

# Queensland Syphilis Action Plan 2023 – 2028 Overview

## Why does Queensland need a Syphilis Action Plan?

Syphilis is a sexually transmissible infection of significant public health concern, with cases increasing in young heterosexual people across Queensland. Syphilis rates are disproportionately high among First Nations Queenslanders, gay, bisexual and other men who have sex with men, and women of reproductive age (15-44 years).

Syphilis can pass to an unborn baby during pregnancy (known as congenital syphilis), and between 2011 and 2022, Queensland recorded the highest number of congenital syphilis cases of all states and territories.

## Goal

### By 2028:

- ✓ There will be a decrease in the incidence of syphilis
- ✓ All cases of syphilis in pregnancy will be treated and resolved before birth
- ✓ There will be no new cases of congenital syphilis

## Highest priority populations

- First Nations peoples
- Women of reproductive age (15–44 years)
- Gay, bisexual, and other men who have sex with men

### Other populations of high priority

- Partners of highest priority groups
- Pregnant women and pregnant people
- Young heterosexual people
- Culturally and linguistically diverse people
- People who inject drugs
- People who use methamphetamine
- Clients of mental health services
- Clients of alcohol or other drug services
- Sex workers

## How will we create change?

The action plan is focused on 9 priority areas and aligns to the 3 pillars of public health.

### Priority areas

#### Promote health

1. Increase public awareness and education
2. Embed community engagement into practice
3. Address determinants of health, stigma and shame

#### Prevent disease

4. Increase testing and support timely access to treatment
5. Improve contact tracing

#### Manage risk

6. Strengthen policy and governance
7. Ensure patient safety
8. Increase workforce capacity and training
9. Strengthen public health intelligence

## A whole of system approach

The 9 priority areas, and broad spread of actions in the plan are designed to encompass the following inter-related approaches to health promotion:

- **Biomedical approach** – clinical service delivery (testing, diagnostics, treatment, healthcare management) and the resources to consistently deliver them
- **Behavioural approach** – facilitating health promoting behaviours (including condom use, safe sex behaviours, regular testing) and the capacity of care providers to support these
- **Educational approach** – delivering health information to the workforce, clients and communities, so they can deliver it confidently to others in a culturally safe, non-judgemental way
- **Empowerment approach** – encouraging a sense of personal, community and health worker agency, to adopt health promoting behaviours through meaningful partnerships
- **Social change approach** – re-orientation and design of structures, policies, and systems to create enabling environments for health promoting behaviours and care

## Stakeholders and partners

Syphilis is everybody's business. The response to syphilis requires a coordinated approach of government, non-government and community-based organisations to reach those populations most at risk.

The Queensland Syphilis Action Plan is the end product of hundreds of recommendations developed by national experts down to individuals working directly with the community, all with a common purpose to promote good sexual health.

There are endless opportunities and settings where health promotion and syphilis prevention can occur. The Queensland Syphilis Action Plan describes actions across a broad range of settings, including but not exclusive to, sexual health services, hospital settings, community-based and public health services, education providers, media platforms, information systems and primary care.

The Queensland Syphilis Action Plan has been endorsed by the Sexual Health Ministerial Advisory Committee.

## Strategic alignment

The Queensland Syphilis Action Plan is supported by the overarching National Sexually Transmissible Infections Strategy, National Syphilis Response Plan, Queensland Sexual Health Framework and Queensland sexually transmissible infection action plans.

In developing the Queensland Syphilis Action Plan, consideration has been given to the broader principles outlined in (but not limited to) the following:

- HealthQ32: A vision for Queensland's health system
- National Agreement on Closing the Gap
- First Nations Health Equity Framework

**A high-level summary of the priority areas, expected outcomes, and corresponding activities are on the next page. Further information is available in the detailed [Queensland Syphilis Action Plan](#).**

