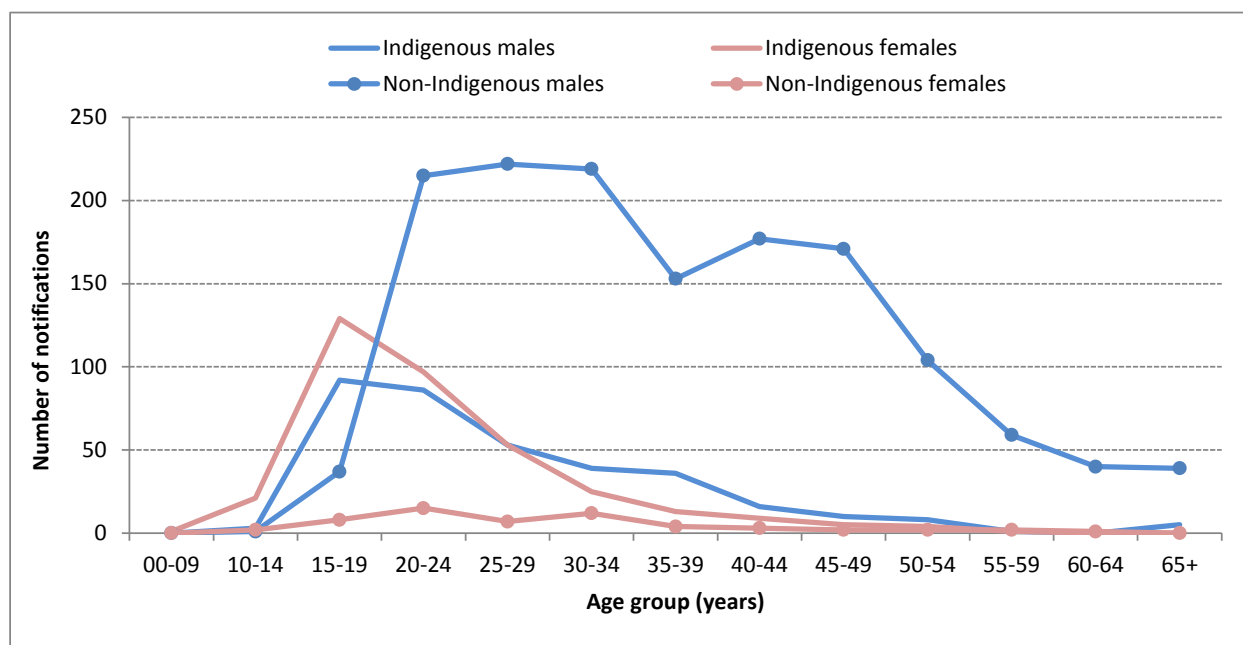


Figure 3 Infectious syphilis (≤2 years duration) notifications by Indigenous status and age group, Queensland, 2010–2015

Between 2010 and 2015, average annual notification rates of infectious syphilis were highest among Aboriginal and Torres Strait Islander females (61.4 per 100,000 per year) and males (60.3 per 100,000 per year), followed by non-Indigenous males (11.0 per 100,000 per year) and females (0.4 per 100,000 per year) (Table 6).

The largest differences in rates between Aboriginal and Torres Strait Islander and non-Indigenous populations were observed in younger age groups (15-29 years) (Table 6 and Figure 4). For example, in people aged 15-19 years, the infectious syphilis notification rate was 209.3 per 100,000 per year in Aboriginal and Torres Strait Islander females and 140.3 per 100,000 per year in Aboriginal and Torres Strait Islander males, compared with 4.2 per 100,000 per year in non-Indigenous males and 1.0 per 100,000 per year in non-Indigenous females.

Table 6 Average annual notification rates* of infectious syphilis (≤2 years duration) by Indigenous status and age group, Queensland, 2010–2015

Age group (years)	Indigenous			Non-Indigenous		
	Male	Female	Person	Male	Female	Person
00-09	0.0	0.7	0.3	0.0	0.0	0.0
10-14	4.4	31.4	17.7	0.1	0.3	0.2
15-19	140.3	209.3	173.8	4.2	1.0	2.6
20-24	160.2	187.0	173.4	22.8	1.6	12.3
25-29	125.3	123.9	124.6	22.9	0.7	11.9
30-34	109.4	68.3	88.6	24.3	1.3	12.8
35-39	107.5	36.9	71.3	17.0	0.4	8.6
40-44	48.6	24.9	36.2	18.7	0.3	9.4
45-49	35.4	17.1	26.1	19.2	0.2	9.6
50-54	35.0	15.9	25.0	11.9	0.2	6.0
55-59	5.7	5.3	5.5	7.5	0.3	3.9
60-64	0.0	0.0	0.0	5.5	0.1	2.8
65+	31.3	0.0	13.5	2.3	0.0	1.1
Total	60.3	61.4	60.9	11.0	0.4	5.7

