

Syphilis: everybody's business

2023 stakeholder engagement
forum report



Queensland
Government

Syphilis: everybody's business – 2023 stakeholder engagement forum report

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An electronic version of this document is available at <https://www.health.qld.gov.au/public-health/topics/sexual-health/strategy>

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Foreword

The Sexual Health Ministerial Advisory Committee (Committee) hosted a stakeholder engagement forum in Brisbane on 18 May 2023.

The theme *Syphilis: Everybody's Business* acknowledged the significant impact that unmet social determinants of health can have on people's access to healthcare and health outcomes; a particularly common contributing factor in cases where syphilis infection has progressed during pregnancy to an unborn baby (congenital syphilis).

The Forum program (Appendix 1) included plenary presentations outlining how syphilis is impacting on Queenslanders; a consumer's lived experience of being diagnosed with syphilis in pregnancy; a series of short showcase presentations from services who are implementing innovative models of healthcare with at-risk populations; focused discussions in small, multi-disciplinary and multi-sector groups and a panel discussion. Questions and comments from the floor throughout the day added to the dialogue.

The event brought together around 80 participants representing various Queensland Health services, primary health networks, other Queensland government agencies, non-government and social services organisations, First Nations community-controlled health services, and specialist medical college representatives.

It was great to see the interactions between participants throughout the day, the sharing of ideas and insights and the forming of new connections between different service providers.

I would like to extend my thanks to the Planning Sub-Committee, the Committee Secretariat and staff from Communicable Diseases Branch, all the presenters, small group facilitators, panel members and participants. Special thanks to Miss M (consumer) for sharing her personal story with the audience – a story that reinforced that syphilis IS everybody's business.

The information and experiences presented and shared at the Forum will assist the Committee to formulate advice for the new Minister for Health, Mental Health and Ambulance Services and Minister for Women. The Committee will host a follow-up event later in 2023 to reconnect participants and track progress on implementing actions from the Forum.

The Forum was evaluated, and delegate feedback will ensure future forums meet their needs.



Emeritus Professor Cindy Shannon AM

Chair, Sexual Health Ministerial Advisory Committee

4 July 2023

The Department of Health acknowledges the Traditional Owners and Custodians of the lands, waters and seas across Queensland.

We pay our respects to Elders past and present, while recognising the role of current and emerging leaders in shaping a better health system.

The Department acknowledges the First Nations peoples in Queensland are both Aboriginal peoples and Torres Strait Islander peoples, and supports the cultural knowledge, determination and commitment of Aboriginal and Torres Strait Islander communities in caring for their health and wellbeing.

Aboriginal and Torres Strait Islander people are advised that this publication may contain the names and/or images of deceased people.

Background

A Planning Sub-Committee of the Committee was established to lead the development of the Forum, with support from the Committee Secretariat and staff from Communicable Diseases Branch (CDB), Department of Health. The Forum program is included at Appendix 1, and a copy of the slides for the plenary and showcase presentations are included in Appendix 2.

Committee Chair, Emeritus Professor Cindy Shannon facilitated the event with support from small group facilitators. Discussions and actions were recorded by CDB staff to assist in preparing this report for the Minister and informing the key action for the Department of Health – finalising the development of a *Queensland Syphilis/Action Plan*.

Welcome to Country

Songwoman Baringa, daughter of Turrbal Elder, Songwoman Maroochy Barambah, provided the welcome to country.



Plenary session

What is syphilis? Disease presentation and health impacts

Associate Professor Anthony Allworth, Infectious Diseases Physician and Microbiologist, Deputy Chair, Sexual Health Ministerial Advisory Committee

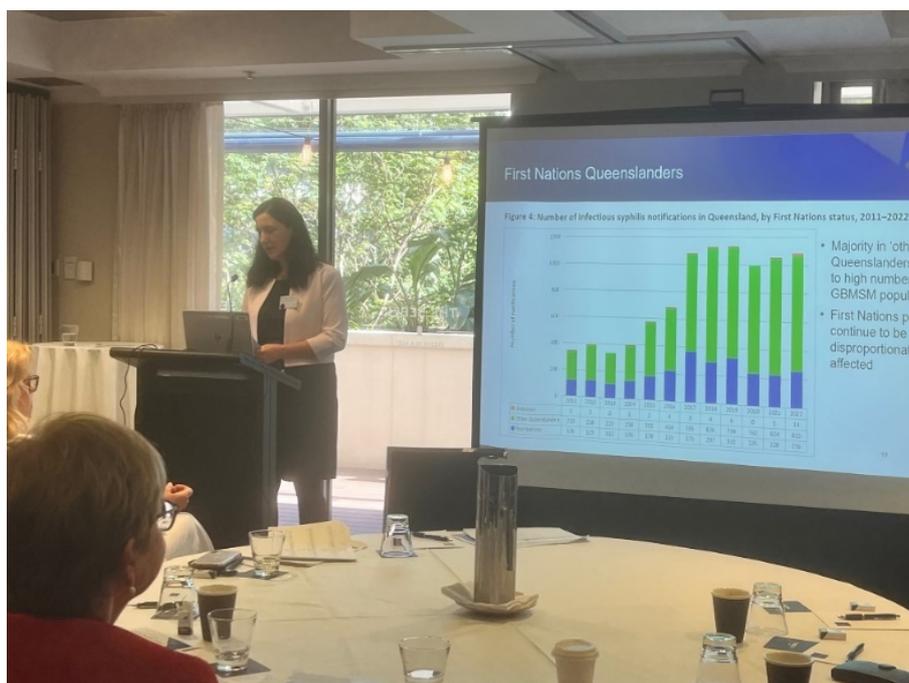
Associate Professor Allworth set the scene describing the cause, presentations and health impacts of syphilis. Testing and treatment is available, and in most cases, is simple. He noted that halting the significant impact untreated syphilis can have, particularly congenital syphilis, starts with action to prevent syphilis in the broader community.



Epidemiology of syphilis and priority populations

Dr Suzy Ossipow, Executive Director, Communicable Diseases Branch

Dr Ossipow provided an epidemiological overview of the prevalence of syphilis in Queensland between 2001 and 2022 and how this has changed over time. She highlighted 3 distinct populations that have emerged as being at higher risk: gay or bisexual men, and other men who sex with men; young First Nations people; and women of reproductive age. These populations are a priority for support and resources as slowing transmission in these populations will have the greatest impact on lowering syphilis infection in the community in general. She noted that syphilis is now well established in the mainstream population and in all areas of the state. Data relating to notifications of congenital syphilis in Queensland were presented and discussed.



Syphilis management in the community

Dr Diane Rowling, Public Health Physician, Metro North Public Health Unit. Queensland Syphilis Surveillance Service.

