

Queensland Syphilis Action Plan 2023–2028

Priority Populations: • First Nations peoples • Women of reproductive age (15-44 years) • Gay and bisexual men, or other men who have sex with men

Pillars	Priority areas and short term actions (within 12–18 months)	Responsible/partner agencies
PROMOTE HEALTH	1.1 Increase public awareness and education	
	1. Ensure public facing departmental syphilis/sexually transmissible infection (STI) messaging is current, culturally safe and co-designed with priority populations where possible and incorporates diverse consumer voices	CDB/SCB/NGOs
	2. Embed STI/syphilis testing and prevention messaging into antenatal care resources, and utilise patient software where appropriate	CDB/CEQ (QMNCN)/OCNMO
	3. Promote regular syphilis testing and prevention messaging via a range of social media channels/apps and methods	SCB/CDB/HHSs
	4. Ensure priority populations receive targeted syphilis prevention messaging through locally developed and driven health promotion strategies, utilising community-based organisations/partners	NGOs/HHSs/ACCHSs/PC
	5. Engage and utilise media to spread general awareness about syphilis – with a local context, and statewide	CDB/SCB/HHSs
	1.2 Embed community engagement into practice	
	1. Include regular clinician targeted STI/syphilis messaging through a range of communication channels used by primary care	CDB/HHSs/PHNs/PC/NGOs
	2. Incorporate consumer feedback into an update of the Stop the Rise of STIs sexual health website for young people, with active local promotion (including rural and remote)	CDB/SCB
	3. Ensure First Nations people and organisations, other priority populations and NGOs that represent them are actively engaged in the Queensland syphilis response	CDB/OFNH
	4. Host regular key stakeholder briefings on latest syphilis epidemiology and provide briefing material with key messages for stakeholders to promote through their channels	CDB/HHSs/NGOs
	1.3 Address determinants of health, stigma and shame	
	1. Make educational resources for STI/syphilis prevention available in hard copy and online to assist with access, and ensure wide distribution in areas of need	CDB/HHSs (SHSs)/NGOs/ACCHSs
	2. Establish dedicated midwifery/nursing positions to support women at risk through their pregnancy journey	CEQ (OCNMO)
	3. Ensure Queenslanders have discreet and easy access to free barrier contraception and that contraception is offered as a routine part of postnatal care	HHSs/NGOs/CEQ (OCNMO)/ACCHSs/PC
4. Advocate nationally for prescription contraception to be available free through the Pharmaceutical Benefit Scheme	QPhaSS/CEQ (QSHCN/QMNCN)	
5. Establish and maintain an anonymous 'Ask Queensland Health anything about sexual health' queries page on Stop the Rise of STIs website to normalise the topic	CDB/HHSs (SHSs)	
PREVENT DISEASE	1.4 Increase testing and support timely access to treatment	
	1. Ensure the STI/blood-borne virus (BBV) testing tool for asymptomatic people is current and widely distributed in primary care	CDB/NGOs/HHSs (SHSs)
	2. Offer partners of pregnant women and pregnant people syphilis testing as part of usual antenatal care	HHSs/ACCHSs
	3. Conduct a feasibility assessment of how syphilis testing can be added onto other existing STI/BBV tests, with focus on high-risk groups	CDB/PQ
	4. Conduct a feasibility assessment of expansion of routine syphilis serology testing in emergency departments	PQ/CDB/HHSs/PHUs
	5. Strengthen implementation of Syphilis in Pregnancy Guideline in antenatal settings, including in-service training around the guideline and embedding routine screening as per updated Guideline	CDB/CEQ (HIU/QMNCN/QSHCN)/HHSs
	6. Explore the expansion of Point of Care (and Near Point of Care) testing, including in what settings it would be deemed appropriate, as a strategy for optimising testing and treatment across all populations	HHSs/PQ
	7. Promote and investigate options for enabling opportunistic STI/BBV testing by GPs for all sexually active people who access care	CDB/PHNs/PC
	8. Release targeted communications to GPs encouraging them to stock benzathine benzylpenicillin in their 'doctor's bag' supplies, including advice for alternative treatment in the event of shortages/access issues	QPhaSS/PC/HHSs (QSSS)/SHSs
	9. Address barriers and advocate for availability of benzathine benzylpenicillin in a range of settings	HHSs/QPhaSS/QSSS
	10. Monitor national discussions and evidence about treatment as prevention for syphilis (Doxy-PEP) for priority populations, and respond accordingly	CDB