* Per 100,000 population per year

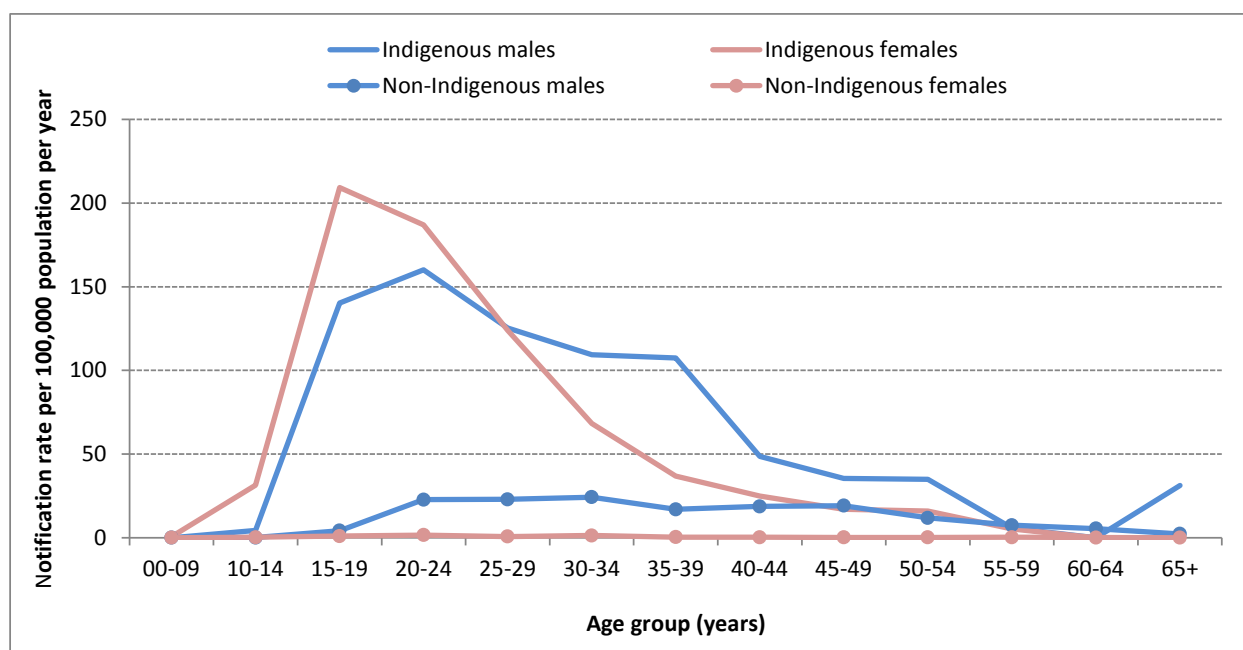


Figure 4 Average annual notification rates of infectious syphilis (≤2 years duration) by Indigenous status and age group, Queensland, 2010–2015

Notifications of late latent syphilis by age group and Indigenous status

Notifications of late latent syphilis were distributed across a range of age groups (e.g. from 20-24 years to 60-64 years), for both males and females, and Aboriginal and Torres Strait Islander and non-Indigenous peoples (Table 7 and Figure 5). Higher notifications in the 65+ age group for non-Indigenous people might be partially due to a greater population base in this age group (as compared with Aboriginal and Torres Strait Islander people), and/or testing related to cardiovascular and central nervous system disease symptoms.

Table 7 Late latent syphilis (>2 years duration) notifications by Indigenous status* and age group, Queensland, 2010–2015

Age group (years)	Indigenous			Non-Indigenous		
	Male	Female	Total	Male	Female	Total
00-09	0	0	0	0	0	0
10-14	0	2	2	1	0	1
15-19	11	14	25	4	7	11
20-24	14	12	26	52	31	83
25-29	15	5	20	62	31	93
30-34	20	9	29	43	26	69
35-39	38	17	55	43	33	76
40-44	41	30	71	49	27	76
45-49	45	15	60	50	17	67
50-54	36	30	66	44	16	60
55-59	29	32	61	44	18	62
60-64	28	24	52	35	14	49
65+	29	28	57	149	85	234
Total	306	218	524	576	305	881

* Cases with unknown Indigenous status (n=157) were excluded from this table.

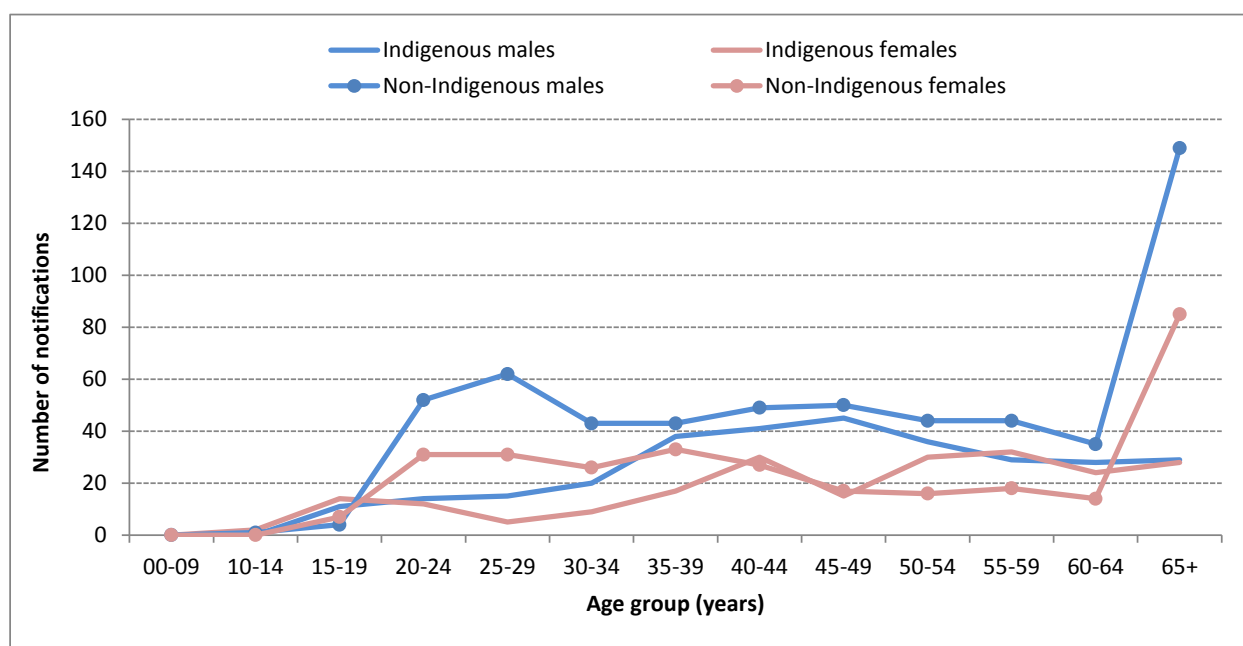


Figure 5 Late latent syphilis (>2 years duration) notifications by Indigenous status and age group, Queensland, 2010–2015

Between 2010 and 2015, the average annual notification rate of late latent syphilis was higher in Aboriginal and Torres Strait Islander people than in non-Indigenous people (45.1 versus 3.4 per 100,000 population per year) (Table 8). Males had higher notification rates than females.