Dr Rowling discussed the management of syphilis in the community from prevention, pathways for testing and different types of tests, treatment and management and the importance of contact tracing. She described the notification of a syphilis result as the tip of the iceberg highlighting the many issues hiding below the surface including unmet social determinants of health, lack of access to acceptable, accessible and affordable clinical services, and missed opportunities for intervention at many points in the healthcare system.



Consumer's lived experience

This session included a video presentation from the *Caboolture Young Mothers for Young Women Service*, an innovative, integrated service for young mothers delivered by Metro North Hospital and Health Service in partnership with Micah Projects. The video shared experiences from young mothers about their experiences accessing healthcare and other support services during and after their pregnancies.

The Forum was privileged to hear Miss M share her personal story of being given a syphilis diagnosis during pregnancy. Supported by Debbi Sutherland, Midwife in the Caboolture Young Mothers for Young Women service team, Miss M told of being tested for syphilis and other sexually transmissible infections (STIs) during her pregnancy however her positive syphilis result was missed by 2 healthcare providers before she was connected with Debbi who promptly initiated treatment.

Miss M spoke about the impact of finding out she had syphilis and her immediate worry of what that meant for her unborn baby. Her fear was further heightened after googling 'syphilis in pregnancy'. She was however able to be treated, attended all the follow up appointments and had a positive pregnancy outcome. Miss M's personal story gave Forum participants an important perspective on why syphilis is everybody's business.

Discussions following this session centred around the need to strengthen general community and health professional awareness of syphilis; how laboratory reporting processes might better alert health professionals to positive syphilis test results, particularly those undertaken as part of antenatal care, and ensuring that healthcare professionals know where they can access timely advice about how to manage a positive syphilis result to facilitate appropriate treatment and follow-up. Forum participants reflected throughout the day on the success of the *Caboolture Young Mothers for Young Women Service*.



**To maintain confidentiality, Miss M. has been concealed in the photo.*

"There is so little out there about syphilis, and most people I've talked to about syphilis either didn't know what it was or thought it didn't exist anymore".

Miss M, consumer

Showcase presentations

Dr Heidi Carroll, Deputy Executive Director, CDB introduced this session with a short presentation outlining some of the strategies implemented or supported by the Department of Health over the last 5 years in response to continued syphilis transmission in the community. This work has been a partnership between Hospital and Health Services, primary care and non-government organisations. Heidi noted that whilst Queensland Health has led a number of initiatives, they have limitations and the gaps are bigger than what traditional health services, or Queensland Health alone can address.

The series of short showcase presentations that followed highlighted some innovative services often using non-traditional models of care to successfully address social determinants of health and reach people who need these services the most. This session also included an update on the findings from a retrospective congenital syphilis case review undertaken by the Queensland Maternal and Neonatal Quality Council.



Men's and women's Sexual Health Program in the Torres Strait

Mr Mario Assan, Senior Public Health Officer, Indigenous Sexual Health and Dr Helen Pedgrift, Public Health Medical Officer, Tropical Public Health Service, Cairns

Mr Assan spoke to the challenges and successes of providing sexual health services to First Nations peoples in the Torres Straits and Northern Peninsula Area of Queensland. He highlighted the importance of having an established and well supported team, particularly as sexual health is often seen as a lower priority compared to other health topics such as chronic disease prevention and management. Mario reflected on the importance of building trust, taking the time to establish relationships and involving locals in decision making at all times.

His presentation described some of the key programs in his local area including the North Queensland Condom Program, Strong Proud Healthy and Safe (school program), Healthy Baby Bumps, Young Deadly & Free and the Men's and Women's Business resource that together, are making a difference to sexual health outcomes for these communities. Mario described how data is used to inform program planning.



"I'm lucky because I'm working in the area where I'm from, people know me".

Mr Assan, Tropical Public Health Service, Cairns

Caboolture Young Mothers for Young Women

Ms Debbi Sutherland, Clinical Midwife, Queensland Health and Ms Kylie Bolland, Team Leader, Micah Projects Caboolture.

Ms Sutherland and Ms Bolland described the Caboolture Young Mothers for Young Women Service, a fully integrated outreach service involving Queensland Health, Micah Projects and primary care, that brings social and health models of care together in a truly community setting.

Prior to the establishment of the service in 2018, 30% of young mums with social complexities were presenting to birth at Caboolture Hospital having received no or very limited, antenatal care. Service outcomes have included a reduction in failure to attend antenatal appointments rate from 26% to 0.4%. Attendance for antenatal pathology testing (including syphilis testing) is now 96% and 100% of mums and babies are up to date with immunisations and developmental assessments.

The program acknowledges that health doesn't have to occur in a health setting, with outreach into many and varied places in the community being a key element of the service model. The service also recognises the need to work with and support young men as they are a critical part of building and maintaining healthy families.

Ms Sutherland and Ms Bolland acknowledged that integration is challenging and a lengthy process to implement, but worth it as this program has demonstrated.



“Integration isn’t just a project. You can’t just throw money and a worker at it; you have to invest in it.”

Ms Sutherland and Ms Bolland, Caboolture Young Mothers for Young Women service

RAPID: Wins and challenges with Syphilis Point of Care Testing

Mr Luke Coffey, RAPID Program Manager, Queensland Positive People, Brisbane.

Mr Coffey described the RAPID service which offers peer-delivered point of care testing for HIV and STIs including syphilis. A community-based service, RAPID is open late, is free, takes walk-ins and involves a lot of health promotion. The program operates under strict clinical governance requirements overseen by an infectious disease specialist.

Mr Coffey reported that RAPID clients are diverse, with a high proportion of people accessing the service born overseas. RAPID offers highly tailored clinics and uses evaluation feedback to enhance the service and ensure it continues to meet people's needs. According to program evaluation data, people come to RAPID mainly because of the convenience and the quick turnaround time for test results.



Birthing in Our Community

Ms Kristie Watego, *Birthing in Our Community*, Service Development Manager and Dr Caroline Harvey, Senior GP, Sexual and Reproductive Health, Institute of Urban Indigenous Health, Brisbane.

Ms Watego described the Institute of Urban Indigenous Health's (IUIH) Birthing in Our Community (BiOC) Program, a partnership between IUIH, the Aboriginal and Torres Strait Islander Community Health Service, (ATSICHS) Brisbane and the Mater Mothers' Hospital. Any mother who is First Nations can be part of this program, the program walks with these mothers until their baby is 3 years old.

They offer a range of services responding to health needs and meeting broader social determinants of health including assisting with transport or helping with paperwork if participants have literacy issues.

BiOC is turning 10 this year and originally partnered with the Mater (Murri clinic) led by Kristie's Aunty Denise Watego. The program has delivered excellent health outcomes, as well as being cost effective. Ms Watego noted that she accessed the service herself and as such she has walked the journey that her clients are going to walk.



"We shouldn't be talking about what is 'clinically appropriate' but what is the need of the individual."

Ms Watego, IUIH

Enhancing harm reduction services (BBV and STI) for Aboriginal and Torres Strait Islander people who inject drugs through improved engagement

Ms Emily Pegler, University of Queensland School of Public Health.