	1.5 Improve contact tracing	
	1. Review the STI/BBV contact tracing model in Queensland	CDB/HHSs (QSSS/SHSs/PHUs)
	2. Publish and implement Queensland Guideline for STI/BBV Contact Tracing in HHSs	CDB/HHSs
	3. Develop and promote uptake of online training modules for STI/BBV contact tracing	CDB/NGOs/SHSs
4. Explore inclusion of contact tracing into Aboriginal and Torres Strait Islander Health Worker and Health Practitioner role descriptions and practice plans	OFNH/HHSs/CDB	
MANAGE RISK	1.6 Strengthen policy and governance	
	1. Establish a commitment to collaboration and communication across government agencies, HHSs, ACCHSs, social services provider organisations and the Commonwealth for ongoing syphilis response	All
	2. Maintain Queensland representation in national syphilis governance structure and ongoing contribution to national strategic direction for syphilis	CDB/HHSs
	3. Establish a Queensland Syphilis Expert Advisory Group to provide expert advice to healthcare providers to ensure appropriate clinical care is provided, review congenital syphilis cases and monitor adherence to testing and clinical management guidelines	CEQ/HHSs (QSSS)/CDB
	4. Develop a standard response (scalable response plan) for HHSs to utilise when increased syphilis infection is being detected, including support for additional contact tracing and testing	HHSs (PHUs/SHSs)/CDB
	5. Develop guidance regarding thresholds and processes for declaring syphilis outbreaks in HHSs	PHUs/CDB/SHSs/NGOs
	6. Determine process to oversee implementation of, and reporting against actions in the Queensland Syphilis Action Plan	CDB/HHSs (SHSs/PHUs/QSSS)
	1.7 Ensure patient safety	
	1. Implement the recommendations from the Queensland Maternal and Perinatal Quality Council congenital syphilis case review report	CEQ (QMPQC/PSQ)/CDB
	2. Ensure all congenital syphilis cases are reported as a SAC-1 event, or otherwise formally triggered to be reviewed locally, and findings shared	CEQ/HHSs
	3. Develop a statewide protocol for public health investigation and reporting pathways of congenital syphilis cases	CDB/HHSs (QSSS/PHUs/SHSs)
	4. Update the Queensland Health Personal Health Record (Baby Red Book) with tick boxes for syphilis serology/paediatric follow up, and information about sexual health services in general contacts section	CHQ/OCNMO
	5. Develop a Queensland statewide Birth Plan for all pregnant women to ensure syphilis serology has been collected at the required intervals	CEQ (OCNMO)/QSSS/CDB
	1.8 Increase workforce capacity and training	
	1. Engage and utilise training providers and experienced sexual health workforce to regularly promote basic sexual health, syphilis awareness and training opportunities to health professionals/other workers who engage with priority populations	CDB/NGOs/PHNs
2. Simplify messaging about Syphilis in Pregnancy Guideline, and build syphilis testing in pregnancy knowledge assessment into mandatory orientation process for all antenatal care providers (including GPs)	CEQ/HHS (QSSS)/CDB/OCNMO	
3. Identify a midwifery 'champion' in all antenatal settings to maintain staff awareness of syphilis in pregnancy and maintain processes for prevention and quality improvement	HHSs	
4. Develop an information resource and communication strategy about the function of the Queensland Syphilis Surveillance Service for health providers	CDB/HHSs (QSSS)	
5. Review coverage of school-based youth health nurses in rural and remote settings and investigate feasibility of a dedicated rural/remote coordinator position	CHQ/HHSs/DoE/CDB/NGOs/ACCHSs	
1.9 Strengthen public health intelligence		
1. Review the function, scope, capacity, role, and resourcing of the Queensland Syphilis Surveillance Service to identify gaps	CDB/HHSs (PHUs/QSSS)	
2. Implement data collection and reporting KPIs for contact tracing outcomes undertaken for syphilis	CDB/HHSs (SHSs/PHUs)	
3. Prioritise access to, monitoring, reporting and publishing of statewide syphilis testing data	PHIB/OFNH/Pathology services	
4. Prioritise follow-up and completion of enhanced surveillance data for infectious syphilis and congenital syphilis cases, with KPIs for completion	HHSs (QSSS/SHSs/PHUs)/ACCHSs/PC/ PHIB/CDB	
5. Explore plausibility of including antenatal syphilis testing data in the Perinatal Data Collection	OFNH/CEQ (ATSICN)	
6. Improve timeliness of publishing current syphilis data	PHIB	
7. Review pathways for syphilis serology to identify potential efficiencies for timeliness of receiving results	CDB/PQ	