For Aboriginal and Torres Strait Islander people, average annual notification rates of late latent syphilis increased with increasing ages, from 19.7 per 100,000 per year in 15-19 years old to 202.0 per 100,000 per year in 60-64 years old (Table 8 and Figure 6). It is possible that some of these cases could be infectious syphilis. Prior to 2015, some cases in young people may have been classified as late latent or syphilis of unknown duration due to the lack of symptoms or an earlier syphilis test. The introduction of the 'infectious syphilis, probable case' definition in the National Guidelines for the Public Health Management of Syphilis² and national notifiable diseases case definition³ in 2015 is likely to address this issue in future.

For non-Indigenous people, average annual notification rates tended to be stable across age groups (from 20-24 years to 60-64 years) (Figure 6).

Table 8 Average annual notification rates* of late latent syphilis (>2 years duration) by Indigenous status and age group, Queensland, 2010–2015

Age group (years)	Indigenous			Non-Indigenous		
	Male	Female	Person	Male	Female	Person
00-09	0.0	0.0	0.0	0.0	0.0	0.0
10-14	0.0	3.0	1.5	0.1	0.0	0.1
15-19	16.8	22.7	19.7	0.5	0.8	0.6
20-24	26.1	23.1	24.6	5.5	3.4	4.5
25-29	35.5	11.7	23.5	6.4	3.3	4.8
30-34	56.1	24.6	40.1	4.8	2.9	3.8
35-39	113.5	48.2	80.0	4.8	3.6	4.2
40-44	124.6	83.0	102.8	5.2	2.8	4.0
45-49	159.4	51.3	104.4	5.6	1.9	3.7
50-54	157.4	119.2	137.4	5.0	1.8	3.4
55-59	164.9	169.4	167.3	5.6	2.3	3.9
60-64	234.6	173.8	202.0	4.8	1.9	3.4
65+	181.4	133.6	154.3	8.7	4.5	6.5
Total	52.9	37.4	45.1	4.4	2.3	3.4

* Per 100,000 population per year

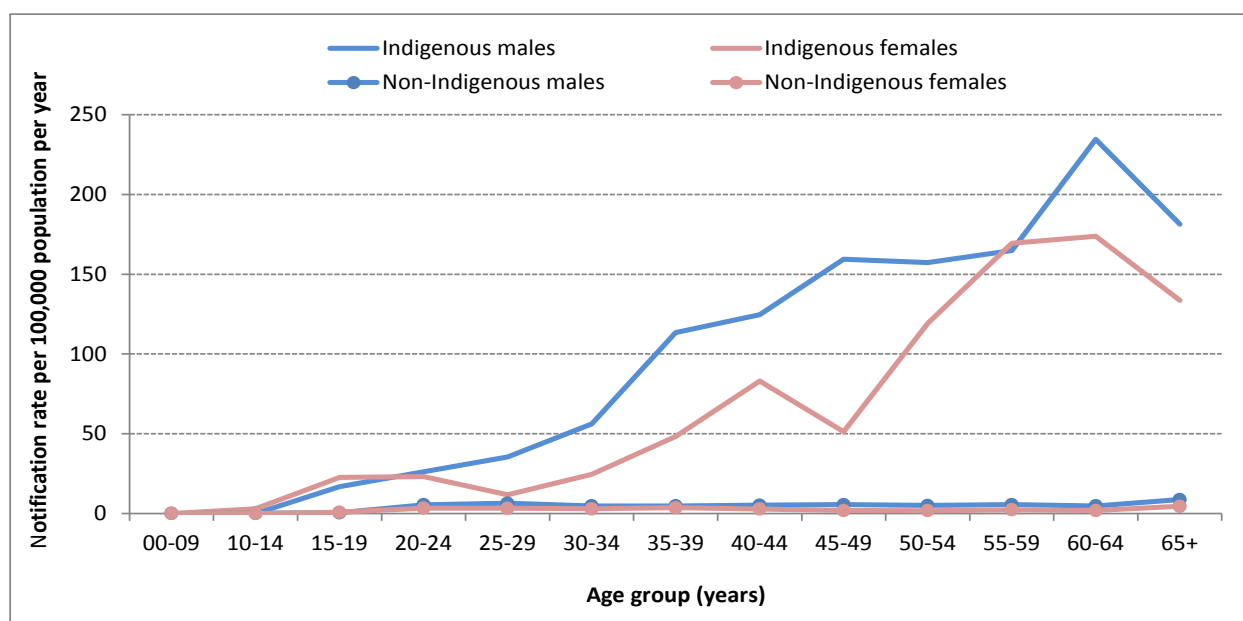


Figure 6 Average annual notification rates of late latent syphilis (>2 years duration) by Indigenous status and age group, Queensland, 2010–2015

Regional distribution of infectious syphilis in Queensland

Notifications were grouped by north and south geography. The north region includes seven Hospital and Health Service (HHS) areas (Torres and Cape, North West, Cairns and Hinterland, Townsville, Mackay, Central West, Central Queensland), and the south region covers eight HHS areas (Wide Bay, South West, Darling Downs, West Moreton, Sunshine Coast, Metro North, Metro South, Gold Coast).