Ms Pegler described a research project funded by Queensland Health's Sexual Health Research Fund, which examined ways of engaging with First Nations peoples accessing Needle and Syringe Programs (NSPs) in Queensland. A collaboration between The University of Queensland, the Queensland Aboriginal and Islander Health Council and NSPs operated by the Queensland Injectors Health Network (Brisbane, Townsville) and Youthlink (Cairns), the project sought to understand how to improve services for this population and reduce transmission of syphilis and blood borne viruses, particularly hepatitis C in this population group.

Ms Pegler reported that First Nations peoples who inject drugs are often a hidden population and very much affected by stigma and discrimination. The project offered financial incentives for participants to participate in a survey, be tested for STIs and BBVs, and for referring others for testing. Key success factors were using peer workers and providing outreach testing options.



"Fit the service to the person, not the person to the service".

Ms Pegler, University of Queensland

Congenital syphilis case review

Professor Leonie Callaway, Co-Chair of the Queensland Maternal and Neonatal Quality Council (QMPQC).

Professor Callaway was invited by Professor Shannon to discuss the QMPQC's Congenital Syphilis Working Group retrospective review of congenital syphilis cases diagnosed in Queensland between January 2010 and July 2022. The report and its recommendations are currently being considered by the Department of Health. Professor Callaway shared some of the contributing factors found during the review and summarised recommended actions.

The review found that young maternal age was a factor in around 70% of congenital syphilis cases. Limited or no antenatal care was a significant contributing factor and in some cases lack of access to services or fragmented access to specialist care occurred. In many cases, complex social factors and domestic violence also contributed. With regards to health system factors, the review found that in some cases the Syphilis in Pregnancy guidelines were not followed. Contact tracing was also not always undertaken. Risk-based screening for syphilis in pregnancy was noted as a significant barrier to appropriate care, and the review recommended universal testing for all women at key points during pregnancy. The working group made 11 recommendations, including that every congenital syphilis case be reported as a sentinel event (SAC 1 event) and reviewed locally via a clinical incident management analysis.

Breakout small group discussions

Participants joined small groups facilitated by Dr Diane Rowling (Public Health Physician, Metro North Public Health Unit, Queensland Syphilis Surveillance Service); Professor Clare Nourse (Paediatric Infection Specialist, Children's Health Queensland); Dr Joe Debattista (Sexual Health and BBV Coordinator, Metro North Public Health Unit), and Dr Katelin Haynes (General Manager-Primary Health, Brisbane South Primary Health Network).



Breakout groups were asked to consider what they could do from the perspective of their own service or sector, considering the following:

- Strengths to keep and changes needed in my own service/system?
- What an ideal pathway would look like? How will we know when we get there?
- What can I do within existing pathways/resources/budget?
- What is in my sphere of control and influence?
- What SMARTER (Specific, Measurable, Achievable, Relevant, Timebound, Evaluation, Revision) actions will I commit to after today?



Themes raised in earlier presentations and discussions were explored further during breakout group discussions and are summarised in the recommendations/proposed focus areas for action section of this report on page 22–23.

Panel discussion

The Forum ended with a panel discussion facilitated by Professor Shannon involving Ms Haylene Grogan (Chief First Nations Health Officer Queensland Health); Mr Ron Calvert (Chief Executive of Gold Coast Hospital and Health Service); Dr Graham Neilsen (Queensland Sexual Health Clinical Network Co-Chair) and Ms Kim Rayner (Clinical Lead Innovation – Micah Projects).



L-R Professor Shannon (Committee Chair) Panellists – Ms Grogan, Mr Calvert, Ms Rayner, Dr Neilsen

Reflecting on the presentations and discussions throughout the Forum, the panel was asked to offer their sector's perspective on the following question:

“Given that the current systems and resources have not been able to impact substantially on the epidemiology of syphilis, what changes or enhancements do you see are needed in your space and how will you influence this?”

Ms Grogan noted that amendments to the *Hospital and Health Boards Act 2011* and Regulation require every Hospital and Health Service to partner with Aboriginal Torres Strait Islander people and organisations to design, deliver and monitor the delivery of healthcare in Queensland. Addressing social determinants of health is key to achieving health equity. She noted that Aboriginal Health Workers and Practitioners are doing a lot of work in the sexual health space already but may still be an underutilised workforce. Their value needs to be recognised and more fully integrated into models of care.

Mr Calvert agreed that there is general ignorance about syphilis and that education, communication and working with non-government organisations will be important moving forward. He noted the potential for point of care syphilis testing in Emergency Departments (EDs) and that this has been happening in some parts of the state already. He acknowledged that expanding this approach statewide will have cost implications, but this would be offset against the health and social benefits of being able to move towards eradicating syphilis.

Ms Rayner expressed her support for exploring how point of care testing can be integrated into settings like EDs but cautioned that processes would need to be in place to minimise lost to follow up once people leave that setting. She also challenged the assumption that everyone is well linked to a GP. She believes community nursing teams are critical, yet this part of the sector is often not around the table when discussing models of care.

Dr Neilsen noted the impacts of funding cuts to public sexual health clinics in 2012 have not been repaired. He reflected that every case of congenital syphilis is a failure of the public health system, and that systemic change, rather than ‘tweaking’ is required to address this.

The Panel and Forum participants collectively supported the QMPQC recommendation that every case of congenital syphilis should be a sentinel public health event. It was noted that there are various tools that can be used to investigate contributing factors for these events. An investigation is not about assigning blame, but rather identifying areas for improvement to minimise the risk of this occurring again. It was noted that Western Australia has published some excellent guidelines for how to undertake a review of a congenital syphilis case.

Professor Shannon asked panel members “*What could you personally do, immediately after this Forum?*”

I will go and talk with my Executive Director of Medical Services about the issue of congenital syphilis cases being managed as sentinel events in Gold Coast Hospital and Health Service. I will alert my staff about the upcoming release of a Syphilis/Action Plan and get people thinking about what practical things we can be doing ahead of time to prepare. *Mr Calvert*

I will use my role as Co-Chair of the Sexual Health Clinical Network to provide governance advice and support to clinicians state-wide. I will also continue to advocate for improvements to sexual health service information systems. *Dr Neilsen*

I will use my position at Micah Projects to inform and work with GPs and others to raise awareness of syphilis, including using my influence as a member of multiple Boards (including the Metro North Hospital and Health Service Board). *Ms Rayner*

I will use the health equity strategy process to progress actions for First Nations Queenslanders and continue to work with Nick Steele’s area to progress a system-wide response to syphilis. *Ms Grogan*

Professor Shannon asked Dr Ignacio Correa-Velez, Committee member with expertise in working with people from cultural and linguistic backgrounds (CALD), to comment from his perspective. Dr Correa-Velez reflected that COVID-19 has shown us how systems can be flexible enough to respond to emerging issues. He stated that CALD communities are not hard to reach, it’s just that the health system is often not very good at reaching them. He noted the importance of tapping into the human capital in the broader community of multicultural workers.