Priority Populations: • First Nations peoples • Women of reproductive age (15-44 years) • Gay and bisexual men, or other men who have sex with men

Pillars	Priority areas and medium to long term actions (18 months up to 5 years)	Responsible/partner agencies
PROMOTE HEALTH	2.1 Increase public awareness and education	
	1. Undertake a Queensland-wide co-designed syphilis prevention health promotion campaign to raise general community awareness	SCB/CDB/SHMAC/HHSs (SHSs/PHUs)/NGOs
	2. Forge partnerships with priority populations and the education system to communicate about the syphilis outbreak, and prevention strategies, including addressing shame and stigma, via a range of methods	CDB/ACCHSs/NGOs
	3. Support and enable School Based Youth Health Nurses to provide targeted sexual health promotion/syphilis prevention strategies to young people, including capacity to provide STI testing in-situ	CHQ/CDB/HHSs (SHSs/PHUs)/HIU/QMNCN
	4. Improve support for contemporary sexual, reproductive health and relationships education in all Queensland schools	CDB/SHMAC/DoE/CHQ (SBYHN)/NGOs
	5. Partner with tertiary settings to enable increased sexual health awareness among students and staff (particularly international students)	HHSs (SHSs)/CDB/NGOs/Tertiary institutions
	6. Expand the Strong Proud Healthy and Safe program in Indigenous majority schools	DoE/CDB/OFNH/NGOs/ACCHSs/HHSs
	7. Advocate that GPs in Schools pilot/future expanded program includes contemporary sexual health/STI prevention services	DoE/CDB/SHMAC
	2.2 Embed community engagement into practice	
	1. Continue to embed sexual health into models of care for existing services that are connected to priority populations	CDB/HHSs/NGOs/Government and community agencies
	2. Advocate for all Queensland Primary Health Network needs assessments to include sexual health/STI prevention	CEQ (QSHCN)/CDB/PHNs
	3. Draw on the expertise of regular stakeholder meetings (Action 1.2.4) to deliver community-based education sessions about sexual health/STIs that incorporate syphilis, with health professionals, services connected to priority populations and the general public	HHSs/NGOs/QSSS/PHNs
4. Increase the number of and wide use of First Nations positions that include a sexual health component (e.g., clinicians, health workers and practitioners), with statewide coverage, in a range of settings	OFNH/HHSs/NGOs/ACCHSs	
2.3 Address determinants of health, stigma and shame		
1. Resource and support public sexual health clinics to enable walk-in appointments, outreach services and confidential or anonymous appointments	HHSs (SHSs)/CDB	
2. Support innovative, integrated and community-based antenatal models of care to increase early and sustained uptake of antenatal care and support recommended STI testing during and post-pregnancy	HIU (QMNCN)/OCNMO/CDB	
3. Investigate feasibility of mobile, specialised sexual health testing and education services	CPSSD/CDB	
4. Investigate and where appropriate expand, existing clinically-governed online testing programs to include syphilis	CDB/PQ/NGOs	
PREVENT DISEASE	2.4 Increase testing and support timely access to treatment	
	1. Explore how to utilise technology to encourage testing e.g., online appointments, online sexual health risk assessments with pathways to testing	CDB/eHealth
	2. Request evaluation data of outcomes of Commonwealth syphilis point of care testing program in Queensland Aboriginal Community Controlled Health Services	CDB/CDHAC
	3. Advocate that standardised opt-out STI (including syphilis) testing is embedded routinely into all MBS 715 health assessments	CDB/OFNH/ACCHSs/CDHAC
	4. Investigate the feasibility of incentive-based testing in populations with low testing uptake	CDB
	5. Facilitate community-based STI/syphilis testing at events	HHSs (SHSs)/NGOs
	6. Investigate feasibility of syphilis/STI testing in non-traditional settings	CDB/PQ/HHSs/NGOs
	7. Investigate/pilot in-reach programs to offer full STI/BBV screening and treatment within youth and adult custodial settings	OPHW/CDB/QCS/HHSs
	8. Work with public and private pathology laboratories to facilitate treatment messaging to be incorporated into results reporting processes (for positive STI results)	CDB/Pathology services
	9. Ensure STI/BBV content on HealthPathways is accurate, complete, and tailored locally	PHNs/HHSs/CEQ
	2.5 Improve contact tracing	
	1. Ensure dedicated BBV/STI Contact Tracing Support Officer positions and Contact Tracing Officers are in place, ensuring statewide coverage	HHSs/CDB
2. Develop standards for STI/BBV contact tracing, including minimum pathways for high-risk populations	CDB/HHSs (QSSS/SHSs/PHUs)	
3. Advocate for an MBS item number for contact tracing	CDB	
MANAGE RISK	2.6 Strengthen policy and governance	
	1. Ensure future review of <i>Public Health Act 2005</i> includes modernisation of Queensland legislation regarding contact tracing for notifiable conditions (specifically for STIs/BBVs)	CDB/SPB/HHSs (SHSs/PHUs)
	2. Strengthen sexual health service delivery in HHS service agreements (with inclusion of QSSS in agreements)	CDB/CPMB
	2.7 Ensure patient safety	
	1. Identify and implement system enablers to support relevant guideline adherence (i.e., Syphilis in Pregnancy, STI Management, contact tracing guidelines) and minimise risk	CDB/CEQ/eHealth/HHSs
	2. Investigate automatic flagging of antenatal screening intervals in electronic medical records in alignment with guidelines	eHealth/OCNMO/CEQ
	2.8 Increase workforce capacity and training	
	1. Ensure workforce who provides antenatal care has access to training about fundamental sexual health, testing for syphilis in pregnancy, referral pathways and contact tracing advice to patients	CDB/CEQ/OCNMO/HHSs/PC/NGOs
	2. Facilitate review of funding arrangements and service levels for public sexual health services to ensure they are adequately resourced for demand, with appropriate funding models in place	HPSPD/HHSs (SHSs)/CDB
	3. Liaise with tertiary institutions to incorporate or strengthen fundamental sexual health material into the curriculum for relevant subjects	CDB/Tertiary institutions/HHSs (SHSs/PHUs)/NGOs
	4. Develop a dedicated sexual health promotion workforce that provides statewide coverage, including a network of dedicated First Nations sexual health promotion officers	CDB/HHSs/ACCHSs/NGOs
	5. Review, support and promote sexual health services offered by Mobile Women's Health Nurse Service in regional and remote areas	HHSs (Community health/SHSs)/QPHaSS
6. Advocate for and resource use of a consistent information system across all public sexual health services, or facilitate inter-operability between existing systems	eHealth/HHSs (SHSs)	
2.9 Strengthen public health intelligence		
1. Develop an agreed statewide auditing tool for adherence to the Syphilis in Pregnancy Guideline in antenatal services, including standards/KPIs for implementation	CEQ/CDB/HHSs/OCNMO	
2. Develop a real-time STI/BBV data dashboard that incorporates testing and notification data	PHIB/CDB/Pathology laboratories	
3. Advocate for translational research to inform syphilis prevention, testing and treatment uptake efforts, and embed evaluation into sexual health services to support ongoing service improvements	CDB/SHMAC/HHSs/NGOs/Researchers	
4. Support retrospective/impact evaluation to be undertaken of sexual health promotion campaigns/initiatives to inform future activity	CDB/SCB/NGOs/HHSs	