In north Queensland, more than 75 per cent of infectious syphilis cases were notified in Aboriginal and Torres Strait Islander people; in south Queensland this proportion was approximately 5 per cent (Table 9).

The notification rates of infectious syphilis were higher among Aboriginal and Torres Strait Islander people in north Queensland than those in the south (Table 10). Rates in Aboriginal and Torres Strait Islander people in north Queensland have increased from 69.4 per 100,000 per year in 2010 to 149.7 per 100,000 per year in 2015. Although rates were lower among Aboriginal and Torres Strait Islander people in south Queensland, they also showed an upward trend from 4.5 per 100,000 per year in 2010 to 14.2 per 100,000 per year in 2015.

For non-Indigenous females in Queensland the rates were low for all years across both regions (Tables 11 and 12). For non-Indigenous males, south Queensland rates have been consistently higher than in north Queensland since 2011 and exceed 10 per 100,000 per year.

Table 9 Infectious syphilis (≤2 years duration) notifications by region and Indigenous status, Queensland, 2010–2015

Region	2010	2011	2012	2013	2014	2015	Total	
							n	proportion
North*	109	125	130	114	148	209	835	100.0%
Indigenous	66	107	103	94	122	149	641	76.8%
Non-Indigenous	43	18	27	20	26	60	194	23.2%
South#	119	215	258	218	246	356	1,412	100.0%
Indigenous	4	15	16	7	10	14	66	4.7%
Non-Indigenous	113	196	231	207	226	328	1301	92.1%
Not stated	2	4	11	4	10	14	45	3.2%

* North region covering 7 HHS areas: Torres and Cape, North West, Cairns and Hinterland, Townsville, Mackay, Central West, Central Queensland.

South region covering 8 HHS areas: Wide Bay, South West, Darling Downs, West Moreton, Sunshine Coast, Metro North, Metro South, Gold Coast.

Table 10 Infectious syphilis (≤2 years duration) notification rates* per 100,000 population per year by region and Indigenous status, Queensland, 2010–2015

Region	2010	2011	2012	2013	2014	2015
North	12.0	13.6	13.9	11.9	15.5	21.8
Indigenous	69.4	110.3	105.0	94.4	122.6	149.7
Non-Indigenous	5.3	2.2	3.2	2.3	3.0	7.0
South	3.4	6.0	7.1	5.9	6.7	9.6
Indigenous	4.5	16.3	16.8	7.1	10.1	14.2
Non-Indigenous	3.3	5.7	6.5	5.7	6.3	9.1

* Notification rates were calculated based on estimated resident populations for respective years, except for 2014 and 2015 where the 2013 estimated resident population was used.

Table 11 Infectious syphilis (≤ 2 years duration) notification rates* per 100,000 male population per year by region and Indigenous status, Queensland, 2010–2015

Region	2010	2011	2012	2013	2014	2015
North	15.7	13.2	13.9	12.4	16.5	26.3
Indigenous	74.0	93.4	88.4	83.2	113.7	150.2
Non-Indigenous	9.1	4.0	5.6	4.5	5.7	12.5
South	6.7	11.7	13.5	11.6	12.9	18.9
Indigenous	9.0	24.0	25.1	12.1	18.2	26.3
Non-Indigenous	6.5	11.1	12.5	11.3	12.2	17.9

* Notification rates were calculated based on estimated resident populations for respective years, except for 2014 and 2015 where the 2013 estimated resident population was used.

Table 12 Infectious syphilis (≤ 2 years duration) notification rates* per 100,000 female population per year by region and Indigenous status, Queensland, 2010–2015

Region	2010	2011	2012	2013	2014	2015
North	8.2	14.1	13.8	11.3	14.3	17.1
Indigenous	64.9	127.1	121.2	105.4	131.3	149.2
Non-Indigenous	1.3	0.3	0.7	0.0	0.2	1.2
South	0.2	0.5	0.9	0.3	0.5	0.5
Indigenous	0.0	8.7	8.4	2.0	2.0	2.0
Non-Indigenous	0.2	0.3	0.7	0.3	0.5	0.5

* Notification rates were calculated based on estimated resident populations for respective years, except for 2014 and 2015 where the 2013 estimated resident population was used.

Figures 7 to 11 present local distribution patterns of infectious syphilis in Queensland between 2010 and 2015. The maps display the average annual notification rate of infectious syphilis per 100,000 population during this time period by local government area (LGA). Figure 7 describes the distribution of all infectious syphilis. Figures 8 and 9 describe the distribution of rates among males and females respectively. Figures 10 and 11 describe the distribution of rates among Aboriginal and Torres Strait Islander people and non-Indigenous populations respectively.

Overall the highest average annual notification rates of infectious syphilis in Queensland are in the north-west region (Figure 7), particularly among females in the Mornington, Doomadgee, and Carpentaria LGAs (Figure 9). Rates of infectious syphilis are much higher in Aboriginal and Torres Strait Islander people in Queensland than the non-Indigenous population, with the highest being in the north-west LGAs (Figures 10 and 11).