Mr Nick Steele, General Manager, Queensland Public Health and Scientific Services, Department of Health provided closing comments following the Panel discussion. He stated that syphilis was one of the key issues he was briefed on when he commenced as General Manager. He will continue to use his influence as a senior executive in the Department to increase visibility of syphilis as a priority for action and advocate for resourcing to support the response.

Mr Steele acknowledged the importance of integration within and across Queensland Health services, with primary care, non-government and community-controlled organisations, social services providers and other government agencies. He committed to delivering a draft system-wide Syphilis Action Plan for sector consultation by 30 June 2023, noting that Communicable Diseases Branch has already commenced work on this.

The intent of the plan is to outline what the elements of a coordinated system response are and who is responsible for different elements.

Forum participants overwhelmingly supported the need for the action plan along with an investment plan, recognising that a system-wide response is more than ‘business as usual’ activities.

Professor Shannon thanked all the presenters, facilitators, panellists and participants for their involvement in the Forum. She observed throughout the day how bringing a diverse group of people from different sectors together on a common issue provided opportunities to strengthen existing networks and

develop new connections and networks. She advised that the discussions at the Forum will be fed into the work being led by Communicable Diseases Branch to develop the system-wide Syphilis Action Plan.

The Committee will provide a Forum report to the Minister and the Department which will also be disseminated to participants. She advised the Committee will reconvene this group later in the year to track progress on outcomes from the Forum across various sectors.

Recommendations/proposed focus areas for action

Forum participants agreed that a system-wide Syphilis Action Plan is a necessary next step, supported by an investment plan.

Based on the feedback from the breakout sessions, and discussion during the day, the following focus areas for action are to feature in the plan:

- The need to *address the broader lack of awareness/low sexual health literacy* both in general community and amongst some parts of the health workforce. Tailoring messaging about syphilis prevention and testing for priority population groups must continue, but efforts must now extend to awareness raising amongst the broader population.
- With regards to syphilis in pregnancy, awareness raising messaging and prevention programs also need to *actively engage and involve men/partners of pregnant women*.
- Using *social media and digital forms of communication* has merits, but participants noted that some of these very vulnerable populations do not have ready access to internet, mobile phones, or a home... *physical information resources* such as brochures and posters, co-designed in collaboration with priority populations will play an important role in improving community awareness.
- Harnessing the human capital of peers with lived experience, and workforce/community groups such as *multicultural health workers and First Nations health workers/practitioners* will be key to all elements of a system-level syphilis response.
- The importance of *partnerships, integration of services, outreach service models and continuity of care* across multiple health and social service settings was seen as critical. Addressing syphilis is not just a health issue and adding sexual health services or links to services in key organisations that work with vulnerable populations will be an essential part of the response. Examples include engagement with housing organisations, youth justice services, child safety services, correctional centres, probation and parole services, needle and syringe programs, alcohol and drug services, mental health support services.
- *Nurse navigation models* were seen as a valuable tool to facilitate integration and continuity of care in a number of settings particularly antenatal and postnatal services, and during and after release from correctional settings.
- Noting that there are limitations and quality assurance requirements linked to point of care testing (POCT), participants recommended that efforts continue to *identify and leverage opportunities for add-on syphilis POCT in a range of settings* including emergency departments, termination of pregnancy services, maternity services, prisons and community-based testing clinics (where appropriate).
- *Contact tracing efforts* require further support including learning from contact tracing experiences from past epidemics and pandemics. It was recommended that opportunities to expand, train and support various workforce groups to undertake contact tracing be further explored. The Queensland Syphilis Surveillance Service identified the value in being able to 'close the loop'

in terms of knowing that contacts of cases have been advised they may be at risk, tested and treated where required.

- The challenge of *embedding clinical guidelines into practice* was acknowledged as an issue across many specialities. There was support for continuing efforts to educate and inform the health workforce and to identify and implement system enablers to support adherence to clinical guidelines in practice e.g. flags in information systems alerting of the need to test for syphilis.
- The need for *connected information systems* to facilitate care was noted, as was the lack of a consistent, connected information system across Queensland Health's public sexual health services.

"I'd only ever heard of chlamydia and gonorrhoea, because that's all anyone spoke about"

Miss M consumer



Appendix 1

Syphilis: everybody's business 2023 stakeholder engagement forum

Thursday, 18 May 2023 | The Sebel, Brisbane

Start	Finish	Activity	Speaker / Organisation
08:00	08:30	Registration	
08:30	08:40	Welcome to Forum and Housekeeping	Emeritus Professor Cindy Shannon AM Chair, Sexual Health Ministerial Advisory Committee
08:40	08:55	Welcome to Country	Songwoman Baringa
08:55	09:55	Plenary Session Short Presentations: What is Syphilis? Disease Presentation and Health Impacts Priority populations Syphilis Management in the Community What we can achieve today	Associate Professor Anthony Allworth Deputy Chair, Sexual Health Ministerial Advisory Committee Dr Suzy Ossipow Executive Director, Communicable Diseases Branch, Department of Health Dr Diane Rowling Public Health Physician, Metro North Public Health Unit Professor Shannon
09:55	10:15	Consumers' Lived Experience	Video Presentation Caboolture Young Mothers for Young Women Miss M (consumer)
10:15	10:45	Morning Tea	
10:45	12:20	Showcase Short Presentations: Introduction Men's and Women's Sexual Health Program in Torres Strait Caboolture Young Mothers for Young Women RAPID: Wins and Challenges with Syphilis Point of Care Testing Birthing In Our Community Enhancing harm reduction services (BBV and STI) for Aboriginal and Torres Strait Islander people who inject drugs through improved engagement	Dr Heidi Carroll Deputy Executive Director, Communicable Diseases Branch, Department of Health Mr Mario Assan & Dr Helen Pedgrift Tropical Public Health Services Cairns Ms Debbi Sutherland & Ms Kylie Bolland Micah Projects Mr Luke Coffey Queensland Positive People Ms Kristie Watego & Dr Caroline Harvey Institute of Urban Indigenous Health Ms Emily Pegler University of Queensland
12:20	13:20	Lunch	
13:20	14:00	Breakout Session What are we going to do – Identifying actions	
14:00	14:45	Feedback from breakout session	Professor Shannon

Start	Finish	Activity	Speaker / Organisation
14:45	15:15	Afternoon Tea	
15:15	16:15	Panel Discussion	<p>Professor Shannon Moderator</p> <p>Dr Neilsen Co-Chair, Queensland Sexual Health Clinical Network</p> <p>Ms Grogan Chief First Nations Health Officer, Queensland Health</p> <p>Mr Calvert Chief Executive, Gold Coast Hospital and Health Service</p> <p>Ms Rayner Clinical Lead - Innovation and Nurse Practitioner, Micah Projects</p> <p><i>Closing comments:</i> Mr Steele General Manager, Queensland Public Health and Scientific Services, Queensland Health</p>
16:15	16:30	Way forward and closing remarks	Professor Shannon
16:30	16:30	Forum Close	