Acronyms: ACCHSs—Aboriginal Community Controlled Health Services; CDB—Communicable Diseases Branch; CDHAC—Commonwealth Department of Health and Aged Care; CEQ—Clinical Excellence Queensland; CHQ—Children's Health Queensland; CPMB—Contracting and Performance Management Branch; CPSSD—Clinical Planning and Service Strategy Division; DoE—Qld Department of Education; eHealth—eHealth Queensland; HHSs—Hospital and Health Services; HIU—Healthcare Improvement Unit; HPSPD—Healthcare Purchasing and System Performance Division; NGOs—Non-government organisations; OCNMO—Office of the Chief Nurse and Midwifery Officer; OFNH—Office of First Nations Health; OPHW—Office for Prison Health and Wellbeing; SBYHN - School-Based Youth Health Nurses; PC—Primary Care; PHIB—Public Health Intelligence Branch; PHUs—Public Health Units; PQ—Pathology Queensland; PSQ—Patient Safety and Quality; QCS—Queensland Corrective Services; QMPQC—Queensland Maternal and Perinatal Quality Council; QPHaSS—Queensland Public Health and Scientific Services; QSSS—Queensland Syphilis Surveillance Service; SCB—Strategic Communications Branch; SHMAC—Sexual Health Ministerial Advisory Committee; SHSs—Sexual Health Services; SPB—System Policy Branch (specifically Legislative Policy Unit)

Queensland Health Clinical Networks: Queensland Aboriginal and Torres Strait Islander Clinical Network (QATSICN); Queensland Maternity and Neonatal Clinical Network (QMNCN); Queensland Sexual Health Clinical Network (QSHCN)