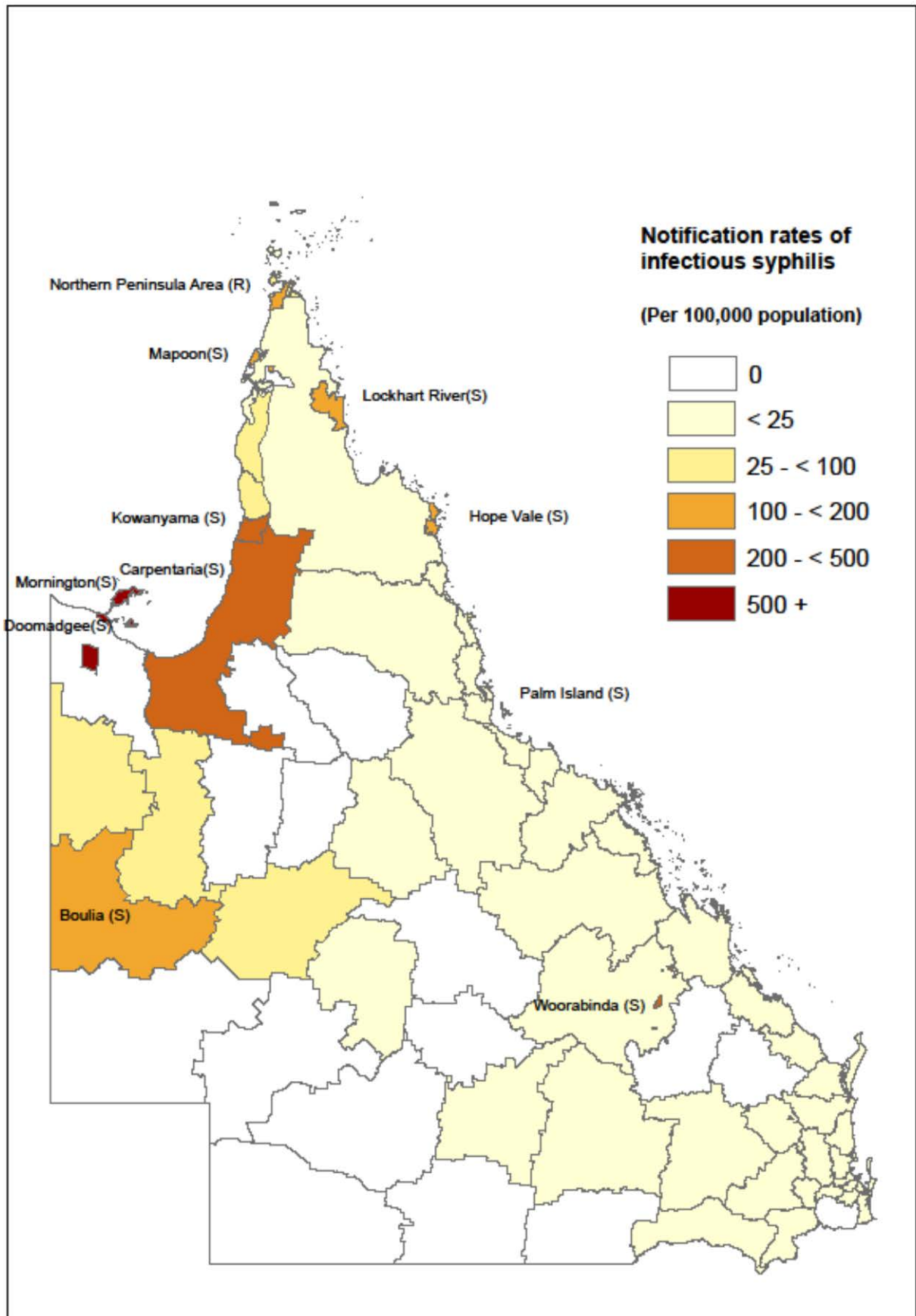


Figure 7 Average annual notification rates of infectious syphilis per 100,000 population per year by Local Government Area, Queensland, 2010–2015