Appendix 2

Sexual Health Ministerial Advisory Committee

Syphilis: Everybody's Business



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Sexual Health Ministerial Advisory Committee

Syphilis

Everybody's Business

Assoc Prof Tony Allworth
Consultant in Infectious Diseases and Microbiology
Deputy Chair, Sexual Health Ministerial Advisory Committee

Queensland Government

Treponema pallidum



Assoc Prof Tony Allworth

Primary chancre



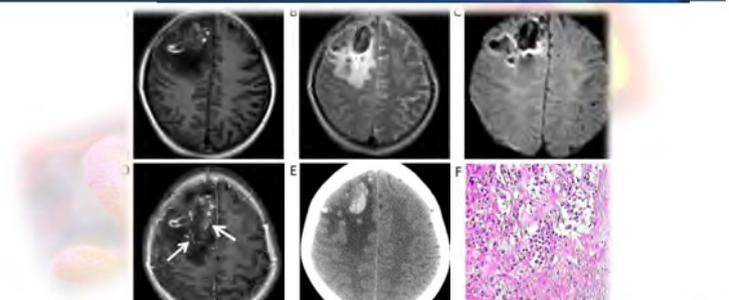
Assoc Prof Tony Allworth

Secondary syphilis



Assoc Prof Tony Allworth

Neurological disease



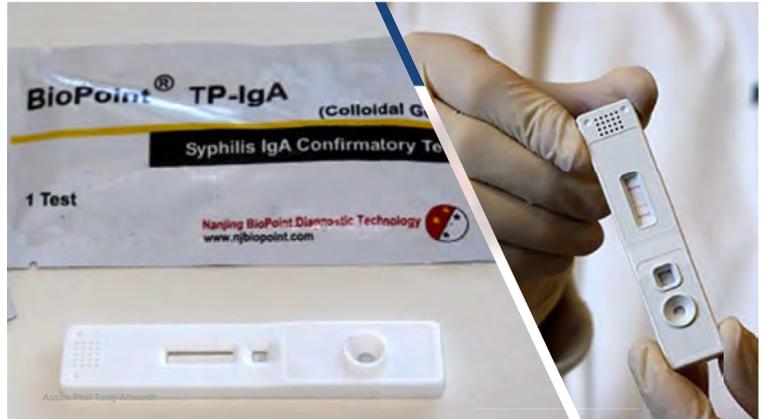
Assoc Prof Tony Allworth

Congenital syphilis



Assoc Prof Tony Allworth

Queensland Health



Treatment



Assoc Prof Tony Allworth

Queensland Health

Solution



Assoc Prof Tony Allworth

Queensland Health

Sexual Health Ministerial Advisory Committee

Annual Stakeholder Engagement Forum

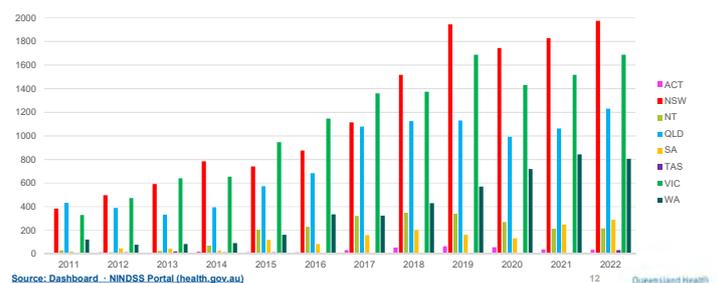
Epidemiology of syphilis and priority populations

Dr Suzy Ossipow, Executive Director, Communicable Diseases Branch, Queensland Health

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Infectious syphilis over time in Australia

Figure 1: Number of infectious syphilis notifications nationally, by state/territory 2011–2022



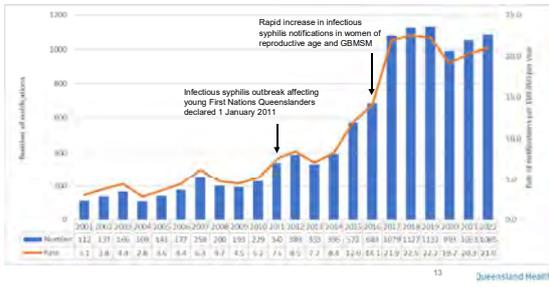
Source: Dashboard - NINDSS Portal (health.gov.au)

Queensland Health

Infectious syphilis over time in Queensland

- Rapid increases identified in young First Nations Queenslanders from 2011
- Rapid increases generally from 2014
- Reduction 2020 likely due to reduced testing during COVID-19 pandemic

Figure 2: Number and rate of infectious syphilis notifications in Queensland, 2001–2022



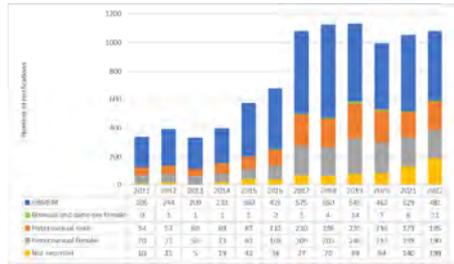
Three distinct priority populations

- Three distinct populations have emerged as being at higher risk, and are therefore a priority for support and resources:
 - Gay, bisexual, and other men who have sex with men (GBMSM)
 - Young First Nations Queenslanders
 - Women of reproductive age

Gay, bisexual and other men who have sex with men

Figure 3: Notifications of infectious syphilis in Queensland, by sexual behaviour, 2011–2022

- Highest proportion of notifications among GBMSM*
- Increasing proportion of infections occurring in heterosexual population over time

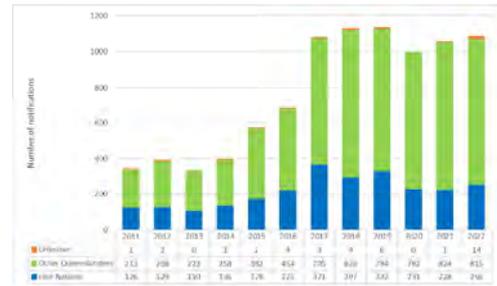


*GBMSM: Gay, bisexual and other men who have sex with men

First Nations Queenslanders

Figure 4: Number of infectious syphilis notifications in Queensland, by First Nations status, 2011–2022

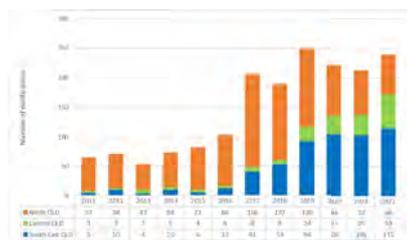
- Majority in 'other Queenslanders' (due to high numbers in GBMSM population)
- First Nations people continue to be disproportionately affected



Women of reproductive age

Figure 5: Number of infectious syphilis notifications in women aged 15–44 years in Queensland, by region, 2011 to 2022

- Risk of syphilis in pregnancy and congenital syphilis
- 1,761 infectious and 570 late latent syphilis notifications (total of 2,331)
- 466 (20%) were pregnant
- 28 cases of congenital syphilis were notified over this period.