Pillars	Priority areas	Summary of expected outcomes (corresponding activities from the action plan are included in brackets)
Promote Health	1. Increase public awareness and education	<ul style="list-style-type: none"> <li>Public facing health promotion messaging is co-designed and contemporary, and embedded into a wide range of settings and platforms (1.1.1; 1.1.2; 1.1.3; 1.1.4; 1.1.5; 2.1.1)</li> <li>Partnerships and collaborations are strengthened across sectors and in communities to raise awareness (2.1.2; 2.1.5)</li> <li>Sexual health/syphilis health promotion and education is strengthened in education settings (2.1.3; 2.1.4; 2.1.5; 2.1.6; 2.1.7)</li> </ul>
	2. Embed community engagement into practice	<ul style="list-style-type: none"> <li>Key stakeholders are actively engaged in the syphilis response, and utilised to deliver health promotion messaging and conduct community-based education sessions with health professionals, services, and the public (1.2.1; 1.2.2; 1.2.3; 1.2.4; 2.2.2; 2.2.3)</li> <li>Sexual health is embedded into existing services and models of care connected to priority populations (2.2.1)</li> <li>First Nations health workforce positions that include a sexual health component are expanded and widely utilised (2.2.4)</li> </ul>
	3. Address determinants of health, stigma and shame	<ul style="list-style-type: none"> <li>People have greater access to free barrier and free prescription contraception (1.3.3; 1.3.4)</li> <li>Integrated models of care are resourced and supported to enable engagement, access and testing across settings and service types (1.3.2; 2.3.1; 2.3.2; 2.3.3)</li> <li>Existing clinically governed online testing programs are expanded to include syphilis (2.3.4)</li> <li>Messaging seeks to normalise syphilis prevention and sexual health, and avenues are in place for free, anonymous advice (1.3.5; 2.3.1)</li> </ul>
Prevent disease	4. Increase testing and support timely access to treatment	<ul style="list-style-type: none"> <li>Resources and guidelines support routine and opportunistic testing and clinical care (1.4.1; 1.4.5; 2.4.9)</li> <li>Opportunities are explored to include syphilis testing in other existing testing or serology processes (1.4.3; 1.4.4; 1.4.6; 1.4.7; 2.4.2)</li> <li>Health providers are encouraged to stock syphilis medication, and have access to information about correct treatment and suitable alternatives (1.4.8; 1.4.9; 2.4.8)</li> <li>Innovation and technology are utilised to increase testing in a range of settings including antenatal, community and non-traditional settings (1.4.2; 1.4.10; 2.4.1; 2.4.3; 2.4.4; 2.4.5; 2.4.6; 2.4.7)</li> </ul>
	5. Improve contact tracing	<ul style="list-style-type: none"> <li>The sexually transmissible infection (STI)/blood-borne virus (BBV) contact tracing model in Queensland is reviewed, standards are developed and there is statewide coverage (1.5.1; 1.5.4; 2.5.1; 2.5.2)</li> <li>STI/BBV contact tracing learning tools, resources and guidelines are developed and promoted for the Queensland context (1.5.2; 1.5.3)</li> <li>There is advocacy for an MBS item number for contact tracing (2.5.3)</li> </ul>
Manage risk	6. Strengthen policy and governance	<ul style="list-style-type: none"> <li>Collaborative action for the on-going syphilis response occurs across sectors, services and governments (1.6.1; 1.6.2; 1.6.6; 2.6.2)</li> <li>A Queensland Syphilis Expert Advisory Group is established (1.6.3)</li> <li>Guidance for declaring outbreaks and responding to rapid increases in notifications in Hospital and Health Services is developed to assist local responses (1.6.4; 1.6.5)</li> <li>Queensland legislation relevant to syphilis and STI/BBV contact tracing is reviewed and modernised (2.6.1)</li> </ul>
	7. Ensure patient safety	<ul style="list-style-type: none"> <li>A statewide protocol is in place for public health investigation, reporting pathways and review of congenital syphilis cases (1.7.2; 1.7.3)</li> <li>Syphilis-related care is consistent across maternity settings (1.7.4; 1.7.5; 2.7.2)</li> <li>System enablers are in place to support relevant guideline adherence and minimise risk (2.7.1)</li> <li>Recommendations from relevant reviews, reports or projects are implemented (1.7.1; 1.7.4)</li> </ul>
	8. Increase workforce capacity and training	<ul style="list-style-type: none"> <li>Sexual health/syphilis awareness training, and quality improvement processes for staff engaged with priority populations is promoted and readily accessible (1.8.1; 1.8.2; 1.8.3; 1.8.4; 2.8.1)</li> <li>A dedicated sexual health promotion workforce is in place, and health providers are supported to provide sexual health services in a range of settings (1.8.5; 2.8.4; 2.8.5)</li> <li>Public sexual health services are reviewed and adequately resourced to meet demand (2.8.2)</li> <li>Sexual health is included in course material for relevant subjects delivered in tertiary institutions (2.8.3)</li> <li>There are consistent information systems or inter-operability between existing systems for public sexual health services (2.8.6)</li> </ul>
	9. Strengthen public health intelligence	<ul style="list-style-type: none"> <li>Data relating to syphilis testing and notifications as well as behavioural information, is more accessible, timely and able to inform the system response (1.9.3; 1.9.5; 1.9.6; 1.9.7; 2.9.2)</li> <li>KPIs and audit tools are developed and audited for processes relating to syphilis testing, case management, and follow-up (1.9.2; 1.9.4; 2.9.1)</li> <li>The Queensland Syphilis Surveillance Service is reviewed, with recommendations made and implemented (1.9.1)</li> <li>Research and robust evaluation relating to syphilis is undertaken and the findings utilised (2.9.3; 2.9.4)</li> </ul>

**Note:** It can be assumed that where the term ‘sexual health’ is used, that syphilis is inclusive. It is not the intention of this plan to exclude opportunities for broader sexual health or STI prevention. Each point indicates the corresponding numbers of actions from the detailed Queensland Syphilis Action Plan, which is available [here](#).