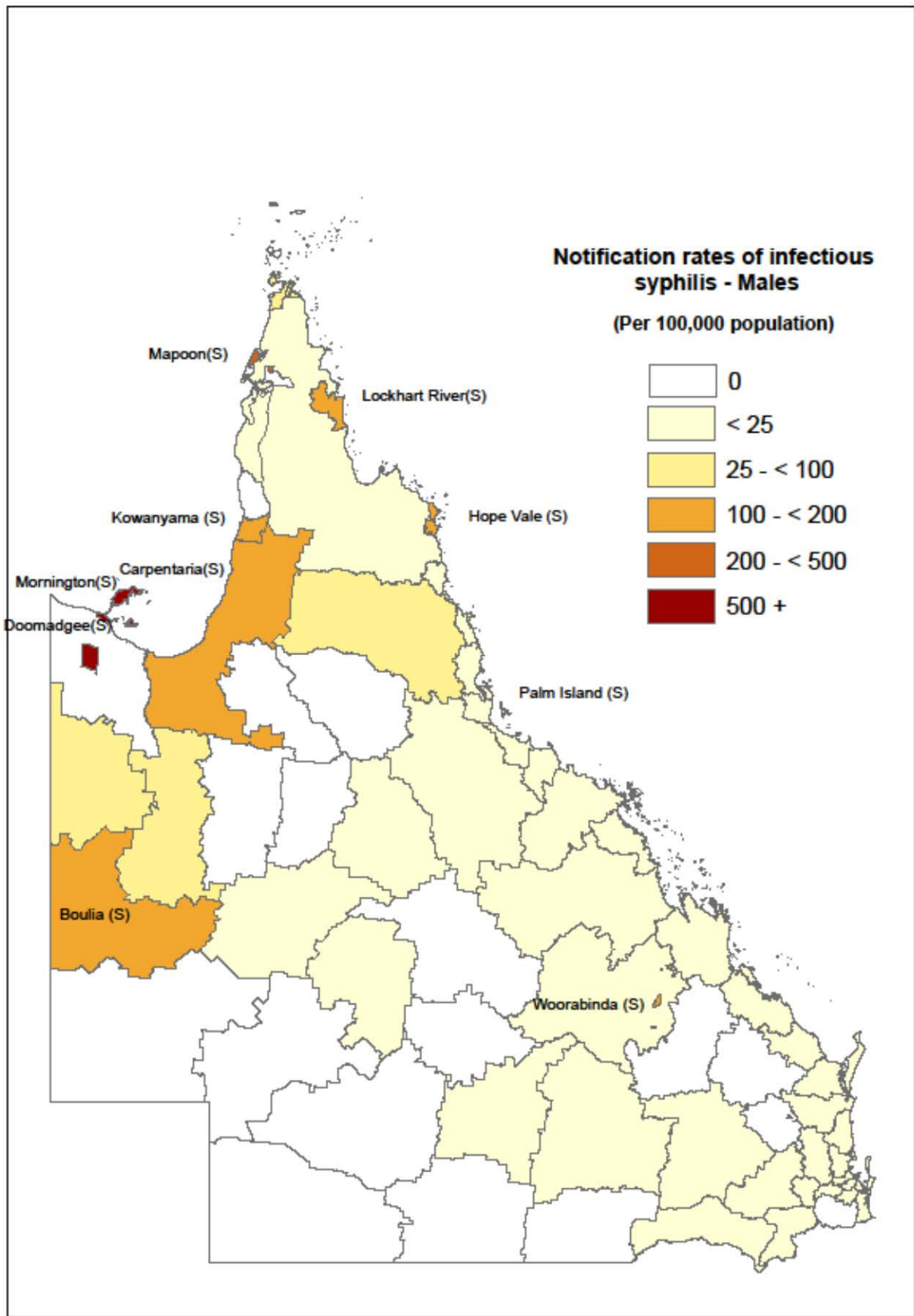


Figure 8 Average annual notification rates of infectious syphilis per 100,000 male population per year by Local Government Area, Queensland, 2010–2015

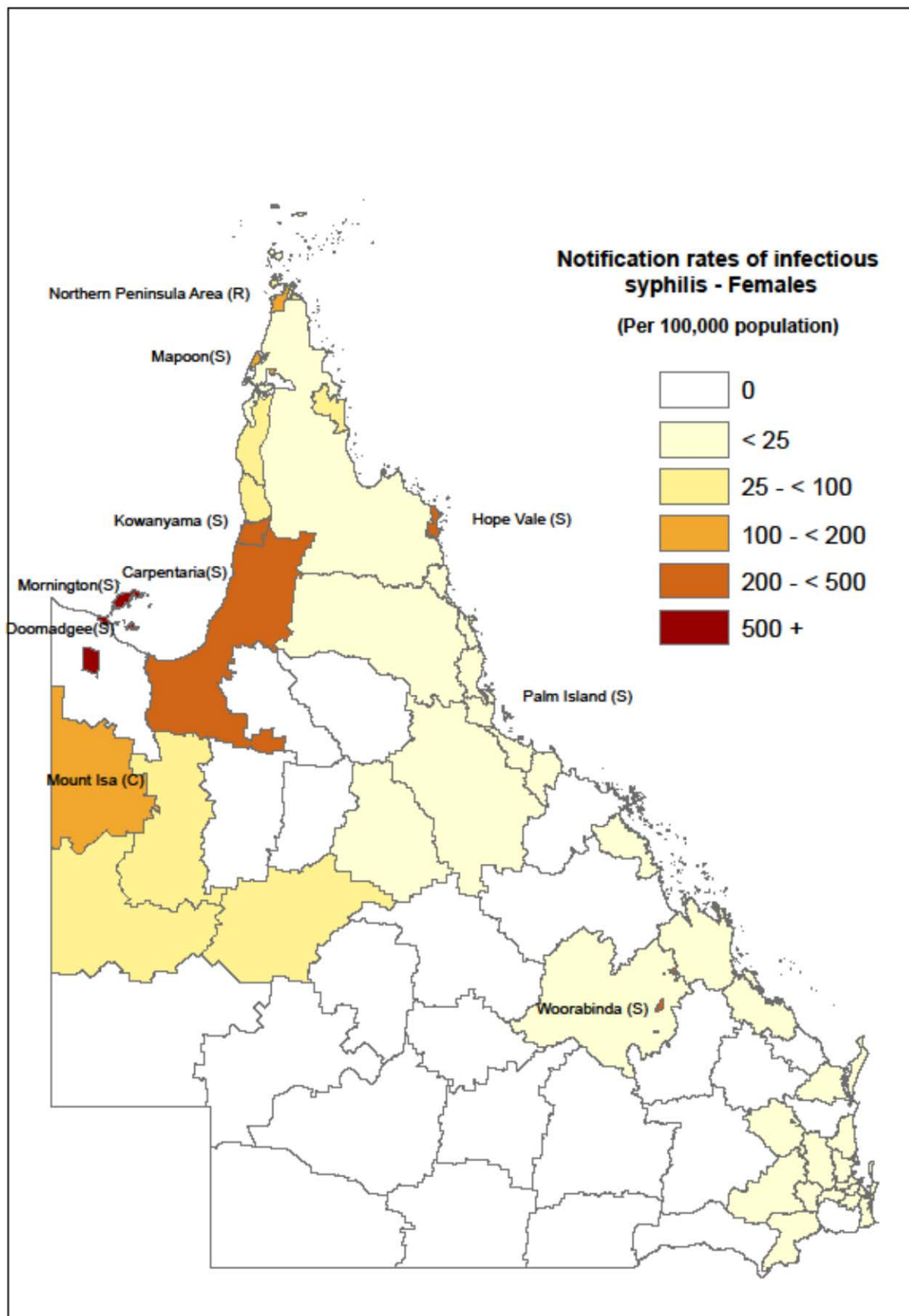


Figure 9 Average annual notification rates of infectious syphilis per 100,000 female population per year by Local Government Area, Queensland, 2010–2015