* North QLD area: Torres and Cape, North West, Cairns and Hinterland, Townsville, Mackay. Central QLD area: Central West, Central Queensland, Wide Bay, South West, Darling Downs. South East QLD area: Sunshine Coast, Metro North, Metro South, West Moreton, Gold Coast.

Congenital syphilis

Figure 6: Notifications of congenital syphilis in Queensland, by region, 2011–2022



- 28 congenital syphilis cases
- Majority in North Queensland
- More recently, increases in cases occurring in South East and Central Queensland
- 10 deaths between 2011 and now (2023) – majority First Nations babies

Take home messages

- Syphilis is well established in mainstream population and across Queensland
- Identified priority populations require intensive support and resourcing in order to halt transmission in community
- Outcome of not addressing syphilis is potentially severe
- **Syphilis is everybody's business**

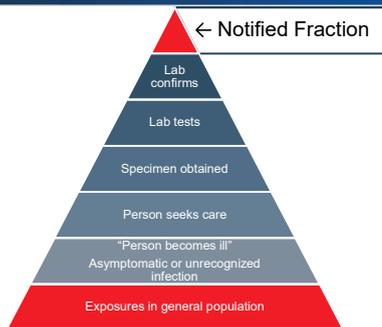
Syphilis: Everybody's Business

Syphilis management in the community

Dr Diane Rowling, FACHSHM FAFPHM
Public Health Physician Sexual Health
Queensland Syphilis Surveillance Service
Metro North Public Health Unit

2023 Forum Sub-Committee Chair

Surveillance Pyramid



What drives transmission?

$$R_o = \beta \times D \times c$$

Reproductive Rate

Probability of Transmission

Duration of Infectiousness

Number of Sexual Contacts

Syphilis prevention and management issues

- Established infection in GBMSM, young First Nations networks and vulnerable heterosexual networks (with significant overlap between networks)
 - Increasing transmission beyond these networks
- Recurring themes in notified cases
 - Difficult life circumstances, financial pressures, substance use, housing instability, incarceration, domestic and family violence, limited or no antenatal care, mental health issues
 - access to clinical services (acceptable, accessible and affordable)
- Opportunities (missed) for intervention at many points in healthcare system

Syphilis prevention and management issues

- Partner management
 - Many sexual contacts remain undetected and untreated through traditional contact tracing methods
- Clinical workforce
 - Capacity of current service models
 - Education and supportive clinical pathways
- Need for enhanced approach to prevention, screening and treatment
 - Community based interventions
 - POCT, peer led services, screening opportunities, biomedical prevention.

It takes more than penicillin to end a syphilis epidemic

As syphilis rates surge in the US, Louisiana case workers work hard to develop relationships with vulnerable women

CURTIS SEGARDA • JANUARY 20, 2020

How can we respond?



Sexual Health Ministerial Advisory Committee

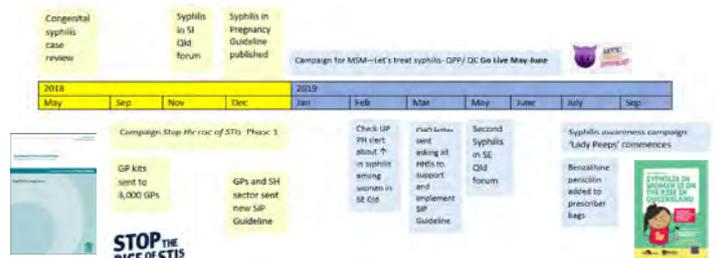
Syphilis: Everybody's Business

Dr Heidi Carroll
Deputy Executive Director
Communicable Diseases Branch
Queensland Health

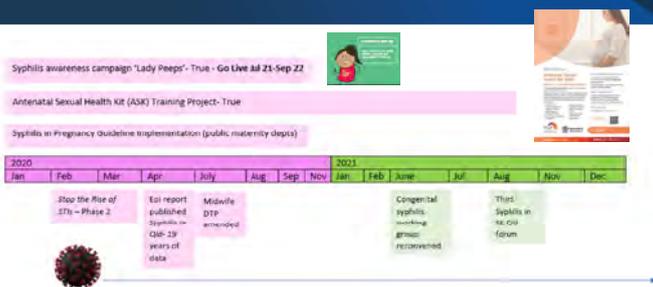
Download Report



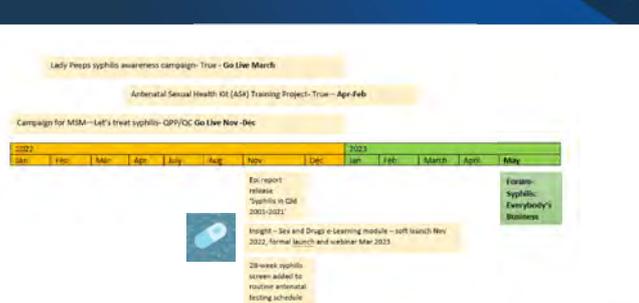
Queensland Health-led syphilis responses



Queensland Health-led syphilis responses

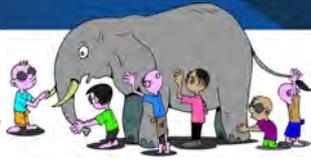


Queensland Health-led syphilis responses



Summary

- Gains/achievements made reflect:
 - absence of a cross-sector/system wide response at state and national levels,
 - limitations of looking at issue through only Queensland Health lens
 - limitations of addressing issue only in 'health' services
 - this is bigger than just a sexual health issue



31 Queensland Health

Men's and Women's Sexual Health Program in Torres Strait

Mario Assan, Senior Public Health Officer
Dr Helen Pedgrift, A/PHMO Sexual Health Team, Cairns



Key factors in success

- Established team of HW & CNC
- Regular outreach
- Support & mentoring of staff
- Helping clinics to monitor progress
- Standardising screening
- Public health support
- Health promotion coordination

Successful outreach screening

- Community engagement
- Working in partnership
- Peer recruitment
- Involving locals in decision making
- Local community branding
- Clear communication and transparency

Promotion & Prevention

- NQ Condoms Program
- Strong Proud Healthy & Safe
- Men's & Women's Business resource
- Healthy Baby Bumps
- Young Deadly Free

Capacity Building workforce support

- Deadly Sex Congress – Indigenous Sexual Health workers
- Staff resource support – screening guidelines document, Men’s & Women’s Business resource
- Development of toolkits & templates

What have we learnt?

