

National Syphilis Response Plan 2023–2030

7 August 2025

Purpose of the National Syphilis Response Plan

Syphilis poses a threat to public health with significant increases in notifications across Australia in the past decade. Despite previous efforts to control a preventable and curable disease, Australia continues to have cases of congenital syphilis and associated infant deaths. A coordinated national plan is essential to address this issue and prevent poor health outcomes for those affected by syphilis.

This plan consolidates existing recommendations into a focused framework, to be governed under new and reinvigorated governance arrangements. Ensuring a consistent national approach will enhance collaboration and effectively tackle syphilis in Australia.

About syphilis

Syphilis is highly infectious and is spread through sexual contact or via vertical transmission (birthing parent to child) during pregnancy. It can be asymptomatic in approximately half of new cases, while others may have painless ulcers that can go unnoticed or heal by themselves, but the infection and risk of infecting others remains.

Syphilis is caused by a bacteria called *Treponema pallidum*, and it is preventable and curable. If not treated, syphilis can result in severe clinical manifestations, including resulting in death or permanent disability.

Infectious syphilis notifications reached the highest levels in 2023 since reporting began in 2004, affecting people in almost all parts of Australia. It is no longer confined to certain regions or cohorts. Sadly, with high rates among women of reproductive age, 2023 also saw 10 associated infant deaths.

Goals

The following national targets have been adopted as overarching goals to be pursued throughout the life cycle of this plan (2023–2030).

By 2030:

1. Strengthen prevention and testing strategies for syphilis in priority populations and settings, targeting high-burden areas.
2. Reduce ongoing transmission and incidence of syphilis across priority populations.
3. Reduce morbidity and mortality associated with syphilis.
4. Eliminate congenital syphilis (defined as sustained zero congenital syphilis cases).

Plan oversight

On 16 August 2023, the [Australian Health Protection Committee \(AHPC\)](#) endorsed the [Communicable Diseases Network Australia \(CDNA\)](#) to lead the national syphilis response. CDNA will continue working in consultation and collaboration with the [National Aboriginal and Torres Strait Islander Health Protection \(NATSIHP\)](#) and the [Blood Borne Viruses and Sexually Transmissible Infections Standing Committee \(BBVSS\)](#). Each of these bodies includes representatives from Commonwealth and state and territory governments, with subcommittees featuring technical experts, peak bodies and clinicians.

While CDNA is accountable and responsible for the response, including reporting to the AHPC, certain actions will be led by broader AHPC subcommittees and with responsibility shared across Commonwealth and state and territory governments. Together, these committees provide oversight of priority actions, monitor progress, and adapt the priority action list as necessary. Accountability will be maintained through biannual public reporting on progress, alongside quarterly syphilis surveillance reports.

Priority populations	Priority settings
• Aboriginal and Torres Strait Islander people • Adolescents and young adults • Gay, bisexual men and other men who have sex with men • Heterosexual men • People experiencing housing insecurity • People from culturally and linguistically diverse backgrounds • People in custody • People who are Medicare ineligible • People who are pregnant who are not engaged in antenatal care • People who are transgender and gender diverse • People who have had an STI within the previous 12 months • People who use drugs • Sex workers • Travellers and migrant workers • Women of reproductive age	• Aboriginal Community Controlled Health Organisations • Alcohol and other drug services • Antenatal care • Correctional settings • Education settings • General practice • Homelessness services • Online including dating applications and social media • Sexual health clinics

National Syphilis Priority Actions

Implementing the following actions is the priority of the response. These actions will be revised over time to respond to progress of the response and the dynamics of the Australian syphilis outbreak.

Priority area	# Action	Timeframe*
Strategy and governance	1 Develop a National Syphilis Response Plan	Short-term
	2 Finalise governance arrangements for National Syphilis Response Plan	Short-term
	3 Enhance resourcing and coordination for the syphilis response in all jurisdictions	Ongoing
	4 Ensure the meaningful involvement of priority populations who are affected by syphilis in all levels of the response	Ongoing
Testing, treatment and partner notification	5 Update national guidelines for syphilis prevention, testing and management	Medium-term
	6 Ensure jurisdictional guidelines are consistent with national guidelines	Medium-term
	7 Ensure guidelines are accessible and integrated into clinical systems	Long-term
	8 Strengthen capacity for surveillance, complex case management and partner notification	Medium-term

Testing, treatment and partner notification (continued)	9	Ensure public sexual health services are appropriately funded, well-coordinated, accessible and culturally safe for all priority populations	Long-term
	10	Review funding arrangements for sexual health care in primary care and community health settings	Medium-term
	11	Diversify models of sexual and reproductive health service delivery to improve accessibility of syphilis testing and treatment	Long-term
	12	Support research into continued innovation and evaluation of new and emerging syphilis testing technologies	Long-term
	13	Develop and implement strategies to identify and reach pregnant people who are more likely to present late for antenatal care (or not at all) and their sexual partners outside mainstream settings	Medium-term
	14	Identify risk factors and trends among groups who are less likely to engage in comprehensive antenatal and postnatal care, and implement strategies to address these barriers	Long-term
	15	Ensure laboratory systems are in place to increase syphilis testing where clinically appropriate	Medium-term
	16	Ensure national supply of benzathine benzylpenicillin is accessible and remains adequate to meet current and projected future demand	Ongoing
Prevention and community education	17	Commission a national STI health promotion campaign	Ongoing
	18	Commission targeted STI health promotion initiatives, co-designed and tailored to syphilis priority populations and regions	Ongoing
	19	Establish a National Working Group for Comprehensive Relationships and Sexual Health Education in schools and alternative education settings for children and adolescents	Medium-term
	20	Improve national coordination and collaboration on STI health promotion initiatives, including resource sharing across agencies and jurisdictions	Medium-term
	21	Improve access to, and education on, the full suite of evidence-based primary prevention tools for all priority populations	Medium-term
	22	Arrange regular national and jurisdictional stakeholder update briefings	Ongoing
Workforce	23	Maximising cultural safety for syphilis response workforce and clients	Ongoing
	24	Develop and promote resources and training tailored to the needs of different healthcare workers	Short-term
	25	Increase recruitment and retention of Aboriginal health workers, Aboriginal liaison officers and other clinical staff in rural and remote areas	Ongoing
	26	Support key non-medical workforces to work to their full scope of practice to provide STI testing and care	Long-term

Workforce (continued)	27 Strengthen communication with 'mainstream' health professionals and other key non-clinical workforces regarding syphilis and the syphilis outbreak (including in antenatal care)	Medium-term
	28 Strengthen engagement of Primary Health Networks (PHNs) in syphilis response	Medium-term
	29 Strengthen engagement with professional bodies linked to priority settings for the syphilis response	Medium-term
Data, reporting and evaluation	30 Establish nationally agreed key indicators for STI (including syphilis) surveillance	Medium-term
	31 Strengthen systems to routinely collect and report on key syphilis indicators in a timely manner and at a granular level	Long-term
	32 Explore opportunities to strengthen timely sharing of key syphilis indicators between agencies and governments	Medium-term
	33 Analyse themes from root cause analyses of congenital syphilis cases to identify gaps and inform prevention strategies	Ongoing
	34 Evaluate the impact of initiatives and use this to inform future strategy and quality improvement	Ongoing

*Timeframes are defined as follows: 'short-term' indicates within 12 months; 'medium-term' indicates within 3 years; and 'long-term' indicates within 3 to 5 years (to be achieved by 2030). 'Ongoing' indicates a continual activity through the plan period. Timeframes are for completion nationally, and jurisdictions may prioritise implementation plans and timeframes in response to local epidemiology and context.