

RECENT TRENDS IN SYPHILIS IN ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AND NON-INDIGENOUS PERSONS IN AUSTRALIA; AN ANALYSIS OF ROUTINE SURVEILLANCE DATA

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Introduction: We describe trends in the rate of infectious and congenital syphilis among Aboriginal and Torres Strait Islander (Indigenous) people and non-indigenous persons in Australia.

Methods: Using national notification data, we calculated age-standardised infectious syphilis notification rates per 100,000 population and congenital syphilis rates per 100,000 live births. Poisson regression was used to determine trends in annual notification rates comparing 2006-2010 and 2011-2015, stratified by sex, age-group, and geographical area.

Results: Among Indigenous persons, the trend in the notification rate of infectious syphilis decreased significantly between 2006-2010 for both sexes and in the majority of geographical areas ($p < 0.05$ for all). However, between 2011-2015, the rate increased for both sexes, and in outer regional and very remote areas ($p < 0.05$ for all). Rates for Indigenous persons were highest in the 15-19 and 20-24 year age groups. For non-indigenous persons, rates increased significantly for males, and residents of major cities and outer regional areas across both time periods ($p < 0.05$ for all). Rates for non-indigenous persons were highest in the 25-29, 30-34, and 35-40 year age groups. From 2006-2015, age-standardised notification rates for Indigenous persons were on average six times higher than for non-indigenous persons. Despite an overall decrease in the number of notifications of congenital syphilis, most (56%) diagnoses were in Indigenous persons and on average annual rates were 30 times higher in the Indigenous than non-indigenous population.

Conclusion: Infectious syphilis notifications have increased significantly in Australia over the last ten years. Disparity remains between rates in Indigenous versus non-indigenous persons where high rates in Indigenous women increase the risk of congenital syphilis. Effective surveillance, culturally-appropriate community engagement and clinical management are required to control recent increases in syphilis transmission among Indigenous males and females residing in regional and remote areas and non-indigenous males residing in metropolitan and regional centres.

Disclosure of Interest Statement: Nothing to declare.