- Each community & clinic have own identity
- Community & clinic need information
- What works for one, won’t work for another
- Indigenous management
- Coordination by experienced sexual health clinician
- Being flexible
- Focus on the end goals – no congenital syphilis, increase screening, improve clinic management of sexual health

What have we learnt?

- Each community & clinic have own identity
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Challenges

- Workforce issues
- Competing priorities
- Staff not integrating sexual health into daily work
- Vast region - remoteness



Caboolture Young Mothers for Young Women

Best of Both Worlds - The Power of Integration



41



Our team

Team Leader
Two Family Support Workers
Clinical Midwife
Peer Worker

Micah Projects
Micah Projects
Queensland Health
Micah Projects

Family support worker for fathers
Early Childhood Educator
Child Health Nurse

Micah Projects (Hand Heart Pocket funding)
Micah Projects (Hand Heart Pocket funding)
Queensland Children's Hospital (QCH funding)

Learnings

MICAH PROJECTS
Breaking Social Isolation
Building Community



Queensland Government



Kylie Bolland
Caboolture Young Mothers for Young Women
Micah Projects
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Debbi Sutherland
Queensland Health Metro North
Caboolture Hospital
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Metro North Health | Queensland Government | MICAH PROJECTS
Breaking Social Isolation Building Community

RAPID: Wins and Challenges w Syphilis POCT

Luke Coffey, RAPID Program Manager

opp RAPID

Always was,
Always will be.

opp RAPID

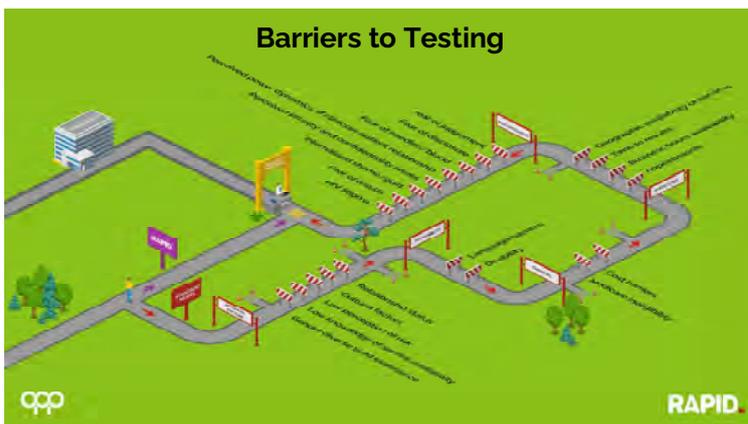
RAPID program

- RAPID is a peer-led community-based sexual health clinic
- We provide asymptomatic screening for STIs:
 - Immunochromatographic testing for *Human Immunodeficiency Virus* and *Treponema pallidum*
 - Nucleic acid amplification testing for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*



RAPID program

- A public health intervention seeking to:
 - address barriers to testing uptake
 - deliver health promotion on a combination of prevention strategies for people at risk of HIV and other STIs
- Clinical oversight and governance provided by an infectious diseases physician and through several committees



RAPID client demographics

- Young
 - 32% 18 – 24 years
 - 43.5% 25 – 34 years
- High risk
 - 53.1% >4 sexual partners in past 6 months
 - 62.9% poor condom use
- Internationally diverse
 - 55% Australian born
 - 109 non-Australian C.O.B



Wins

- Increased testing uptake
 - 75.3% test for syphilis
 - 6.5% report previous infection
- Increased knowledge and awareness
 - 80%+ report increases in knowledge across 5 domains
- Acceptable and feasible
 - 17% wouldn't have tested elsewhere
 - 53% are previous clients
- High rates of client satisfaction
 - 99.6% satisfied w service
- Tailored to meet client need
 - Quick results: 69.4%
 - Walk-in: 57.5%
 - Free: 54.8%
 - Comfortable: 50.8%
- Streamlined data collection and increased uptake of
 - 95% completion rate of evaluation service

Challenges

- Sourcing QC samples
- False positives and false negatives
- Poor recall of prior infection
- Lost to follow-up
 - FY YTD: 32/52 contacted post-referral
- Poor sexual health literacy of clients
 - Awareness
 - Window periods
 - Testing for prior infection
- Symptomatic clients
 - Denial of service
 - Clients denying symptoms

Risk Mitigations

- Syphilis reactive referrals to s100 or SHHS
- 2 week follow-up phone call for all referrals
- Syphilis Surveillance Centre follow-up
- Nightly audit of client records and referrals
- Escalation to ID physician



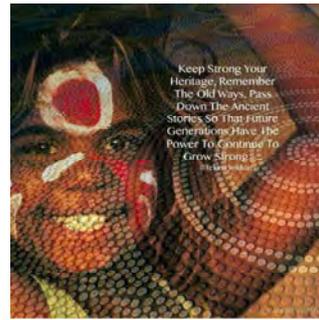
RAPID

Thank you for your time

Luke Coffey
lcoffey@qpp.org.au



RAPID



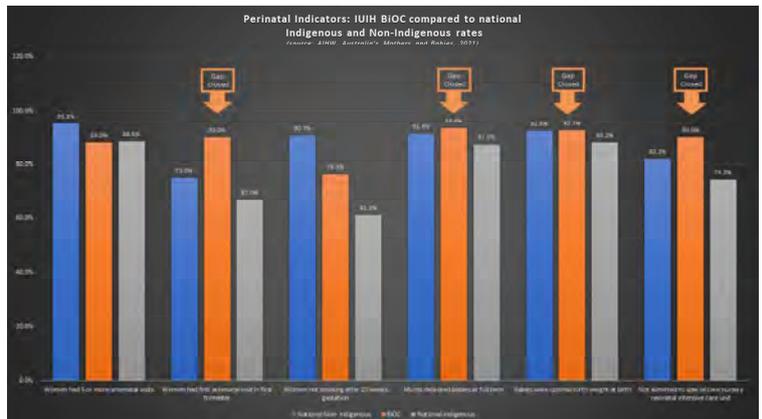
- Acknowledgement to Country
- Pay Our Respects
- Thank you for having Me, Hearing Us

2021 / 2022 OUTCOMES

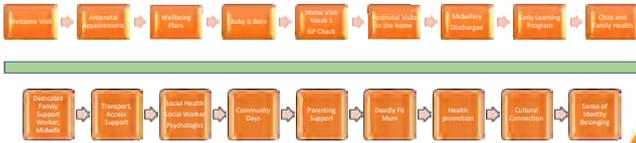
For the first time in Australia, published in The Global Lancet as international best practice

Compared to women accessing standard maternity care, research has found women accessing BIOC are:

- 50% less likely to have a premature baby
- More likely to access antenatal care
- More likely to breastfeed
- Less likely to need a caesarean delivery
- Less likely to have their baby admitted to the neonatal care nursery



What is Birthing in Our Community...