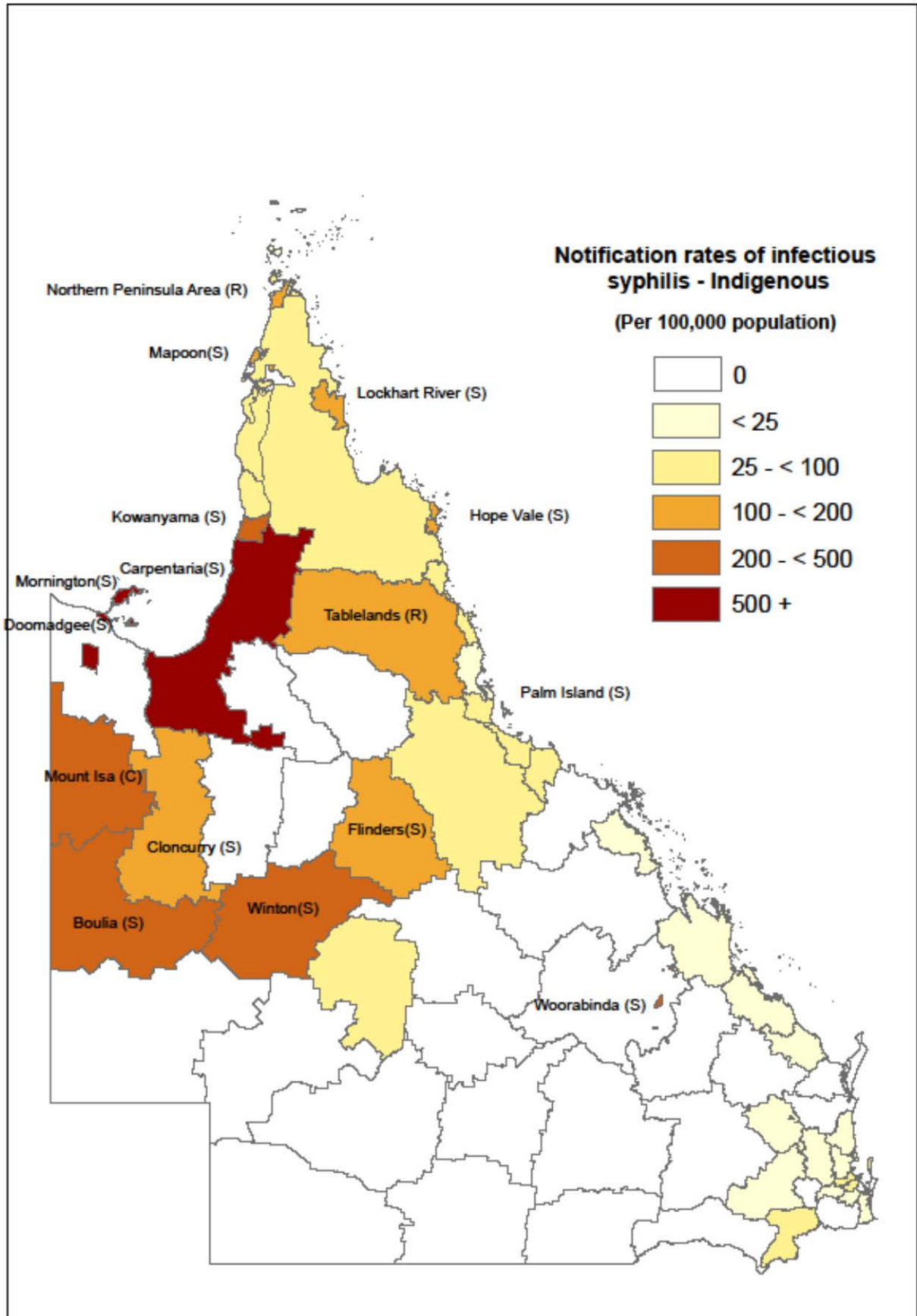


Figure 10 Average annual notification rates of infectious syphilis per 100,000 Indigenous population per year by Local Government Area, Queensland, 2010–2015