Birthing in Our Community ~ From little things, big things grow



- Murri Clinic Evaluation Community Voices, 2013
- Murri Clinic great but not enough
- Lack of continuity of carer
- Feeling abandoned & disappointed
- Not feeling safe
- Falling through cracks
- Duplication of care



Program Governance:

- Memorandum of Understanding – signed by CEOs
- Collaborative Model of Care
- Steering Committee Meeting led by ACCHO CEO
- Operational Governance Meeting
- Clinical Governance & Safety Committee
- Monthly, Quarterly, Half Yearly Reporting



Our Collectivity is our strength

BOC OVERARCHING PRINCIPLES

To ensure the success and integrity of the Birthing in Our Community model of care, the overarching principles must be embedded within the development and daily operation of the service. In doing so the model remains mindful of the need for consistency, high quality care, management of clinical and cultural risk and the need to improve maternal and infant health outcomes for Aboriginal and Torres Strait Islander people.

Privileging Aboriginal and Torres Strait Islander knowledge and accessing and strengthening local capacity	Aboriginal and Torres Strait Islander cultural guidance and oversight	Family centred holistic care (maximising social, emotional, spiritual and cultural wellbeing and informed choice)	The belief that birth is a significant life event and a normal physiological process for the majority of women
Continuity of carer by a culturally competent workforce integrated into a maternity services network underpins service delivery	Community development and evidence-based approach to service delivery	An ongoing collaborative relationship which includes open communication, consultation and referral will occur, as necessary between all care providers	Increasing the numbers and capacity of the Aboriginal and Torres Strait Islander health workforce is a priority area.

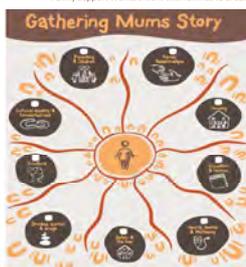


WHY BIOC WORKS

Breaking down Barriers, while Strengthening Capacity within our Families

Working to IUII's The Ways, much of the work to improve health inequalities, lie beyond the health sector. Through the creation and review of social wellbeing support plans, Mums and their Family Support Workers can address any identified concerns, with a focus on utilising existing supports and local services.

Family Support Workers work with families to break down social determinants, to raise a Strong Deadly Family.



Birthing is a sacred moment in time:

- Celebrate the Union of a Family and Wellness Journey
- Build on Capacity of our Families to be the best parents they can be
- Healthy Full term Bub is born
- Continue with their healthcare journey
- Have their voices heard – Basic human right to have access to healthcare
- Parent crafting skills

Raising a Healthy, Strong, and Vibrant Mob

Nothing is to stop, everything must continue!



Any questions?



Syphilis: Everybody's Business

May 18th 2023

Enhancing harm reduction services (BBV and STI) for Aboriginal and Torres Strait Islander people who inject drugs through improved engagement

Presenter: Emily Pegler, UQ School of Public Health

Acknowledgement of Country

I would like to acknowledge and pay my respects to the First Nations Custodians of this Country we meet on today, the Turrbal and Jagera people.

On behalf of UQ and my research team, I pay respect to ancestors and descendants, who continue cultural and spiritual connections to Country, as we celebrate their valuable contributions to education, research and improving the health of wellbeing of their communities.



Project Overview

- Queensland Sexual Health Research Fund
- To our knowledge, it is the first project to systematically examine ways of engaging with Indigenous clients of these services in Queensland.



"The aim of our project has been to support the development of accessible, culturally appropriate, and responsive harm reduction services for Aboriginal and Torres Strait Islander PWID, and reduce HIV, HBV, HCV and syphilis infection and transmission within this population group" (Study Protocol 2021).

Partner Organisations



CRICOS code 00025B

76

Methodology & Participant Numbers

Point of care testing (POCT) was provided as part of service provision at 3 NSP sites

POCT Testing

HCV, HIV, HBV and syphilis testing was incentivised & referral pathways were developed

Participants

109 participants took part in research across 3 sites

Brisbane : 24

Townsville: 20

Cairns: 65

POCT Results

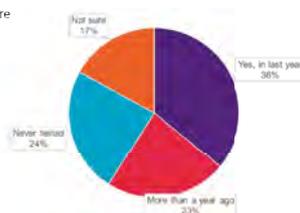
11% of our participants tested positive for HCV

33% of the positive cases were females and 67% were male

8% of our research population were Syphilis positive

1 Hepatitis B case, 0 HIV

BBV + STI Testing - Syphilis



CRICOS code 00025B

77

Challenges and barriers to recruitment

- Aboriginal and Torres Strait Islander people who inject drugs are a hidden population, and hard to reach by standard recruitment methods.
- This group experiences multiple layers of stigma and discrimination, that may be interdependent and reinforce social marginalisation.
- Researchers can face ethical challenges while obtaining consent as people who inject drugs are vulnerable to breaches of participant confidentiality.
- Criminalisation of injecting drug use.

In our research.....

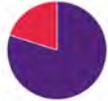
- The community of people who inject drugs varied greatly at each site, as did the distribution, use and access to harm reduction services.
- Transport was a significant barrier e.g., Townsville NSP site was located within the outer suburbs of the city and because it was not centrally located, appeared harder to access.

CRICOS code 00025B

78

Unconditional peer recruitment incentives

- We found this methodology important for recruiting people who inject but do not regularly access NSPs.
- \$40 voucher for completing the POCT and survey.
- \$20 unconditional peer recruitment incentives were offered to participants to refer friends/family.



80% peer recruitment Cairns

Peer Workers

- Peer workers at QuiHN and YouthLink improved engagement and encouraged testing.
- They provided health advocacy and promoted connection with NSPs and other health services.

"I think people really underestimate it... it took years to establish that connection with clients and to trust me to still be there and to know what they're talking about and to listen to them"

"If I was to look [staff recruitment] in the NSP I would want someone who was injecting drugs to help out with the recruitment process and you know look at right attitudes... right... you know, those sorts of things?" (Cairns Stakeholder)

- Stakeholder workshops in Brisbane, Cairns and Townsville with key service providers and organisations within the sector.
- Presented the preliminary project findings and facilitated breakout sessions involving collaborative group yarning.
- Collaborated to guide the development of harm reduction program guidelines and policy arising from this project.



Townsville Workshop 2022



Overarching need to address broader health issues and determinants of health.

Service modalities:

- Greater need for outreach programs that offer testing e.g. mobile testing vans.
- Outreach should be consistent and multidisciplinary and "responsive to the area, to the needs, and to the people".

Peers and consumer involvement:

- Encouraging paid peer roles.
- Involving consumers in program development.
- Peer leadership development roles to provide training and support to peers.

Thank you.

I look forward to yarning with you about addressing the social determinants of health and influencing meaningful change.

Syphilis: Everybody's Business