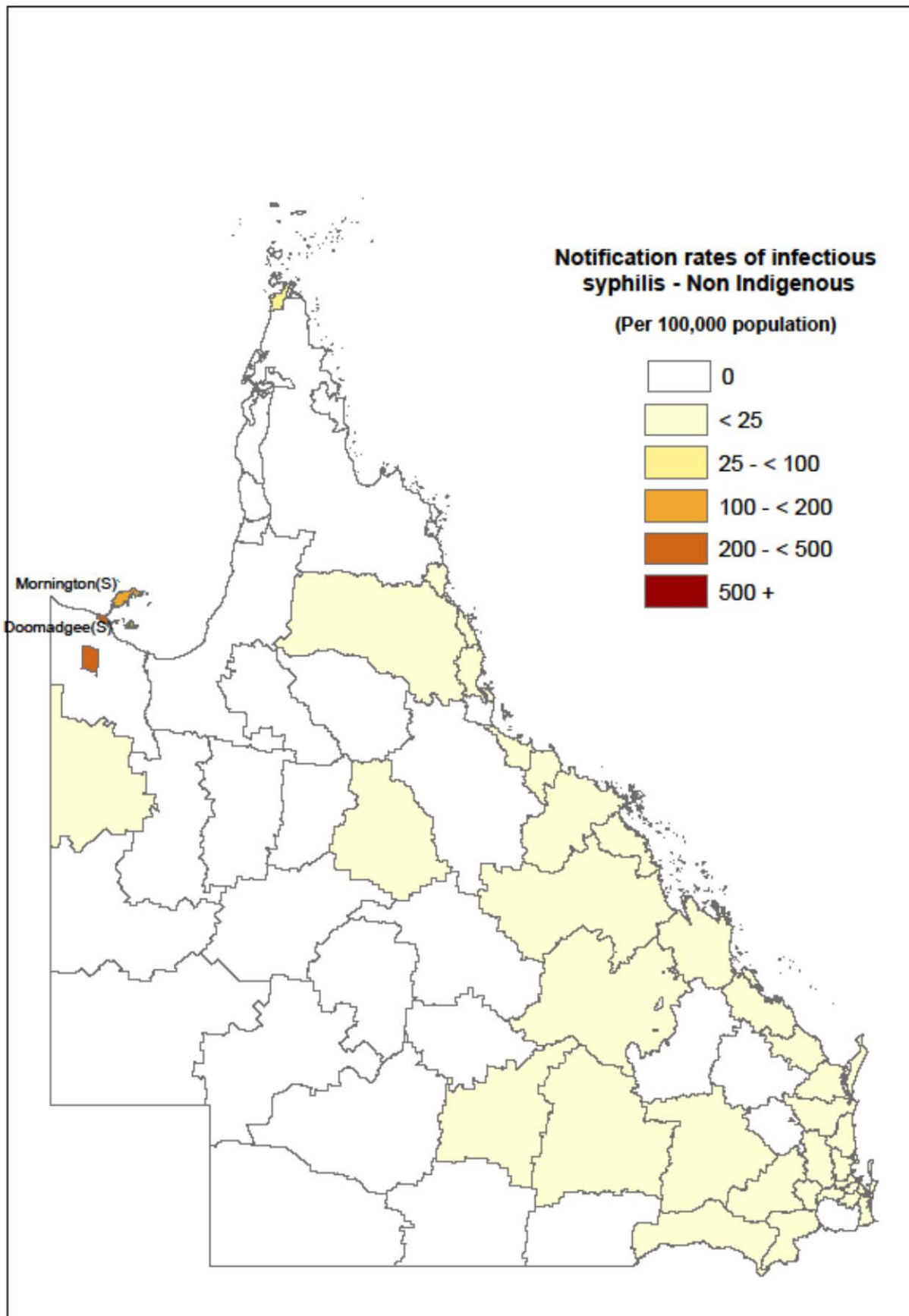


Figure 11 Average annual notification rates of infectious syphilis per 100,000 non-Indigenous population per year by Local Government Area, Queensland, 2010–2015

Sexual contacts among notified infectious syphilis cases

Infectious syphilis cases are followed up by the Queensland Syphilis Surveillance Service and additional information on risk factors, reasons for syphilis testing and Aboriginal and Torres Strait Islander status is also collected during communications with diagnosing clinicians.

The majority of infectious syphilis notifications in males were from those who have sexual contact with the same sex (1,286, 70.2%) (Table 13). Infectious syphilis notifications in Aboriginal and Torres Strait Islander males were more likely to report sexual contact with females (69.6%) than males (19.5%) or both (3.7%). For both Aboriginal and Torres Strait Islander and non-Indigenous female cases, the most common sexual contact reported was with the opposite sex.

Overall, the largest number of infectious syphilis cases (1,189, 52.9% of total cases or 82.7% of non-Indigenous male notifications) were reported in non-Indigenous men who had sex with men (MSM).

Table 13 Types of sexual contacts among notified infectious syphilis cases, by Indigenous status and sex, 2010–2015

Sexual contact	Indigenous		Non-Indigenous		Not stated		Total	
	n	Proportion	n	Proportion	n	Proportion	n	Proportion
Males	349	100.0%	1,437	100.0%	45	100.0%	1,831	100.0%
Opposite sex	243	69.6%	119	8.3%	3	6.7%	365	19.9%
Same sex	68	19.5%	1,189	82.7%	29	64.4%	1,286	70.2%
Both sexes	13	3.7%	78	5.4%	2	4.4%	93	5.1%
Unknown	25	7.2%	50	3.5%	11	24.4%	86	4.7%
Females	358	100.0%	58	100.0	0	0.0%	416	100.0%
Opposite sex	334	93.3%	51	87.9%	0	0.0%	385	92.5%
Same sex	0	0.0%	1	1.7%	0	0.0%	1	0.2%
Both sexes	2	0.6%	3	5.2%	0	0.0%	5	1.2%
Unknown	21	5.9%	3	5.2%	0	0.0%	24	5.8%

Glossary

Infectious syphilis^{2,4}	Less than two years duration (includes primary, secondary and early latent stages of syphilis)		
	Stage of disease	Time post exposure	Major clinical features
	Primary syphilis	10-90 days	Chancre and ulcer at the site of infection (external/internal genitalia or a non-genital site)
	Secondary syphilis	4 weeks – 6 months	Headache, fatigue, adenopathy, low grade fever, sore throat, rash, mucocutaneous lesions, and condylomata lata (large, raised, whitish or grey, flat-topped lesions found in warm moist areas).
	Early latent syphilis	Less than 2 years	No symptoms or signs of infection at the time of diagnosis.
Late latent syphilis²	More than 2 years or unknown duration, with absence of clinical signs, and considered as non-infectious.		
Congenital syphilis^{2,4}	Infectious agent <i>Treponema pallidum</i> crosses the placenta and infects the foetus at any time in the pregnancy. If untreated, this can result in intrauterine foetal death, stillbirth or a premature baby. The infected baby can present with symptoms involving almost any organ including coryza, poor growth, eye lesions, long bone lesions, hepatitis, cerebral or pulmonary symptoms.		

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